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# COLORADO

## COLORADO INDIGENT CARE PROGRAM

### *FY 1997 ANNUAL REPORT*

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DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Bernard Beuscher, Acting Executive Director

# STATE OF COLORADO

## DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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Roy Romer  
Governor  
Bernard A Buescher  
Acting Executive Director

February 1, 1998

Members of the Joint Review Committee on the Medically Indigent  
136 State Capitol Building  
Denver, CO 80203

Dear Members of the Joint Review Committee on the Medically Indigent,

The CICP Administration prepared this report pursuant to Section 26-15-105, C.R.S.


This report provides background information on FY97 statistics, utilization patterns, legislative impact and an overview of program features.

Major outcomes identified and discussed in this report include:

- The final adjustments for FY97 resulted in Outstate providers receiving 30% of costs compared to 29.50% of costs in FY96.
- Inpatient care continues to show a decrease for the fourth year.
- Effective July 1, 1997 - June 30, 1998 the Colorado Indigent Care Program will transfer from a paper claims capturing process to an electronic process managed by the Medicaid fiscal agent, Blue Cross Blue Shield of Colorado (BCBS).
- House Bill 97-1304 established the Children's Basic Health Plan (CBHP) which creates a private health insurance product for children through 18 years of age. The insurance will be subsidized on a sliding fee scale basis for families up to 185% of the Federal Poverty Level.

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

Sincerely,

  
Bernard A. Buescher  
Active Executive Director

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## I. INTRODUCTION

The Department of Health Care Policy and Financing (Department) prepared this report pursuant to Section 26-15-105, C.R.S. This report addresses those issues outlined in the statute:

- ◆ Medical services to medically indigent persons in Colorado, access to services and appropriateness of care, and the appropriate use of state resources,
- ◆ Services provided to medically indigent clients during FY97, and,
- ◆ Plans for future years.

The Colorado General Assembly enacted the "Reform Act for the Provision of Health Care for the Medically Indigent," Section 26-15-101, C.R.S., in 1983. This law made it possible to use state funds to partially reimburse providers for services given to the State's non-Medicaid medically indigent residents. "The general assembly also recognizes that the program for the medically indigent is a partial solution to the health care needs of Colorado's medically indigent citizens. Therefore, medically indigent persons accepting medical services from this program shall be subject to the limitations and requirements imposed in this article," Section 26-15-102, C.R.S. The benefits vary from clinic to clinic and from hospital to hospital. In a few settings, CICIP cards are issued and brochures are available for patients. The Colorado Indigent Care Program is not an insurance program but rather a financial vehicle for providers to recoup their medical cost at a "discount." The program is known by several names: the Medically Indigent (MI) Program, the Colorado Resident Discount Program (CRDP), and the Colorado Indigent Care Program (CICIP).

The statute requires that CICIP providers prioritize care in the following order:

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

The CICIP includes these requirements in its contracts with providers so indigent persons have access to emergency care throughout the year.

### JOINT REVIEW COMMITTEE ON THE MEDICALLY INDIGENT

The Joint Review Committee for the Medically Indigent was established June 12, 1983, as a legislative overview committee to provide guidance and direction to the Program. The Committee met with the Department and provider representatives in August of 1997. The overall status of the program was reviewed and discussed with the Committee, however; no recommendations on the program were made.

## PROVIDER ADVISORY PANEL

The CICIP established the Provider Advisory Panel (Panel) to obtain provider input on various topics related to the Program. There is one representative each from Denver Health Authority (Denver Health), University Hospital, and the specialty hospitals, four representatives each from the Outstate hospitals, three representatives from the Federally Qualified Health Clinics, one representative for the independent clinics, one representative for the interested parties for hospitals and one representative for the interested parties for clinics, for a total of 13 members. However, all CICIP providers are invited to attend the quarterly meetings and receive meeting notices, updates and minutes.

The CICIP administration held three meetings with the Colorado Indigent Care Program Advisory Panel. Issues discussed ranged from the expansion of the School Based Health Clinics, to ongoing updates of the electronic claims submission project with Blue Cross Blue Shield. Other topics included discussions concerning the results of an independent evaluation of the Contract Manual and recommended areas for improvement, eligibility issues, budget updates, legislative presentations, and other issues impacting service delivery to the medically indigent population.

## II. PROGRAM DEFINITIONS

CICP Income and Assets - The income and equity in assets, combined, must be at or below 185% of the Federal Poverty Level (FPL) for eligibility in the program.

Covered Services - All medical services that a provider customarily furnishes to patients and can lawfully offer to patients. These covered services include, without limitation, medical services furnished by participating physicians. The responsible physician must deem covered services medically necessary. The CICP reimburses providers for outpatient mental health benefits if these services are provided on-site and are normally offered by the provider, Section 26-15-103, C.R.S.

Denver Health (Denver Indigent Care Program) - Under the CICP, Denver Health serves primarily eligible patients who reside in the city and county of Denver. These facilities include Denver Health and ten neighborhood health clinics, all in Denver.

Disproportionate Share Hospitals (DSH) - DSH payments are made to hospitals that have a high number of Medicaid and indigent care clients compared to other hospitals in the state. The payments help defray the cost of treating the uninsured and low-income patients. The DSH payments assist in securing the hospitals' financial viability, preserving access to care for the Medicaid clients, and reducing the cost shifting onto private payers. Participation is determined by the Medicaid inpatient utilization rate. Medicaid resources are used to finance the DSH program. The DSH program provides a reimbursement payment to help alleviate the financial strain placed on the DSH providers for the proportionately high indigent care population they serve.

Emergency Care - Treatment for conditions of an acute, severe nature which are life, limb, or disability threats requiring immediate attention, where any delay in treatment would, in the judgment of the responsible physician, threaten life or loss of function of a patient or viable fetus, Section 26-15-103, C.R.S.

General Provider - Any general hospital, birth center, or community health clinic licensed or certified by the Department of Public Health and Environment pursuant to Section 25-1-107 (1) (I) or (1) (I) (II), C.R.S.; any health maintenance organization issued a certificate of authority pursuant to Section 10-16-402, C.R.S.; and the Health Sciences Center.

Health Sciences Center - The schools of medicine, dentistry, nursing, and pharmacy established by the regents of the University of Colorado under section 5 of article VIII of the Colorado Constitution, Section 26-15-103, C.R.S.

Indigent Patient - A person who meets the Manual guidelines outlined in the Colorado Indigent Care Program Client Eligibility Manual, which stipulates that the individual must have income and assets combined at or below 185% of the Federal Poverty Level (FPL).

Legal Immigrant – An individual who is not a citizen or national of the United States and who was lawfully admitted to the United States by the Immigration and Naturalization Service as an actual or prospective permanent resident or whose extended physical presence in the United States is known to and allowed by the Immigration and Naturalization Service pursuant to Section 26-4-103(8.5), C. R. S. As a condition of eligibility for services under this article, a legal immigrant shall agree to refrain from executing an affidavit of support for the purpose of sponsoring an alien on or after July 1, 1997, under rules promulgated by the Immigration and Naturalization Service during the pendency of such legal immigrant's receipt of services under this article. Nothing in this section shall be construed to affect a legal immigrant's eligibility for services under this article based upon such legal immigrant's responsibilities under an affidavit of support entered into before July 1, 1997 pursuant to Section 26-15.104.5, C. R. S.

Major Teaching Hospital - A hospital qualifies as a Major Teaching Hospital when its Medicaid days combined with indigent care days (days of care provided under Colorado's Indigent Care Program) equal or exceed 40 % of its total patient days for the prior state fiscal year, or the most recent year for which data are available. A Major Teaching Hospital is defined as a Colorado hospital which meets the following criteria:

1. Maintains a minimum of 110 total Intern and Resident F.T.E.'s.
2. Maintains a minimum ratio of .30 Intern and Resident F.T.E.'s per licensed bed.
3. Meets the Department's eligibility requirement for disproportionate share payment.

Non-Emergency Care - Treatment for any conditions not included in the emergency care definition and any additional medical care for those conditions the Department determines to be the most serious threat to the health of medically indigent persons, Section 26-15-106 (9) (6) (11).

Outstate Indigent Care Program - Providers in the Outstate Program are located throughout the state and must be located outside the City and County of Denver.

Residency – The residence of a person is the principal or primary home or place of abode of a person. A principal or primary home or place of abode is that home or place in which a person's habitation is fixed and to which he, whenever absent, has the present intention of returning after a departure or absence therefrom, regardless of the duration of such absence, pursuant to Section 1-2-102, C.R.S.

Specialty Care Program - 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 provided to individuals who reside outside the City and County of Denver.

Subsequent Insurance Payments - If patients receive coverage under the CICP, and their insurance subsequently pays for services, or if the patient is awarded a settlement, the CICP is due reimbursement for amounts paid by CICP to the provider for services rendered to the patient. The provider is then responsible to reimburse CICP for payments it received for care so reimbursed.



Third Party Coverage - 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, The Health Care Program for Children with Special Needs, and other insurance coverage responsible for payment of medical expenses incurred by CICP eligible individuals. Responsibility for payment may be established by contract, by statute, or by legal liability. Third party payment does not include: 1) payment from voluntary sources or 2) payment under the Colorado Crime Victim Compensation Act, Section 24-4.1-100.1, C.R.S.

University Hospital - 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.

### III. CLIENTS

#### ELIGIBILITY REQUIREMENTS AND ABILITY TO PAY

Local hospitals and clinics administer enrollment into the CICIP Program. Eligibility technicians complete applications. Providers determine eligibility for the program using the criteria developed by the CICIP administration. To be eligible for services under the Colorado Indigent Care Program, an individual must meet both residency and income and asset requirements. 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.

To qualify, a person must have income and assets **combined** at or below 185 % of the Federal Poverty Level (FPL), and cannot be eligible for Medicaid. There are no age limitations for CICIP eligibility. Clients can have third party insurance, but these funds must be exhausted prior to the CICIP reimbursing providers.

Providers assign a "rate" to the applicant clients based on their total income and assets (see Table 1). The rating process takes a "snapshot" of the applicants' financial resources as of the date the rating takes place. Ratings usually occur on the initial date of service. Ratings are retroactive for services received up to 90 days prior to application. Therefore, when an applicant who has received services applies for the CICIP, the applicant is applying for a discount on already incurred medical charges. Based on the clients' income and assets, a rate is assigned based on their ability to pay (see Table 2). The fee schedule has eight levels up to a maximum of 185 % of the FPL based on income and family size. The income scale is based on the federal poverty guidelines, as published in the Federal Register by the U.S. Department of Health and Human Services each February and is updated each contract year. Client ratings are valid for one year. However, initial ratings may change. A re-rating may occur when:

1. Family income has changed significantly,
2. Number of dependents has changed, **or**
3. Information provided was not accurate.

For all client ratings, except the N-rating (0-40% of the FPL), annual copayments for CICIP clients cannot exceed 10 % of the family's "Total CICIP Income and Equity in Assets." Annual copayments for clients with N-ratings cannot exceed \$120.

**Table 1 – Annual Income Ranges for Each Ability-To-Pay Rate FY97<sup>1 2</sup>**

Family Size	N	A	B	C
1	\$0 - \$3,036	\$3,037 - \$4,799	\$4,800 - \$6,269	\$6,270 - \$7,740
2	\$0 - \$3,972	\$3,973 - \$6,423	\$6,424 - \$8,392	\$8,393 - \$10,360
3	\$0 - \$5,052	\$5,053 - \$8,048	\$8,049 - \$10,514	\$10,515 - \$12,980
4	\$0 - \$6,120	\$6,121 - \$9,672	\$9,673 - \$12,636	\$12,637 - \$15,600
5	\$0 - \$7,260	\$7,261 - \$11,296	\$11,297 - \$14,758	\$14,759 - \$18,220
6	\$0 - \$8,364	\$8,365 - \$12,921	\$12,922 - \$16,880	\$16,881 - \$20,840
7	\$0 - \$9,240	\$9,241 - \$14,545	\$14,546 - \$19,003	\$19,004 - \$23,460
8	\$0 - \$10,128	\$10,129 - \$16,170	\$16,171 - \$21,125	\$21,126 - \$26,080
Poverty Level	0 - 40%	41 - 62%	63 - 81%	82 - 100%

Family Size	D	E	F	G
1	\$7,741 - \$9,056	\$9,057 - \$10,294	\$10,295 - \$12,307	\$12,308 - \$14,319
2	\$10,361 - \$12,121	\$12,122 - \$13,779	\$13,780 - \$16,472	\$16,473 - \$19,166
3	\$12,981 - \$15,187	\$15,188 - \$17,263	\$17,264 - \$20,638	\$20,639 - \$24,013
4	\$15,601 - \$18,252	\$18,253 - \$20,748	\$20,749 - \$24,804	\$24,805 - \$28,860
5	\$18,221 - \$21,317	\$21,318 - \$24,233	\$24,234 - \$28,970	\$28,971 - \$33,707
6	\$20,841 - \$24,383	\$24,384 - \$27,717	\$27,718 - \$33,136	\$33,137 - \$38,554
7	\$23,461 - \$27,448	\$27,449 - \$31,202	\$31,203 - \$37,301	\$37,302 - \$43,401
8	\$26,081 - \$30,514	\$30,515 - \$34,686	\$34,687 - \$41,467	\$41,468 - \$48,248
Poverty Level	101 - 117%	118 - 133%	134 - 159%	160 - 185%

<sup>1</sup> "N" rates are based upon the Temporary Assistance to Needy Families (TANF, formerly known as Aid to Families with Dependent Children (AFDC) Standard of Assistance) Chart, as established January 1, 1988 by the State of Colorado.

<sup>2</sup> Percent of federal poverty level, which corresponds to the upper limit of income in each rating level.

