



COLORADO

COLORADO INDIGENT CARE PROGRAM

FY 1999 ANNUAL REPORT

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

James T. Rizzuto, Executive Director

March 1, 2000

Senator Mary Ellen Epps, Chairman
Senate HEWI Committee
State Capitol
200 E. Colfax Avenue
Denver, CO 80203

Dear Senator Epps:

The Medically Indigent/Colorado Indigent Care Program (CICP) Administration prepared this annual report pursuant to Section 26-15-105, C.R.S.

This report provides background information on FY99 statistics, utilization patterns, and an overview of the program features.

Major outcomes identified and discussed in this report include:

■ For the first time the Annual Report provides an unduplicated inpatient and outpatient count by age group and provider type (Table 16). Of the 149,097 individuals served children represented 16.45% of the total population served.

■ Claims were electronically submitted to the Department's new fiscal agent Consultec, Inc.

■ For the third year in a row, the final adjustments for FY99 resulted in Outstate Hospitals and Clinics receiving 30 percent of costs.

My Staff and I look forward to working with you to answer any questions concerning the Colorado Indigent Care Program.

Sincerely,

James T. Rizzuto
Executive Director

March 1, 2000

Representative Marcy Morrison, Chairman
House HEWI Committee
State Capitol
200 E. Colfax Avenue
Denver, CO 80203

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James T. Rizzuto
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Final financial and utilization data were provided by
Blue Cross Blue Shield,
Consultec, Inc.
and
Diamond Decisions, Inc.

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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 FY99, 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, medically indigent 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 (CICP).

The statute requires that CICP 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 CICP 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 September of 1998. The first session on September 8 provided an opportunity for the members to hear testimony on a variety of issues concerning the status of the medically indigent population in Colorado. The discussion ranged from universal coverage proposed by the Coalition for the Medically Undeserved, to the continued growth of the medically indigent and “self-pay” population experienced by our public hospitals. The solution to the problems ranged from recommending the expansion of Medicaid to recruiting community health care volunteers.

The second session on September 30 provided an opportunity for the members of the Committee to hear comments on proposed legislation for the 1999 General Assembly. The four bills

presented were 1) Guaranteed Medical Eligibility: Concerning a guaranteed period of eligibility for medical assistance for 12 months; 2) Children's Basic Health Plan: Concerning additional funds for the Children's Basic Health Plan and continuing the appropriation level; 3) Prenatal Care for Undocumented Aliens: Concerning prenatal care for undocumented aliens; and 4) Asset Test: Concerning the asset test for determining eligibility for children under the medical assistance program. No further business was discussed following the introduction of the proposed bills.

Following the September sessions, in January of 1999, HB99-1019, the Creation of the Colorado Health Care Task Force was introduced and passed. This legislation abolished the Joint Review Committee on the Medically Indigent and the Medical Assistance Reform Advisory Committee and replaced them with the **Colorado Health Care Task Force** (C.R.S.26-15-107). The Task Force is responsible for examining and making recommendations to the General Assembly concerning affordable health insurance coverage, for the constituents of Colorado.

The Committee will study:

- Emerging trends in Colorado health care and their impacts on consumers, including, but not limited to:
 - Changes in relationships among health care providers, patients, and payors;
 - Restrictions in health care options available to consumers;
 - Professional liability issues arising from such restrictions;
 - Medical and patient record confidentiality;
 - Health care work force requirements; and
- Home care in the continuum of care.
- The effect of recent shifts in the way health care is delivered and paid for;
- The ability of consumers to obtain and keep adequate, affordable health insurance coverage, including coverage for catastrophic illnesses;
- The effect of managed care on the ability of consumers to obtain timely access to quality care;
- The operation of the Program for the Medically Indigent in order to give guidance and direction to the Department of Health Care Policy and Financing in the development and operation of the program;
- The future trends for health care coverage rates for employees and employers;
- The role of public health programs and services;
- Social and financial costs and benefits of mandated health care coverage; and
- Costs and benefits of providing preventive care and early treatment for people with chronic illnesses whom may eventually need long-term care.

