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**FY 1994 ANNUAL REPORT  
OF THE  
COLORADO INDIGENT CARE PROGRAM**

**SUBMITTED TO**

**THE JOINT REVIEW COMMITTEE ON THE MEDICALLY INDIGENT**

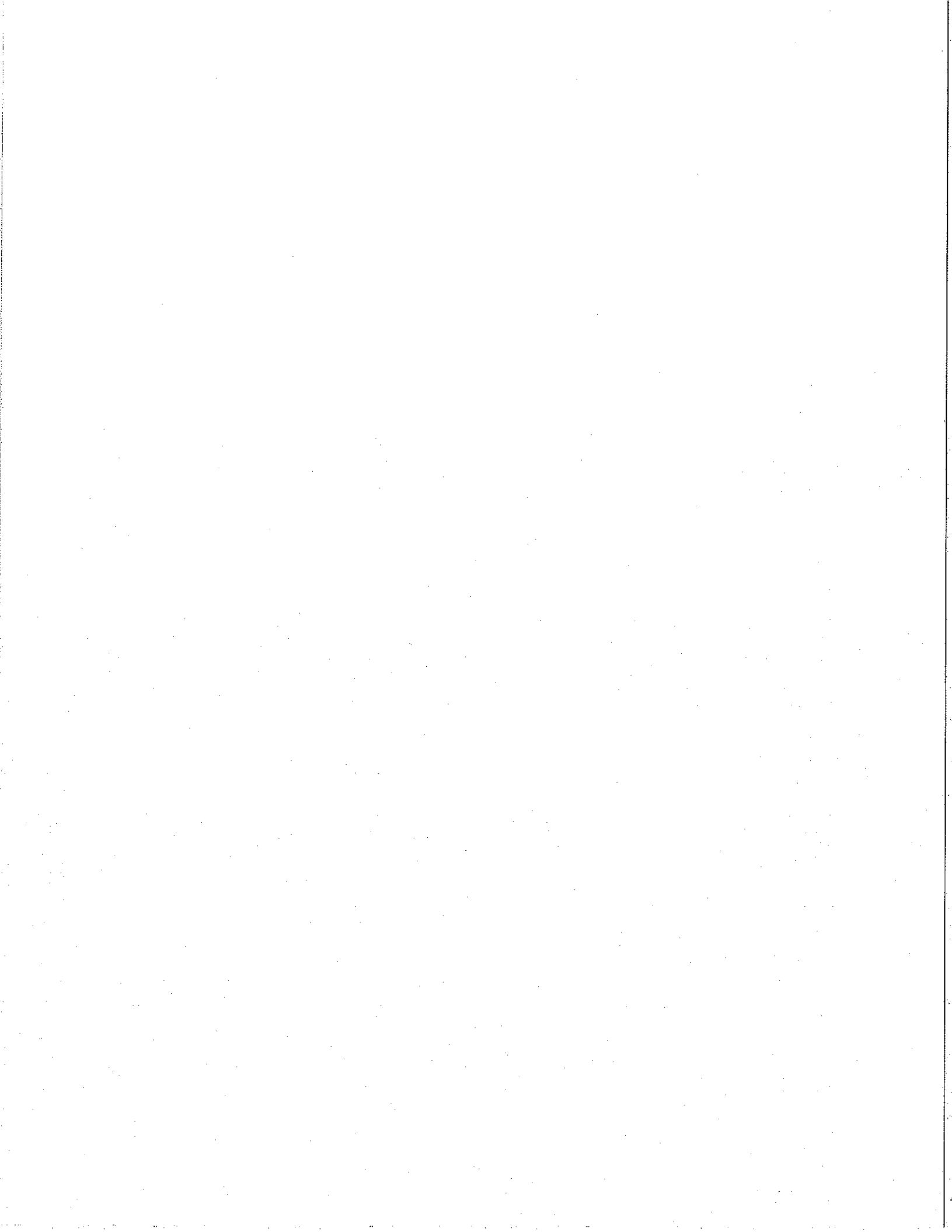
**AND**

**THE JOINT BUDGET COMMITTEE**

**BY**

**THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING**

**JANUARY 1995**



# STATE OF COLORADO

## DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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Roy Romer  
Governor

Alan Weil  
Executive Director

January 31, 1995

The Honorable Mary Ellen Epps  
Chairman, Joint Review Committee on the Medically Indigent  
State Capitol  
Denver, CO 80203

Dear Representative Epps:

Attached is the FY 1994 Annual Report for the Colorado Indigent Care Program (CICP). The CICP prepared this report pursuant to C.R.S. 16-15-105 and footnote 27 of the FY 1994 Long Bill.

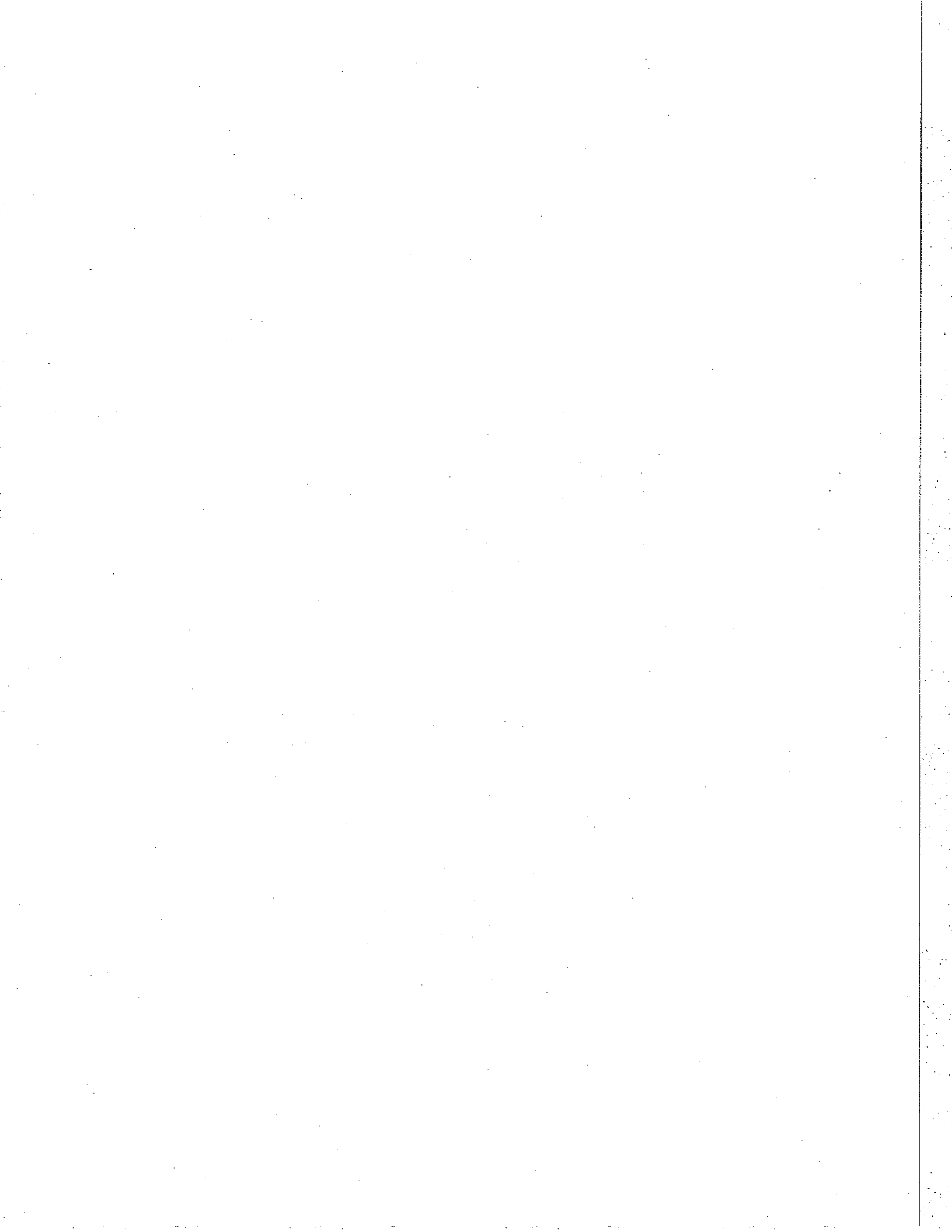
This report provides background information on the CICP, FY 1994 statistics, and plans for the future of the CICP.

My staff and I look forward to working with you to answer any questions about the CICP.

Sincerely,

Alan Weil  
Executive Director

cc: members of the Joint Budget Committee (5)  
members of the Joint Review Committee on the Medically Indigent (10)  
JBC Staff Director  
Director of OSPB



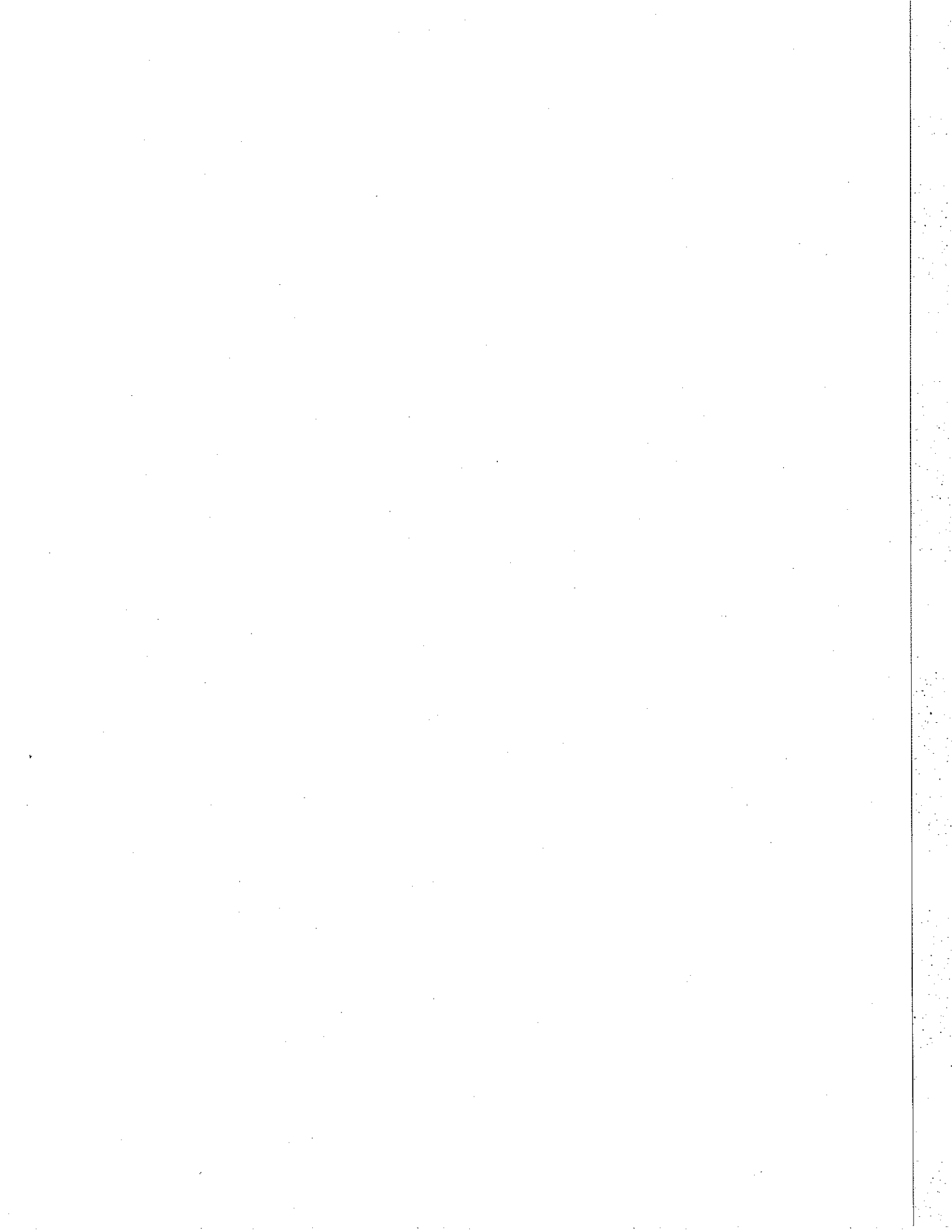
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## REPORT SUMMARY

### Program Summary

Established in 1983 by the General Assembly, the Colorado Indigent Care Program (CICP) partially reimburses participating health care providers for serving medically indigent patients. Participating providers must ensure that emergency care is available throughout the year for persons with inadequate health care coverage or other financial resources to pay for necessary care.

Providers participate in one of four programs under the CICP:

- Denver Indigent Care Program (DHH),
- University Hospital Indigent Care Program (University),
- Outstate Indigent Care Program (Outstate), and
- Specialty Indigent Care Program (Specialty).

Each program has its own legislative appropriation. During FY 1994, DHH, University, one Outstate provider and two Specialty providers received payments via Medicaid, which includes federal funds. The remaining Outstate and Specialty providers are paid through the CICP, which is all General Fund.

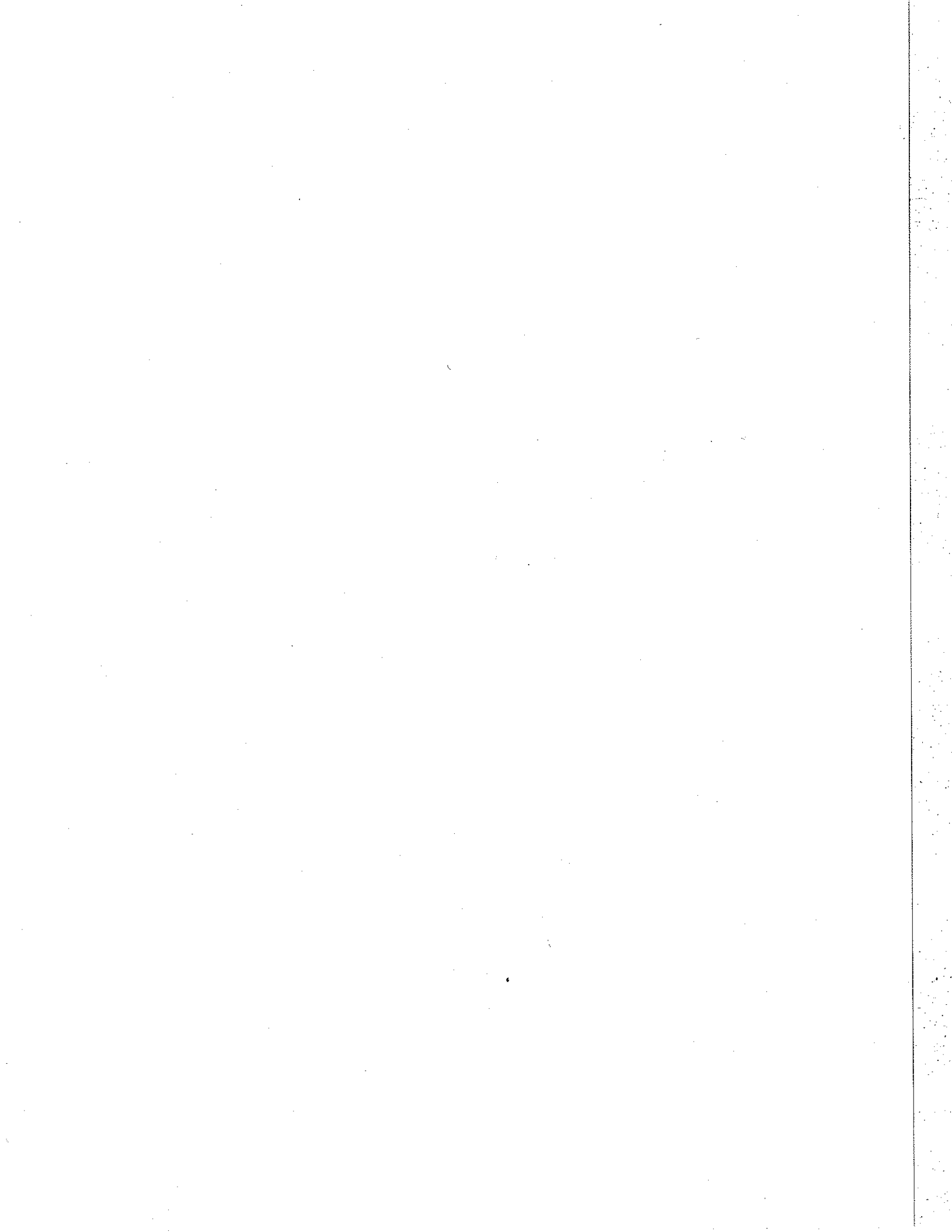
Effective July 1, 1995, the administration of the CICP moved from the University of Colorado Health Sciences Center (UCHSC) to the Department of Health Care Policy and Financing (Department). The CICP has the following priorities for FY 1995:

- Research alternatives to achieve equitable reimbursement for CICP providers.
- Review the CICP patient eligibility and provider data submission processes to find the most efficient and effective methods for these operations.
- Analyze managed care opportunities under the CICP.
- Review daily operations to determine the most effective methods for administering the CICP.