**TABLE 2**  
**COLORADO INDIGENT CARE PROGRAM CLIENT COPAYMENT TABLE**

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

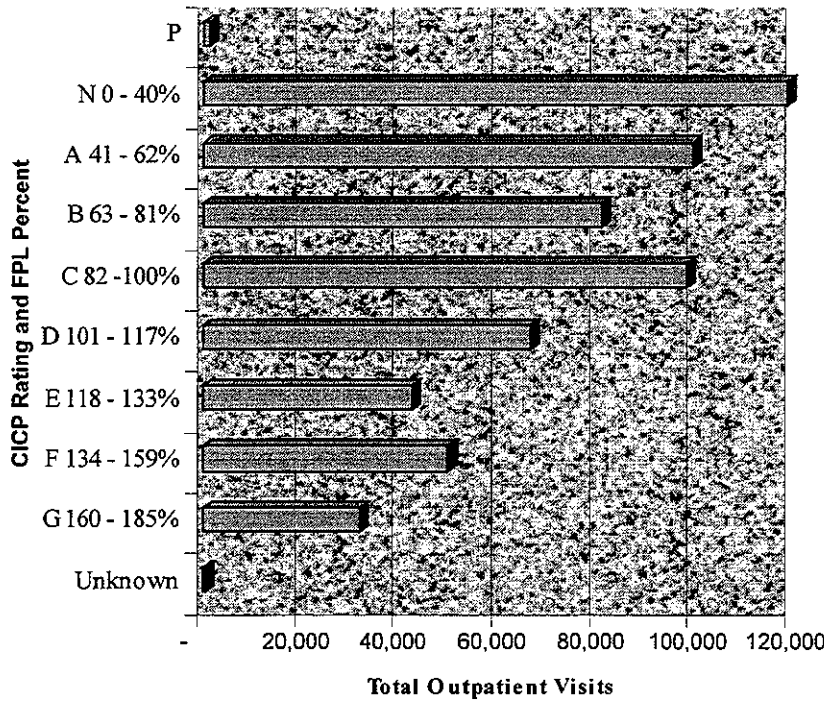
- (1) The annual copayment cap amount for "N" rated clients is \$120 per year.
- (2) "P" rated clients are pregnant women receiving outpatient prenatal care for up to 12 visits. The \$40 copayment covers all outpatient care provided during the 12 visits.
- (3) Some CICP inpatient facilities do not have physician participation. In these cases, clients must use physicians who do not participate in CICP. This means that CICP clients are responsible for 100% of billed inpatient physician charges.
- (4) The patient must pay the lower of the copayment listed or actual charges. The provider has the option of charging outpatient surgery patients rated "A" through "G" in one of two ways:
  1. As an outpatient service for 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.

The annual CICP provider contract indicates the type of copayment system used by the provider. Clients are notified at or before time of services rendered of their copayment responsibility.

**CLIENT UTILIZATION**

The following graph shows outpatient utilization by CICP rating for FY97. The Federal Poverty Level (FPL) percentage that corresponds to each CICP rate is also shown.

**FIGURE 1 – CICP OUTPATIENT VISITS BY RATING**



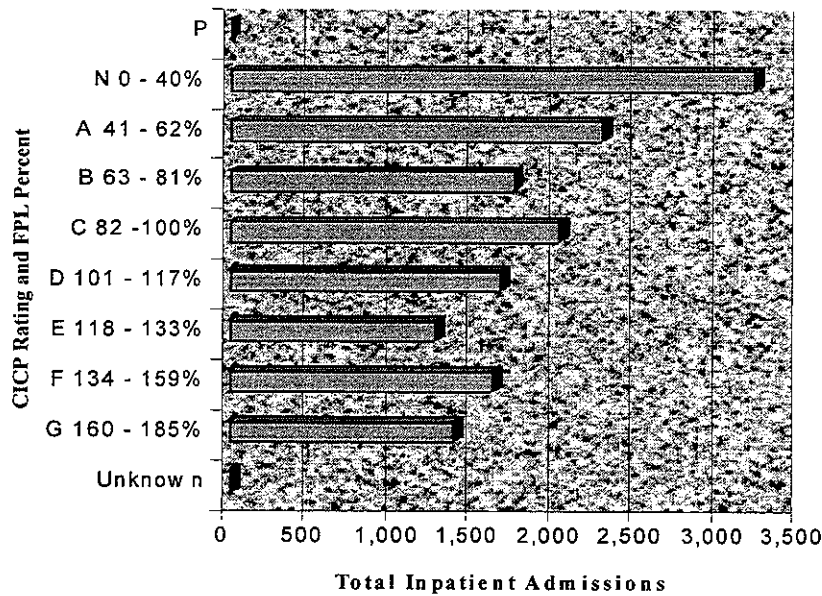
Source: Table 14

The graph shows that persons with income and assets at or below 40% of the FPL (N - rating) were the most frequent users of outpatient care and that individuals with an A rating were the second most frequent users during FY97. Outstate and Denver Health providers rendered 45.37% and 37.38% respectively of the outpatient care in FY97 followed by University Hospital at 14.09%, Specialty Hospitals at 2.95%<sup>3</sup>, and DSH at .21%.

<sup>3</sup> Specialty Hospitals includes utilization data from Children's Hospital and National Jewish Hospital. National Jewish Hospital did not qualify as a Medicaid Disproportionate Share Specialty Hospital for FY97.

The following graph shows the total inpatient admissions by CICP rating and FPL % for FY97.

**FIGURE 2 - CICP INPATIENT ADMISSIONS BY RATING**



Source: Table 14.

The graph shows that inpatient services were rendered most frequently to individuals receiving an N rating (income and assets at 0-40% of FPL) followed by an A (2,286) and a C (2,022) rating. Outstate providers rendered 46.55% of inpatient care followed by Denver Health at 35.09%, University Hospital at 15.51%; Specialty Hospitals at 2.31%<sup>3</sup> and DSH is .54%.

<sup>3</sup> Specialty Hospitals includes utilization data from Children's Hospital and National Jewish Hospital. National Jewish Hospital did not qualify as a Medicaid Disproportionate Share Specialty Hospital for FY97.

Overall, a total of 128,816 clients (estimated unduplicated count<sup>4</sup>) received CICIP services and utilized inpatient and outpatient care 608,307 times during FY97. This represents a 3.6% decrease in clients served but an increase of about 1% in utilization of services compared to FY96. The CICIP administration is aware that a few providers experienced submission errors and may not have submitted all transmissions for FY97. This error should be corrected during FY98 with the electronic submission through the Medicaid fiscal agent Blue Cross Blue Shield.

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<sup>4</sup> The unduplicated count of 123,910 was determined by the University of Colorado Health Sciences Center with a 95% confidence level and was adjusted by taking one-half of the difference over FY96 for all CICIP providers. This was done to help offset the adjustments made by Denver Health for FY97.

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**IV. PROVIDERS**

**BACKGROUND**

The CICP contracts with any interested provider that meets all of the following criteria:

1. Is licensed as a general hospital, community clinic, or maternity hospital by the Department of Public Health and Environment,
2. Provides a minimum of 3% charity care, and
3. Has at least one on-site physician with staff privileges to perform non-emergency obstetric procedures (applies to hospitals only).

The enabling legislation for the CICP created four sub-programs for FY97. However, not all of these programs receive funds through the CICP appropriation, nor do they correlate directly to DSH status. The following is a breakout (Chart 1) of the four sub-programs, facilities in each sub-program, funding sources, and DSH versus non-DSH status.

**Chart 1 - Comparison of CICP Sub-Programs FY97**

CICP SUB-PROGRAMS	FACILITIES	CICP APPROPRIATION	DSH PROVIDER?
OUTSTATE			
Clinics	17 Clinics	Yes	No
Hospitals	38 Hospitals	Yes	Yes - CICP/DSH
Specialty Hospital	National Jewish Center	Yes	Yes - CICP/DSH
DSH			
Denver Health	Platte Valley Medical Center Denver Health, including 10 Clinics	No Major Teaching Payments Only	Yes - Medicaid/DSH Yes - Medicaid/DSH
Specialty Hospital	The Children's Hospital	No	Yes - Medicaid/DSH
University Hospital	University Hospital	Major Teaching Payments Only	Yes - Medicaid/DSH

For the purposes of this FY97 Annual Report, the CICP providers are identified in the following sub-programs by funding appropriation:

1. Outstate CICP Providers
  - ◆ Outstate Clinics - clinics outside the geographic area of the City and County of Denver (except for Stout Street Clinic, which is a Specialty clinic operating in the City and County of Denver.) For the purpose of this report Stout Street Clinic is identified as an Outstate clinic.
  - ◆ Outstate Hospitals - hospitals located throughout the state, outside the City and County of Denver (except for National Jewish Hospital, which is a Specialty hospital operating in the City and County of Denver.) For the purpose of this report National Jewish Hospital is identified as a Specialty hospital.



## 2. Medicaid/DSH Providers

- ◆ DSH Hospitals - this includes Platte Valley Medical Center.
- ◆ Specialty Indigent Care Program - this includes The Children's Hospital (in addition to qualifying for the Specialty designation, this provider also qualifies for a DSH payment.)
- ◆ Denver Health – Denver Health and all its neighborhood clinics.
- ◆ University Hospital - University Hospital.

## **FY97 PROVIDER PARTICIPATION**

During FY97, the CICP had two less providers and three less qualifying Component 1A DSH hospitals. A total of 60 providers participated in the CICP, including all sub-programs. This included 43 hospitals and 17 clinics in 97 facilities throughout the State (chart 2 and map A for breakout). This compares to 62 providers which included 44 hospitals and 18 clinics in 90 facilities in FY96. Many of the clinics and a few of the hospitals have multiple sites.

## **OUTSTATE HOSPITALS AND CLINICS METHODOLOGY**

Annually, the general assembly appropriates an amount for CICP Outstate providers. At the beginning of each contract year, providers submit **estimated** total annual charges for providing care to eligible CICP patients

Total charges reduced by estimated third party payments and patient liability determines estimated write-off charges. Write-off charges are converted to estimated costs by applying each provider's cost-to-charge ratio. The Outstate appropriation divided by the sum of all providers' estimated write-off costs determines the CICP reimbursement percentage. This percentage is applied to each provider's costs to determine the estimated annual reimbursement. The CICP pays providers 1/12 of this amount each month.

Throughout the year, providers submit actual utilization data to the CICP administration. Estimated payments are reconciled to actual utilization, and provider payments are adjusted to reflect actual utilization at the end of the year.

## **REIMBURSEMENT FOR OUTSTATE CLINICS AND HOSPITALS**

Outstate clinics are reimbursed using the above methodology with 100% General Funds. Beginning in FY95, Outstate hospitals became CICP/DSH providers allowing receipt of federal matching funds. The disproportionate share payment to the Outstate hospitals is based on the Medicaid inpatient days utilizing a minimum of one percent of the hospital services. These hospitals must have at least two obstetricians with staff privileges. The hospitals must participate in the CICP program to receive this reimbursement adjustment. The CICP reimbursed Outstate providers **30% of costs in FY97** compared to 29.50% of costs in FY96 and 21.05% of costs in FY95.

## Total CICP Clinics and Hospitals by County

Chart 2

COUNTY	CLINICS	HOSPITALS	TOTALS FY97	COUNTY	CLINICS	HOSPITALS	TOTALS FY97
Adams	5	1	6	Lake	0	1	1
Alamosa	2	1	3	La Plata	0	1	1
Arapahoe	1	2	3	Larimer	2	2	4
Archuleta	0	0	0	Las Animas	0	1	1
Baca	0	1	1	Lincoln	0	0	0
Bent	1	0	1	Logan	0	1	1
Boulder	5	2	7	Mesa	0	2	2
Chaffee	0	1	1	Mineral	1	0	1
Cheyenne	0	0	0	Moffat	0	1	1
Clear Creek	0	0	0	Montezuma	0	1	1
Conejos	1	0	1	Montrose	1	1	2
Costilla	1	0	1	Morgan	1	1	2
Crowley	0	0	0	Otero	2	1	3
Custer	0	0	0	Ouray	0	0	0
Delta	0	1	1	Park	0	0	0
Denver	13	4	17	Phillips	0	0	0
Dolores	1	0	1	Pitkin	0	1	1
Douglas	0	0	0	Prowers	1	1	2
Eagle	0	0	0	Pueblo	2	2	4
Elbert	0	0	0	Rio Blanco	0	0	0
El Paso	2	3	5	Rio Grande	2	0	2
Fremont	0	1	1	Routt	0	1	1
Garfield	1	1	2	Saguache	3	0	3
Gilpin	1	0	1	San Juan	0	0	0
Grand	0	1	1	San Miguel	0	0	0
Gunnison	0	1	1	Sedgwick	0	0	0
Hinsdale	0	0	0	Summit	0	0	0
Huerfano	1	1	2	Teller	0	0	0
Jackson	0	0	0	Washington	0	0	0
Jefferson	1	1	2	Weld	3	1	4
Kiowa	0	1	1	Yuma	0	1	1
Kit Carson	0	0	0	<b>Totals</b>	<b>54</b>	<b>43</b>	<b>97</b>



## REIMBURSEMENT FOR MEDICAID/DISPROPORTIONATE SHARE PROVIDERS

Many CICP providers are considered "safety net" hospitals because they provide services to a disproportionate share of Medicaid and low-income patients. Every year, the Medicaid program determines which hospitals are disproportionate share (DSH) providers. Federal regulations require that hospitals that provide services to a disproportionate share of Medicaid recipients shall receive an additional payment amount. The minimum criterion is having a Medicaid inpatient utilization rate of at least one standard deviation above the mean for hospitals receiving Medicaid payments in the State, or a low-income utilization rate that exceeds 25 %.

DSH providers receive payments to help offset the uncompensated costs of providing services to uninsured or underinsured patients. The funding for these payments comes from the participating hospitals' contributions made to Medicaid which are then matched with federal funds. A portion of these matching dollars is retained by the State. The remainder is paid to the DSH providers. CICP data are used to calculate the amount of local hospital contributions and to determine provider payment amounts. State General Fund resources are not used in the DSH payment. The CICP data are used to determine each hospital's share of uncompensated care to low income persons. Therefore, the amount paid to each facility relates directly to CICP utilization.

In FY97, there were 4 Medicaid Disproportionate Share providers:

- ◆ The Children's Hospital
- ◆ Denver Health
- ◆ Platte Valley Medical Center
- ◆ University Hospital

Table 3 shows total reimbursement to CICIP and Medicaid /DSH providers in FY97.

**Table 3 – FY97 Reimbursement**

CICP	FY97 CICP REIMBURSEMENT
Outstate Clinics	\$ 3,873,200
Outstate & Specialty Hospitals	\$ 14,005,581 <sup>5</sup>
<b>Total Outstate &amp; Specialty</b>	<b>\$ 17,878,781</b>
Denver Health	\$ 9,682,774 <sup>6</sup>
University Hospital	\$ 10,077,750 <sup>6, 7</sup>
<b>TOTAL CICP REIMBURSEMENT</b>	<b>\$ 37,639,305</b>
<b>MEDICAID/DSH</b>	
Platte Valley Medical Center	\$ 158,492
Specialty Hospital	\$ 1,440,501
Denver Health	\$ 24,207,034
University Hospital	\$ 14,881,316
<b>TOTAL MEDICAID/DSH REIMBURSEMENT</b>	<b>\$ 40,687,343</b>
SOURCE: Table 11	

The Disproportionate Share Payments to hospitals are appropriated in the Long Bill as a separate line item. However, the hospitals receiving DSH payments are shown here since the CICP data are used to calculate each hospital's share of uncompensated care to the uninsured and under-insured.