Representative Marcy Morrison chairs the Committee and the Vice-Chairman is Senator Mary Ellen Epps. The Colorado Legislative Council is charged with staffing the Task Force. To date the Medically Indigent program has not been scheduled to present before the Colorado Health Care Task Force.

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 transfer of the electronic claims submission process from the Department's fiscal agent Blue Cross Blue Shield to the new fiscal agent Consultec, Inc., effective October 1998 (however Consultec, Inc did not begin accepting electronic claims for the CICIP program until April, 1999);
- The Children's Basic Health Plan, which included discussion on the Request for Proposal (RFP) released in the fall of 1998 and awarded to the Child Health Advocates in January of 1999;
- The design of the Colorado Benefits Management System (CBMS) Project that will include the eligibility rules for the CICIP, all of the Medicaid services and the other statewide assistance programs. The RFP was released in March of 1999; and
- The Joint Application Redesign Project, a collaborative effort of Medicaid, CHP+, and CICIP. The purpose is to collapse the three applications into a single "user friendly" application that will provide eligibility determination information for the three programs.

Other issues included revisions to the CICIP contract manual, quarterly review of budgetary issues, potential legislative bills and other issues impacting the services 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) (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 30 % 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 CICP Program. Eligibility technicians complete applications. Providers determine eligibility for the program using the criteria developed by the CICP 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 an U.S. citizen or legal alien; or, 2) a migrant farm worker and an 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 CICP eligibility. Clients can have third party insurance, but these funds must be exhausted prior to the CICP 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 CICP, 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 eligibility 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 CICP clients cannot exceed 10% of the family’s “Total CICP 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 FY99

Family Size	N	A	B	C
1	\$0 - \$3,036	\$3,037 - \$4,991	\$4,992 - \$6,521	\$6,522 - \$8,050
2	\$0 - \$3,972	\$3,973 - \$6,727	\$6,728 - \$8,789	\$8,790 - \$10,850
3	\$0 - \$5,052	\$5,053 - \$8,463	\$8,464 - \$11,057	\$11,058 - \$13,650
4	\$0 - \$6,120	\$6,121 - \$10,199	\$10,200 - \$13,325	\$13,326 - \$16,450
5	\$0 - \$7,260	\$7,261 - \$11,935	\$11,936 - \$15,593	\$15,594 - \$19,250
6	\$0 - \$8,364	\$8,365 - \$13,671	\$13,672 - \$17,861	\$17,862 - \$22,050
7	\$0 - \$9,240	\$9,241 - \$15,407	\$15,408 - \$20,129	\$20,130 - \$24,850
8	\$0 - \$10,128	\$10,129 - \$17,143	\$17,144 - \$22,397	\$22,398 - \$27,650
Poverty Level *	AFDC Need Standard**	62%	81%	100%
Family Size	D	E	F	G
1	\$8,051 - \$9,419	\$9,420 - \$10,707	\$10,708 - \$12,800	\$12,801 - \$14,893
2	\$10,851 - \$12,695	\$12,696 - \$14,431	\$14,432 - \$17,252	\$17,253 - \$20,073
3	\$13,651 - \$15,971	\$15,972 - \$18,155	\$18,156 - \$21,704	\$21,705 - \$25,253
4	\$16,451 - \$19,247	\$19,248 - \$21,879	\$21,880 - \$26,156	\$26,157 - \$30,433
5	\$19,251 - \$22,523	\$22,524 - \$25,603	\$25,604 - \$30,608	\$30,609 - \$35,613
6	\$22,051 - \$25,799	\$25,800 - \$29,327	\$29,328 - \$35,060	\$35,061 - \$40,793
7	\$24,851 - \$29,075	\$29,076 - \$33,051	\$33,052 - \$39,512	\$39,513 - \$45,973
8	\$27,651 - \$32,351	\$32,352 - \$36,775	\$36,776 - \$43,964	\$43,965 - \$51,153
Poverty Level *	117%	133%	159%	185%
* Percent of federal poverty level which corresponds to the upper limit of income in each rating level, except for the N rating. ** "N" rates are based upon the Aid to Families with Dependent Children (AFDC) Standard of Assistance Chart, as established January 1, 1988 by the State of Colorado. This scale is based on the "one caretaker relative" family size.				