### 1994 Utilization and Reimbursement Summary

During FY 1994:

- CICP patients used inpatient and outpatient health care services about 489,000 times.
- The average length of stay for inpatient care, excluding University, decreased about 8%. This means that CICP providers discharged patients quicker than in 1993. University changed its policy over enrolling CICP patients during FY 1994. This resulted in large increases of CICP patient inpatient and outpatient activity.
- Total outpatient visits, excluding University, increased about 13%.
- CICP reimbursement per inpatient day ranged from \$181.90 (Outstate providers) to \$378.78 (University).
- CICP reimbursement per outpatient visit ranged from \$18.23 (Outstate providers) to \$44.29 (University).
- The percentage of providers' costs covered by the CICP ranged from 21.4% (Outstate providers) to 34.6% (DHH).



## BACKGROUND

**Statutory Requirements:** The Department of Health Care Policy and Financing (Department) prepared this report pursuant to C.R.S. 26-15-105 and footnote number 27 of the FY 1995 Long Bill. This report addresses the utilization of state resources to assure access to services and appropriateness of care for medical services provided to medically indigent persons in Colorado.

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

The statute requires that CICP funding of medical care for indigent persons be used in the following order:

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

The CICP includes these statutory requirements in its contracts with providers so indigent persons have access to emergency care throughout the year. Also, the CICP works directly with providers and patients to prioritize additional medical care.

**Joint Review Committee on the Medically Indigent:** C.R.S. 26-15-107 established a legislative overview committee to provide guidance and direction to the CICP. Historically, the Committee has met with the CICP annually to discuss progress in the CICP. The Department met with the committee in October 1994 to discuss items including restructuring of state departments, managed care in the CICP, and refinancing of CICP funds.

**Provider Advisory Panel:** The CICP established the CICP Provider Advisory Panel (Panel) to obtain provider input on various topics related to the CICP. Each of the four CICP programs appoints representatives. There is one representative each from Denver Health and Hospitals (DHH), University Hospital, and the specialty hospitals; and, four representatives each from outstate hospitals and outstate clinics.

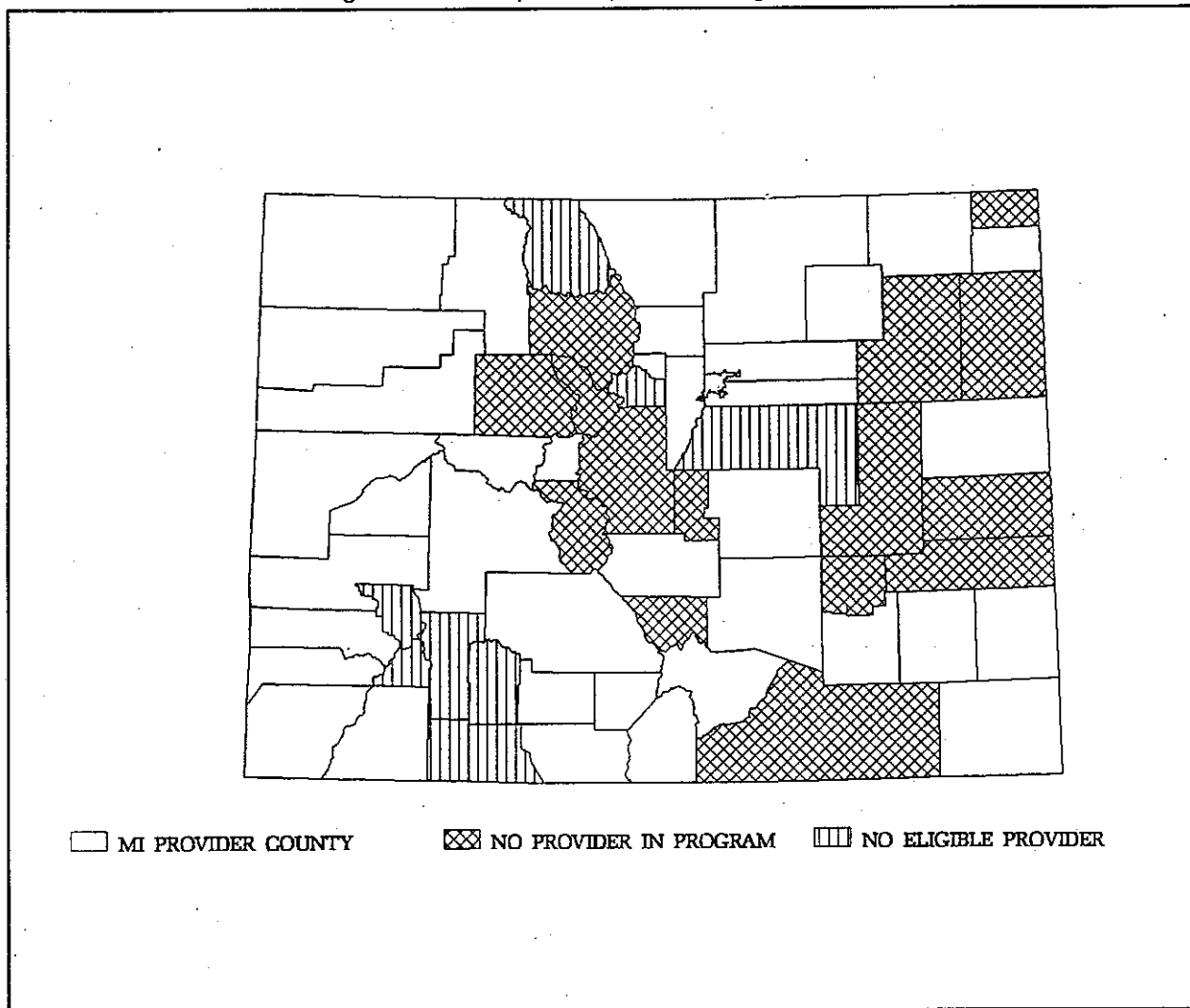
The CICP met with the Panel in December 1994 to discuss restructuring of state departments, provider reporting requirements, and future meetings.

## CICP PROVIDERS

By statute, "provider" means any general hospital, community clinic, or maternity hospital licensed or certified by the Department of Public Health and Environment. Each Spring, the CICP invites all licensed general hospitals and licensed community clinics in the state to participate in the CICP. The CICP contracts with any interested provider that meets the eligibility requirements for participation.

**County Participation:** In FY 1994, 39 (62%) of the 63 counties in Colorado had participating CICP providers. 9 counties (14%) had no eligible provider. 15 counties (24%) had eligible providers that did not participate in the CICP in FY 1994 compared to 17 counties in FY 1993. Figure 1 shows county-specific data on participating providers.

Figure 1 - County Participation During FY 1994



SOURCE: CICP analysis of Colorado Health Source Book 1991-1992 data.

**Provider Programs:** Providers participate in one of four programs under CICP.

**Denver Indigent Care Program (Denver Health and Hospitals or DHH):** DHH serves eligible patients who reside in the city and county of Denver. DHH facilities include Denver General Hospital (DGH), as well as clinics inside DGH and 9 clinics outside of DGH.

**University Hospital Indigent Care Program (University):** University is a referral center, providing complex care not available in Denver or the remaining areas of the state. University also serves the residents of the Denver metropolitan area who are not residents of the city and county of Denver.

**Outstate Indigent Care Program (Outstate):** Outstate providers are located throughout the state, and must be situated outside the city and county of Denver. During FY 1994, 37 hospitals and 14 clinics participated in the Outstate program, compared to 32 hospitals and 15 clinics in FY 1993. Hospitals that joined the CICP in FY 1994 include Kit Carson County Hospital, Grand River Hospital District, Haxtun Hospital District, and Huerfano County Medical Center.

**Specialty Indigent Care Program (Specialty):** Specialty providers must offer unique services or serve a unique population. During FY 1994, three providers participated in the Specialty program, compared to four in FY 1993. This change was due to a provider electing to participate in the Outstate program in FY 1994 rather than continuing as a Specialty provider.

**Appropriations:** The Colorado General Assembly sets funding levels for the CICP. For FY 1994, the appropriations were:<sup>1</sup>

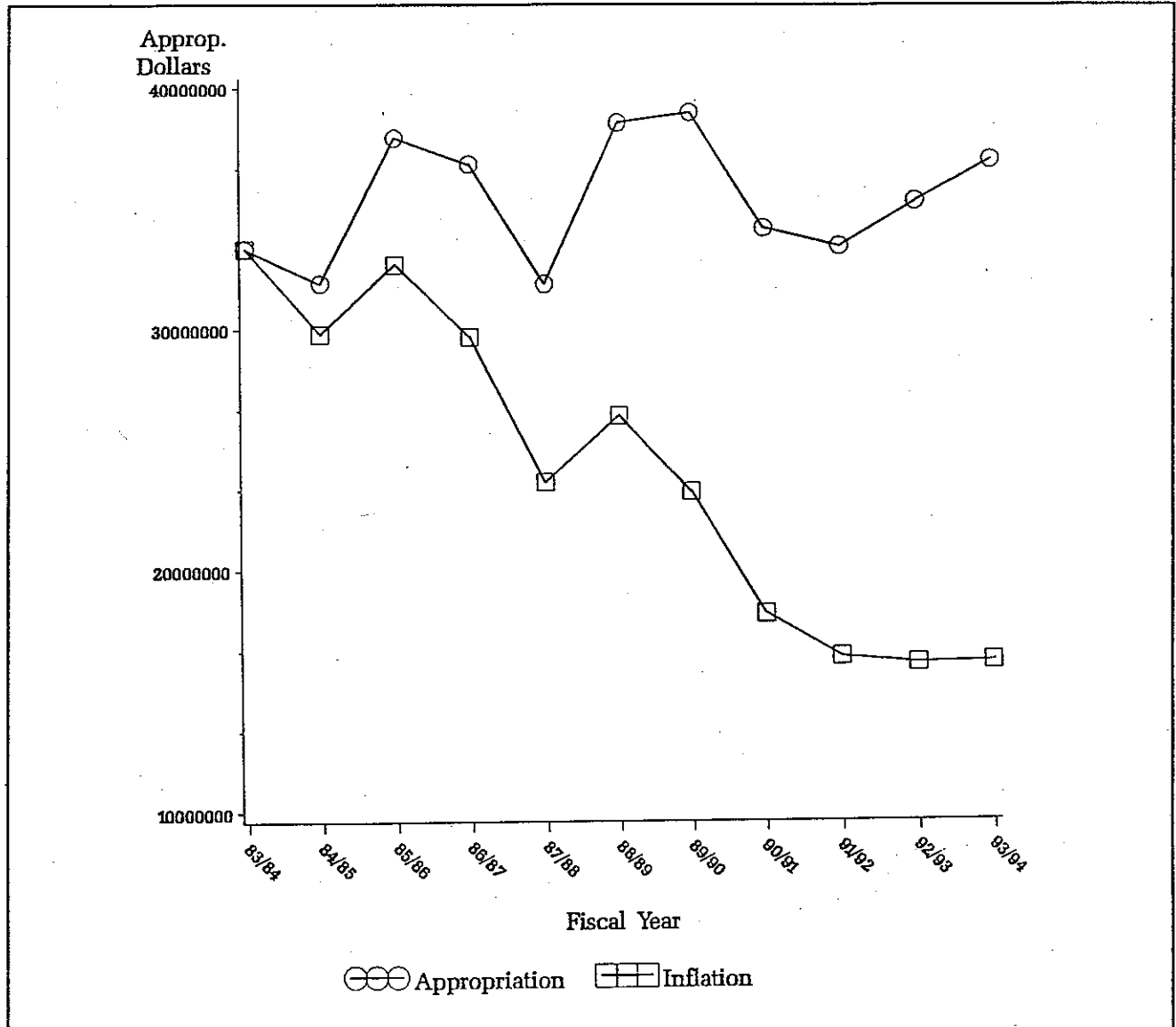
Table 1 - CICP Provider Appropriations

PROGRAM	TOTAL	GENERAL FUND	CASH FUNDS EXEMPT
Denver Health & Hospitals	\$15,734,742	\$0	\$15,734,742
University	\$10,727,750	\$0	\$10,727,750
Outstate Providers	\$9,400,821	\$8,939,525	\$461,296
Specialty Providers	\$ 986,544	\$16,896	\$969,648
<b>TOTALS</b>	<b>\$36,849,857</b>	<b>\$8,956,421</b>	<b>\$27,893,436</b>
SOURCE: HB 94-1320			

<sup>1</sup>The cash funds exempt reflect refinancing of CICP funds through Medicaid. Refinancing results in a reduction in the general fund appropriations in the line items shown above and an increase in the appropriation to Medicaid.

Figure 2 shows the effects of medical care price inflation on the CICP appropriations. The measurement of inflation is the consumer price index (CPI) for the Denver-Boulder area. While the total appropriation fluctuated to some extent, the amount available in 1984 dollars has declined steadily. By FY 1994, the appropriation of about \$37 million was worth only about \$16 million in 1984 dollars.

Figure 2 - Effect of Inflation on CICP Appropriations



SOURCE: CICP analysis of CICP appropriations and Medical Care portion of the CPI-U.



## Provider Reimbursement

**Outstate and Specialty CICP Programs:** Providers submit to the CICP an estimate of total annual charges for providing services to eligible CICP patients. Total charges are reduced by estimated third party payments and CICP patient payments to determine estimated write-off charges.

Estimated write-off charges convert to write-off costs by using a facility's cost-to-charge ratio. The CICP appropriation divided by the sum of all providers' estimated write-off costs determines the percentage of estimated write-off costs reimbursable by the CICP. A facility's estimated write-off costs are converted by this percentage to determine the annual reimbursement amount for the facility.