**COLLECTION OF THIRD PARTY PAYMENTS**

The CICP Provider Audit Guidelines for FY97 require providers to collect all available payments from third party resources. A patient with third party insurance coverage must provide verification that:

1. Payment was sought from the third party insurer for the patient billing, and
2. Any third party reimbursement was taken into account along with any contractual adjustments and applied against the total write-off charges.

5 Reimbursement for National Jewish Hospital is included in the total. This facility was not a Medicaid Component 1A Disproportionate Share Specialty Hospital for FY97.

6 This amount includes money from the CICP FY97 Long Bill for Major Teaching Hospitals.

7 The full amount of the appropriation is \$10,727,750 prior to a \$650,000 payment from University Hospital to the Colorado Child Health Plan for a net benefit of \$10,077,750.

Providers are required to seek third party reimbursement before the account is charged to the CICP. This requirement is described in the CICP Uniform Data Reporting Manual under the section describing the Financial Report, as follows:

“The contractor shall make all reasonable efforts to collect amounts due from Third Party coverage and applicable copayment amounts, and shall maintain auditable evidence of such efforts. A contractor cannot be reimbursed for care rendered pursuant to its obligation under the Hill-Burton Act.” Reasonable efforts are defined as those methods customarily used to collect payment from any patient, including sending delinquent accounts to collections.

**V. UTILIZATION AND REIMBURSEMENT RATES**

**INCENTIVES FOR UTILIZATION CONTROL**

Incentives for efficient utilization of resources are built into the CICIP by the very nature of the reimbursement level of 30% of cost, and providers are contracted to prioritize their services to emergent/urgent care to CICIP patients.

**INPATIENT UTILIZATION**

Table 4 reports the changes in CICIP inpatient utilization from FY96 to FY97:

**Table 4 – Comparison of FY96 and FY97 Inpatient Utilization**

CICIP PROGRAM	FY96 INPATIENT ADMISSIONS	FY97 INPATIENT ADMISSIONS	PERCENT CHANGE	FY96 INPATIENT DAYS	FY97 INPATIENT DAYS	PERCENT CHANGE
Outstate	6,289	7,075	12.5%	25,338	29,929	18.1%
National Jewish Center	43	6,979	16130.2%	188	544	189.4%
DSH *	852	82	-90.4%	3,821	186	-95.1%
Denver Health	5,603	5,333	-4.8%	25,554	25,506	-0.2%
Specialty	306	352	15.0%	1,617	2,821	74.5%
University	2,631	2,358	-10.4%	12,688	10,283	-19.0%
<b>TOTALS</b>	<b>15,724</b>	<b>22,179</b>	<b>41.05%</b>	<b>69,206</b>	<b>69,269</b>	<b>0.09%</b>

Source: CICIP Analysis of Table 14, 15, and 20 from FY96 and FY97 CICIP Annual Report

\*DSH Hospitals for FY96 included Platte Valley Medical Center, Parkview Episcopal Medical Center, and San Luis Regional Medical Center. DSH Hospitals for FY97 included Platte Valley Medical Center only.

Table 4 shows that total CICIP inpatient admissions decreased by 3.33% from FY96, and total inpatient days increased by about 1%. This converts to an increase of about 4.56% in the average length of stay (ALOS). The Specialty hospitals showed a growth in inpatient admissions of .9%; and inpatient days increased by 56.3%. Likewise, Outstate hospitals showed a growth in admission of 12.5% and an increase in patient days of 20.3%.

An analysis of Table 4 shows the following breakdown of all CICIP inpatient admissions during FY97:

- ◆ Outstate Hospitals - 47%
- ◆ Denver Health - 35%
- ◆ Specialty Hospitals - 2%
- ◆ University Hospital - 16%

Denver Health had billing system conversion problems during FY97 that resulted in incorrect data being reported to the CICIP. As a result, throughout this report, Denver Health figures are

revised estimates of both the dollars and the volumes of medically indigent activity for the year, and are based on actual percentages from FY96. The Department and Denver Health are working together to resolve this issue.

**OUTPATIENT UTILIZATION**

Table 5 reports the changes in CICIP outpatient utilization from FY96 to FY97.

**Table 5 – Comparison of FY96 and FY97 Outpatient Visits**

GICP SUB-PROGRAM	FY96 OUTPATIENT VISITS	FY97 OUTPATIENT VISITS	PERCENT CHANGE
Outstate & Specialty			
Clinics	168,283	196,840	16.97%
Hospitals	55,123	64,621	17.23%
National Jewish Center	15,967	7,640	-52.15%
Total Outstate & Specialty	223,406	269,101	20.45%
DSH*	3,306	1,250	-62.19%
Denver Health	228,723	221,693	-3.07%
Specialty	21,926	17,478	-20.29%
University	81,011	83,585	3.18%
<b>TOTALS</b>	<b>558,372</b>	<b>593,107</b>	<b>6.22%</b>
Source: CICIP Analysis of Table 20 from FY96 and FY97 Annual Report			
* DSH Hospitals for FY96 were San Luis Valley Regional Medical Center, Parkview Episcopal Medical Center and Platte Valley Medical Center. Platte Valley Medical Center was the only DSH hospital for FY97.			

Table 5 shows the following breakdown of all CICIP outpatient care during FY97:

- ◆ Outstate Clinics - 33%
- ◆ Outstate Hospitals - 12%
- ◆ Denver Health - 37%
- ◆ Specialty Hospitals - 3%
- ◆ University Hospital - 15%

The decrease in outpatient visits under DSH is directly contributed to San Luis Valley Regional Medical Center and Parkview Episcopal Medical Center hospitals not qualifying as a Component 1A DSH Hospital. For FY97, only one hospital qualified, Platte Valley Medical Center.



Outpatient care includes primary care, emergency room care, transportation, and emergent or urgent care. During FY97, 93% of CICP outpatient care was for non-urgent and urgent visits, while 4% of outpatient care was provided in an emergency room (this does not include transportation services) and 3% was unknown.

Table 6 shows the type of CICP outpatient care rendered during FY97 by sub-program:

**Table 6 - Type of CICP Outpatient Care Provided**

OUTPATIENT CARE PROVIDED	OUTSTATE CLINICS	OUTSTATE HOSPITALS	NATIONAL JEWISH CENTER	DENVER HEALTH	PLATTE VALLEY MEDICAL CENTER	SPECIALTY HOSPITAL	UNIVERSITY HOSPITAL	TOTALS
Urgent Visit	3,037	27,792	3	4,517	895	2,828	361	39,433
Non-Urgent Visit	175,088	31,561	7,634	199,524	355	14,590	71,275	500,027
Urgent ER	3	2,253	3	17,652	-	24	11,309	31,244
Non-Urgent ER	1	2,679	-	-	-	36	640	3,356
Urgent Transport	3	32	-	-	-	-	-	35
Non-Urgent Transport	1	1	-	-	-	-	-	2
Unknown	18,663	347	-	-	-	-	-	19,010
<b>TOTALS</b>	<b>196,796</b>	<b>64,665</b>	<b>7,640</b>	<b>221,693</b>	<b>1,250</b>	<b>17,478</b>	<b>83,585</b>	<b>593,107</b>

SOURCE: Table 19

**REIMBURSEMENT PER INPATIENT DAY**

Table 7 reports inpatient days by sub-program for FY97. The wide range in reimbursement per inpatient day occurred because reimbursement to Outstate DSH providers is based on a set appropriation amount, regardless of cost, while Medicaid/DSH facilities are reimbursed based on historic costs, net of intergovernmental transfers or donations.

**Table 7 - Reimbursement per Inpatient Day**

CICP SUB-PROGRAM	FY97 INPATIENT DAYS	TOTAL NET CICP INPATIENT REIMBURSEMENT	NET CICP REIMBURSEMENT PER INPATIENT DAY
Outstate & Specialty Clinics	N/A	N/A	N/A
Hospitals *	30,473	\$9,102,893	\$298.72
<b>Total Outstate &amp; Specialty</b>	<b>30,473</b>	<b>\$9,102,893</b>	<b>\$298.72</b>
MEDICAID/DSH	FY97 INPATIENT DAYS	TOTAL NET CICP INPATIENT REIMBURSEMENT	NET CICP REIMBURSEMENT PER INPATIENT DAY
Platte Valley Medical Center	186	\$96,680	\$519.78
Specialty	2,821	\$849,896	\$301.27
Denver Health	25,506	\$11,135,236	\$436.57
University	10,283	\$6,994,219	\$680.17
SOURCE: CICP Analysis of Tables 9, 11, and 20			
* Includes National Jewish Center			

**REIMBURSEMENT PER OUTPATIENT VISIT**

Table 8 reports outpatient visits and reimbursement payments by CICP sub-program and Medicaid/DSH during FY97.

**Table 8 - Reimbursement per Outpatient Visit**

CICP SUB-PROGRAM	FY97 OUTPATIENT VISITS	TOTAL NET CICP OUTPATIENT REIMBURSEMENT	NET CICP REIMBURSEMENT PER OUTPATIENT VISIT
Outstate & Specialty Clinics	196,840	\$3,873,200	\$19.68
Hospitals *	72,261	\$4,902,688	\$67.85
<b>Total Outstate &amp; Specialty</b>	<b>269,101</b>	<b>\$8,775,888</b>	<b>\$32.61</b>
MEDICAID/DSH	FY97 OUTPATIENT VISITS	TOTAL NET CICP OUTPATIENT REIMBURSEMENT	NET CICP REIMBURSEMENT PER OUTPATIENT VISIT
Platte Valley Medical Center	1,250	\$61,812	\$49.45
Specialty	17,478	\$590,605	\$33.79
Denver Health	221,693	\$13,071,798	\$58.96
University	83,585	\$7,887,097	\$94.36
Source: CICP analysis of Table 9, 11, and 20			
* Includes National Jewish Center			

## REIMBURSEMENT TRENDS

FY95 Funding - The Department received approval from the Health Care Financing Administration (HCFA) to refinance non-DSH Outstate hospital payments. This allowed the State to receive federal matching funds for all Outstate hospital payments.

FY96 Funding - The General Assembly increased the FY96 Outstate appropriation by 54%. This increase was estimated to cover 30% of Outstate providers' costs during FY96.

FY97 Funding - The CICIP General Fund appropriation for FY97 was increased by 4.5%. During the first quarter of the fiscal year, three hospitals were determined to no longer meet DSH requirements (Parkview Episcopal Medical Center, National Jewish Center, and San Luis Valley Regional Medical Center). These hospitals were reimbursed from the Outstate hospital appropriation (except for National Jewish, which is a Specialty hospital and is not eligible to receive 100% General Fund). The inclusion of these three hospitals in the Outstate appropriation dropped the estimated 35% reimbursement level to an estimated 30%, and possibly lower based on final year-end adjustments. A supplemental request from the Department was submitted to the Joint Budget Committee for consideration for FY97 to maintain the existing funding level of 30% for Outstate programs and was approved.

FY98 Funding - The Long Bill for FY 1997-98 combined the Specialty appropriation with the Outstate programs. The Indigent Care Program for FY 1997-98 was appropriated at \$20,064,310. This includes the additional appropriation of \$414,648 as authorized in SB-171 to address legal immigrants that are no longer eligible for Medicaid following the federal welfare reform law and the federal immigration act. This reflects a 12.22% increase in funds.

## **VI. PROGRAM ADMINISTRATION**

### **REPORTING REQUIREMENTS**

The CICP Provider Audit Guidelines for FY97 require providers to submit an annual audit compliance statement. The purpose of the audit requirement is to furnish the Department with a separate audit report that attests to provider compliance with specified provisions of the CICP's contract and related manuals.

The audit must be conducted in one of two ways depending on the amount of total write-off charges to the CICP:

External Audit: If a provider's total write-off charges to the CICP for the fiscal year are more than \$25,000, an independent auditor must perform the audit and submit a formal audit statement of compliance to the CICP. The provider must submit the compliance statement to the Department within 90 days of the completion of the annual audit or 12 months after the end of the contract year (June 30), whichever is first.

Internal Audit: If a provider's total write-off charges are \$25,000 or less per year, the provider may elect to conduct the compliance audit internally. The provider must submit an internal audit statement with a letter of assurance (in accordance with the reporting requirements) demonstrating compliance within 12 months after the close of the CICP fiscal year (June 30).

### **PREVENTION OF FRAUD BY RECIPIENTS AND PROVIDERS**

At the time of application, each CICP applicant is required to sign a statement that the information given to the provider is accurate and that false statements could result in a misdemeanor. The individual is notified of his/her client rights at the time of application.

The application also includes a penalty clause, confirmation statement and authorization for release of information. Part of the statement reads, "I authorize the Department of Health Care Policy and Financing to use any information contained in the application to verify my eligibility for this program, and to obtain records pertaining to eligibility from a financial institution as defined in Section 15-15-201(4), C.R.S., or from any insurance company." The client is required to sign this statement.

The provider contract contains remedies to be taken by the State in the event the scope of work is not fulfilled. Providers are required to retain patient records validating income and assets claimed by the patient in determining eligibility for CICP.

## **PRIORITIES AMONG MEDICAL SERVICES RENDERED AS RELATED TO RESOURCES AVAILABLE**

The legislation authorizing CICIP, Section 26-15-106, (9) (a) - (9) (b) (III), C.R.S., requires that every provider awarded a contract must prioritize for each fiscal year the medical services which it will be able to render, within the limits of its funds. Each contract must specify the extent of the contractor's physical, staff, and financial capabilities. The statute prioritizes the following services:

- Emergency care for the full year;
- Any additional medical care for those conditions the state department determines to be the most serious threat to the health of medically indigent persons; and
- Any other medical care.

The Indigent Care population, for the majority of the time, utilizes hospitals care for catastrophic injuries. Clinics, on the other hand, have the opportunity to focus on preventive care to control and avoid hospitalization. Many of the clinic providers "culturally compete" services, which recognizes and incorporates the cultural needs of the community into their delivery of services. Several of the clinics provide evening and Saturday clinic hours and in several counties are the only CICIP providers.