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	\$10	\$5
B	81%	\$103	\$44	\$10	\$5
C	100%	\$154	\$66	\$10	\$5
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	\$50	\$3

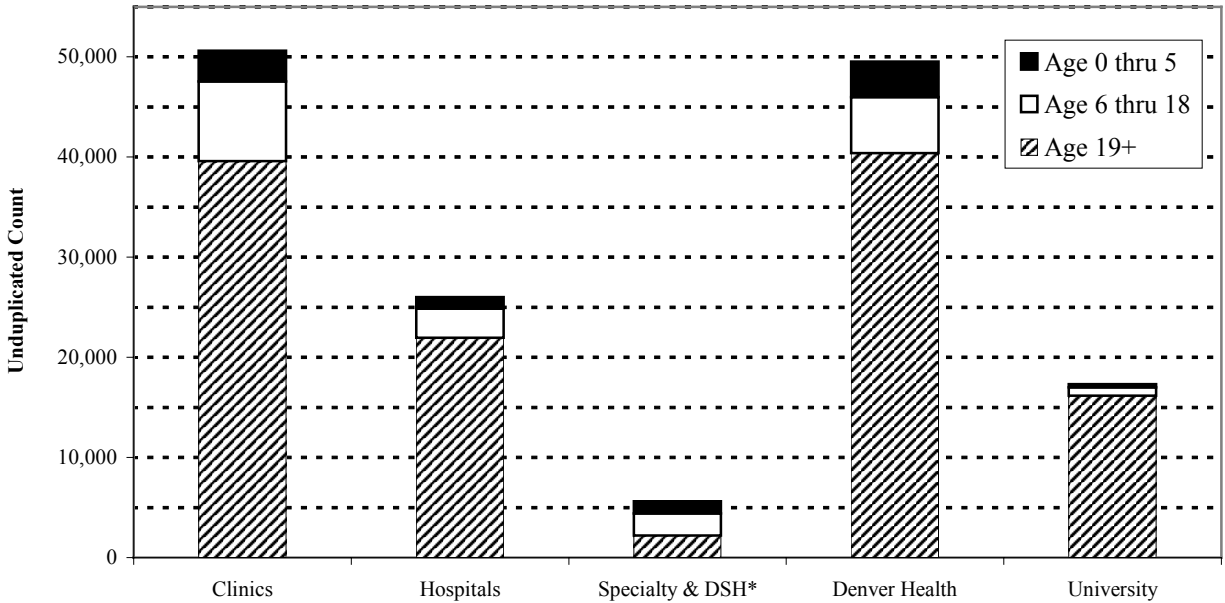
- (1) The annual copayment cap amount for “N” rated clients is \$120 per year.
- (2) “P” rated clients are pregnant women receiving outpatient prenatal care for up to 12 visits. The \$50 copayment covers all outpatient care provided during the 12 visits.
- (3) Some CICP inpatient facilities do not have 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.

CLIENTS SERVED

During FY 1999 149,097 individuals received services through the Colorado Indigent Care Program. The count was obtained by querying against each unique social security number that was present on the claims received. In those cases where an invalid Social Security number was present a manual review was conducted to eliminate duplicate records with a 95% accuracy.