Providers receive payments of 1/12 of the annual reimbursement amount every month. Throughout the contract year, providers submit actual data, including charges and patient utilization. The CICP uses actual data to adjust provider payments, which are based on estimates, to reflect actual costs. For FY 1994, the CICP reconciled actual data to estimates at year end.

**DHH and University CICP Programs:** DHH and University CICP payments are made via the Medicaid Major Teaching Hospital Allocation. This Allocation began in July 1989 to refinance CICP funds and provide additional reimbursement to facilities with a large number of interns and residents. To qualify for the Allocation, a facility must:

- Provide 40% of their total patient days to Medicaid and CICP patients;
- Maintain a minimum of 110 total Intern and Resident Full Time Equivalents (FTEs);
- Maintain a minimum ratio of 0.30 Intern and Resident FTEs per licensed bed; and,
- Meet the Department's requirements for disproportionate share payments.

Monthly payments to DHH and University are 1/12 of their appropriation. In FY 1994, federal dollars funded about 54% of the Major Teaching Payments.

## PROGRAM MONITORING

**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 recently started on a national level, and is a complex topic. The American Hospital Association and the American Medical Association have major research initiatives in the area of appropriateness of care. Congress has appropriated \$600 million to the Agency for Health Care Policy and Research to conduct research in this area. The CICIP is monitoring developments in this area, but does not have the resources to research the issue independently. The CICIP will monitor the progress of this research and implement guidelines appropriate to the CICIP.

**Utilization of State Resources:** The CICIP's contract with providers specifies that all care to CICIP patients be medically necessary. CICIP coverage excludes certain types of care, including nursing home care and cosmetic surgery that is not medically necessary. Low reimbursement rates remove any incentive providers may have to provide unnecessary services.

CICIP staff communicate daily with providers to answer questions about CICIP patient eligibility. CICIP staff also conduct patient eligibility and data reporting training to all providers throughout the year.

There are two primary activities used by the CICIP to ensure appropriate utilization of state resources.

**Provider Audit Requirements:** The CICIP requires participating providers to furnish a written report demonstrating compliance with CICIP rules and regulations. CICIP guidelines require providers with write-offs greater than \$25,000 to have an annual independent audit of CICIP activities. Providers with write-offs less than \$25,000 must perform, at the minimum, an internal audit.

Minimum requirements for audits include reviews to ensure that:

- Determinations of client eligibility are accurate and documented, including proof that CICIP patients are not eligible for Medicaid;
- Third party payments are pursued, if appropriate, and reported correctly to the CICIP;
- Copayments charged to the patient are accurate;
- Utilization review activities include CICIP patients in the review sample;
- Submissions of monthly CICIP data are timely; and
- Providers follow the CICIP appeals process.

**Fraud Prevention:** The following controls are in place to monitor for fraud:

1. **Recipients:** Applicants must sign a misrepresentation penalty clause that states any person giving false information commits a class 2 misdemeanor. Applicants also must provide documentation of their current income level.
2. **Providers:** CICIP audit requirements incorporate measures to prevent provider fraud. The CICIP provider contract states: "any person who represents that any medical service is reimbursable and is subject to payment under the Colorado Indigent Care Program when he/she knows that it is not, commits a class 2 misdemeanor as provided in section 18-1-106, C.R.S."

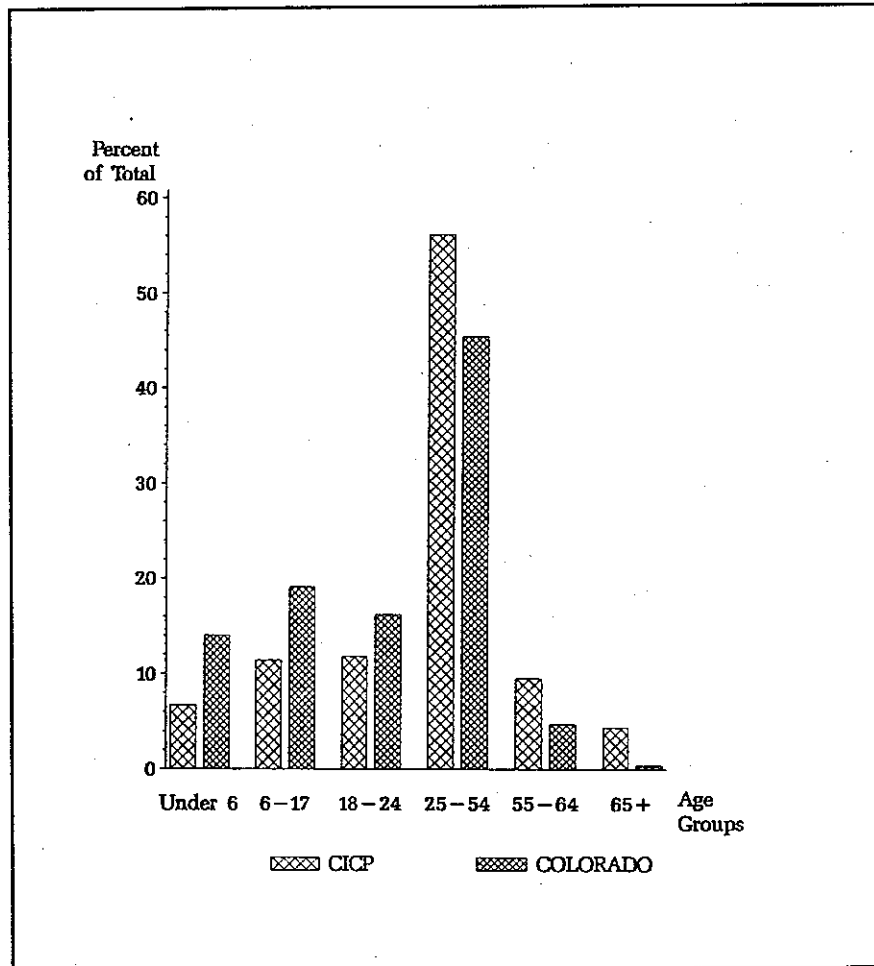
## PROGRAM STATISTICS

**Uninsured in Colorado:** During FY 1994, CICIP patients used inpatient and outpatient health care services 489,007 times. This is a 21% increase from patient utilization in FY 1993. The Colorado Health Source Book reports that about 514,000 Colorado residents have no health insurance. In addition, 356,000 uninsured Coloradans have incomes that are less than twice the federal poverty level.<sup>2</sup> To qualify for the CICIP, a family's income must be less than 185% of the federal poverty level.

Figure 3 - Age Distribution of CICIP Activity Compared to Uninsured in Colorado

Figure 3 shows the age distribution of the uninsured population in Colorado compared with the age distribution of CICIP patient activity. The age distribution of the CICIP activity reflects the distribution of the uninsured in Colorado. However, the CICIP serves a slightly lower proportion of children and slightly greater proportion of adults than implied by the age distribution of the uninsured.

CICIP data are based on visits and discharges and include duplicate patient counts. For example, a 25 year old patient had four outpatient visits during the year. CICIP data include ALL four visits.



SOURCE: CICIP analysis of Tables 17-18 and Colorado Health Source Book.

<sup>2</sup>Butler, Patricia and Yondorf, Barbara "Colorado Health Source Book, 1991-1992 Access, Expenditures and Utilization," October, 1992.

## CICP Health Care Utilization

**Inpatient Activity:** Table 2 reports the changes in CICP inpatient utilization from FY 1993 to FY 1994.

Table 2 - Comparison of FY 1993 and FY 1994 CICP Inpatient Utilization

PROGRAM	FY 1994 INPATIENT ADMISSIONS	FY 1993 INPATIENT ADMISSIONS	PERCENT CHANGE	FY 1994 INPATIENT DAYS	FY 1993 INPATIENT DAYS	PERCENT CHANGE
Outstate	6,967	6,432	8.4%	33,785	34,703	-2.7%
Specialty	335	302	11.0%	1,772	2,396	-26.1%
University	3,125	2,086	49.8%	17,843	11,429	56.2%
DHH	5,955	5,608	6.2%	32,211	31,589	2.0%
<b>TOTALS</b>	<b>16,382</b>	<b>14,428</b>	<b>13.6%</b>	<b>85,611</b>	<b>80,117</b>	<b>6.9%</b>
<b>TOTALS WITHOUT UNIVERSITY</b>	<b>13,257</b>	<b>12,342</b>	<b>7.5%</b>	<b>67,768</b>	<b>68,688</b>	<b>-1.4%</b>

SOURCE: CICP analysis of FY 1994 Table 20 and FY 1993 Table 14.

The table shows that total CICP inpatient admissions without University increased about 8% over FY 1993, while total CICP inpatient days decreased about 1%. This converts to a decrease of about 9% in the average length of stay (ALOS). This means that providers gave more inpatient services in FY 1994, but discharged CICP patients somewhat quicker than in FY 1993.

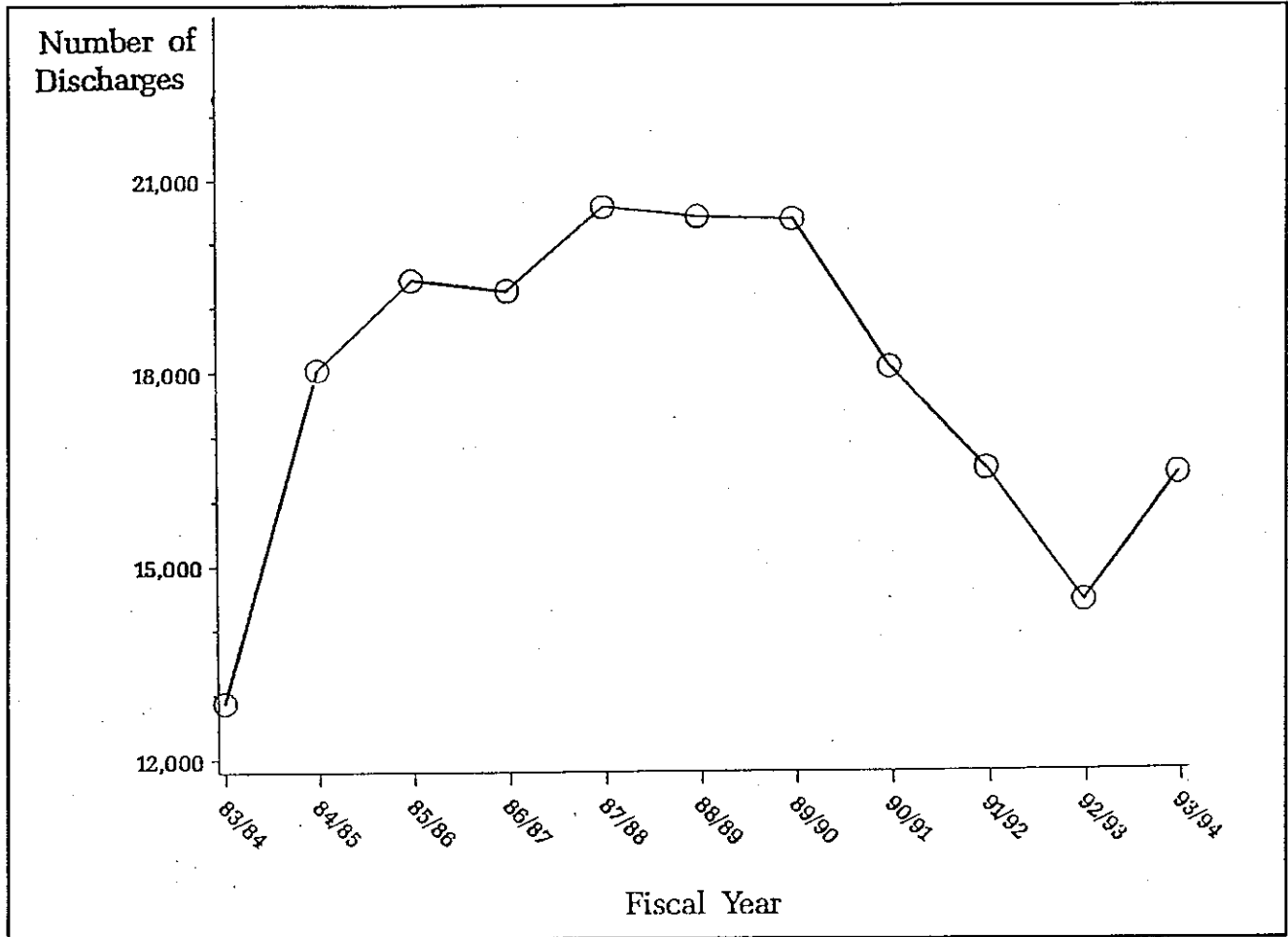
As the table shows, University experienced a large growth in CICP inpatient admissions (49.8%) and days (56.2%) over FY 1993. The ALOS for CICP patients at University increased about 4% over FY 1993. The CICP ALOS increase is comparable to the increase University experienced in its total inpatient admissions and days. The large CICP growth experienced during FY 1994 is because University changed its policy to actively enroll all qualified persons in the CICP prior to the patient receiving health care services. In the past, University enrolled qualified persons after health care services were provided. This resulted in many self-pay patients becoming CICP patients during FY 1994.

An analysis of Table 2 shows that for FY 1994:

- 43% of total CICP admissions were at Outstate providers,
- 36% of total CICP admissions were at DHH,
- 19% of total CICP admissions were at University, and
- 2% of total CICP admissions were at Specialty providers.

Figure 4 shows the trend of CICP total inpatient discharges over the past decade.

Figure 4 - CICIP Inpatient Discharges



SOURCE: CICIP analysis of CICIP inpatient discharges.

The decrease in inpatient discharges from FY 1990 to FY 1991 is mainly attributable to the Medicaid expansion of the Baby Care/Kids Care program. CICIP patients became eligible for Medicaid as part of this expansion. The continued decrease in CICIP inpatient admissions from FY 1991 through FY 1993 is attributable to the continued expansion of the Baby Care/Kids Care program. As mentioned earlier, the increase in discharges from FY 1993 to FY 1994 is largely due to University's policy change.

**Outpatient Activity:** Table 3 compares FY 1994 CICIP outpatient activity to FY 1993 activity.

Table 3 - Comparison of FY 1993 and FY 1994 CICIP Outpatient Activity

PROGRAM	FY 1994 OUTPATIENT VISITS	FY 1993 OUTPATIENT VISITS	PERCENT CHANGE
Outstate	173,635	141,599	22.7%
Specialty	16,881	12,579	34.2%
University	89,625	51,933	72.6%
DHH	192,484	184,537	4.3%
<b>TOTALS</b>	<b>472,625</b>	<b>390,648</b>	<b>21.0%</b>
<b>TOTALS WITHOUT UNIVERSITY</b>	<b>383,000</b>	<b>338,715</b>	<b>13.1%</b>

SOURCE: CICIP analysis of FY 1994 Table 20 and FY 1993 Table 14.