Tables 16 and 19 provide a detailed breakdown of the types of services rendered.

## **LEGISLATIVE CHANGES IMPACTING DELIVERY OF SERVICES THROUGH THE MI PROGRAM**

During the FY97 Legislative Session, Senate Bill 97-171 Public Assistance to Immigrants was passed to comply with the federal welfare reform law and the federal immigration act. The impact to the CICIP program will be felt by those legal immigrants that arrived in the U.S. on or after August 22, 1996. These individuals are ineligible for five (5) years to receive public assistance or medical assistance, unless they are an asylee or a refugee. It is estimated that a total of 1,717 legal immigrants will meet the eligibility requirements for the CICIP program. The CICIP program received \$414,648 in additional appropriation to address this impact for FY 1997-98.

**VII. FUTURE DIRECTION****FEASIBILITY OF FUTURE INTEGRATION OR COORDINATION OF THE PROGRAM WITH OTHER MEDICAL PROGRAMS FOR THE MEDICALLY INDIGENT, INCLUDING A MEDICALLY NEEDY OPTION**

The Department of Health Care Policy and Financing is not considering implementation of a medically needy option at this time. However, coordination of children's services were considered during the FY97 legislative session.

Passage of House Bill 97-1304 established the Children's Basic Health Plan (CBHP), which creates a private health insurance product for children. This bill consolidated some non-Medicaid children's health functions into one program. The insurance will be subsidized on a sliding fee scale basis for families up to 185% of the Federal Poverty Level. HB97-1304 states the General Assembly shall make appropriations to the CBHP Trust base on savings obtained through: 1) Medicaid savings, 2) Health reform and consolidations, and 3) CICIP hospital cost expenditures reduced by the number of children transferring from the CICIP program to the CBHP. The ability to track children transferring between Medicaid, CBHP, and the CICIP Program is not available at this time; this makes predicating the reduction of one program on the implementation of another based on assumptions only. The CBHP program is not an entitlement program; therefore, families will not be mandated to enroll their children into the program, but encouraged to participate. There may be some families that may not choose to purchase the insurance product or may choose to discontinue their policy after a period of time. In either event the CICIP program would be available to those families. The General Assembly each year will have to determine a cap on enrollment, which will require the CICIP program to allow those families on the waiting list to continue to receive services through the CICIP program. Plans should be available for purchase by July 1998.

**FEASIBILITY OF A CENTRAL REGISTRY OF ALL MEDICALLY INDIGENT PERSONS RECEIVING ASSISTANCE**

*Eligibility On Line:* The Colorado Indigent Care Program by 2001 may have a central registry of the medically indigent population that receive services through the CICIP program. The Colorado Benefits Management System (CBMS) five (5) year goal is to provide system wide electronic eligibility rules for a spectrum of medical/public assistance programs. The Department is hopeful of initiating a prototype of this system to a limited number of CICIP sites in July 1998.

*Electronic Claims Processing:* The contract with University Colorado of Health Science Center expired June 30, 1997. All adjustments for FY 1997 were handled by UCHSC; these claims were entered manually or downloaded by tape or disk.

Effective July 1, 1997 through June 30, 1998, the Colorado Indigent Care program claims processing will be managed through the Medicaid fiscal agent, Blue Cross Blue Shield of Colorado (BCBS). All claims submission will be transitioned from paper to electronic, providing a more efficient and effective means of claims submission. Providers have the option

to submit claims using an electronic claim vendor or by using the revised Automated Medical Payment (AMP) software and submit directly. Currently, the claims are used to capture utilization information and to adjust year-end actual total charges. However, beginning in FY 1998-99 the CICIP providers will actually receive their reimbursement on a monthly basis based on actual electronic submission through Medicaid's new fiscal agent, Consultec Inc.

## **EVALUATION PROJECT**

The Colorado Indigent Care Program (CICIP) conducted an internal performance audit to evaluate the current service delivery system, the eligibility requirements and the re-rating process. The enabling legislative language was used to determine the program's basis and statutory requirements. The CICIP Manual was carefully reviewed to determine what the providers and clients were required to do and the language used to convey those requirements. CICIP staff, providers and participants were interviewed to learn what worked in the program and what was inconsistent, duplicative or could be improved.

The following points summarize the results of the evaluation:

- The provider guidelines should provide constant and explicit language and program direction.
- The "Contract Manual" is a much broader-based document and should be referred to as the CICIP Manual.
- Definitions and terminology should be consistent with the statute providing the basis of the language used in the Manual.
- The need for indigent care is so great that the providers appreciate the unique, professional and human qualities of the Colorado Indigent Care Program. Several stated that the CICIP administration is responsive to problems and would not like to see the Program become part of Medicaid.

The recommendations cited above were incorporated in the revised Colorado Indigent Care Program manual following input received from the Department and the CICIP Provider Panel Advisory group. During FY98 the Panel and the CICIP Administration plan to review best practices for improving the Audit guidelines for the program.

**VIII. FINANCIAL TABLES**



Table 9 - Inpatient and Outpatient Charges

	Urgent Inpatient Charges	Urgent Outpatient Charges	Non-Urgent Inpatient Charges	Non-Urgent Outpatient Charges	Total Inpatient Charges	Total Outpatient Charges
<b>CICP OUTSTATE &amp; SPECIALTY PROVIDERS</b>						
<i>Clinic Providers</i>						
Children's Clinic	\$0	\$0	\$0	\$105,826	\$0	\$105,826
Clinica Campesina	\$0	\$0	\$0	\$1,050,699	\$0	\$1,050,699
Colorado Springs Osteopathic Foundation	\$0	\$277	\$0	\$165,217	\$0	\$165,494
Columbine Family Health Center	\$0	\$0	\$0	\$247,105	\$0	\$247,105
Commerce City Community Health Services	\$0	\$40	\$0	\$42,366	\$0	\$42,406
Community Health Center, Inc.	\$0	\$697,082	\$0	\$4,282,073	\$0	\$4,979,155
Community Health Clinic	\$0	\$12,918	\$0	\$13,508	\$0	\$26,426
High Plains Community Health Center	\$0	\$0	\$0	\$71,406	\$0	\$71,406
La Clinica del Valle	\$0	\$424	\$0	\$200,004	\$0	\$200,428
La Clinica, Inc.	\$0	\$0	\$0	\$14,083	\$0	\$14,083
Metropolitan Denver Provider Network	\$0	\$0	\$0	\$784,772	\$0	\$784,772
People's Clinic	\$0	\$356	\$0	\$594,514	\$0	\$594,870
Plan de Salud del Valle, Inc.	\$0	\$15,975	\$0	\$1,914,658	\$0	\$1,930,633
Pueblo Community Health Center	\$0	\$214,959	\$0	\$878,756	\$0	\$1,093,715
Stout Street Clinic	\$0	\$257	\$0	\$990,203	\$0	\$990,460
Sunrise Community Health Clinic	\$0	\$0	\$0	\$472,579	\$0	\$472,579
Valley Wide Health Services	\$0	\$0	\$0	\$1,457,025	\$0	\$1,457,025
<b>CICP OUTSTATE CLINICS</b>	<b>\$0</b>	<b>\$942,288</b>	<b>\$0</b>	<b>\$13,284,794</b>	<b>\$0</b>	<b>\$14,227,082</b>

*Hospital Providers*

Arkansas Valley Regional Medical Center	\$1,179,555	\$616,300	\$347,695	\$697,612	\$1,527,250	\$1,313,912
Aspen Valley Hospital	\$115,460	\$31,346	\$0	\$0	\$115,460	\$31,346
Avista Hospital	\$269,911	\$140,420	\$3,716	\$8,878	\$273,627	\$149,298
Boulder Community Hospital	\$1,117,720	\$350,054	\$184,284	\$370,063	\$1,302,004	\$720,117
Colorado Plains Medical Center	\$1,006,957	\$304,596	\$18,666	\$11,741	\$1,025,623	\$316,337
Community Hospital	\$214,171	\$46,813	\$36,170	\$77,983	\$250,341	\$124,796
Craig Hospital	\$0	\$0	\$272,010	\$100,579	\$272,010	\$100,579
Delta County Memorial Hospital	\$132,898	\$0	\$694,009	\$487,348	\$826,907	\$487,348
Estes Park Medical Center	\$23,439	\$39,885	\$36,856	\$30,863	\$60,295	\$70,748
Grand River Hospital District	\$90,769	\$95,018	\$2,797	\$63,412	\$93,566	\$158,430
Gunnison Valley Hospital	\$85,751	\$83,566	\$320,497	\$128,066	\$406,248	\$211,632
Huerfano County Medical Center	\$282,059	\$186,268	\$0	\$60,074	\$282,059	\$246,342
Kremmling Memorial Hospital	\$52,006	\$6,832	\$0	\$0	\$52,006	\$6,832
Lutheran Medical Center	\$1,664,823	\$694,537	\$419,443	\$490,842	\$2,084,266	\$1,185,379
Memorial Hospital	\$12,603,195	\$5,018,587	\$1,743,524	\$1,803,716	\$14,346,719	\$6,822,303
Mercy Medical Center	\$1,453,981	\$248,639	\$284,268	\$535,267	\$1,738,249	\$783,906
Montrose Memorial Hospital	\$758,635	\$180,564	\$423,410	\$686,075	\$1,182,045	\$866,639
Mount San Rafael	\$166,446	\$71,344	\$64,155	\$178,488	\$230,601	\$249,832
National Jewish Hospital	\$744,190	\$1,762	\$61,108	\$4,303,665	\$805,298	\$4,305,427

	Urgent Inpatient Charges	Urgent Outpatient Charges	Non-Urgent Inpatient Charges	Non-Urgent Outpatient Charges	Total Inpatient Charges	Total Outpatient Charges
North Colorado Medical Center	\$4,095,775	\$1,323,162	\$0	\$0	\$4,095,775	\$1,323,162
Parkview Episcopal Medical Center	\$1,912,123	\$31,101	\$2,571,655	\$1,584,717	\$4,483,778	\$1,615,818
Penrose-St. Francis HealthCare System	\$8,333,146	\$3,364,304	\$1,368,995	\$553,412	\$9,702,141	\$3,917,716
Poudre Valley Hospital	\$2,895,290	\$640,743	\$1,117,265	\$1,361,008	\$4,012,555	\$2,001,751
Prowers Medical Center	\$498,741	\$311,537	\$0	\$7,803	\$498,741	\$319,340
Rio Grande Hospital	\$16,538	\$7,433	\$8,757	\$16,088	\$25,295	\$23,521
Routt Memorial Hospital	\$419,605	\$6,506	\$0	\$0	\$419,605	\$6,506
Salida Hospital District	\$91,143	\$145,955	\$0	\$0	\$91,143	\$145,955
San Luis Valley	\$1,110,811	\$246,443	\$0	\$75,348	\$1,110,811	\$321,791
Southeast Colorado Hospital	\$22,318	\$24,616	\$4,329	\$63,624	\$26,647	\$88,240
Southwest Hospital	\$1,534,604	\$196,863	\$6,884	\$101,768	\$1,541,488	\$298,631
St. Mary's Hospital	\$5,161,609	\$1,493,301	\$731,114	\$828,587	\$5,892,723	\$2,321,888
St. Mary-Corwin Hospital	\$1,887,555	\$309,236	\$1,423,477	\$1,494,933	\$3,311,032	\$1,804,169
St. Thomas More Hospital	\$504,781	\$256,573	\$0	\$3,542	\$504,781	\$260,115
St. Vincent General Hospital	\$46,518	\$34,781	\$0	\$0	\$46,518	\$34,781
Sterling Regional	\$160,816	\$95,674	\$500,915	\$525,088	\$661,731	\$620,762
The Memorial Hospital	\$266,655	\$107,227	\$1,893	\$277,450	\$268,548	\$384,677
Valley View Hospital	\$648,977	\$220,424	\$0	\$8,019	\$648,977	\$228,443
Weisbrod Memorial Hospital	\$0	\$0	\$1,859	\$0	\$1,859	\$0
Yuma District Hospital	\$22,877	\$18,829	\$2,160	\$40,854	\$25,037	\$59,683
<b>TOTAL CICP OUTSTATE &amp; SPECIALTY HOSPITALS</b>	<b>\$51,591,848</b>	<b>\$16,951,239</b>	<b>\$12,651,911</b>	<b>\$16,976,913</b>	<b>\$64,243,759</b>	<b>\$33,928,152</b>
<b>TOTAL CICP OUTSTATE &amp; SPECIALTY PROVIDERS</b>	<b>\$51,591,848</b>	<b>\$17,893,527</b>	<b>\$12,651,911</b>	<b>\$30,261,707</b>	<b>\$64,243,759</b>	<b>\$48,155,234</b>

**MEDICAID DISPROPORTIONATE SHARE HOSPITALS**

	Urgent Inpatient Charges	Urgent Outpatient Charges	Non-Urgent Inpatient Charges	Non-Urgent Outpatient Charges	Total Inpatient Charges	Total Outpatient Charges
<i>Medicaid Disproportionate Share Hospitals</i>						
Platte Valley Medical Center	\$276,780	\$179,134	\$221,092	\$133,067	\$497,872	\$312,201
Denver Health	\$58,684,308	\$6,513,780	\$4,417,098	\$58,624,016	\$63,101,406	\$65,137,796
University Hospital	\$23,518,908	\$5,917,558	\$16,297,258	\$39,530,701	\$39,816,166	\$45,448,259
<i>Medicaid Disproportionate Share Specialty Hospitals</i>						
The Children's Hospital	\$3,866,068	\$632,902	\$488	\$2,009,832	\$3,866,556	\$2,642,734
<b>TOTAL MEDICAID DISPROPORTIONATE SHARE FACILITIES</b>	<b>\$86,346,054</b>	<b>\$13,243,374</b>	<b>\$20,935,936</b>	<b>\$100,297,616</b>	<b>\$107,282,000</b>	<b>\$113,540,990</b>
<b>TOTAL ALL CICP PROVIDERS</b>	<b>\$137,937,912</b>	<b>\$31,136,901</b>	<b>\$33,587,847</b>	<b>\$130,559,323</b>	<b>\$171,525,759</b>	<b>\$161,696,224</b>