Figure 1 - Total Unduplicated Count by Provider and Age Group

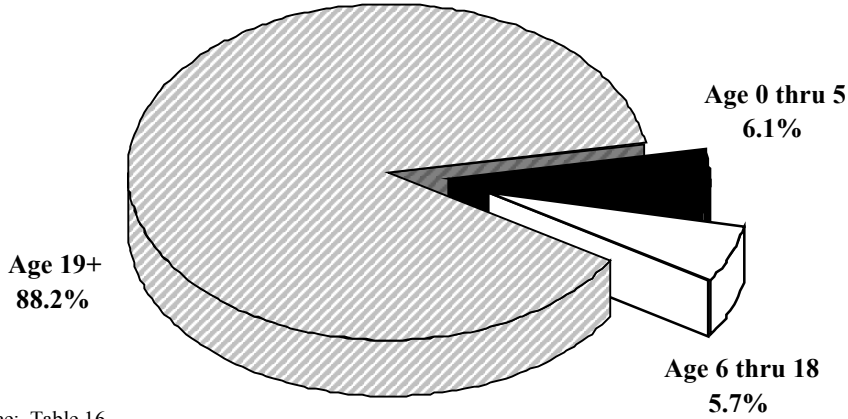


Source: Table 16. * Specialty hospitals include The Children Hospital and National Jewish Hospital. DSH Hospitals include San Luis Valley Regional Medical Center, Platte Valley Medical Center and Valley View Hospital.

The two largest providers were the Outstate clinics (34%) and Denver Health (33%) (see Figure 1). Table 16 provides a detailed overview by providers of the total number of individuals served by site. Overall, children (0-18) represented 16.45% of the total population serviced. The largest age group served during FY 2000 were those individuals between the ages of 18-54 years old.

INPATIENT ADMISSIONS

Figure 2 - Outstate Hospitals
Percent of Inpatient Unduplicated Count by Age Group

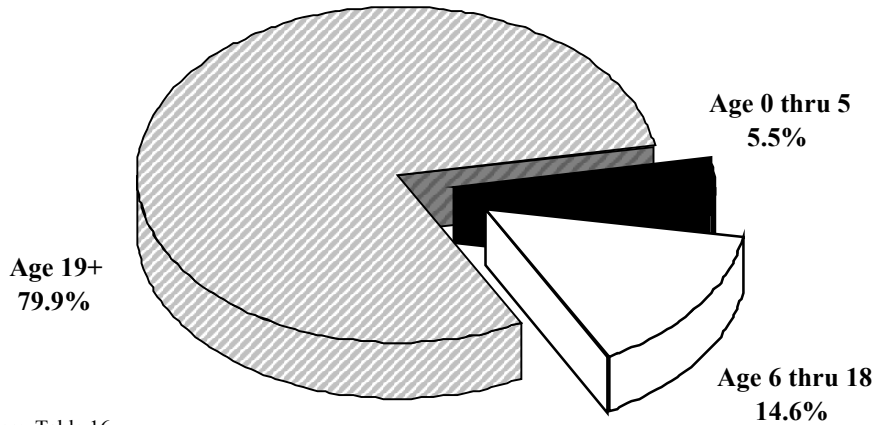


Source: Table 16

Children (0-18) receiving inpatient services through the CICP represented 11.78% of the 3,777 admissions to the Outstate hospitals (Figure 2). The total admissions through the CICP program were 9,923. Outstate hospitals provided 38.0% of total admissions statewide.

OUTPATIENT VISITS

Figure 3 - Outstate Providers
Percent of Outpatient Unduplicated Count by Age Group