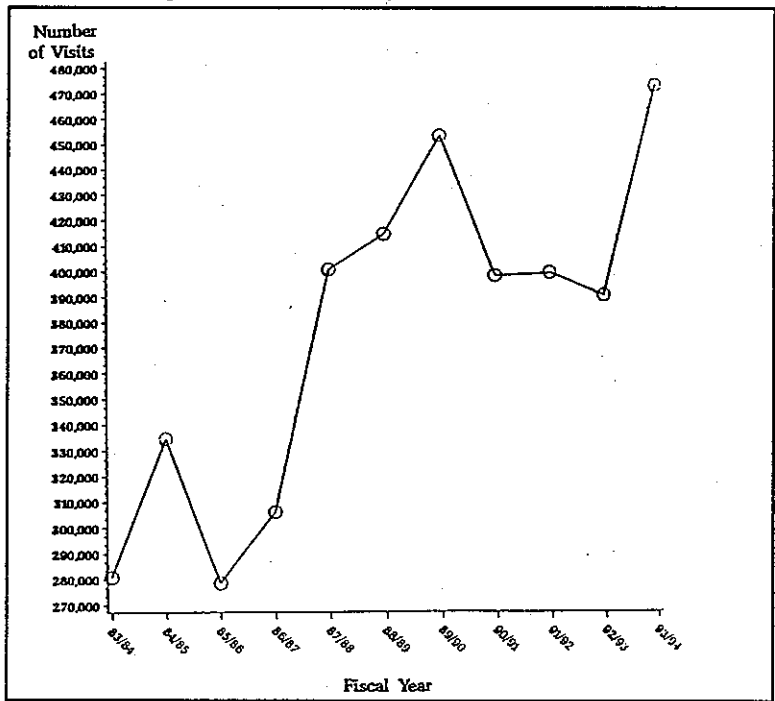
During FY 1994, total outpatient visits, excluding University, increased about 13% over FY 1993 visits. As mentioned earlier, University emphasized enrolling all qualified persons in the CICIP prior to receiving health care services. This resulted in a 73% increase in CICIP utilization at University during FY 1994.

The table shows that 37% of CICIP outpatient visits were at Outstate providers, 41% at DHH, 19% at University, and 3% at Specialty providers.

Figure 5 shows the trend of CICIP outpatient visits over the past decade. In addition to University's outpatient growth, some Outstate providers experienced large outpatient growth during FY 1994. Factors attributing to this growth include:

- An increase in the number of Outstate providers participating in the CICIP during FY 1994.
- Providers increased the number of medical staff during FY 1994, thereby increasing the number of patients that could receive services.
- Some Outstate areas experienced an increase in the indigent population.

Figure 5 - CICIP Outpatient Visits



SOURCE: CICIP analysis of Table 20.

## CICP Patient Activity and Provider Reimbursement

**Reimbursement per Inpatient Day:** Table 4 reports inpatient days by CICP Program compared to reimbursement by CICP Program for FY 1994. The table shows that about 39% of total inpatient days were furnished by Outstate providers, 38% by DHH, 21% by University, and 2% by Specialty providers. Reimbursement per inpatient day ranges from \$181.90 to \$378.78.

Table 4 - FY 1994 CICP Reimbursement per Inpatient Day

PROGRAM	FY 1994 INPATIENT DAYS	CICP INPATIENT REIMBURSEMENT	CICP REIMBURSEMENT PER INPATIENT DAY
Outstate	33,785	\$6,145,584	\$181.90
Specialty	1,772	\$481,942	\$271.98
University	17,843	\$6,758,483	\$378.78
DHH	32,211	\$9,751,924	\$302.75
<b>TOTAL</b>	<b>85,611</b>	<b>\$23,137,933</b>	<b>\$270.27</b>

SOURCES: Inpatient days from Table 20. CICP Reimbursement from analysis of Tables 7-9.

**Reimbursement per Outpatient Visit:** Table 5 reports outpatient visits by CICP Program compared to reimbursement by CICP Program for FY 1994. The table shows that about 37% of total outpatient visits were furnished by Outstate providers, 41% by DHH, 19% by University, and 3% by Specialty providers. Reimbursement per outpatient visit ranges from \$18.23 to \$44.29.

Table 5 - FY 1994 CICP Reimbursement per Outpatient Visit

PROGRAM	FY 1994 OUTPATIENT VISITS	CICP OUTPATIENT REIMBURSEMENT	CICP REIMBURSEMENT PER OUTPATIENT VISIT
Outstate	173,635	\$3,165,907	\$18.23
Specialty	16,881	\$501,613	\$29.71
University	89,625	\$3,969,267	\$44.29
DHH	192,484	\$5,976,985	\$31.05
<b>TOTAL</b>	<b>472,625</b>	<b>\$13,613,772</b>	<b>\$28.80</b>

SOURCES: Outpatient visits from Table 20. CICP Reimbursement from analysis of Tables 7-9.

**Uncovered Costs:** Table 6 shows the variance in the percentage of providers' costs attributable to serving CICIP patients covered by CICIP reimbursement. The range of covered costs is about 21% to 35%. This means that 65% to 79% of the costs associated with providing care to CICIP patients are not reimbursed by the CICIP. CICIP providers may shift these non-reimbursed costs to other insurance carriers.

Table 6 - FY 1994 Reimbursed Costs

PROGRAM	WRITE-OFF COSTS	REIMBURSEMENT	COVERED COSTS
Outstate	\$43,443,560	\$9,311,491	21.4%
Specialty	\$3,247,415	\$983,555	30.3%
University	\$33,358,341	\$10,727,750	32.2%
DHH	\$45,467,514	\$15,728,909	34.6%
<b>TOTAL</b>	<b>\$125,516,830</b>	<b>\$36,751,705</b>	<b>29.3%</b>
SOURCE: Summary and analysis of Table 9.			

**Other CICIP Data:** The last two sections of the report provide detailed information on the financial and patient activity associated with the CICIP for FY 1994. The first three tables show, by provider, charge and cost information for FY 1993-94. Table 7 shows charges for urgent and non-urgent services as well as inpatient and outpatient services. Table 8 shows third party payments, patient liability and write-off charges by provider for inpatient and outpatient services. Table 9 summarizes charges, write-offs and total reimbursement by provider.

Tables 10 through 20 provide information on patient activity during FY 1994. The information includes county of patient origin (Tables 10-11), indigency ratings of patients served by the program (Tables 13-15), encounters by major diagnosis group (Table 16), age and sex of patients (Tables 17-18), urgent and non-urgent encounters by provider (Table 19), and summary data on admissions and encounters by provider (Table 20).



## **FY 1995 AND FUTURE CICIP GOALS**

### **Equity in Provider Reimbursement**

Tables 4 through 6 show the range of CICIP reimbursement per patient activity and costs covered by CICIP reimbursement. Outstate providers serve about half of the CICIP patients, yet receive the lowest reimbursement of all CICIP providers. In many cases, 60% or more of the patients seen by Outstate providers are medically indigent. This means that these Outstate providers must find other methods for covering the costs associated with serving medically indigent patients.

To start obtaining equity in CICIP provider reimbursement, the legislature increased the Outstate appropriation to \$9,555,136 (a \$154,315 increase) for FY 1995. In addition, the Department started a plan to pay Outstate providers through Medicaid. To achieve this, the Department submitted a State Plan Amendment (SPA) to the Health Care Financing Administration's (HCFA) requesting to obtain federal matching funds for Outstate hospital provider payments. The SPA effective date is July 1, 1994.

The Department also submitted a Supplemental Request to the Office of State Budget and Planning asking to refinance CICIP General Fund for Outstate hospital providers and increase all Outstate reimbursement to 26% of costs during FY 1995.

The CICIP is awaiting HCFA approval of the SPA and legislative approval of the Supplemental Request. If these requests are approved, Outstate providers will receive increased reimbursement during FY 1995. Regardless of approval or denial of the requests, the CICIP will continue to research alternatives to achieve equitable reimbursement for CICIP providers.

### **Administrative Costs to CICIP Providers**

Providers report that the CICIP processes for patient eligibility and CICIP data submission are cumbersome. Providers are concerned that in some cases the costs involved with performing these processes are more than CICIP reimbursement.

The CICIP is committed to work with providers to ease the administrative burdens of the eligibility application process and data reporting requirements. However, the CICIP must assure, to the General Assembly and HCFA, that resources are used for eligible CICIP patients and must collect data to show how CICIP funds are being used.

The CICIP has agreed to review a forthcoming proposal from providers to streamline the eligibility application process. The CICIP is also reviewing provider reporting requirements to determine the most efficient method to collect useable information.

### **Managed Care for Indigent Patients**

Several providers are interested in developing a managed care program for indigent patients. There are a variety of alternatives available for developing this type of managed care program and each alternative should be reviewed prior to beginning managed care in the CICIP.

The CICIP is meeting with providers in the near future to discuss various alternatives to a managed care approach. However, before agreeing to any managed care proposal, the CICIP must be sure that CICIP patients will continue to have access to necessary services. This means CICIP providers must receive reasonable reimbursement for services provided to CICIP patients.

**Restructuring of State Departments**

H.B. 93-1317 changed the administration of the CICIP from the University of Colorado Health Sciences Center (UCHSC) to the Department effective July 1, 1994. For FY 1995, the CICIP is contracting with UCHSC for data processing and management services. UCHSC has performed the data collection, processing, and management functions for the last several years.

The CICIP is reviewing many of the functions performed in the daily operation of the CICIP. The CICIP's goal is to determine the most effective methods for administering the CICIP. For example, the CICIP is working with Medicaid staff to determine ways to combine the CICIP eligibility process with the Medicaid outstationing and presumptive eligibility application processes.

The CICIP is also working with Medicaid staff to combine the CICIP provider contract with the Medicaid provider contract. If this is feasible, resource savings will accrue for the CICIP, as well as providers.

**FINANCIAL TABLES**

Table 7 Inpatient and Ambulatory Charges  
 Colorado Indigent Care Program  
 July 1993 through June 1994

PROVIDER	Urgent Inpatient	Urgent Ambulatory	Non-Urgent Inpatient	Non-Urgent Ambulatory	Total Inpatient Charges	Total Ambulatory Charges
<b>Outstate</b>						
Arkansas Valley Regional Medical Center	\$1,155,367	\$92,867	\$135,317	\$533,730	\$1,290,684	\$626,597
Aspen Valley Hospital	\$303,310	\$51,057	\$0	\$0	\$303,310	\$51,057
Avista Hospital	\$309,540	\$121,306	\$0	\$6,967	\$309,540	\$128,273
Boulder Community Hospital	\$653,012	\$146,172	\$406,718	\$270,218	\$1,059,730	\$416,390
Clinica Campesina (1)	\$0	\$23,844	\$0	\$253,066	\$0	\$276,910
Colorado Plains Medical Center	\$513,000	\$179,366	\$2,895	\$832	\$515,896	\$180,198
C.S.O.F./Family Medicine Center (1)	\$0	\$87	\$0	\$190,220	\$0	\$190,307
Columbine Family Health Center (1)	\$0	\$464	\$0	\$111,911	\$0	\$112,375
Community Health Center-Co. Sprg (1)	\$0	\$0	\$0	\$2,724,242	\$0	\$2,724,242
Community Health Clinic-Dove Ck (1)	\$0	\$679	\$0	\$9,956	\$0	\$10,635
Community Hosp. - Grand Junction	\$81,914	\$21,595	\$70,881	\$78,460	\$152,795	\$100,055
Community Hosp. - Grand Junction	\$44,392	\$6,693	\$0	\$0	\$44,392	\$6,693
Conejos County Hospital	\$0	\$0	\$48,516	\$169,319	\$48,516	\$169,319
Craig Hospital	\$255,778	\$0	\$937,630	\$560,916	\$1,193,408	\$560,916
Delta County Memorial Hospital	\$48,041	\$41,770	\$0	\$19,344	\$48,041	\$61,114
Estes Park Medical Center	\$27,750	\$3,271	\$0	\$323	\$27,750	\$3,594
Grand River Hospital District	\$65,119	\$28,582	\$30,680	\$61,644	\$95,799	\$90,226
Gunnison Valley Hospital	\$3,771	\$0	\$0	\$913	\$3,771	\$913
Haxtun Hospital District	\$122,190	\$19,541	\$55,616	\$15,545	\$177,806	\$35,086
Huerfano County Medical Center	\$43,708	\$15,469	\$0	\$9,265	\$43,708	\$24,734
Kit Carson County Memorial Hospital	\$0	\$31	\$0	\$308,757	\$0	\$308,788
La Clinica del Valle (1)	\$0	\$6,577	\$0	\$39,048	\$0	\$45,625
La Clinica, Inc. (1)	\$2,908,415	\$619,085	\$345,953	\$339,611	\$3,254,368	\$958,696
Lutheran Medical Center	\$9,357,130	\$3,840,959	\$1,514,653	\$496,449	\$10,871,783	\$4,337,408
Memorial Hospital - Colo. Spgs.	\$1,324,495	\$279,270	\$952,800	\$410,351	\$2,277,295	\$689,621
Mercy Medical Center	\$0	\$0	\$383,005	\$383,005	\$0	\$383,005
Metro Denver Provider Network (1)	\$450,568	\$39,695	\$430,257	\$460,567	\$880,825	\$500,262
Montrose Memorial Hospital	\$5,015,863	\$1,173,162	\$0	\$0	\$5,015,863	\$1,173,162
North Colorado Medical Center	\$1,651,138	\$354,385	\$1,049,768	\$675,788	\$2,700,906	\$1,030,173
Parkview Episcopal Hospital	\$8,083,634	\$1,669,043	\$3,503,684	\$2,123,916	\$11,587,318	\$3,792,959
Penrose Hospital	\$0	\$3,198	\$0	\$418,219	\$0	\$421,417
People's Clinic (1)	\$4,637	\$3,842	\$0	\$4,974	\$4,637	\$8,816
Pioneers Hospital of Rio Blanco	\$0	\$181,279	\$0	\$1,387,554	\$0	\$1,568,833
Plan de Salud del Valle Clinic (1)	\$288,261	\$83,141	\$128,620	\$82,615	\$416,881	\$165,756
Platte Valley Medical Center	\$2,649,283	\$554,905	\$1,107,175	\$879,048	\$3,756,458	\$1,433,953
Poudre Valley Hospital	\$208,981	\$125,938	\$0	\$12,766	\$208,981	\$138,704
Powers Medical Center	\$0	\$161,367	\$0	\$485,969	\$0	\$647,336
Pueblo Community Health Center (1)	\$192,872	\$74,175	\$0	\$0	\$192,872	\$74,175
Routt Memorial Hospital	\$1,687,043	\$1,404,113	\$1,547,754	\$233,263	\$3,234,797	\$1,637,376
St. Mary-Corwin Hospital						

Table 7 Inpatient and Ambulatory Charges  
 Colorado Indigent Care Program  
 July 1993 through June 1994