**Table 10 - Third Party Payments, Patient Liability, and CICP Write-Off Charges**

	Third Party Payments		Patient Liability		Write-Off Charges		Total Write-Off Charges
	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	
<b>CICP OUTSTATE &amp; SPECIALTY PROVIDERS</b>							
<i>Clinic Providers</i>							
Children's Clinic	\$0	\$0	\$0	\$5,008	\$0	\$100,818	\$100,818
Clinica Campesina	\$0	\$16,639	\$0	\$0	\$0	\$1,034,060	\$1,034,060
Colorado Springs Osteopathic Foundation	\$0	\$2,303	\$0	\$18,607	\$0	\$144,584	\$144,584
Columbine Family Health Center	\$0	\$0	\$0	\$36,384	\$0	\$210,721	\$210,721
Commerce City Community Health Services	\$0	\$0	\$0	\$5,255	\$0	\$37,151	\$37,151
Community Health Center, Inc.	\$0	\$0	\$0	\$510,935	\$0	\$4,468,219	\$4,468,219
Community Health Clinic	\$0	\$1,246	\$0	\$7,610	\$0	\$17,570	\$17,570
High Plains Community Health Center	\$0	\$1,267	\$0	\$10,038	\$0	\$60,102	\$60,102
La Clinica del Valle	\$0	\$6,684	\$0	\$25,801	\$0	\$167,943	\$167,943
La Clinica, Inc.	\$0	\$501	\$0	\$1,845	\$0	\$11,738	\$11,738
Metropolitan Denver Provider Network	\$0	\$75,202	\$0	\$12,948	\$0	\$696,622	\$696,622
People's Clinic	\$0	\$1,042	\$0	\$84,984	\$0	\$508,844	\$508,844
Plan de Salud del Valle, Inc.	\$0	\$0	\$0	\$216,385	\$0	\$1,714,248	\$1,714,248
Pueblo Community Health Center	\$0	\$0	\$0	\$105,595	\$0	\$988,119	\$988,119
Stout Street Clinic	\$0	\$0	\$0	\$0	\$0	\$990,461	\$990,461
Sunrise Community Health Clinic	\$0	\$22,448	\$0	\$58,493	\$0	\$391,638	\$391,638
Valley Wide Health Services	\$0	\$0	\$0	\$336,962	\$0	\$1,120,063	\$1,120,063
<b>CICP OUTSTATE CLINICS</b>	<b>\$0</b>	<b>\$127,332</b>	<b>\$0</b>	<b>\$1,436,850</b>	<b>\$0</b>	<b>\$12,662,901</b>	<b>\$12,662,901</b>
<i>Hospital Providers</i>							
Arkansas Valley Regional Medical Center	\$340,602	\$213,414	\$40,222	\$37,844	\$1,146,427	\$1,062,655	\$2,209,082
Aspen Valley Hospital	\$4,041	\$0	\$1,757	\$1,409	\$109,662	\$29,937	\$139,599
Avista Hospital	\$24,268	\$30,819	\$15,466	\$5,808	\$233,893	\$112,670	\$346,563
Boulder Community Hospital	\$153,713	\$85,183	\$30,045	\$30,173	\$1,118,247	\$604,761	\$1,723,008
Colorado Plains Medical Center	\$290,527	\$7,202	\$35,037	\$17,215	\$700,059	\$291,920	\$991,979
Community Hospital	\$32,268	\$18,111	\$7,860	\$4,979	\$210,213	\$101,706	\$311,919
Craig Hospital	\$202,834	\$69,281	\$2,200	\$655	\$66,975	\$30,643	\$97,618
Delta County Memorial Hospital	\$209,727	\$109,062	\$37,529	\$23,001	\$579,650	\$355,285	\$934,935
Estes Park Medical Center	\$4,903	\$3,784	\$3,472	\$3,584	\$51,920	\$63,380	\$115,300
Grand River Hospital District	\$14,111	\$4,971	\$5,075	\$8,301	\$74,380	\$145,158	\$219,538
Gunnison Valley Hospital	\$9,514	\$14,994	\$4,616	\$11,000	\$392,118	\$185,637	\$577,755
Huerfano County Medical Center	\$54,838	\$25,403	\$9,763	\$5,744	\$217,458	\$215,195	\$432,653
Kremmling Memorial Hospital	\$0	\$0	\$5,817	\$448	\$46,189	\$6,385	\$52,574
Lutheran Medical Center	\$177,855	\$70,096	\$57,129	\$42,350	\$1,849,281	\$1,072,933	\$2,922,214
Memorial Hospital	\$2,387,137	\$642,288	\$196,188	\$153,970	\$11,763,395	\$6,026,045	\$17,789,440
Mercy Medical Center	\$476,545	\$149,272	\$50,794	\$43,506	\$1,210,910	\$591,129	\$1,802,039
Montrose Memorial Hospital	\$187,978	\$355,773	\$37,360	\$36,171	\$986,707	\$474,694	\$1,431,401
Mount San Rafael	\$14,993	\$7,738	\$7,890	\$9,311	\$207,718	\$232,783	\$440,501

	Third Party Payments		Third Party Liability		Patient Liability		Write-Off Charges		Write-Off Charges		Total Write-Off Charges
	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	
National Jewish Hospital	\$3,489	\$223,976	\$27,830	\$222,243	\$773,979	\$3,859,208	\$4,633,187				
North Colorado Medical Center	\$665,771	\$121,833	\$99,266	\$42,378	\$3,430,738	\$1,158,951	\$4,589,689				
Parkview Episcopal Medical Center	\$174,957	\$9,886	\$96,604	\$46,720	\$4,212,216	\$1,559,213	\$5,771,429				
Penrose-St. Francis HealthCare System	\$1,217,255	\$253,713	\$280,931	\$193,863	\$8,203,955	\$3,470,140	\$11,674,095				
Poudre Valley Hospital	\$657,953	\$391,203	\$120,996	\$100,961	\$3,233,605	\$1,509,588	\$4,743,193				
Prowers Medical Center	\$156,394	\$43,221	\$26,817	\$10,646	\$315,530	\$265,472	\$581,002				
Rio Grande Hospital	\$4,014	\$0	\$1,882	\$1,965	\$19,399	\$21,556	\$40,955				
Rout Memorial Hospital	\$58,334	\$0	\$17,331	\$145	\$343,940	\$6,360	\$350,300				
Salida Hospital District	\$35,983	\$9,995	\$6,504	\$7,835	\$48,656	\$128,125	\$176,781				
San Luis Valley	\$210,364	\$56,409	\$42,631	\$16,467	\$857,816	\$248,916	\$1,106,732				
Southeast Colorado Hospital	\$4,770	\$43,545	\$1,068	\$2,919	\$20,809	\$41,775	\$62,584				
Southwest Hospital	\$293,577	\$51,737	\$48,704	\$11,600	\$1,199,207	\$235,294	\$1,434,501				
St. Mary's Hospital	\$301,820	\$40,066	\$170,040	\$136,900	\$5,420,862	\$2,144,923	\$7,565,785				
St. Mary-Corwin Hospital	\$453,540	\$197,176	\$54,062	\$39,727	\$2,803,430	\$1,567,267	\$4,370,697				
St. Thomas More Hospital	\$99,039	\$24,644	\$18,890	\$12,290	\$386,852	\$223,181	\$610,033				
St. Vincent General Hospital	\$3,270	\$841	\$4,130	\$2,987	\$39,118	\$30,953	\$70,071				
Sterling Regional	\$183,899	\$98,244	\$28,647	\$25,415	\$449,185	\$497,103	\$946,288				
The Memorial Hospital	\$42,049	\$22,199	\$13,745	\$16,140	\$212,754	\$346,338	\$559,092				
Valley View Hospital	\$419	\$2,159	\$24,728	\$7,140	\$623,830	\$219,145	\$842,975				
Weisbrod Memorial Hospital	\$1,859	\$0	\$464	\$0	\$1,395	\$0	\$1,395				
Yuma District Hospital	\$0	\$14,244	\$2,494	\$2,215	\$22,543	\$43,225	\$65,768				
<b>TOTAL CICP OUTSTATE &amp; SPECIALTY HOSPITALS</b>	<b>\$9,054,610</b>	<b>\$3,412,482</b>	<b>\$1,635,984</b>	<b>\$1,336,025</b>	<b>\$53,555,021</b>	<b>\$29,179,649</b>	<b>\$82,734,670</b>				

**TOTAL CICP OUTSTATE & SPECIALTY PROVIDERS \$9,054,610 \$3,539,814 \$1,635,984 \$2,772,875 \$53,555,021 \$41,842,550 \$95,397,571**

**MEDICAID DISPROPORTIONATE SHARE HOSPITALS**

	Third Party Payments		Third Party Liability		Patient Liability		Write-Off Charges		Write-Off Charges		Total Write-Off Charges
	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	
<i>Medicaid Disproportionate Share Hospitals</i>											
Platte Valley Medical Center	\$109,768	\$36,971	\$17,637	\$9,680	\$370,467	\$265,550	\$636,017				
Denver Health	\$9,284,452	\$2,595,352	\$4,449,568	\$10,748,088	\$49,367,366	\$51,794,355	\$101,161,741				
University Hospital	\$5,217,801	\$2,654,304	\$617,329	\$4,113,027	\$33,981,036	\$38,680,928	\$72,661,964				
<i>Medicaid Disproportionate Share Specialty Hospitals</i>											
The Children's Hospital	\$479,407	\$71,970	\$82,166	\$163,741	\$3,304,982	\$2,407,023	\$5,712,005				
<b>TOTAL MEDICAID DISPROPORTIONATE SHARE FACILITIES</b>	<b>\$15,091,428</b>	<b>\$5,358,597</b>	<b>\$5,166,700</b>	<b>\$15,034,536</b>	<b>\$87,023,871</b>	<b>\$93,147,856</b>	<b>\$180,171,727</b>				
<b>TOTAL ALL CICP PROVIDERS</b>	<b>\$24,146,038</b>	<b>\$8,898,411</b>	<b>\$6,802,684</b>	<b>\$17,807,411</b>	<b>\$140,578,892</b>	<b>\$134,990,406</b>	<b>\$275,569,298</b>				

Table 11 - Total Financial Activity and CICP Reimbursement

	Total Charges	Total Third Party Payments	Total Patient Liability	Total Write-Off Charges	Write-Off Costs	CICP Major Teaching Payment	Total Net Reimbursement
<b>CICP OUTSTATE &amp; SPECIALTY PROVIDERS</b>							
<i>Clinic Providers</i>							
Children's Clinic	\$105,826	\$0	\$5,008	\$100,818	\$100,818	\$0	\$31,475
Clinica Campesina	\$1,050,699	\$16,639	\$0	\$1,034,060	\$953,507	\$0	\$297,684
Colorado Springs Osteopathic Foundation	\$185,494	\$2,303	\$18,607	\$144,584	\$144,584	\$0	\$45,139
Columbine Family Health Center	\$247,105	\$0	\$36,384	\$210,721	\$210,721	\$0	\$65,787
Commerce City Community Health Services	\$42,406	\$0	\$5,255	\$37,151	\$36,746	\$0	\$11,472
Community Health Center, Inc.	\$4,979,154	\$0	\$510,935	\$4,468,219	\$4,468,219	\$0	\$1,394,975
Community Health Clinic	\$26,426	\$1,246	\$7,610	\$17,570	\$17,570	\$0	\$5,485
High Plains Community Health Center	\$71,406	\$1,267	\$10,038	\$60,102	\$60,102	\$0	\$18,764
La Clinica del Valle	\$200,428	\$6,684	\$25,801	\$167,943	\$163,576	\$0	\$51,068
La Clinica, Inc.	\$14,083	\$501	\$1,845	\$11,738	\$11,738	\$0	\$3,665
Metropolitan Denver Provider Network	\$784,772	\$75,202	\$12,948	\$696,622	\$696,622	\$0	\$217,485
People's Clinic	\$594,870	\$1,042	\$84,984	\$508,844	\$508,844	\$0	\$158,861
Plan de Salud del Valle, Inc.	\$1,930,633	\$0	\$216,385	\$1,714,248	\$1,575,908	\$0	\$491,997
Pueblo Community Health Center	\$1,093,714	\$0	\$105,595	\$988,119	\$988,119	\$0	\$308,490
Stout Street Clinic	\$990,460	\$0	\$0	\$990,461	\$990,461	\$0	\$308,221
Sunrise Community Health Clinic	\$472,579	\$22,448	\$58,493	\$391,638	\$358,583	\$0	\$111,949
Valley Wide Health Services	\$1,457,025	\$0	\$336,962	\$1,120,063	\$1,120,063	\$0	\$349,683
<b>CICP OUTSTATE CLINICS</b>	<b>\$14,227,080</b>	<b>\$127,332</b>	<b>\$1,436,850</b>	<b>\$12,662,901</b>	<b>\$12,406,161</b>	<b>\$0</b>	<b>\$3,873,200</b>
<i>Hospital Providers</i>							
Arkansas Valley Regional Medical Center	\$2,841,162	\$554,015	\$78,065	\$2,209,082	\$1,083,113	\$0	\$338,147
Aspen Valley Hospital	\$146,807	\$4,041	\$3,166	\$139,600	\$117,529	\$0	\$36,692
Avista Hospital	\$422,925	\$55,087	\$21,274	\$346,563	\$207,661	\$0	\$64,832
Boulder Community Hospital	\$2,022,122	\$238,896	\$60,218	\$1,723,008	\$1,026,568	\$0	\$320,494
Colorado Plains Medical Center	\$1,341,961	\$297,729	\$52,252	\$991,979	\$435,677	\$0	\$136,018
Community Hospital	\$375,137	\$50,380	\$12,839	\$311,918	\$212,385	\$0	\$66,306
Craig Hospital	\$372,589	\$272,116	\$2,865	\$97,619	\$64,292	\$0	\$20,072
Delta County Memorial Hospital	\$1,314,254	\$318,790	\$60,530	\$934,935	\$504,397	\$0	\$157,472
Estes Park Medical Center	\$131,043	\$8,687	\$7,056	\$115,300	\$98,409	\$0	\$30,723
Grand River Hospital District	\$251,996	\$19,082	\$13,376	\$219,537	\$178,923	\$0	\$55,860
Gunnison Valley Hospital	\$617,879	\$24,508	\$15,616	\$577,755	\$414,944	\$0	\$129,545
Huerfano County Medical Center	\$528,400	\$80,241	\$15,507	\$432,653	\$364,510	\$0	\$113,800
Kremmling Memorial Hospital	\$58,838	\$0	\$6,265	\$52,573	\$45,486	\$0	\$14,201
Lutheran Medical Center	\$3,269,645	\$247,951	\$99,479	\$2,922,214	\$1,827,845	\$0	\$570,652
Memorial Hospital	\$21,169,022	\$3,029,424	\$350,157	\$17,789,440	\$6,911,198	\$0	\$2,157,672
Mercy Medical Center	\$2,522,156	\$625,817	\$94,300	\$1,802,039	\$1,142,853	\$0	\$356,798
Montrose Memorial Hospital	\$2,048,684	\$543,752	\$73,531	\$1,431,401	\$852,113	\$0	\$266,029
Mount San Rafael	\$480,433	\$22,732	\$17,201	\$440,501	\$228,664	\$0	\$71,389