Source: Table 16

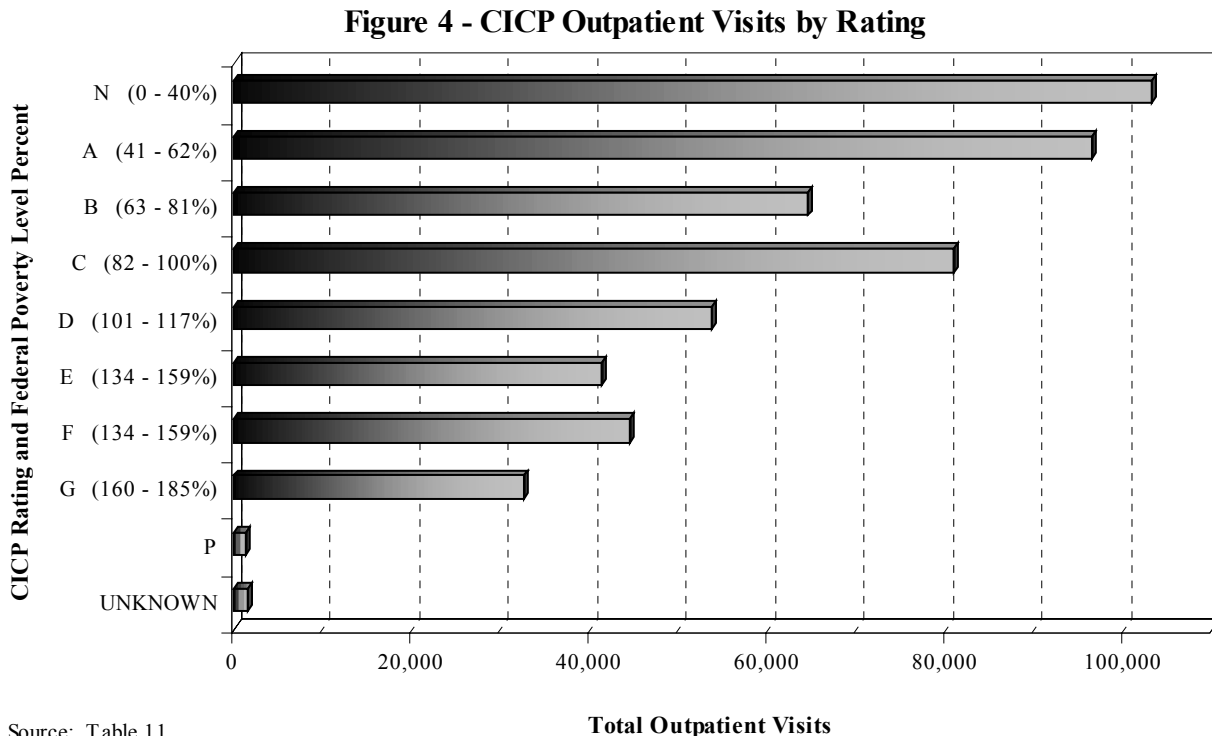
The clinics provided 75.43% of outpatient services to children compared to the hospitals at 24.57%. Overall, the Outstate providers (clinics and hospitals) saw slightly more than one half (52.35%) of the outpatient visits compared to the Medicaid DSH/Specialty hospitals at 47.65% (see Table 16).

CLIENT UTILIZATION

The 1997 Colorado Health Source Book reported that over 80% of the uninsured-working adults worked at least part-time between 1995 and 1997. These individuals usually are unable to afford commercial insurance or choose not to purchase health insurance offered by their employer; or the insurance only covers the individual employed. The following factors directly relate to the slight growth experienced by the CICIP providers and the utilization trends of clients served:

- CICIP providers in FY99 only served 25.75% of the 579,276 uninsured population reported in the 1997 Colorado Health Source Book. The Source Book states that of this population more than one third of these individuals with incomes under the federal poverty level (FPL) have no health insurance coverage of any type (e.g. \$ \$15,000 for a family of four at 100% of the FPL for FY96). In FY98 27.64% and FY97 22.3% were served of the same population.
- Total outpatient activity rose to 519,561 in FY99, which was a 0.66% increase from the FY98 figure of 516,176.
- For FY99, 97.6% of the total services rendered were for outpatient care; and
- During that same year 373,790 of all outpatient visits were provided to persons between the ages of 18-54.