PROVIDER	Urgent Inpatient	Urgent Ambulatory	Non-Urgent Inpatient	Non-Urgent Ambulatory	Total Inpatient Charges	Total Ambulatory Charges
<b>Outstate</b>						
St. Mary's Hospital	\$3,266,745	\$937,375	\$729,597	\$243,903	\$3,996,342	\$1,181,278
St. Thomas More Hospital	\$239,766	\$66,069	\$0	\$848	\$239,766	\$66,917
St. Vincent General Hospital	\$54,003	\$22,788	\$0	\$714	\$54,003	\$23,502
San Luis Valley Regional Medical Center	\$1,104,291	\$200,908	\$0	\$27,824	\$1,104,291	\$228,732
Southeast Colorado Hospital	\$13,704	\$5,364	\$3,132	\$2,597	\$16,836	\$7,961
Southwest Memorial Hospital	\$934,063	\$76,035	\$20,582	\$76,140	\$954,645	\$152,175
Sterling Regional Medical Center	\$70,230	\$72,403	\$159,662	\$257,780	\$229,892	\$330,183
Sunrise Community Health Center (1)	\$0	\$0	\$0	\$409,653	\$0	\$409,653
Swedish Medical Center	\$2,972,874	\$99,106	\$804,460	\$323,792	\$3,777,334	\$422,898
The Memorial Hospital - Craig	\$242,077	\$136,759	\$10,890	\$75,381	\$252,967	\$212,140
Uncompahgre Combined Clinics (1)	\$0	\$5,988	\$0	\$34,508	\$0	\$40,496
Valley-Wide Health Services (1)	\$0	\$0	\$0	\$1,089,739	\$0	\$1,089,739
<b>TOTAL OUTSTATE</b>	<b>\$46,346,965</b>	<b>\$12,949,723</b>	<b>\$13,997,240</b>	<b>\$16,301,650</b>	<b>\$60,344,205</b>	<b>\$29,251,373</b>
<b>Specialty</b>						
Children's Hospital	\$2,252,532	\$205	\$1,448	\$1,322,012	\$2,253,980	\$1,322,217
Commerce City Community Hlth Ctr (1)	\$0	\$0	\$0	\$59,758	\$0	\$59,758
National Jewish Center	\$720,368	\$140,236	\$238	\$1,321,539	\$720,606	\$1,461,775
<b>TOTAL SPECIALTY</b>	<b>\$2,972,900</b>	<b>\$140,441</b>	<b>\$1,686</b>	<b>\$2,703,309</b>	<b>\$2,974,586</b>	<b>\$2,843,750</b>
<b>DENVER HEALTH &amp; HOSPITALS (2)</b>						
	\$69,527,497	\$4,533,763	\$3,659,342	\$36,682,260	\$73,186,839	\$41,216,023
<b>University Hospital (3)</b>						
University Hospital	\$24,555,569	\$3,680,216	\$12,732,316	\$19,548,777	\$37,287,885	\$23,228,993
University Hospital Pending	\$714,794	\$957,687	\$11,672,665	\$101,293	\$12,387,459	\$1,058,980
University Physicians, Inc.	\$4,904,639	\$1,261,038	\$2,549,220	\$6,670,020	\$7,453,859	\$7,931,058
<b>TOTAL UNIVERSITY HOSPITAL</b>	<b>\$30,175,002</b>	<b>\$5,898,941</b>	<b>\$26,954,201</b>	<b>\$26,320,090</b>	<b>\$57,129,203</b>	<b>\$32,219,031</b>
<b>TOTAL ALL PROVIDERS</b>	<b>\$149,022,364</b>	<b>\$23,522,868</b>	<b>\$44,612,469</b>	<b>\$82,007,309</b>	<b>\$193,634,833</b>	<b>\$105,530,177</b>



**Table 7**

**FOOTNOTES**

1. These providers are community health clinics.
2. Denver Health & Hospitals submitted sample data reporting the percentages of CICIP patient activity that were urgent and non-urgent. See Table 19. The dollars reflected are an estimate based on the sample data.
3. The financial data reported by University reflects services provided to CICIP patients by University and its associated physicians (University Physicians, Inc.). University also separates CICIP patients that may be eligible for Medicaid. Therefore, charges associated with these CICIP patients are pending until the final Medicaid determination.

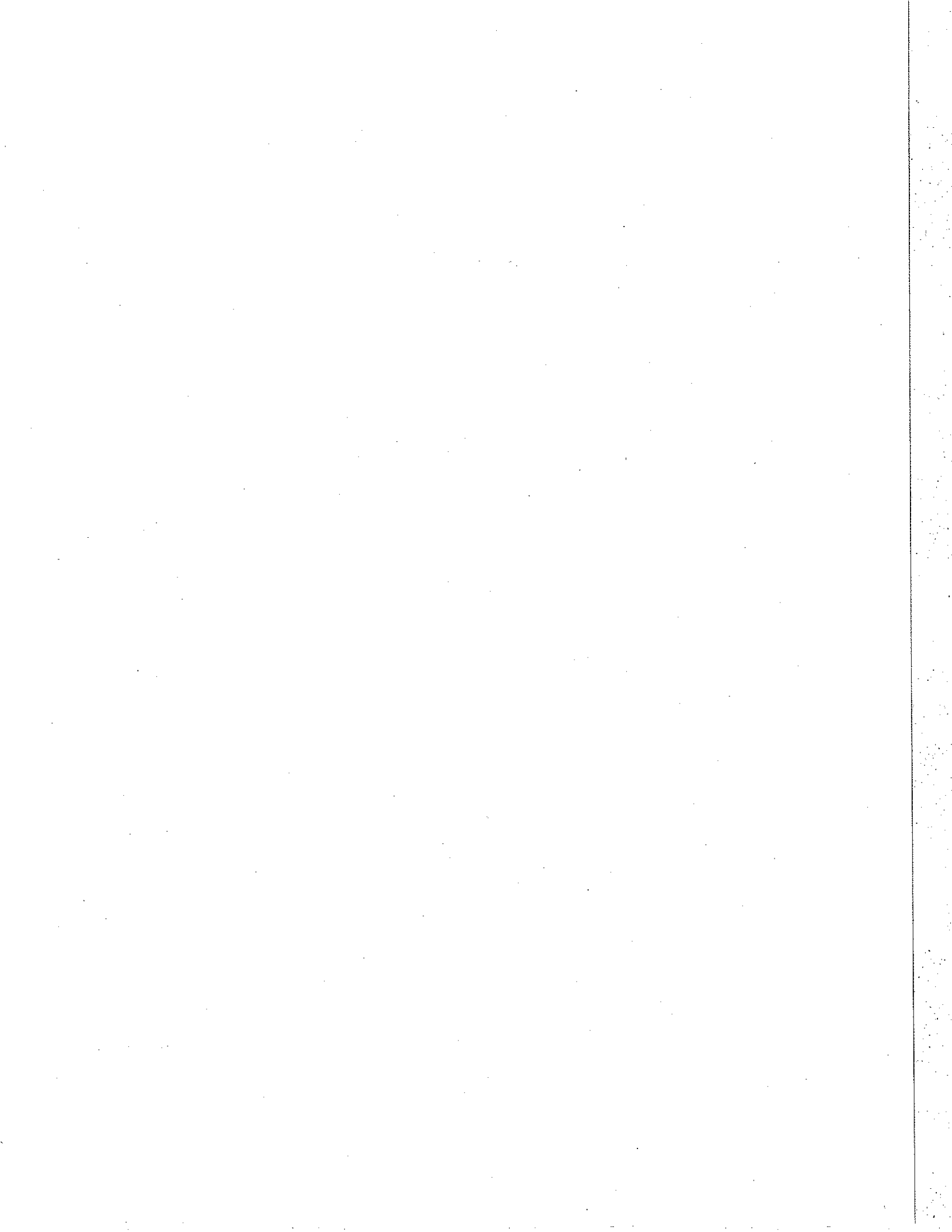
Table 8 Third Party Reimbursement, Patient Liability, and CICP Write-Offs  
 Colorado Indigent Care Program  
 July 1993 through June 1994

PROVIDER	Third Party Payments		Third Party Payments		Patient Liability		Patient Liability		Write-Off Charges		Total Charges
	Inpatient	Ambulatory	Inpatient	Ambulatory	Inpatient	Ambulatory	Inpatient	Ambulatory	Inpatient	Ambulatory	
<b>Outstate</b>											
Arkansas Valley Regional Medical Center	\$593,747	\$151,288	\$40,016	\$24,640	\$656,921	\$450,669	\$1,917,281				
Aspen Valley Hospital	\$10,537	\$260	\$9,357	\$856	\$283,416	\$49,941	\$354,367				
Avista Hospital	\$25,276	\$10,037	\$16,268	\$6,431	\$267,996	\$111,805	\$437,813				
Boulder Community Hospital	\$132,645	\$78,861	\$38,141	\$15,073	\$888,944	\$322,456	\$1,476,120				
Clinica Campesina (1)	\$0	\$14,644	\$0	\$21,234	\$0	\$241,032	\$276,910				
Colorado Plains Medical Center	\$133,961	\$28,259	\$31,291	\$15,211	\$350,643	\$136,728	\$696,093				
C.S.O.F./Family Medicine Center (1)	\$0	\$12,264	\$0	\$42,678	\$0	\$135,365	\$190,307				
Columbine Family Health Center (1)	\$0	\$0	\$0	\$17,237	\$0	\$95,138	\$112,375				
Community Health Center-Co. Sprg (1)	\$0	\$0	\$0	\$265,844	\$0	\$2,458,398	\$2,724,242				
Community Health Clinic-Dove Ck (1)	\$0	\$0	\$0	\$3,147	\$0	\$7,488	\$10,635				
Community Hosp. - Grand Junction	\$6,356	\$3,478	\$9,406	\$6,075	\$137,033	\$90,502	\$252,850				
Conejos County Hospital	\$5,044	\$0	\$4,809	\$1,782	\$34,539	\$4,911	\$51,085				
Craig Hospital	\$0	\$75,625	\$440	\$2,929	\$48,076	\$90,765	\$217,835				
Delta County Memorial Hospital	\$332,123	\$84,397	\$43,793	\$21,918	\$817,492	\$454,601	\$1,754,324				
Estes Park Medical Center	\$0	\$89	\$2,910	\$4,182	\$45,131	\$56,843	\$109,155				
Grand River Hospital District	\$7,876	\$0	\$851	\$139	\$19,023	\$3,455	\$31,344				
Gunnison Valley Hospital	\$2,366	\$34,972	\$4,494	\$5,131	\$88,939	\$50,123	\$186,025				
Haxtun Hospital District	\$0	\$0	\$15	\$35	\$3,756	\$878	\$4,684				
Huerfano County Medical Center	\$4,514	\$2,639	\$1,887	\$981	\$171,405	\$31,466	\$212,892				
Kit Carson County Memorial Hospital	\$1,166	\$255	\$1,302	\$690	\$41,240	\$23,819	\$68,442				
La Clinica del Valle (1)	\$0	\$745	\$0	\$39,465	\$0	\$268,578	\$308,788				
La Clinica, Inc. (1)	\$0	\$943	\$0	\$4,725	\$0	\$39,957	\$45,625				
Lutheran Medical Center	\$494,111	\$56,096	\$103,025	\$58,084	\$2,657,232	\$844,516	\$4,213,064				
Memorial Hospital - Colo. Spgs.	\$2,051,064	\$263,692	\$196,151	\$116,248	\$8,624,568	\$3,957,468	\$15,209,191				
Mercy Medical Center	\$390,628	\$71,169	\$85,862	\$32,131	\$1,800,805	\$586,321	\$2,966,916				
Metro Denver Provider Network (1)	\$0	\$39,361	\$0	\$13,778	\$0	\$329,866	\$383,005				
Montrose Memorial Hospital	\$0	\$0	\$57,890	\$27,824	\$822,935	\$472,438	\$1,381,087				
North Colorado Medical Center	\$774,407	\$109,407	\$246,549	\$58,270	\$3,994,907	\$1,005,485	\$6,189,025				
Parkview Episcopal Hospital	\$3,403	\$569	\$64,848	\$35,411	\$2,632,655	\$994,193	\$3,731,079				
Penrose Hospital	\$2,183,059	\$283,551	\$209,217	\$124,312	\$9,195,042	\$3,385,096	\$15,380,277				
People's Clinic (1)	\$0	\$0	\$0	\$64,209	\$0	\$357,208	\$421,417				
Pioneers Hospital of Rio Blanco	\$0	\$173	\$444	\$667	\$4,192	\$7,977	\$13,453				
Plan de Salud del Valle Clinic (1)	\$0	\$0	\$0	\$179,801	\$0	\$1,389,032	\$1,568,833				
Platte Valley Medical Center	\$75,185	\$21,340	\$11,415	\$5,043	\$330,282	\$139,372	\$582,637				
Poudre Valley Hospital	\$672,960	\$181,262	\$166,564	\$96,259	\$2,916,934	\$1,156,432	\$5,190,411				
Prowers Medical Center	\$42,272	\$20,152	\$13,140	\$11,947	\$153,569	\$106,605	\$347,685				
Pueblo Community Health Center (1)	\$0	\$0	\$0	\$66,583	\$0	\$580,753	\$647,336				
Routt Memorial Hospital	\$14,195	\$2,687	\$15,321	\$13,058	\$163,356	\$58,430	\$267,047				
St. Mary-Corwin Hospital	\$758,044	\$572,988	\$84,233	\$47,945	\$2,392,520	\$1,016,443	\$4,872,173				



Table 8 Third Party Reimbursement, Patient Liability, and CICP Write-Offs  
 Colorado Indigent Care Program  
 July 1993 through June 1994

PROVIDER	Third Party Payments		Third Party Payments		Patient Liability		Patient Liability		Write-Off Charges		Total Charges
	Inpatient	Ambulatory	Inpatient	Ambulatory	Inpatient	Ambulatory	Inpatient	Ambulatory	Inpatient	Ambulatory	
<b>Outstate</b>											
St. Mary's Hospital	\$301,648	\$45,633	\$173,163	\$49,768	\$3,521,531	\$1,085,877	\$5,177,620				
St. Thomas More Hospital	\$85,251	\$4,622	\$16,204	\$6,489	\$138,311	\$55,806	\$306,683				
St. Vincent General Hospital	\$2,247	\$0	\$3,196	\$1,918	\$48,560	\$21,584	\$77,505				
San Luis Valley Regional Medical Center	\$151,220	\$22,157	\$76,440	\$14,952	\$876,631	\$191,623	\$1,333,023				
Southeast Colorado Hospital	\$0	\$0	\$601	\$422	\$16,235	\$7,539	\$24,797				
Southwest Memorial Hospital	\$314,811	\$34,305	\$44,904	\$6,419	\$594,930	\$111,451	\$1,106,820				
Sterling Regional Medical Center	\$27,403	\$51,444	\$12,920	\$17,919	\$189,569	\$260,820	\$560,075				
Sunrise Community Health Center (1)	\$0	\$21,285	\$0	\$37,729	\$0	\$350,639	\$409,653				
Swedish Medical Center	\$579,508	\$92,538	\$84,392	\$16,930	\$3,113,434	\$313,430	\$4,200,232				
The Memorial Hospital - Craig	\$84,557	\$30,571	\$6,965	\$8,632	\$161,445	\$172,937	\$465,107				
Uncompahgre Combined Clinics (1)	\$0	\$2,074	\$0	\$6,558	\$0	\$31,864	\$40,496				
Valley-Wide Health Services (1)	\$0	\$0	\$0	\$249,878	\$0	\$839,861	\$1,089,739				
<b>TOTAL OUTSTATE</b>	<b>\$10,261,584</b>	<b>\$2,425,802</b>	<b>\$1,878,424</b>	<b>\$1,869,587</b>	<b>\$48,204,197</b>	<b>\$24,955,984</b>	<b>\$89,595,578</b>				
<b>Specialty</b>											
Children's Hospital	\$420,090	\$70,049	\$77,978	\$98,604	\$1,755,912	\$1,153,564	\$3,576,197				
Commerce City Community Hlth Ctr (1)	\$0	\$0	\$0	\$9,225	\$0	\$50,533	\$59,758				
National Jewish Center	\$9,462	\$12,595	\$10,333	\$79,071	\$700,811	\$1,370,109	\$2,182,381				
<b>TOTAL SPECIALTY</b>	<b>\$429,552</b>	<b>\$82,644</b>	<b>\$88,311</b>	<b>\$186,900</b>	<b>\$2,456,723</b>	<b>\$2,574,206</b>	<b>\$5,818,336</b>				
<b>DENVER HEALTH &amp; HOSPITALS (2)</b>	<b>\$12,190,611</b>	<b>\$1,675,023</b>	<b>\$7,161,585</b>	<b>\$6,622,134</b>	<b>\$53,834,643</b>	<b>\$32,918,866</b>	<b>\$114,402,862</b>				
<b>University Hospital (3)</b>											
University Hospital	\$8,336,758	\$4,509,728	\$2,261,079	\$6,685,716	\$26,690,048	\$14,362,303	\$62,845,632				
University Hospital Pending	\$5,118,781	\$72,021	\$3,634,336	\$493,481	\$3,634,333	\$493,478	\$13,446,430				
University Physicians, Inc.	\$591,296	\$513,468	\$48,707	\$63,898	\$6,813,856	\$7,353,692	\$15,384,917				
<b>TOTAL UNIVERSITY HOSPITAL</b>	<b>\$14,046,835</b>	<b>\$5,095,217</b>	<b>\$5,944,122</b>	<b>\$7,243,095</b>	<b>\$37,138,237</b>	<b>\$22,209,473</b>	<b>\$91,676,979</b>				
<b>TOTAL ALL PROVIDERS</b>	<b>\$36,928,582</b>	<b>\$9,278,686</b>	<b>\$15,072,442</b>	<b>\$15,921,716</b>	<b>\$141,633,800</b>	<b>\$82,658,529</b>	<b>\$301,493,755</b>				