	Total Charges	Third Party Payments	Total Patient Liability	Total Write-Off Charges	Write-Off Costs	CICP Major Teaching Payment	Total Net Reimbursement
National Jewish Hospital	\$5,110,725	\$227,465	\$250,072	\$4,633,186	\$3,105,162	\$0	\$969,430
North Colorado Medical Center	\$5,418,937	\$687,604	\$141,644	\$4,589,689	\$2,648,710	\$0	\$826,926
Parkview Episcopal Medical Center	\$6,099,595	\$184,843	\$143,323	\$5,771,429	\$3,040,389	\$0	\$949,207
Penrose-St. Francis HealthCare System	\$13,619,857	\$1,470,968	\$474,794	\$11,674,095	\$6,233,967	\$0	\$1,946,240
Poudre Valley Hospital	\$6,014,307	\$1,049,156	\$221,957	\$4,743,193	\$3,079,281	\$0	\$961,350
Prowers Medical Center	\$818,080	\$199,614	\$37,463	\$581,002	\$344,128	\$0	\$107,437
Rio Grande Hospital	\$48,816	\$4,014	\$3,847	\$40,955	\$40,955	\$0	\$12,786
Routt Memorial Hospital	\$426,111	\$68,334	\$17,476	\$350,300	\$248,118	\$0	\$77,462
Salida Hospital District	\$237,098	\$45,978	\$14,339	\$176,781	\$111,319	\$0	\$34,754
San Luis Valley	\$1,432,602	\$266,773	\$69,098	\$1,106,731	\$607,596	\$0	\$189,691
Southeast Colorado Hospital	\$114,887	\$48,316	\$3,987	\$62,584	\$47,808	\$0	\$14,926
Southwest Hospital	\$1,840,119	\$345,314	\$60,304	\$1,434,501	\$894,268	\$0	\$279,190
St. Mary's Hospital	\$8,214,610	\$341,886	\$306,940	\$7,565,784	\$4,330,655	\$0	\$1,352,028
St. Mary-Corwin Hospital	\$5,115,201	\$650,716	\$93,789	\$4,370,696	\$2,346,627	\$0	\$732,615
St. Thomas More Hospital	\$764,896	\$123,683	\$31,180	\$610,033	\$375,903	\$0	\$117,357
St. Vincent General Hospital	\$81,299	\$4,111	\$7,117	\$70,071	\$45,462	\$0	\$14,193
Sterling Regional	\$1,282,493	\$282,143	\$54,062	\$946,288	\$592,187	\$0	\$184,880
The Memorial Hospital	\$653,225	\$64,248	\$29,885	\$559,092	\$419,207	\$0	\$130,876
Valley View Hospital	\$877,420	\$2,578	\$31,868	\$842,975	\$576,258	\$0	\$179,907
Weisbrod Memorial Hospital	\$1,859	\$1,859	\$464	\$1,395	\$1,395	\$0	\$436
Yuma District Hospital	\$84,721	\$14,244	\$4,709	\$65,768	\$55,055	\$0	\$17,188
<b>TOTAL CICP OUTSTATE &amp; SPECIALTY HOSPITALS</b>	<b>\$98,171,911</b>	<b>\$12,467,092</b>	<b>\$2,972,005</b>	<b>\$82,734,667</b>	<b>\$44,861,017</b>	<b>\$0</b>	<b>\$14,005,581</b>
<b>TOTAL CICP OUTSTATE &amp; SPECIALTY PROVIDERS</b>	<b>\$112,398,991</b>	<b>\$12,594,424</b>	<b>\$4,408,355</b>	<b>\$95,397,568</b>	<b>\$57,267,198</b>	<b>\$0</b>	<b>\$17,878,781</b>
<b>MEDICAID DISPROPORTIONATE SHARE HOSPITALS</b>							
<i>Medicaid Disproportionate Share Hospitals</i>							
Platte Valley Medical Center	\$810,073	\$146,739	\$27,317	\$636,017	\$396,429	\$0	\$158,492
Denver Health	\$128,239,201	\$11,879,804	\$15,197,656	\$101,161,741	\$69,042,888	\$9,682,774	\$33,889,808
University Hospital	\$85,264,425	\$7,872,105	\$4,730,356	\$72,661,964	\$39,063,072	\$10,077,750	\$24,959,066
<i>Medicaid Disproportionate Share Specialty Hospitals</i>							
The Children's Hospital	\$6,509,289	\$551,378	\$245,907	\$5,712,005	\$3,332,384	\$0	\$1,440,501
<b>TOTAL MEDICAID DISPROPORTIONATE SHARE FACILITIES</b>	<b>\$196,140,913</b>	<b>\$17,800,572</b>	<b>\$17,595,815</b>	<b>\$160,744,527</b>	<b>\$98,575,709</b>	<b>\$19,760,524</b>	<b>\$60,447,867</b>
<b>TOTAL ALL CICP PROVIDERS</b>	<b>\$308,539,904</b>	<b>\$30,394,997</b>	<b>\$22,004,669</b>	<b>\$256,142,095</b>	<b>\$155,842,907</b>	<b>\$19,760,524</b>	<b>\$78,326,648</b>

**IX. UTILIZATION DATA**

Table 12 - Patient County Origin by Provider

	I/P		I/P		I/P		O/P		O/P		TOTAL
	DISCHARGE SAME COUNTY	DISCHARGE ADJACENT COUNTY	DISCHARGE NON ADJ. COUNTY	DISCHARGE SAME COUNTY	DISCHARGE ADJACENT COUNTY	DISCHARGE NON ADJ. COUNTY	DISCHARGE SAME COUNTY	DISCHARGE ADJACENT COUNTY	DISCHARGE NON ADJ. COUNTY	UNKNOWN COUNTY	
<b>CICP OUTSTATE &amp; SPECIALTY PROVIDERS</b>											
<i>Clinic Providers</i>											
Children's Clinic	-	-	-	2,284	2	-	2	-	-	-	2,288
Clinica Campesina	-	-	-	2,128	3,657	-	485	-	149	-	6,419
Colorado Springs Osteopathic Foundation	-	-	-	2,516	2	-	4	-	-	-	2,522
Columbine Family Health Center	-	-	-	730	2,037	-	58	-	-	-	2,825
Commerce City Community Health Center	-	-	-	701	5	-	-	-	-	-	706
Community Health Center, Inc.	-	-	-	70,135	-	-	-	-	-	-	70,135
Community Health Clinic	-	-	-	562	-	-	6	-	1	-	569
High Plains Community Health Center	-	-	-	1,233	7	-	2	-	-	-	1,242
La Clinica del Valle	-	-	-	2,671	5,621	-	10	-	2	-	8,304
La Clinica, Inc.	-	-	-	319	1	-	1	-	1	-	322
Metropolitan Denver Provider Network	-	-	-	4,423	4,541	-	84	-	48	-	9,096
People's Clinic	-	-	-	7,776	1	-	3	-	-	-	7,780
Plan de Salud del Valle Clinics	-	-	-	4,920	12,661	-	610	-	2,631	-	20,822
Pueblo Community health Center	-	-	-	23,082	4	-	14	-	-	-	23,100
Stout Street Clinic	-	-	-	15,345	-	-	-	-	-	-	15,345
Sunrise Community Health Center	-	-	-	4,765	255	-	23	-	3	-	5,046
Valley-Wide Health Services	-	-	-	4,868	14,503	-	91	-	857	-	20,319
<b>TOTAL CICP OUTSTATE CLINIC</b>	-	-	-	<b>148,458</b>	<b>43,297</b>	-	<b>1,393</b>	-	<b>3,692</b>	-	<b>196,840</b>
<i>Hospital Providers</i>											
Arkansas Valley Regional Medical Center	168	42	26	3,925	598	-	240	-	-	-	4,999
Aspen Valley Hospital	14	1	-	49	3	-	1	-	1	-	69
Avista Hospital	24	33	6	322	176	-	19	-	-	-	580
Boulder Community Hospital	138	-	-	1,232	1	-	6	-	-	-	1,377
Colorado Plains Medical Center	138	-	-	863	-	-	5	-	1	-	1,007
Community Hospital	30	3	-	180	19	-	3	-	-	-	235
Craig Rehabilitation Hospital	2	4	-	16	36	-	12	-	-	-	70
Delta County Memorial Hospital	158	22	1	1,312	43	-	1	-	10	-	1,547
Estes Park Medical Center	12	-	-	255	1	-	1	-	1	-	270
Grand River Hospital District	34	-	1	713	2	-	2	-	3	-	755
Gunnison Valley Hospital	32	-	-	421	1	-	-	-	-	-	454
Huerfano Memorial Hospital	47	2	2	590	49	-	7	-	-	-	697
Kremmling Memorial Hospital	14	-	-	18	1	-	1	-	1	-	35
Lutheran Hospital	230	50	4	1,960	446	-	38	-	-	-	2,728
Memorial Hospital	799	24	30	10,263	281	-	118	-	-	-	11,515
Mercy Medical Center	139	67	8	743	136	-	30	-	-	-	1,123
Montrose Memorial Hospital	148	31	8	2,016	441	-	13	-	-	-	2,657



	I/P DISCHARGE SAME COUNTY		I/P DISCHARGE ADJACENT COUNTY		I/P DISCHARGE NON ADJ. COUNTY		O/P DISCHARGE SAME COUNTY		O/P DISCHARGE ADJACENT COUNTY		O/P DISCHARGE NON ADJ. COUNTY		UNKNOWN COUNTY		TOTAL
Mount San Rafael Hospital	43	-	-	-	-	-	594	-	-	-	2	-	-	-	639
National Jewish Hospital	19	58	19	19	19	19	2,721	3,324	3,324	1,584	11	11	7,736	-	7,736
North Colorado Medical Center	254	13	13	5	5	5	839	32	32	9	106	106	1,258	-	1,258
Parkview Episcopal Hospital	514	126	126	65	65	65	2,355	193	193	64	2	2	3,319	-	3,319
Penrose-St. Francis HealthCare Systems	860	23	23	17	17	17	7,067	142	142	103	1	1	8,213	-	8,213
Poudre Valley Hospital	596	12	12	24	24	24	8,189	100	100	55	-	-	8,976	-	8,976
Prowers Medical Center	62	4	4	1	1	1	106	4	4	3	-	-	180	-	180
Rio Grande Hospital	5	-	-	-	-	-	58	-	-	2	2	94	159	-	159
Routt Memorial Hospital	38	9	9	6	6	6	7	2	2	1	-	-	63	-	63
Salida Hospital District	25	-	-	-	-	-	517	-	-	8	-	-	550	-	550
San Luis Valley Regional Medical Center	49	155	155	2	2	2	140	376	376	14	1	1	737	-	737
Southeast Colorado Hospital	11	2	2	-	-	-	203	10	10	-	-	-	226	-	226
Southwest Memorial Hospital	210	46	46	10	10	10	731	87	87	23	20	20	1,127	-	1,127
St. Mary-Corwin Hospital	303	49	49	15	15	15	4,341	355	355	84	-	-	5,147	-	5,147
St. Mary's Hospital	454	134	134	37	37	37	6,142	583	583	109	2	2	7,461	-	7,461
St. Thomas More Hospital	57	1	1	1	1	1	548	24	24	-	-	-	631	-	631
St. Vincent General Hospital	12	-	-	-	-	-	65	7	7	3	5	5	92	-	92
Sterling Regional MedCetner	80	16	16	3	3	3	1,232	151	151	16	-	-	1,498	-	1,498
The Memorial Hospital	51	2	2	3	3	3	644	25	25	8	-	-	733	-	733
Valley View Hospital	18	8	8	4	4	4	115	35	35	11	-	-	191	-	191
Weisbrod Memorial Hospital	1	-	-	-	-	-	1	-	-	-	-	-	2	-	2
Yuma District Hospital	11	-	-	-	-	-	265	-	-	1	1	-	277	-	277
Unknown	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3
<b>TOTAL CICP OUTSTATE &amp; SPECIALTY HOSPITAL</b>	<b>5,800</b>	<b>937</b>	<b>937</b>	<b>298</b>	<b>298</b>	<b>298</b>	<b>61,758</b>	<b>7,684</b>	<b>7,684</b>	<b>2,597</b>	<b>259</b>	<b>259</b>	<b>79,336</b>	<b>3,951</b>	<b>276,176</b>
<b>TOTAL CICP OUTSTATE &amp; SPECIALTY FACILITIES</b>	<b>5,800</b>	<b>937</b>	<b>937</b>	<b>298</b>	<b>298</b>	<b>298</b>	<b>210,216</b>	<b>50,981</b>	<b>50,981</b>	<b>3,990</b>	<b>3,951</b>	<b>3,951</b>	<b>276,176</b>	<b>3,951</b>	<b>276,176</b>

**MEDICAID DISPROPORTIONATE SHARE HOSPITALS**

Platte Valley Medical Center	75	1	1	6	6	6	1,250	-	-	-	-	-	-	-	1,332
Denver Health	5,012	187	187	23	23	23	216,395	3,928	3,928	221	1,260	1,260	227,026	-	227,026
University Hospital	811	1,067	1,067	480	480	480	27,638	41,996	41,996	13,951	-	-	85,943	-	85,943
The Children's Hospital	110	174	174	68	68	68	5,436	11,108	11,108	920	14	14	17,830	-	17,830
<b>TOTAL MEDICAID DISPROPORTIONATE SHARE FACILITIES</b>	<b>6,008</b>	<b>1,429</b>	<b>1,429</b>	<b>577</b>	<b>577</b>	<b>577</b>	<b>250,719</b>	<b>57,032</b>	<b>57,032</b>	<b>15,092</b>	<b>1,274</b>	<b>1,274</b>	<b>332,131</b>	<b>1,274</b>	<b>332,131</b>
<b>TOTAL ALL PROVIDERS</b>	<b>11,808</b>	<b>2,366</b>	<b>2,366</b>	<b>875</b>	<b>875</b>	<b>875</b>	<b>460,935</b>	<b>108,013</b>	<b>108,013</b>	<b>19,082</b>	<b>5,225</b>	<b>5,225</b>	<b>608,307</b>	<b>5,225</b>	<b>608,307</b>