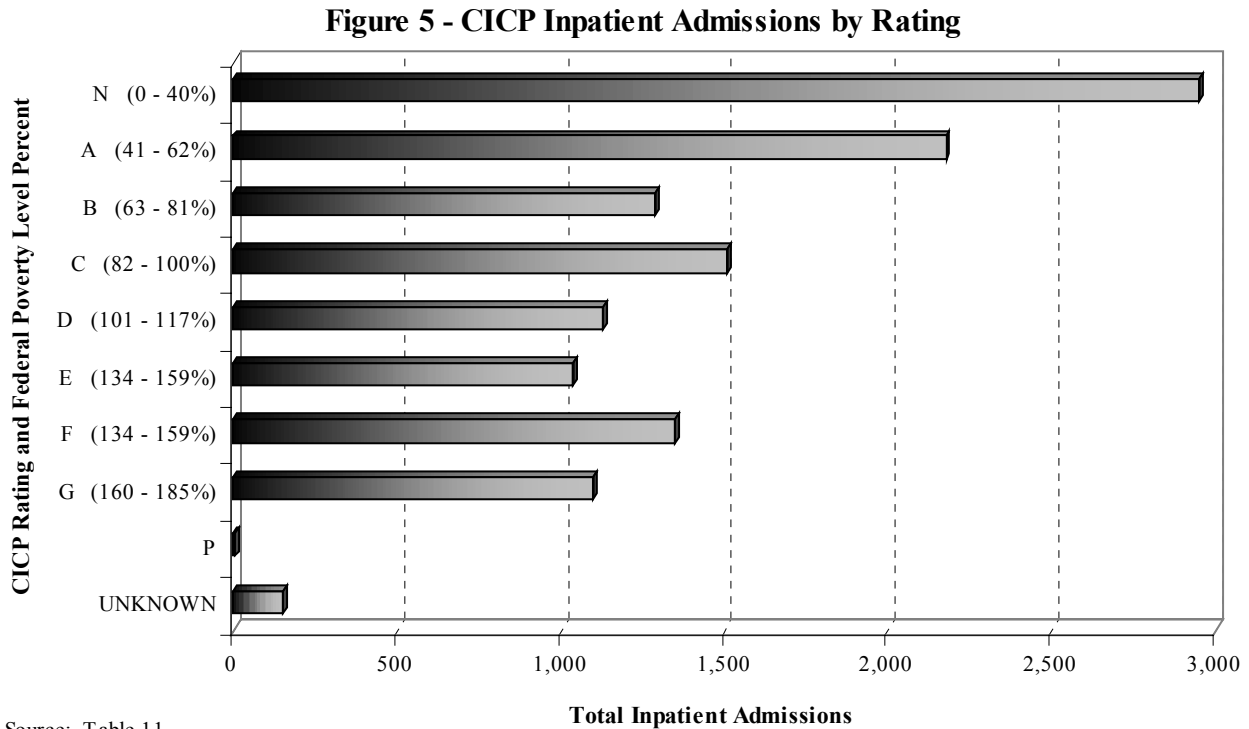
The following graph shows outpatient utilization by CICIP rating for FY99. The Federal Poverty Level (FPL) percentage that corresponds to each CICIP rate is also shown.



Source: Table 11

The graph on the previous page shows that persons with income and assets at 0 to 40 percent 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 FY99. Outstate and Denver Health providers rendered 46.98% and 40.00% respectively of the outpatient care in FY99 followed by University Hospital at 11.28%, and Specialty Hospitals at 1.74%.

The following graph shows the total inpatient admissions by CICP rating and FPL percentage for FY99.



Source: Table 11

The graph shows that inpatient services were rendered most frequently to individuals receiving an N rating (2,948) followed by an A (2,175) and a C (1,508) rating. Outstate providers rendered 40.59% of inpatient care followed by Denver Health at 38.80%, University Hospital at 18.6%; and Specialty Hospitals¹ at 2.02%.

A total of 149,097 clients (estimated unduplicated count²) received CICP services and utilized inpatient and outpatient care 532,237 times during FY99. This represents a 6.89% decrease in the number of clients served and a slight increase of .58% in utilization of services compared to FY98 (total utilization of 529,175 in FY98).