## Table 8

### FOOTNOTES

1. These providers are community health clinics.
2. Denver Health and Hospitals reports using a zero-balance methodology. CICIP patients with third party coverage that have not supplied the documentation to substantiate a claim to an insurance carrier, are billed 100% of all uncollected balances. These accounts are then written down to zero and reported to the CICIP as Patient Liability. DHH turns these accounts over to an external collection agency to maximize recoveries. Upon maximum recovery from the third party payers, accounts are returned to DHH where all or part of the remaining balance due is considered for CICIP write-off coverage. However, it is not the policy of DHH to report these settlements to the CICIP. As a result, third party reimbursement and CICIP write-offs are understated and patient liability is overstated.
3. The financial data reported by University reflects services provided to CICIP patients by University Hospital and its associated physicians (University Physicians, Inc.). University also separates CICIP patients that may be eligible for Medicaid. Therefore, charges associated with these CICIP patients are pending until the final Medicaid determination.

In addition, total ambulatory write-off charges include write-offs for University's cash-based outpatient pharmacy. The outpatient pharmacy is not part of University's patient accounting system, therefore, these write-off charges must be reported separately to the CICIP. Write-off charges do not equal total charges less patient liability and third party payments because of the outpatient pharmacy.

Table 9 Financial Activity and Reimbursement Summary  
 Colorado Indigent Care Program  
 July 1993 through June 1994

PROVIDER	Total Charges	Total Third Party Liability	Total Patient Liability	Write-Off Charges	Write-Off Cost	Reimbursement
<b>Outstate</b>						
Arkansas Valley Regional Medical Center	\$1,917,281	\$745,035	\$64,656	\$1,107,590	\$572,735	\$123,477
Aspen Valley Hospital	\$354,367	\$10,797	\$10,213	\$333,357	\$248,551	\$53,585
Avista Hospital	\$437,813	\$35,313	\$22,699	\$379,801	\$283,901	\$61,207
Boulder Community Hospital	\$1,476,120	\$211,506	\$53,214	\$1,211,400	\$866,514	\$186,813
Clinica Campesina (1)	\$276,910	\$14,644	\$21,234	\$241,032	\$241,032	\$51,964
Colorado Plains Medical Center	\$696,093	\$162,220	\$46,502	\$487,371	\$255,187	\$55,016
C.S.O.F./Family Medicine Center (1)	\$190,307	\$12,264	\$42,678	\$135,365	\$135,365	\$29,184
Columbine Family Health Center (1)	\$112,375	\$0	\$17,237	\$95,138	\$95,138	\$20,511
Community Health Center-Co. Sprg (1)	\$2,724,242	\$0	\$265,844	\$2,458,398	\$2,226,325	\$479,976
Community Health Clinic-Dove Ck (1)	\$10,635	\$0	\$3,147	\$7,488	\$7,488	\$1,614
Community Hosp. - Grand Junction	\$252,850	\$9,834	\$15,481	\$227,535	\$138,501	\$29,860
Conejos County Hospital	\$51,085	\$5,044	\$6,591	\$39,451	\$30,751	\$6,630
Craig Hospital	\$217,835	\$75,625	\$3,369	\$138,840	\$138,841	\$29,933
Delta County Memorial Hospital	\$1,754,324	\$416,520	\$65,711	\$1,272,093	\$650,167	\$140,170
Estes Park Medical Center	\$109,155	\$89	\$7,092	\$101,974	\$96,304	\$20,762
Grand River Hospital District	\$31,344	\$7,876	\$990	\$22,478	\$17,785	\$3,834
Gunnison Valley Hospital	\$186,025	\$37,338	\$9,625	\$139,062	\$95,410	\$20,570
Haxtun Hospital District	\$4,684	\$0	\$50	\$4,634	\$4,290	\$925
Huerfano County Medical Center	\$212,892	\$7,153	\$2,868	\$202,871	\$120,242	\$25,923
Kit Carson County Memorial Hospital	\$68,442	\$1,391	\$1,992	\$65,059	\$42,718	\$9,210
La Clinica del Valle (1)	\$308,788	\$745	\$39,465	\$268,578	\$268,578	\$57,903
La Clinica, Inc. (1)	\$45,625	\$943	\$4,725	\$39,957	\$39,957	\$8,614
Lutheran Medical Center	\$4,213,064	\$550,207	\$161,109	\$3,501,748	\$2,318,157	\$499,775
Memorial Hospital - Colo. Spgs.	\$15,209,191	\$2,314,756	\$312,399	\$12,582,036	\$5,612,846	\$1,210,082
Mercy Medical Center	\$2,966,916	\$461,797	\$117,993	\$2,387,126	\$1,446,360	\$311,823
Metro Denver Provider Network (1)	\$383,005	\$39,361	\$13,778	\$329,866	\$329,866	\$71,116
Montrose Memorial Hospital	\$1,381,087	\$0	\$85,714	\$1,295,373	\$786,939	\$169,657
North Colorado Medical Center	\$6,189,025	\$883,814	\$304,819	\$5,000,392	\$3,006,236	\$648,119
Parkview Episcopal Hospital (6)	\$3,731,079	\$3,972	\$100,259	\$3,626,848	\$1,978,446	\$371,966
Penrose Hospital	\$15,380,277	\$2,466,610	\$333,529	\$12,580,138	\$6,205,782	\$1,337,914
People's Clinic (1)	\$421,417	\$0	\$64,209	\$357,208	\$357,208	\$77,011
Pioneers Hospital of Rio Blanco	\$13,453	\$173	\$1,111	\$12,169	\$12,169	\$2,624
Plan de Salud del Valle Clinic (1)	\$1,568,833	\$0	\$179,801	\$1,389,032	\$1,389,032	\$299,463
Platte Valley Medical Center	\$582,637	\$96,525	\$16,458	\$469,654	\$312,977	\$67,475
Poudre Valley Hospital	\$5,190,411	\$854,222	\$262,823	\$4,073,366	\$2,903,088	\$625,881
Powers Medical Center	\$347,685	\$62,424	\$25,087	\$260,174	\$164,196	\$35,399
Pueblo Community Health Center (1)	\$647,336	\$0	\$66,583	\$580,753	\$580,753	\$125,205
Routt Memorial Hospital	\$267,047	\$16,882	\$28,379	\$221,786	\$132,695	\$28,608
St. Mary-Corwin Hospital	\$4,872,173	\$1,331,032	\$132,178	\$3,408,963	\$1,684,028	\$363,062

Table 9 Financial Activity and Reimbursement Summary  
 Colorado Indigent Care Program  
 July 1993 through June 1994

PROVIDER	Total Charges	Total Third Party Liability	Total Patient Liability	Write-Off Charges	Write-Off Cost	Reimbursement
<b>Outstate</b>						
St. Mary's Hospital	\$5,177,620	\$347,281	\$222,931	\$4,607,408	\$2,771,817	\$597,580
St. Thomas More Hospital	\$306,683	\$89,873	\$22,693	\$194,117	\$108,259	\$23,340
St. Vincent General Hospital	\$77,505	\$2,247	\$5,114	\$70,144	\$51,177	\$11,033
San Luis Valley Regional Medical Center	\$1,333,023	\$173,377	\$91,392	\$1,068,254	\$521,415	\$112,413
Southeast Colorado Hospital	\$24,797	\$0	\$1,023	\$23,774	\$21,715	\$4,682
Southwest Memorial Hospital	\$1,106,820	\$349,116	\$51,323	\$706,381	\$442,548	\$95,410
Sterling Regional Medical Center	\$560,075	\$78,847	\$30,839	\$450,389	\$265,144	\$57,163
Sunrise Community Health Center (1)	\$409,653	\$21,285	\$37,729	\$350,639	\$350,639	\$75,595
Swedish Medical Center	\$4,200,232	\$672,046	\$101,322	\$3,426,864	\$1,993,749	\$429,835
The Memorial Hospital - Craig	\$465,107	\$115,128	\$15,597	\$334,382	\$248,814	\$53,642
Uncompahgre Combined Clinics (1)	\$40,496	\$2,074	\$6,558	\$31,864	\$31,864	\$6,870
Valley-Wide Health Services (1)	\$1,089,739	\$0	\$249,878	\$839,861	\$839,861	\$181,067
<b>TOTAL OUTSTATE (4)</b>	<b>\$89,595,578</b>	<b>\$12,687,386</b>	<b>\$3,748,011</b>	<b>\$73,160,181</b>	<b>\$43,443,560</b>	<b>\$9,311,491</b>
<b>Specialty</b>						
Children's Hospital (6)	\$3,576,197	\$490,139	\$176,582	\$2,909,476	\$2,047,107	\$748,830
Commerce City Community Hlth Ctr (1)	\$59,758	\$0	\$9,225	\$50,533	\$50,533	\$16,896
National Jewish Center (6)	\$2,182,381	\$22,057	\$89,404	\$2,070,920	\$1,149,775	\$217,829
<b>TOTAL SPECIALTY</b>	<b>\$5,818,336</b>	<b>\$512,196</b>	<b>\$275,211</b>	<b>\$5,030,929</b>	<b>\$3,247,415</b>	<b>\$983,555</b>
<b>DENVER HEALTH &amp; HOSPITALS (2.5)</b>						
	\$114,402,862	\$13,865,634	\$13,783,719	\$86,753,509	\$45,467,514	\$15,728,909
<b>University Hospital (3.5)</b>						
University Hospital	\$62,845,632	\$12,846,486	\$8,946,795	\$41,052,351	\$24,799,725	
University Hospital Pending	\$13,446,430	\$5,190,802	\$4,127,817	\$4,127,811	\$0	
University Physicians, Inc.	\$15,384,917	\$1,104,764	\$112,605	\$14,167,548	\$8,558,616	
<b>TOTAL UNIVERSITY HOSPITAL</b>	<b>\$91,676,979</b>	<b>\$19,142,052</b>	<b>\$13,187,217</b>	<b>\$59,347,710</b>	<b>\$33,358,341</b>	<b>\$10,727,750</b>
<b>TOTAL ALL PROVIDERS</b>						
	\$301,493,755	\$46,207,268	\$30,994,158	\$224,292,329	\$125,516,830	\$36,751,705



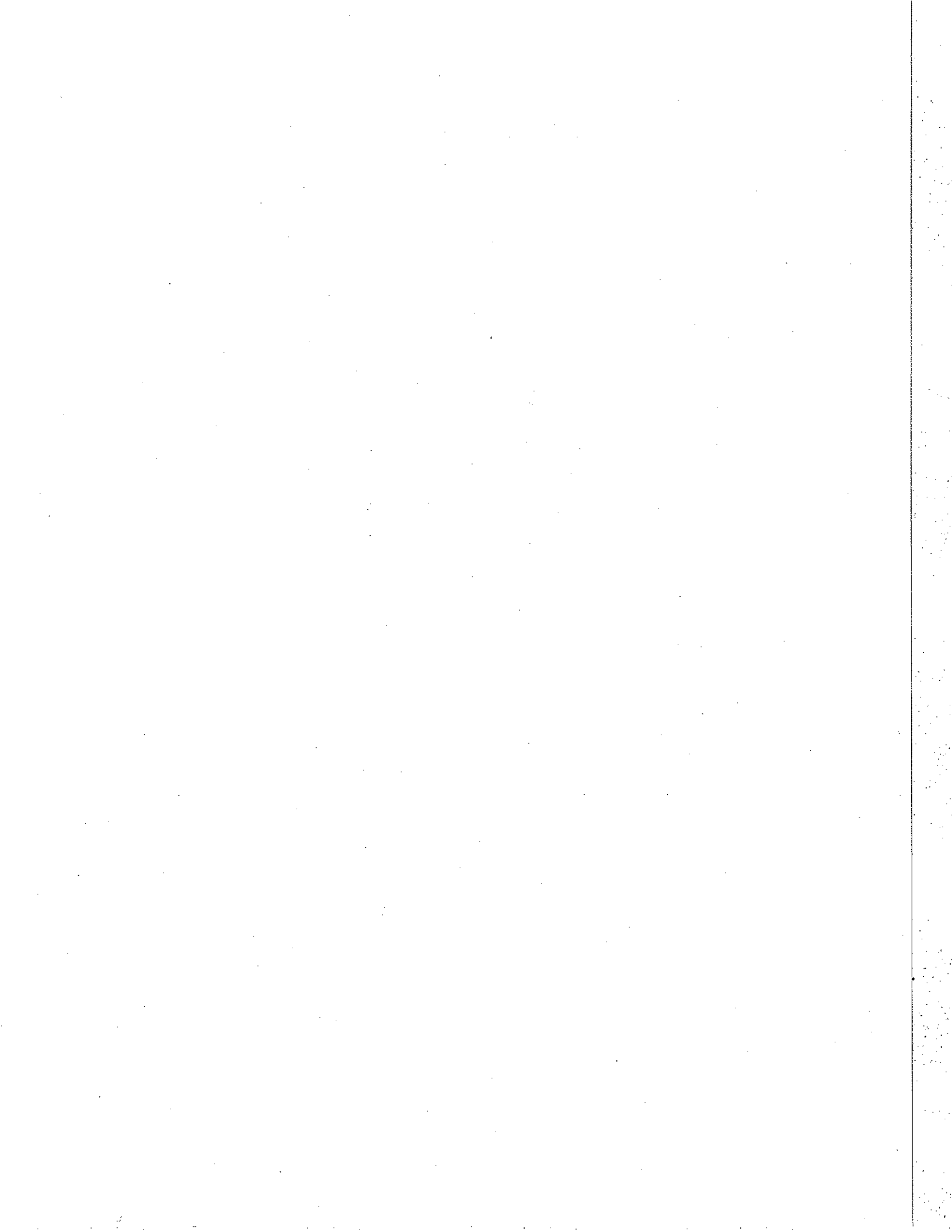
## Table 9

### FOOTNOTES

1. These providers are community health clinics.
2. Denver Health and Hospitals reports using a zero-balance methodology. CICIP patients with third party coverage that have not supplied the documentation to substantiate a claim to an insurance carrier, are billed 100% of all uncollected balances. These accounts are then written down to zero and reported to the CICIP as Patient Liability. DHH turns these accounts over to an external collection agency to maximize recoveries. Upon maximum recovery from the third party payers, accounts are returned to DHH where all or part of the remaining balance due is considered for CICIP write-off coverage. However, it is not the policy of DHH to report these settlements to the CICIP. As a result, third party reimbursement and CICIP write-offs are understated and patient liability is overstated.
3. The financial data reported by University Hospital reflects services provided to CICIP patients by University Hospital and its associated physicians (University Physicians, Inc.). University Hospital also separates CICIP patients that may be eligible for Medicaid. Therefore, charges associated with these CICIP patients are pending until the final Medicaid determination.