Table 13 - UTILIZATION (ADMISSIONS AND VISITS) BY COUNTY

COUNTY	OUTSTATE	SPECIALTY	UNIVERSITY	DENVER HEALTH	UNKNOWN	TOTAL
Adams	14,507	5,220	9,077	1,352	-	30,156
Alamosa	5,108	6	141	17	-	5,272
Arapahoe	4,554	6,826	21,045	1,385	-	33,810
Archuleta	82	-	4	-	-	86
Baca	254	10	16	-	-	280
Bent	5,987	38	3	7	-	6,035
Boulder	15,444	443	3,693	79	-	19,659
Chaffee	698	61	111	1	-	871
Cheyenne	15	5	95	-	-	115
Clear Creek	1,133	93	338	5	-	1,569
Conejos	3,310	15	71	4	-	3,400
Costilla	2,096	15	131	2	-	2,244
Crowley	292	5	75	1	-	373
Custer	38	-	5	1	-	44
Delta	2,078	5	52	10	-	2,145
Denver	16,987	8,286	28,438	221,482	-	275,193
Dolores	720	1	2	1	-	724
Douglas	22	201	1,109	18	-	1,350
Eagle	19	33	161	8	-	221
El Paso	91,715	250	1,496	31	-	93,492
Elbert	109	30	290	7	-	436
Fremont	1,037	25	168	1	-	1,231
Garfield	1,045	8	105	2	-	1,160
Gilpin	739	23	9	2	-	773
Grand	57	9	180	2	-	248
Gunnison	603	1	48	1	-	653
Hinsdale	6	-	4	-	-	10
Huerfano	1,054	2	34	2	-	1,092
Jackson	2	1	53	-	-	56
Jefferson	4,961	2,618	12,977	1,344	-	21,900
Kiowa	29	3	28	-	-	60
Kit Carson	9	4	88	1	-	102
La Plata	900	17	51	-	-	968
Lake	104	8	144	-	-	256
Larimer	11,937	257	755	1	-	12,950
Las Animas	900	41	150	-	-	1,091
Lincoln	15	25	280	6	-	326
Logan	1,350	105	136	-	-	1,591
Mesa	6,828	19	55	1	-	6,903
Mineral	100	-	10	-	-	110
Moffat	745	4	19	-	-	768
Montezuma	1,069	2	25	-	-	1,096
Montrose	2,462	5	4	-	-	2,471
Morgan	3,576	36	414	6	-	4,032
Otero	6,987	30	244	-	-	7,261
Ouray	81	-	29	-	-	110
Park	37	154	331	4	-	526
Phillips	80	14	18	-	-	112
Pitkin	94	4	27	-	-	125
Prowers	1,545	14	54	-	-	1,613
Pueblo	30,687	81	813	1	-	31,582
Rio Blanco	36	2	-	-	-	38
Rio Grande	5,164	24	172	-	-	5,360
Routt	80	3	132	-	-	215
Saguache	4,626	13	80	-	-	4,719
San Juan	43	1	13	-	-	57
San Miguel	62	-	-	-	-	62
Sedgwick	9	2	19	-	-	30
Summit	6	2	73	7	-	88
Teller	227	12	67	-	-	306
Washington	120	-	46	-	-	166
Weld	10,944	402	989	4	-	12,339
Yuma	320	27	79	-	-	426
Unknown	3,928	25	667	1,230	-	5,850
<b>TOTAL</b>	<b>269,772</b>	<b>25,566</b>	<b>85,943</b>	<b>227,026</b>	<b>-</b>	<b>608,307</b>

Table 14 - Utilization by Indigency Rating

Characteristics of Medically Indigent Patient Activity

INPATIENT ADMISSIONS RATING	OUTSTATE			SPECIALTY			UNIVERSITY			DENVER		
	Admissions	% of Total	% of Total	Admissions	% of Total	% of Total	Admissions	% of Total	% of Total	Admissions	% of Total	% of Total
A	931	13.185%	39	8.705%	488	20.696%	828	15.526%	2,286	15.039%		
B	765	10.834%	65	14.509%	286	12.128%	625	11.719%	1,741	11.454%		
C	909	12.874%	56	12.500%	428	18.151%	629	11.794%	2,022	13.303%		
D	814	11.528%	61	13.616%	284	11.196%	526	9.863%	1,665	10.954%		
E	634	8.979%	55	12.277%	232	9.839%	335	6.282%	1,256	8.263%		
F	887	12.562%	80	17.857%	299	12.680%	355	6.657%	1,621	10.664%		
G	834	11.811%	71	15.848%	251	10.645%	215	4.032%	1,371	9.020%		
N	1,271	18.001%	21	4.688%	107	4.538%	1,820	34.127%	3,219	21.178%		
P	1	0.014%	-	0.000%	3	0.127%	-	0.000%	4	0.026%		
UNKNOWN	15	0.212%	-	0.000%	-	0.000%	-	0.000%	15	0.099%		
<b>TOTALS</b>	<b>7,061</b>	<b>100.00%</b>	<b>448</b>	<b>100.00%</b>	<b>2,358</b>	<b>100.00%</b>	<b>5,333</b>	<b>100.00%</b>	<b>15,200</b>	<b>100.00%</b>		

OUTPATIENT VISITS RATING	OUTSTATE			SPECIALTY			UNIVERSITY			DENVER		
	Visits	% of Total	% of Total	Visits	% of Total	% of Total	Visits	% of Total	% of Total	Visits	% of Total	% of Total
A	40,150	15.283%	3,336	13.281%	16,484	19.721%	39,861	17.980%	99,831	16.832%		
B	33,180	12.630%	3,228	12.851%	12,315	14.734%	32,657	14.731%	81,380	13.721%		
C	40,336	15.355%	4,603	18.326%	18,256	21.841%	35,558	16.039%	98,753	16.650%		
D	29,569	11.255%	3,611	14.376%	11,324	13.548%	22,158	9.995%	66,662	11.239%		
E	17,980	6.844%	3,173	12.632%	7,805	9.338%	14,089	6.355%	43,047	7.258%		
F	25,099	9.554%	3,209	12.776%	8,380	10.025%	13,514	6.096%	50,202	8.464%		
G	16,165	6.153%	2,459	9.790%	6,554	7.841%	7,100	3.203%	32,278	5.442%		
N	58,407	22.232%	1,482	5.900%	2,362	2.826%	56,756	25.601%	119,007	20.065%		
P	1,309	0.498%	-	0.000%	105	0.126%	-	0.000%	1,414	0.238%		
UNKNOWN	516	0.196%	17	0.068%	-	0.000%	-	0.000%	533	0.091%		
<b>TOTALS</b>	<b>262,711</b>	<b>100.00%</b>	<b>25,118</b>	<b>100.00%</b>	<b>83,565</b>	<b>100.00%</b>	<b>221,693</b>	<b>100.00%</b>	<b>593,107</b>	<b>100.00%</b>		

Table 15 - Inpatient Days by Indigency Rating

INPATIENT DAYS INDIGENCY RATING	OUTSTATE DAYS	SPECIALTY DAYS	UNIVERSITY DAYS	DENVER DAYS	TOTALS DAYS
A	4,151	346	2,195	3,267	9,959
B	3,376	412	1,209	3,049	8,046
C	3,722	485	1,929	3,249	9,385
D	3,212	337	1,213	2,225	6,987
E	2,553	236	992	1,477	5,258
F	3,634	548	1,120	1,378	6,680
G	3,781	889	1,161	952	6,783
N	5,595	112	458	9,909	16,074
P	1	-	6	-	7
UNKNOWN	90	-	-	-	90
<b>TOTALS</b>	<b>30,115</b>	<b>3,365</b>	<b>10,283</b>	<b>25,506</b>	<b>69,269</b>

Table 16 - Utilization by Diagnosis Group

Diagnosis Group	FY95		FY96		FY97	
	COUNT	PERCENT	COUNT	PERCENT	COUNT	PERCENT
Respiratory System Diseases	49,794	9.3%	54,083	9.4%	57,688	9.5%
Injury & Poisoning	41,722	7.8%	46,977	8.2%	51,700	8.5%
Symptoms, Signs, & Ill-Defined Condition	41,384	7.7%	48,531	8.5%	40,666	6.7%
Mental Disorders	32,629	6.1%	41,120	7.2%	40,198	6.6%
Reproduction & Development Services	42,608	7.9%	50,457	8.8%	40,168	6.6%
Genitourinary System Disorders	32,375	6.0%	36,251	6.3%	36,782	6.0%
Infectious and Parasitic Diseases	20,134	3.7%	22,168	3.9%	36,363	6.0%
Other Health Services	21,965	4.1%	23,883	4.2%	29,731	4.9%
Examined Without Reported Diagnosis	26,268	4.9%	30,887	5.4%	29,647	4.9%
Musculoskeletal System & Connective Dis.	32,316	6.0%	37,761	6.6%	29,588	4.9%
Circulatory System Diseases	25,265	4.7%	27,923	4.9%	26,811	4.4%
Endocrine, Metabolic, & Immunity Dis.	19,858	3.7%	23,657	4.1%	22,182	3.6%
Unclassified Diagnosis	295	0.1%	829	0.1%	21,598	3.6%
Ear & Mastoid Process Diseases	13,213	2.5%	13,453	2.3%	16,283	2.7%
Neoplasm	12,647	2.4%	13,856	2.4%	15,588	2.6%
Skin & Subcutaneous Tissue Diseases	16,408	3.1%	17,598	3.1%	15,340	2.5%
Digestive Systems Diseases	16,761	3.0%	19,657	3.4%	14,786	2.4%
Oral Cavity, Salivary Glands, & Jaw Dis.	17,976	3.3%	18,776	3.3%	13,045	2.1%
Eye & Adneza Disorders	8,872	1.7%	9,813	1.7%	6,391	1.1%
Diseases & Disorders of the Nervous Sys.	6,177	1.2%	6,600	1.2%	6,325	1.0%
Specific Procedures & Aftercare Service	3,929	0.7%	4,300	0.7%	3,454	0.5%
Health Hazards Related to Comm. Diseases	1,926	0.4%	2,193	0.4%	3,435	0.6%
Blood & Blood-Forming Organ Dis.	2,759	0.5%	3,136	0.5%	1,955	0.3%
Complications of Pregnancy	2,522	0.5%	2,841	0.5%	1,812	0.3%
Congenital Anomalies	1,022	0.2%	1,168	0.2%	945	0.2%
Delivery & Complications of Labor & Del.	1,624	0.3%	1,621	0.3%	928	0.2%
Conditions Influencing Health Status	1,664	0.3%	1,417	0.2%	682	0.1%
Liveborn Infants According to Birth type	798	0.1%	797	0.1%	446	0.1%
Certain Perinatal Conditions	244	0.0%	259	0.0%	308	0.1%
Supplemental Injury and Poisoning Classes	194	0.0%	234	0.0%	303	0.0%
Health Hazards Related to Family History	271	0.1%	316	0.1%	293	0.0%
Unspecified Health Services	10	0.0%	3	0.0%	1	0.0%
Other	41,305	7.7%	11,531	2.0%	42,865	7.0%
<b>TOTALS</b>	<b>536,935</b>	<b>100.0%</b>	<b>574,096</b>	<b>100.0%</b>	<b>608,307</b>	<b>100.0%</b>

Table 17 - Inpatient Admissions by Age and Sex

## Inpatient Admissions

## Outstate Providers

Age Group	Male	Female	Total	Percent
0-6	243	207	450	6.37%
6-17	216	237	453	6.42%
18-24	379	414	793	11.23%
25-54	2,011	2,071	4,082	57.81%
55-64	428	478	906	12.83%
65+	223	135	358	5.07%
Unknown	6	13	19	0.27%
<b>TOTALS</b>	<b>3,506</b>	<b>3,555</b>	<b>7,061</b>	<b>100.00%</b>

## Specialty Providers

Age Group	Male	Female	Total	Percent
0-6	87	67	154	34.37%
6-17	86	102	188	41.96%
18-24	17	13	30	6.70%
25-54	24	29	53	11.83%
55-64	2	9	11	2.46%
65+	2	5	7	1.56%
Unknown	1	4	5	1.12%
<b>TOTALS</b>	<b>219</b>	<b>229</b>	<b>448</b>	<b>100.00%</b>

## University Hospital

Age Group	Male	Female	Total	Percent
0-6	37	40	77	3.27%
6-17	14	20	34	1.44%
18-24	64	122	186	7.88%
25-54	649	856	1,505	63.83%
55-64	187	228	415	17.60%
65+	71	70	141	5.98%
Unknown	-	-	-	0.00%
<b>TOTALS</b>	<b>1,022</b>	<b>1,336</b>	<b>2,358</b>	<b>100.00%</b>

## Denver Health

Age Group	Male	Female	Total	Percent
0-6	192	146	338	6.34%
6-17	159	120	279	5.23%
18-24	223	169	392	7.35%
25-54	1,906	1,447	3,353	62.87%
55-64	302	229	531	9.96%
65+	250	190	440	8.25%
Unknown	-	-	-	0.00%
<b>TOTALS</b>	<b>3,032</b>	<b>2,301</b>	<b>5,333</b>	<b>100.00%</b>

## Grand Totals

Age Group	Male	Female	Total	Percent
0-6	559	460	1,019	6.70%
6-17	475	479	954	6.28%
18-24	683	718	1,401	9.22%
25-54	4,590	4,403	8,993	59.16%
55-64	919	944	1,863	12.26%
65+	546	400	946	6.22%
Unknown	7	17	24	0.16%
<b>TOTALS</b>	<b>7,779</b>	<b>7,421</b>	<b>15,200</b>	<b>100.00%</b>