In addition, total ambulatory write-off charges include write-offs for University's cash-based outpatient pharmacy. The outpatient pharmacy is not part of University's patient accounting system, therefore, these write-off charges must be reported separately to the CICIP. Write-off charges do not equal total charges less patient liability and third party payments because of the outpatient pharmacy.

4. A final reconciliation was calculated for all Outstate providers. However, the final distribution of dollars is not complete.
5. These providers receive reimbursement through the Medicaid Major Teaching Hospital Allocation and disproportionate share payments. Reimbursement amounts are from the Medicaid program.
6. These providers are paid through the Medicaid disproportionate share. Reimbursement amounts are from the Medicaid program.





**UTILIZATION DATA**

TABLE 10  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 Characteristics of Medically Indigent Patient Activity  
 UTILIZATION ORIGIN BY PROVIDER

	Inpatient		Ambulatory		Unknown	Total
	From Same County		From Adj. County			
	From Same County	Non-Adj. County	From Same County	Non-Adj. County		
<b>Outstate Providers</b>						
Arkansas Valley Region Med Ctr	133	40	1134	316	63	1699
Aspen Valley Hospital	27	14	31	23	3	101
Avista Hospital	26	3	180	25	8	245
Boulder Community Hospital	128	6	1199	36	1	1373
CSOF/Family Medicine Center			3219	49	30	3300
Clinica Campesina			3266	684	76	4183
Colorado Plains Medical Center	97		499	2	1	599
Columbine Family Health Center			455	1454	23	1944
Community Health Center-Co. Sprg			39368			39368
Community Health Clinic-Dove Ck			218			218
Community Hosp. - Grand Junction	26	3	150	24	1	204
Conejos County Hospital	7		10			18
Delta County Memorial Hospital	194	23	1452	127	7	1806
Estes Park Medical Center	10		134	1	1	146
Grand River Hospital District	8		8	1		17
Gunnison Valley Hospital	20		273		1	294
Haxtun Hospital District	1		7			8
Huerfano Memorial Hospital	24	1	141	1		167
Kit Carson Community Mem. Hosp.	14		90			105
La Clinica del Valle			4545	1898	8	6451
La Clinica, Inc.			663	1		677
Lutheran Medical Center	254	109	1498	592	3	2509
Memorial Hospital - Colo. Spgs.	669	32	5311	121	5	6209
Mercy Medical Center - Durango	200	36	1023	79	15	1359
Metro Denver Provider Network			1869	2903	24	4796
Montrose Memorial Hospital	116	70	1035	225	7	1458
North Colorado Medical Center	621	41	1759	53	26	2518
Parkview Episcopal Hospital	347	73	1636	75	34	2185
Penrose/St. Francis Hlth. System	1051	14	7452	145	69	8758
Peoples Clinic			8022	1	11	8090
Pioneers Hospital of Rio Blanco	2		55			58
Plan de Salud del Valle Clinics			8886	15928	328	25147
Platte Valley Medical Center	57		277	17		351
Poudre Valley Hospital	477	23	7963	129	36	8650
Prowers Medical Center	37	1	119	2	1	160
Pueblo Community Health Center			8246	6	8	8260
Routt Memorial Hospital	24	1	45	12	2	86
San Luis Valley Reg. Med Center	57	159	151	271	7	651
Southeast Colorado Hospital	7		52	5		65
Southwest Memorial Hospital	184	12	535	11	3	753

TABLE 10  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 Characteristics of Medically Indigent Patient Activity  
 UTILIZATION ORIGIN BY PROVIDER

	Inpatient			Ambulatory			Unknown	Total
	From Same County		Non-Adj. County	From Same County		Non-Adj. County		
	From Same County	From Adj. County	Non-Adj. County	From Same County	From Adj. County	Non-Adj. County		
St. Mary-Corwin Hospital	339	61	24	4718	494	113	.	5749
St. Marys Hospital	376	79	40	3069	221	77	.	3862
St. Thomas More Hospital	34	1	3	212	13	2	.	265
St. Vincent General Hospital	9	2	.	30	5	.	.	46
Sterling Regional MedCenter	36	5	.	954	52	.	.	1047
Sunrise Community Health Center	1	.	.	4581	36	17	3	4638
Swedish Medical Center	123	108	17	366	235	11	.	860
The Memorial Hospital - Craig	53	4	3	564	14	3	.	641
Uncompahgre Combined Clinics	.	2	.	230	489	12	3	736
Valley-Wide Health Services	.	.	.	4667	13089	13	3	17772
Totals	5789	923	252	132367	39865	1225	181	180602
Specialty Providers								
Commerce City Community Hlth Ctr	.	2	1	1273	27	.	1	1301
Craig Rehabilitation Hospital	24	20	9	2789	1866	1230	.	5938
National Jewish Hospital	78	144	57	2256	6546	805	1	9887
The Children's Hospital	102	166	67	6346	8475	2058	2	17216
University Hospital								
University Hospital	400	1460	256	8749	40477	5079	33017*	89438*
University Hospital (Pending)	106	327	35	418	1449	73	904	3312
Totals	506	1787	291	9167	41926	5152	33921*	92750*
Denver Health & Hospitals								
Denver Health & Hospitals	5638	284	31	187478	4674	281	53	198439
Totals	5638	284	31	187478	4674	281	53	198439
Totals for All Providers								
Totals for All Providers	12035	3160	641	335358	94940	8716	34157*	489007*

\* These numbers are inflated to reflect recurring outpatient visits.

TABLE 11  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 Characteristics of Medically Indigent Patient Activity  
 UTILIZATION BY COUNTY

County	Outstate Providers	Specialty Providers	University Hospital	Denver Health	Totals
Adams	13786	4920	18170	1809	38685
Alamosa	4897	22	116	5	5040
Arapahoe	2423	3351	13731	1728	21233
Archuleta	70	4	12	.	86
Baca	139	.	15	.	154
Bent	1966	3	15	39	2023
Boulder	17131	320	2122	93	19666
Chaffee	63	4	93	.	160
Cheyenne	4	.	52	9	65
Clear Creek	979	88	321	13	1401
Conejos	3478	2	72	3	3555
Costilla	2153	12	45	1	2201
Crowley	319	.	9	7	335
Custer	46	.	7	1	54
Delta	1921	5	79	2	2007
Denver	1280	5192	9673	193116	209261
Dolores	245	.	1	3	249
Douglas	54	143	593	66	856
Eagle	30	38	91	6	165
El Paso	57107	216	61	39	57423
Elbert	57	27	.	9	93
Fremont	581	36	111	3	731
Garfield	127	8	66	.	201
Gilpin	470	4	37	1	512
Grand	23	47	103	3	176
Gunnison	316	8	51	1	376
Hinsdale	4	.	7	.	11
Huerfano	990	.	29	4	1023
Jackson	6	.	28	.	34
Jefferson	4034	1617	11813	1421	18885
Kiowa	26	100	.	.	126
Kit Carson	127	39	104	4	274
La Plata	1235	12	20	.	1267
Lake	42	5	93	.	140
Larimer	8831	111	655	.	9597
Las Animas	93	23	.	.	116
Lincoln	14	25	.	.	39
Logan	1014	37	.	.	1051
Mesa	3636	2	.	.	3638
Mineral	22	.	.	.	22
Moffat	643	4	.	.	647
Montezuma	780	.	.	.	780
Montrose	1878	1	.	.	1879
Morgan	673	23	.	.	696
Otero	6011	19	.	.	6030
Ouray	78	.	.	.	78
Park	40	163	.	.	203
Phillips	21	26	.	.	47
Pitkin	61	12	.	.	73
Prowers	262	16	.	.	278
Pueblo	15356	111	.	.	15467

TABLE 11  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 Characteristics of Medically Indigent Patient Activity  
 UTILIZATION BY COUNTY

County	Outstate Providers	Specialty Providers	University Hospital	Denver Health	Totals
Rio Blanco	77	2	.	.	79
Rio Grande	3981	8	142	.	4131
Routt	114	20	30	.	164
Saguache	3987	7	33	.	4027
San Juan	15	.	9	.	24
San Miguel	349	.	.	.	349
Sedgwick	2	5	19	.	26
Summit	8	2	43	.	53
Teller	190	30	73	.	293
Washington	35	.	87	.	122
Weld	16109	323	.	.	16432
Yuma	20	31	.	.	51
unknown	173	2	33919*	53	9971
Totals	180602	17216	92750*	198439	464831

\* These numbers are inflated to reflect recurring outpatient visits.

TABLE 12  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 Characteristics of Medically Indigent Patient Activity  
 UTILIZATION BY INDIGENCY RATING

Rating	Outstate Providers		Specialty Providers		University Hospital		Denver Health		Totals
	Number	%	Number	%	Number	%	Number	%	
N	1601	23.0	8	2.4	59	1.9	1964	33.0	3632
A	1801	25.9	103	30.7	678	21.7	1504	25.3	4086
B	851	12.2	51	15.2	319	10.2	775	13.0	1996
C	637	9.1	43	12.8	383	12.3	450	7.6	1513
D	586	8.4	32	9.6	267	8.5	457	7.7	1342
E	445	6.4	19	5.7	207	6.6	301	5.1	972
F	546	7.8	50	14.9	291	9.3	305	5.1	1192
G	490	7.0	11	28	303	9.7	199	3.3	1020
K	.	.	.	.	615	19.7	.	.	615
P	.	.	.	.	3	0.1	.	.	3
Unknown	10	0.1	1	0.3	.	.	.	.	11
Totals	6967	42.5	335	2.0	3125	19.1	5955	36.4	16382

Rating	Outstate Providers		Specialty Providers		University Hospital		Denver Health		Totals
	Number	%	Number	%	Number	%	Number	%	
N	37208	21.4	890	5.3	606	0.9	50246	26.1	88950
A	65459	37.7	5587	33.1	20303	31.0	65294	33.9	156643
B	23548	13.6	2817	16.7	10113	15.5	29149	15.1	65627
C	16839	9.7	1889	11.2	9673	14.8	16508	8.6	44909
D	11783	6.8	2099	12.4	7374	11.3	14657	7.6	35913
E	6757	3.9	1359	8.1	5003	7.6	7778	4.0	20897
F	5853	3.4	1392	8.2	4946	7.6	5954	3.1	18145
G	2757	1.6	845	5.0	4553	7.0	2898	1.5	11053
K	.	.	.	.	2697	4.1	.	.	2697
P	2616	1.5	.	.	179	0.3	.	.	2795
Unknown	807	0.5	3	0.0	.	.	.	.	810
Totals	173627	38.7	16881	3.8	65447	14.6	192484	42.9	448439

TABLE 13  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 Characteristics of Medically Indigent Patient Activity  
 TOTAL INPATIENT DAYS BY INDIGENCY RATING

Inpatient Indigency Rating	Outstate Providers	Specialty Providers	University Hospital	Denver Health	Totals
N	8662	78	447	11463	20650
A	8663	430	3861	7606	20560
B	4023	205	1705	4094	10027
C	3332	288	1746	2477	7823
D	2594	107	1371	2319	6391
E	1778	93	965	1727	4563
F	2310	452	1418	1586	5766
G	2391	135	1458	939	4923
K			4868		4868
Unknown	32	4			36
Totals	33785	1772	17839	32211	85607

Table 14 FY 1994 CICIP Ability To Pay Scale  
Effective July 1, 1993

Income Ranges for each Ability-to-Pay Rate

Family Size	N (1)	A	B	C	D	E	F	G
1	0 - 3,036	3,037 - 4,321	4,322 - 5,646	5,647 - 6,970	6,971 - 8,155	8,156 - 9,270	9,271 - 11,082	11,083 - 12,895
2	0 - 3,972	3,973 - 5,847	5,848 - 7,638	7,639 - 9,430	9,431 - 11,033	11,034 - 12,542	12,543 - 14,994	14,995 - 17,446
3	0 - 5,052	5,053 - 7,372	7,373 - 9,631	9,632 - 11,890	11,891 - 13,911	13,912 - 15,814	15,815 - 18,905	18,906 - 21,997
4	0 - 6,120	6,121 - 8,897	8,898 - 11,624	11,625 - 14,350	14,351 - 16,790	16,791 - 19,086	19,087 - 22,817	22,818 - 26,548
5	0 - 7,260	7,261 - 10,422	10,423 - 13,616	13,617 - 16,810	16,811 - 19,668	19,669 - 22,357	22,358 - 26,728	26,729 - 31,099
6	0 - 8,364	8,365 - 11,947	11,948 - 15,609	15,610 - 19,270	19,271 - 22,546	22,547 - 25,629	25,630 - 30,639	30,640 - 35,650
7	0 - 9,240	9,241 - 13,473	13,474 - 17,601	17,602 - 21,730	21,731 - 25,424	25,425 - 28,901	28,902 - 34,551	34,552 - 40,201
8	0 - 10,128	10,129 - 14,998	14,999 - 19,594	19,595 - 24,190	24,191 - 28,302	28,303 - 32,173	32,174 - 38,462	38,463 - 44,752
Poverty Level (2)	43%	62%	81%	100%	117%	133%	159%	185%

(1) "N" rates are based on the Aid to Families with Dependent Children (AFDC) Standard of Assistance Chart, as established January 1, 1988 by the State of Colorado. The rate ranges from approximately 43.6% of federal poverty level for a family size of 1 to 41.9% for a family size of 8.

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



Table 15 FY 1994 Patient Liability

COLORADO INDIGENT CARE PROGRAM  
FY 1994 ABILITY-TO-PAY SCALE

PATIENT LIABILITY

Rate	PERCENT OF FEDERAL POVERTY LEVEL	FACILITY INPATIENT COPAYMENT	PHYSICIAN INPATIENT COPAYMENT	FACILITY & PHYSICIAN OUTPATIENT COPAYMENT (4)
N (1) (2)	43%	\$ 15	\$ 0	\$ 5
A (1)	62%	\$ 64	\$ 27	\$ 5
B (1)	81%	\$ 103	\$ 44	\$ 5
C (1)	100%	\$ 154	\$ 66	\$ 5
D	117%	\$ 220	\$ 94	\$10
E	133%	\$ 297	\$ 127	\$15
F	159%	\$ 389	\$ 167	\$20
G	185%	\$ 535	\$ 230	\$25
P (3)	All	N/A	N/A	\$40

- (1) Patients rated "N", "A", "B", or "C" are required to pay a \$3 co-payment per prescription. Patients with all other rates pay the outpatient copayment or actual charge for the pharmaceutical, whichever is less.
- (2) The annual cap amount for "N" rated patients is \$120 per year.
- (3) "P" rated patients are pregnant women receiving outpatient prenatal care for up to 12 visits.
- (4) The patient must pay the lower of the copayment listed or actual charges. The provider has the option of treating outpatient surgery patients rated "A" through "G" in one of two ways:
  - 1) as an outpatient service for which the facility collects the outpatient copayment as listed in the above schedule; or
  - 2) as an inpatient service for which the facility collects the copayment associated with an inpatient stay for the patient's rating. The patient is additionally responsible for the participating physician copayment. In the event that the listed inpatient charges are greater than actual patient charges for the outpatient surgery, the facility shall charge the lesser of the amounts in determining the patient's liability.