Table 18 - Outpatient Activity by Age and Sex

<b>Outpatient Visits</b>				
<b>Outpatient Providers</b>				
<b>Age Group</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Percent</b>
0-6	6,917	6,382	13,299	5.06%
6-17	16,915	16,673	33,588	12.78%
18-24	7,235	19,729	26,964	10.26%
25-54	53,184	96,468	149,652	56.96%
55-64	9,242	24,483	33,725	12.84%
65+	2,440	2,760	5,200	1.98%
Unknown	149	163	312	0.12%
<b>TOTALS</b>	<b>96,082</b>	<b>166,658</b>	<b>262,740</b>	<b>100.00%</b>
<b>Specialty Providers</b>				
<b>Age Group</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Percent</b>
0-6	3,016	2,366	5,382	21.45%
6-17	6,284	5,755	12,039	47.99%
18-24	460	1,078	1,538	6.13%
25-54	1,503	3,015	4,518	18.01%
55-64	428	722	1,150	4.58%
65+	128	287	415	1.65%
Unknown	19	28	47	0.19%
<b>TOTALS</b>	<b>11,838</b>	<b>13,251</b>	<b>25,089</b>	<b>100.00%</b>
<b>University Hospital</b>				
<b>Age Group</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Percent</b>
0-6	264	189	453	0.50%
6-17	757	1,133	1,890	2.30%
18-24	2,479	4,976	7,455	8.90%
25-54	21,412	33,217	54,629	65.40%
55-64	4,787	8,496	13,283	15.90%
65+	2,009	3,862	5,871	7.00%
Unknown	3	1	4	0.00%
<b>TOTALS</b>	<b>31,711</b>	<b>51,874</b>	<b>83,585</b>	<b>100.00%</b>
<b>Denver Health</b>				
<b>Age Group</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Percent</b>
0-6	5,819	7,926	13,745	6.20%
6-17	8,071	10,994	19,065	8.60%
18-24	11,263	15,340	26,603	12.00%
25-54	54,905	74,785	129,690	58.50%
55-64	9,479	12,912	22,391	10.10%
65+	4,224	5,753	9,977	4.50%
Unknown	94	128	222	0.10%
<b>TOTALS</b>	<b>93,855</b>	<b>127,838</b>	<b>221,693</b>	<b>100.00%</b>
<b>Grand Totals</b>				
<b>Age Group</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Percent</b>
0-6	16,016	16,863	32,879	5.50%
6-17	32,027	34,555	66,582	11.20%
18-24	21,437	41,123	62,560	10.50%
25-54	131,004	207,485	338,489	57.10%
55-64	23,936	46,613	70,549	11.90%
65+	8,801	12,662	21,463	3.60%
Unknown	265	320	585	0.20%
<b>TOTALS</b>	<b>233,486</b>	<b>359,621</b>	<b>593,107</b>	<b>100.00%</b>

Table 19 - Utilization by Service Type

	CICP OUTSTATE & SPECIALTY PROVIDERS										TOTAL		
	Inpatient Discharges		Outpatient Visits		Emergency Room Visits		Transport		Urgent	Non-Urgent	Unknown	TOTAL	
	Urgent	Non-Urgent	Urgent	Non-Urgent	Urgent	Non-Urgent	Urgent	Non-Urgent					
<b>Clinic Providers</b>													
Children's Clinic	-	-	7	2,281	-	-	-	-	-	-	-	2,288	
Clinica Campesina	-	-	-	6,418	1	-	-	-	-	-	-	6,419	
Colorado Springs Osteopathic Foundation	-	-	3	2,518	-	-	1	-	-	-	-	2,522	
Columbine Family Health Center	-	-	1	2,824	-	-	-	-	-	-	-	2,825	
Commerce City Community Health Center	-	-	1	705	-	-	-	-	-	-	-	706	
Community Health Center, Inc.	-	-	-	70,135	-	-	-	-	-	-	-	70,135	
Community Health Clinic	-	-	201	360	-	-	-	-	-	-	8	569	
High Plains Community Health Center	-	-	1	1,241	-	-	-	-	-	-	-	1,242	
La Clinica del Valle	-	-	2	8,302	-	-	-	-	-	-	-	8,304	
La Clinica, Inc.	-	-	-	321	-	-	-	-	-	-	1	322	
Metropolitan Denver Provider Network	-	-	4	9,087	1	-	2	-	-	-	2	9,096	
People's Clinic	-	-	5	7,775	-	-	-	-	-	-	-	7,780	
Plan de Salud del Valle Clinics	-	-	-	2,126	-	-	-	-	-	-	18,652	20,778	
Pueblo Community Health Center	-	-	2,802	20,298	-	-	-	-	-	-	-	23,100	
Stout Street Clinic	-	-	8	15,337	-	-	-	-	-	-	-	15,345	
Sunrise Community Health Center	-	-	2	5,041	1	-	1	-	-	-	1	5,046	
Valley-Wide Health Services	-	-	-	20,319	-	-	-	-	-	-	-	20,319	
<b>TOTAL CICP OUTSTATE CLINIC</b>	-	-	<b>3,037</b>	<b>175,088</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>18,663</b>	<b>196,796</b>	
<b>Hospital Providers</b>													
Arkansas Valley Regional Medical Center	175	60	2,354	2,073	274	62	-	-	-	-	1	4,999	
Aspen Valley Hospital	14	1	34	4	16	-	-	-	-	-	-	69	
Avista Hospital	61	1	351	162	-	-	-	-	-	-	5	580	
Boulder Community Hospital	112	26	615	623	1	-	-	-	-	-	-	1,377	
Colorado Plains Medical Center	134	4	863	6	-	-	-	-	-	-	-	1,007	
Community Hospital	24	9	71	131	-	-	-	-	-	-	-	235	
Craig Rehabilitation Hospital	2	4	-	64	-	-	-	-	-	-	-	70	
Delta County Memorial Hospital	21	161	-	752	-	-	612	-	-	1	-	1,547	
Estes Park Medical Center	8	3	2	172	82	-	1	-	-	2	-	270	
Grand River Hospital District	33	2	30	517	168	-	-	-	-	5	-	755	
Gunnison Valley Hospital	13	19	88	334	-	-	-	-	-	-	-	454	
Huerfano Memorial Hospital	51	-	209	290	146	-	1	-	-	-	-	697	
Kremmling Memorial Hospital	14	-	1	-	20	-	-	-	-	-	-	35	
Lutheran Hospital	220	64	1,015	1,429	-	-	-	-	-	-	-	2,728	
Memorial Hospital	804	49	5,627	5,035	-	-	-	-	-	-	-	11,515	
Mercy Medical Center	163	51	320	589	-	-	-	-	-	-	-	1,123	
Montrose Memorial Hospital	109	78	52	1,822	144	452	-	-	-	-	-	2,657	
Mount San Rafael Hospital	19	24	127	469	-	-	-	-	-	-	-	639	
National Jewish Hospital	71	25	3	7,634	3	-	-	-	-	-	-	7,736	
North Colorado Medical Center	255	-	459	-	219	-	-	-	-	-	325	1,258	



CICP OUTSTATE & SPECIALTY PROVIDERS	Inpatient Discharges		Outpatient Visits		Emergency Room Visits		Transport		TOTAL
	Urgent	Non-Urgent	Urgent	Non-Urgent	Urgent	Non-Urgent	Urgent	Non-Urgent	
Parkview Episcopal Hospital	89	617	11	1,082	28	1,492	-	-	3,319
Petross-St. Francis HealthCare Systems	726	174	7,294	19	-	-	-	-	8,213
Poudre Valley Hospital	455	177	987	7,357	-	-	-	-	8,976
Prowers Medical Center	67	-	40	1	72	-	-	-	180
Rio Grande Hospital	10	-	3	115	31	-	-	-	159
Routt Memorial Hospital	53	-	9	-	1	-	-	-	63
Salida Hospital District	25	-	525	-	-	-	-	-	550
San Luis Valley Regional Medical Center	205	2	51	243	212	1	22	1	737
Southeast Colorado Hospital	12	1	16	128	68	-	1	-	226
Southwest Memorial Hospital	269	4	8	361	420	59	-	6	1,127
St. Mary-Corwin Hospital	202	165	849	3,931	-	-	-	-	5,147
St. Mary's Hospital	510	115	4,903	1,933	-	-	-	-	7,461
St. Thomas More Hospital	58	1	214	35	322	1	-	-	631
St. Vincent General Hospital	13	-	41	1	28	-	7	2	92
Sterling Regional MedCetner	16	83	149	1,250	-	-	-	-	1,498
The Memorial Hospital	55	1	272	405	-	-	-	-	733
Valley View Hospital	30	-	156	5	-	-	-	-	191
Weisbrod Memorial Hospital	1	-	-	-	1	-	-	-	2
Yuma District Hospital	7	4	45	221	-	-	-	-	277
Unknown	22	22	1	2	-	-	-	-	47
<b>TOTAL CICP OUTSTATE &amp; SPECIALTY HOSPITAL</b>	<b>5,128</b>	<b>1,947</b>	<b>27,795</b>	<b>39,195</b>	<b>2,256</b>	<b>2,679</b>	<b>32</b>	<b>1</b>	<b>347</b>
<b>TOTAL CICP OUTSTATE &amp; SPECIALTY FACILITIES</b>	<b>5,128</b>	<b>1,947</b>	<b>30,832</b>	<b>214,283</b>	<b>2,259</b>	<b>2,680</b>	<b>35</b>	<b>2</b>	<b>19,010</b>

Medicaid Disproportionate Share Hospitals										
Platte Valley Medical Center	46	36	895	355	-	-	-	-	-	1,332

Medicaid Disproportionate Share Specialty Hospitals										
The Children's Hospital	344	8	2,828	14,590	24	36	-	-	-	17,830
Denver Health	4,960	373	4,517	199,524	17,652	-	-	-	-	227,026
University Hospital	1,461	897	361	71,275	11,309	640	-	-	-	85,943

TOTAL MEDICAID DISPROPORTIONATE SHARE FACILITIES										
<b>TOTAL ALL PROVIDERS</b>	<b>11,939</b>	<b>3,261</b>	<b>39,433</b>	<b>500,027</b>	<b>31,244</b>	<b>3,356</b>	<b>35</b>	<b>2</b>	<b>19,010</b>	<b>608,307</b>

Table 20 - Utilization by Provider

	Visits	Admissions	Days	LOS
<b>CICP OUTSTATE &amp; SPECIALTY PROVIDERS</b>				
<i>Clinic Providers</i>				
Children's Clinic	2,288	-	-	-
Clinica Campesina	6,419	-	-	-
Colorado Springs Osteopathic Foundation	2,522	-	-	-
Columbine Family Health Center	2,825	-	-	-
Commerce City Community Health Center	706	-	-	-
Community Health Center, Inc.	70,135	-	-	-
Community Health Clinic	569	-	-	-
High Plains Community Health Center	1,242	-	-	-
La Clinica del Valle	8,304	-	-	-
La Clinica, Inc.	322	-	-	-
Metropolitan Denver Provider Network	9,096	-	-	-
People's Clinic	7,780	-	-	-
Plan de Salud del Valle Clinics	20,822	-	-	-
Pueblo Community Health Center	23,100	-	-	-
Stout Street Clinic	15,345	-	-	-
Sunrise Community Health Center	5,046	-	-	-
Valley-Wide Health Services	20,319	-	-	-
<b>TOTAL CICP OUTSTATE CLINIC</b>	<b>196,840</b>	<b>-</b>	<b>-</b>	<b>-</b>
<i>Hospital Providers</i>				
Arkansas Valley Regional Medical Center	4,763	236	698	2.96
Aspen Valley Hospital	54	15	54	3.60
Avista Hospital	517	63	140	2.22
Boulder Community Hospital	1,239	138	764	5.54
Colorado Plains Medical Center	869	138	450	3.26
Community Hospital	202	33	157	4.76
Craig Rehabilitation Hospital	64	6	188	31.33
Delta County Memorial Hospital	1,365	182	552	3.03
Estes Park Medical Center	258	12	19	1.58
Grand River Hospital District	720	35	73	2.09
Gunnison Valley Hospital	422	32	111	3.47
Huerfano Memorial Hospital	646	51	156	3.06
Kremmling Memorial Hospital	21	14	31	2.21
Lutheran Hospital	2,444	284	1,345	4.74
Mercy Hospital	10,662	853	4,370	5.12
Mercy Medical Center	909	214	922	4.31
Montrose Memorial Hospital	2,470	187	1,005	5.37
Mount San Rafael Hospital	596	43	131	3.05
National Jewish Hospital	7,640	96	544	5.67
North Colorado Medical Center	963	295	1,176	3.99

	Visits	Admissions	Days	LOS
Parkview Episcopal Hospital	2,613	706	3,814	5.40
Penrose-St. Francis HealthCare Systems	7,313	900	3,688	4.10
Poudre Valley Hospital	8,344	632	2,908	4.60
Prowers Medical Center	113	67	164	2.45
Rio Grande Hospital	149	10	22	2.20
Routt Memorial Hospital	10	53	141	2.66
Salida Hospital District	525	25	51	2.04
San Luis Valley Regional Medical Center	530	207	667	3.22
Southeast Colorado Hospital	213	13	86	6.62
Southwest Memorial Hospital	853	274	635	2.32
St. Mary-Conwin Hospital	4,780	367	1,615	4.40
St. Mary's Hospital	6,836	625	2,909	4.65
St. Thomas More Hospital	572	59	206	3.49
St. Vincent General Hospital	79	13	38	2.92
Sterling Regional MedCenter	1,399	99	376	3.80
The Memorial Hospital	677	56	142	2.54
Valley View Hospital	161	30	105	3.50
Weisbrod Memorial Hospital	1	1	1	1.00
Yuma District Hospital	266	11	21	1.91
Unknown	3	-	-	-
<b>TOTAL CIGP OUTSTATE &amp; SPECIALTY HOSPITAL</b>	<b>72,261</b>	<b>7,075</b>	<b>30,473</b>	<b>4.31</b>
<b>TOTAL CIGP OUTSTATE &amp; SPECIALTY FACILITIES</b>	<b>269,101</b>	<b>7,075</b>	<b>30,473</b>	<b>4.31</b>
<b>Medicaid Disproportionate Share Hospitals</b>				
Platte Valley Medical Center	1,250	82	186	2.27
<b>Medicaid Disproportionate Share Specialty Hospitals</b>				
The Children's Hospital	17,478	362	2,821	8.01
Denver Health	221,693	5,333	25,506	4.78
University Hospital	83,585	2,358	10,283	4.36
<b>TOTAL MEDICAID DISPROPORTIONATE SHARE FACILITIES</b>	<b>324,006</b>	<b>8,125</b>	<b>38,796</b>	<b>4.77</b>
<b>TOTAL ALL FACILITIES</b>	<b>693,107</b>	<b>15,200</b>	<b>69,269</b>	<b>4.56</b>