Facilities wishing to treat outpatient surgery as an inpatient service for "A" through "G" rated patients must indicate this choice as part of their contract negotiations.



TABLE 16  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 Characteristics of Medically Indigent Patient Activity  
 UTILIZATION BY DIAGNOSIS GROUP

Diagnosis Group	1993 - 1994		1992 - 1993	
	Count	Percent	Count	Percent
Respiratory System Diseases	47959	11.124	42721	11.484
Injury & Poisoning	37741	8.754	34776	9.348
Symptoms, Signs, & Ill-Defined Condition	35179	8.160	31245	8.399
Reproduction & Development Services	32588	7.559	24895	6.692
Mental Disorders	29040	6.736	24181	6.500
Genitourinary System Diseases	28331	6.571	23621	6.349
Musculoskeletal System & Connective Dis.	24746	5.740	22286	5.991
Circulatory System Diseases	22355	5.185	20287	5.453
Examined Without Reported Diagnosis <sup>1)</sup>	22203	5.150	19089	5.131
Infectious and Parasitic Diseases	19090	4.428	16643	4.474
Oral Cavity, Salivary Glands, & Jaw Dis.	18188	4.219	17195	4.622
Endocrine, Metabolic, & Immunity Dis.	18070	4.191	16464	4.426
Other Health Services	16941	3.929	12479	3.354
Skin & Subcutaneous Tissue Diseases	14677	3.404	12699	3.414
Digestive System Diseases	13802	3.201	11877	3.193
Ear & Mastoid Process Diseases	13444	3.118	12408	3.335
Neoplasms	9917	2.300	7287	1.959
Eye & Adnexa Disorders	8150	1.890	7063	1.899
Diseases & Disorders of the Nervous Sys.	4971	1.153	4416	1.187
Specific Procedures & Aftercare Service	3522	0.817	2630	0.707
Complications of Pregnancy	1928	0.447	1663	0.447
Blood & Blood-Forming Organ Dis.	1873	0.434	1503	0.404
Potential Communicable Disease Hazards	1717	0.398	1127	0.303
Delivery & Complications of Labor & Del.	1229	0.285	808	0.217
Conditions Influencing Health Status	1137	0.264	649	0.174
Liveborn Infants According to Birth Type	841	0.195	624	0.168
Congenital Anomalies	830	0.193	720	0.194
Certain Perinatal Conditions	267	0.062	226	0.061
Unclassified diagnoses	246	0.057	290	0.078
Potential Hazards related to History	143	0.033	146	0.039

TABLE 17  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 Characteristics of Medically Indigent Patient Activity  
 INPATIENT ADMISSIONS BY AGE AND SEX

Outstate Providers

Age Group	Male	Female	Total	Percent
0 - 6	232	222	454	6.5
6 - 17	210	224	434	6.2
18 - 24	448	498	946	13.6
25 - 54	1911	2075	3986	57.2
55 - 64	420	448	868	12.5
65+	163	106	269	3.9
unknown	7	2	9	0.1
Totals	3391	3575	6966	

Specialty Providers

Age Group	Male	Female	Total	Percent
0 - 6	62	50	112	33.4
6 - 17	101	84	185	55.2
18 - 24	6	3	9	2.7
25 - 54	5	16	21	6.3
55 - 64	1	1	2	0.6
65+	4	2	6	1.8
unknown				
Totals	179	156	335	

TABLE 17  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 Characteristics of Medically Indigent Patient Activity  
 INPATIENT ADMISSIONS BY AGE AND SEX

University Hospital				
Age Group	Male	Female	Total	Percent
0 - 6	75	98	173	5.5
6 - 17	11	12	23	0.7
18 - 24	166	182	348	11.1
25 - 54	868	1011	1879	60.1
55 - 64	203	302	505	16.2
65+	91	104	195	6.2
unknown	.	1	.	.
Totals	1414	1710	3124	
	=====	=====	=====	
Denver Health & Hospitals				
Age Group	Male	Female	Total	Percent
0 - 6	262	224	486	8.2
6 - 17	141	170	311	5.2
18 - 24	311	254	565	9.5
25 - 54	2270	1221	3491	58.6
55 - 64	372	216	588	9.9
65+	290	222	512	8.6
unknown	1	1	2	0.0
Totals	3647	2308	5955	
	=====	=====	=====	

TABLE 18  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 AMBULATORY PATIENT ACTIVITY BY AGE AND SEX

Outstate Providers  
 -----

Age Group	Male	Female	Total	Percent
0 - 6	5899	5741	11640	6.7
6 - 17	11501	13755	25256	14.5
18 - 24	5932	15365	21297	12.3
25 - 54	32657	63757	96414	55.5
55 - 64	5210	10290	15500	8.9
65+	1579	1637	3216	1.9
unknown	92	186	278	0.2
Totals	62870	110731	173601	
	11	=====	=====	=====

Specialty Providers  
 -----

Age Group	Male	Female	Total	Percent
0 - 6	2079	1196	3275	19.4
6 - 17	5057	4006	9063	53.7
18 - 24	380	642	1022	6.1
25 - 54	934	2167	3101	18.4
55 - 64	185	176	361	2.1
65+	5	.	.	
unknown	19	29	48	0.3
Totals	8659	8216	16875	
	=====	=====	=====	=====

TABLE 18  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 AMBULATORY PATIENT ACTIVITY BY AGE AND SEX

University Hospital

Age Group	Male	Female	Total	Percent
0 - 6	139	228	367	0.6
6 - 17	514	702	1216	1.9
18 - 24	2158	4456	6614	10.1
25 - 54	16382	24607	40989	62.6
55 - 64	3498	6547	10045	15.3
65+	2029	4151	6180	9.4
unknown	8	28	36	0.1
Totals	24728	40719	65447*	

Denver Health & Hospitals

Age Group	Male	Female	Total	Percent
0 - 6	7602	6774	14376	7.5
6 - 17	7213	9283	16496	8.6
18 - 24	7206	16983	24189	12.6
25 - 54	55790	55266	111056	57.7
55 - 64	7351	8968	16319	8.5
65+	4549	5444	9993	5.2
unknown	29	26	55	0.0
Totals	89740	102744	192484	

\* This number does not include recurring outpatient visits

TABLE 19  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 Characteristics of Medically Indigent Patient Activity  
 UTILIZATION BY SERVICE TYPE

	Inpatient		Outpatient		ER		Transport		Total
	Urgent	Non Urgent	Urgent	Non Urgent	Urgent	Non Urgent	Urgent	Non	
Outstate Providers									
Arkansas Valley Region Med Ctr	155	31	50	898	121	443	1		1699
Aspen Valley Hospital	41	2	30	2	22	1		3	101
Avista Hospital	32		208	5					245
Boulder Community Hospital	79	57	371	866					1373
CSOF/Family Medicine Center			3	3295			2		3300
Clinica Campesina				4183					4183
Colorado Plains Medical Center	96	1	498	4					599
Columbine Family Health Center			5	1939					1944
Community Health Center-Co. Sprng				39368					39368
Community Health Clinic-Dove Ck			3	215					218
Community Hosp. - Grand Junction	19	10	21	142	5	6		1	204
Conejos County Hospital	8	178	10	764		822			18
Delta County Memorial Hospital	42		1	63	71	1			1806
Estes Park Medical Center	10			2	7				146
Grand River Hospital District	8		34	240					17
Gunnison Valley Hospital	10	10		7					294
Haxtun Hospital District	1		24	97	21				8
Huerfano Memorial Hospital	13	12		54	23				167
Kit Carson Community Mem. Hosp.	14		1	6450					105
La Clinica del Valle			39	638					6451
La Clinica, Inc.			61	1280					677
Lutheran Medical Center	316	67	1280	852					2509
Memorial Hospital - Colo. Spgs.	607	117	4012	1473					6209
Mercy Medical Center - Durango	156	85	511	607					1359
Metro Denver Provider Network			2	4790			1	3	4796
Montrose Memorial Hospital	95	96	10	982	18	257			1458
North Colorado Medical Center	676	3	852	16	965		5		2518
Parkview Episcopal Hospital	218	221	164	507	222	853			2185
Penrose/St. Francis Hlth. System	733	359	3436	4230					8758
Peoples Clinic			76	8014					8090
Pioneers Hospital of Rio Blanco	3		15	40					58
Plan de Salud del Valle Clinics				25145	1			1	25147
Platte Valley Medical Center	30	27	113	173	8				351
Poudre Valley Hospital	340	180	1795	6241	60	17		17	8650
Provers Medical Center	38		40	22	60				160
Pueblo Community Health Center			2248	6012					8260
Routt Memorial Hospital	27		40		19				86
San Luis Valley Reg Med Center	222		47	162	187	2	30		651
Southeast Colorado Hospital	7		8	27	22		1		65
Southwest Memorial Hospital	131	69	17	240	115	176	1	4	753



TABLE 19  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 Characteristics of Medically Indigent Patient Activity  
 UTILIZATION BY SERVICE TYPE

	Inpatient		Outpatient		ER		Transport		Unkn.	Total
	Urgent	Non	Urgent	Non	Urgent	Non	Urgent	Non		
St. Mary-Corwin Hospital	216	208	3268	2057	.	.	.	.	.	5749
St. Marys Hospital	391	104	2707	660	.	.	.	.	.	3862
St. Thomas More Hospital	38	.	128	18	81	.	.	.	.	265
St. Vincent General Hospital	10	.	16	3	14	.	2	.	1	46
Sterling Regional MedCenter	6	35	114	892	.	.	.	.	.	1047
Sunrise Community Health Center	1	.	5	4629	2	.	.	.	.	4638
Swedish Medical Center	204	44	179	433	.	.	.	.	.	860
The Memorial Hospital - Craig	56	4	209	372	.	.	.	.	.	641
Uncompahgre Combined Clinics	1	1	3	676	52	1	.	.	2	736
Valley-Wide Health Services	.	.	.	17772	.	.	.	.	.	17772
Totals	5050	1915	22607	146277	2096	2579	39	25	14	180602
Specialty Providers										
Commerce City Community Hlth Ctr	.	3	1	1300	.	.	.	.	.	1301
Craig Rehabilitation Hospital	53	.	.	87	.	.	.	.	.	90
National Jewish Hospital	276	3	1	9604	.	.	.	3	.	9887
The Children's Hospital	.	6	2	16876	.	.	.	3	.	17216
Totals	329	6	2	16876	.	.	.	3	.	17216
University Hospital										
University Hospital	1701	809	253	75744*	10912	17	.	.	2	89438*
University Hospital (Pending)	581	34	65	2289	328	15	.	.	.	3312
Totals	2282	843	318	78033*	11240	32	.	.	2	92750*
Denver Health & Hospitals										
# Denver Health & Hospitals	5657	298	21173	171311	.	.	.	.	.	198439
Totals	5657	298	21173	171311	.	.	.	.	.	198439
Totals for All Providers										
	13318	3062	44100	412497*	13336	2611	39	28	16	489007*

\* These numbers are inflated to reflect recurring outpatient visits.

# Urgent/Non-Urgent distributions from sample of medical records.

TABLE 20  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 Characteristics of Medically Indigent Patient Activity  
 UTILIZATION BY PROVIDER

Outstate Providers	Visits	Admissions	Days	Length of Stay
Arkansas Valley Region Med Ctr	1513	186	790	4.25
Aspen Valley Hospital	58	43	141	3.28
Avista Hospital	213	32	125	3.91
Boulder Community Hospital	1237	136	555	4.08
CSOF/Family Medicine Center	3300	0	0	.
Clinica Campesina	4183	0	0	.
Colorado Plains Medical Center	502	97	297	3.06
Columbine Family Health Center	1944	0	0	.
Community Health Center-Co. Sprg	39368	0	0	.
Community Health Clinic-Dove Ck	218	0	0	.
Community Hosp. - Grand Junction	175	29	79	2.72
Conejos County Hospital	10	8	34	4.25
Delta County Memorial Hospital	1586	220	744	3.38
Estes Park Medical Center	136	10	37	3.70
Grand River Hospital District	9	8	13	1.63
Gunnison Valley Hospital	274	20	53	2.65
Haxtun Hospital District	7	1	4	4.00
Huerfano Memorial Hospital	142	25	113	4.52
Kit Carson Community Mem. Hosp.	91	14	25	1.79
La Clinica del Valle	6451	0	0	.
La Clinica, Inc.	677	0	0	.
Lutheran Medical Center	2132	377	1874	4.97
Memorial Hospital - Colo. Spgs.	5485	724	3549	4.90
Mercy Medical Center - Durango	1118	241	1243	5.16
Metro Denver Provider Network	4796	0	0	.
Montrose Memorial Hospital	1267	191	774	4.05
North Colorado Medical Center	1838	680	3258	4.79
Parkview Episcopal Hospital	1746	439	2918	6.65
Penrose/St. Francis Hlth. System	7666	1092	6759	6.19
Peoples Clinic	8090	0	0	.
Pioneers Hospital of Rio Blanco	55	3	3	1.00
Plan de Salud del Valle Clinics	25147	0	0	.
Platte Valley Medical Center	294	57	226	3.96
Poudre Valley Hospital	8130	520	2571	4.94
Prowers Medical Center	122	38	94	2.47
Pueblo Community Health Center	8260	0	0	.
Routt Memorial Hospital	59	27	81	3.00
San Luis Valley Reg Med Center	429	222	766	3.45
Southeast Colorado Hospital	58	27	14	2.00
Southwest Memorial Hospital	553	200	524	2.62

TABLE 20  
 Colorado Indigent Care Program  
 July, 1993 through June, 1994  
 Characteristics of Medically Indigent Patient Activity  
 UTILIZATION BY PROVIDER

	Visits	Admissions	Days	Length of Stay
St. Mary-Corwin Hospital	5325	424	1668	3.93
St. Marys Hospital	3367	495	2468	4.99
St. Thomas More Hospital	227	38	167	4.39
St. Vincent General Hospital	35	11	33	3.00
Sterling Regional MedCenter	1006	41	132	3.22
Sunrise Community Health Center	4637	1	0	0.00
Swedish Medical Center	612	248	1485	5.99
The Memorial Hospital - Craig	581	60	166	2.77
Uncompahgre Combined Clinics	734	2	2	1.00
Valley-Wide Health Services	17772	0	0	
Totals	173635	6967	33785	4.85
Specialty Providers				
Commerce City Community Hlth Ctr	1301	0	0	
Craig Rehabilitation Hospital	87	3	70	23.33
National Jewish Hospital	5885	53	365	6.89
The Children's Hospital	9608	279	1337	4.79
Totals	16881	335	1772	5.29
University Hospital				
University Hospital	86928*	2510	12975	5.17
University Hospital (Pending)	2697	615	4868	7.92
Totals	89625*	3125	17843	5.71
Denver Health & Hospitals				
Denver Health & Hospitals	192484	5955	32211	5.41
Totals	192484	5955	32211	5.41
Totals for All Providers	472625*	16382	85611	5.23

\* These numbers are inflated to reflect recurring outpatient visits.