¹Specialty Hospitals includes utilization data from Children's Hospital and National Jewish Hospital.

²The unduplicated count of 149,097 was determined by the claims submitted to Blue Cross Blue Shield and Consultec, Inc. with a 95% confidence level and was adjusted by Denver Health for FY99.

DATA MANAGEMENT TECHNIQUES

Revised Data Management effective Fiscal Year 1998-1999

Data Collection at University of Colorado Health Sciences Center (UCHSC): The CICIP providers prior to FY97-98, submitted on a monthly basis, patient demographic and financial information to UCHSC. These claims were entered manually or downloaded by tape or disk. Claims were accepted at UCHSC without the SS#. Sources believe that prior years unduplicated client count was *understated* and was reported as “estimated” due to the probability of a reporting error. Unduplicated claims were verified using statistical models that matched the claim by the SS#, Name, and/or Provider Name.

Electronic Claims submission to Blue Cross Blue Shield (BCBS) and to Consultec, Inc.: For the first four months of FY99 (July 1, 1998 – November 20, 1998) the claims process system was with BCBS for acceptance of the CICIP electronic claims. From November 1998 through April 1999, providers were unable to submit claims electronically, due to the transition to Consultec, Inc. In April, Consultec began accepting claims. Each provider was required to test before their claims were accepted as “real claims.” At the end of May 1999, only four providers out of 67 were approved and submitting claims and as of August 64% were submitting claims. Providers were allowed to submit claims using the Automated Medical Payment (AMP)/DOS based software electronically or an electronic claims vendor service. Claims were submitted on a daily basis and acceptance/ rejected reports were available online within less than two hours. These reports were retrieved electronically. All claims were required to include a Social Security Number (SS#), date of birth, CICIP rating, county of residence and other features. Mandatory fields with missing information were rejected. In a few cases claims without an SS# were submitted with a patient account number.

Benefits of the New Electronic System: The new electronic claims processing system allows the Department to report more accurately the number of clients served based on receipt of claims now requiring a SS#. In addition, it is known that in the past there was a greater chance of including duplicate claims in the final count. This probability is less likely to occur given the statistical “scrubbing” now in place to insure data integrity. Claims are now matched using the SS#, Birth date, Date of Service, and charges reported.

Impact of Program Performance Statistics

Problems occurred during the Start-Up Process and Steps to Correct the Data: During the transition period from BCBS to Consultec, several electronic errors occurred that resulted in unreported claims and omissions of critical data elements from the claims (third party payments and patient liability information). Within one fiscal year, providers were required to work with two fiscal agents. However, as with the transition to BCBS and to Consultec, Inc. the Department acknowledges that not all claims were received for the entire fiscal year. Many providers chose not to submit any of their FY99 claims to BCBS and decided to wait until Consultec was accepting them. A level of frustration occurred when providers learned that they only had six months or less to submit an entire year of claims. Similar to FY98, providers were allowed an additional 30 days to submit FY99 claims (through October 29). In the event FY99 claims were not billed, providers can still submit them to the fiscal agent during FY2000. The lists of reasons for errors and slow start-ups range from incompatibility of equipment and software specifications, to limited qualified electronic information staff, especially in rural Colorado. Even with all the issues related to the integrity of the claims data, the Department received written sign-off from 82% of the 67 providers. Sign off is not required for year-end

reconciliation but given the electronic errors it was in the best interest of all parties to reach an agreement, if possible, on the data received. In November, every provider received a complete data set of all claims received to date. The report identified every claim received by the Department for the fiscal year. Of the 12 providers that did not send in their sign off pages (or fax them in), two of these providers presented issues to the Department on their submission and these issues were resolved to their satisfaction. The Department continues to anticipate an increase in the number of claims received during the FY2000, due to the *unreported claims* during FY99 that will now be transmitted to Consultec.

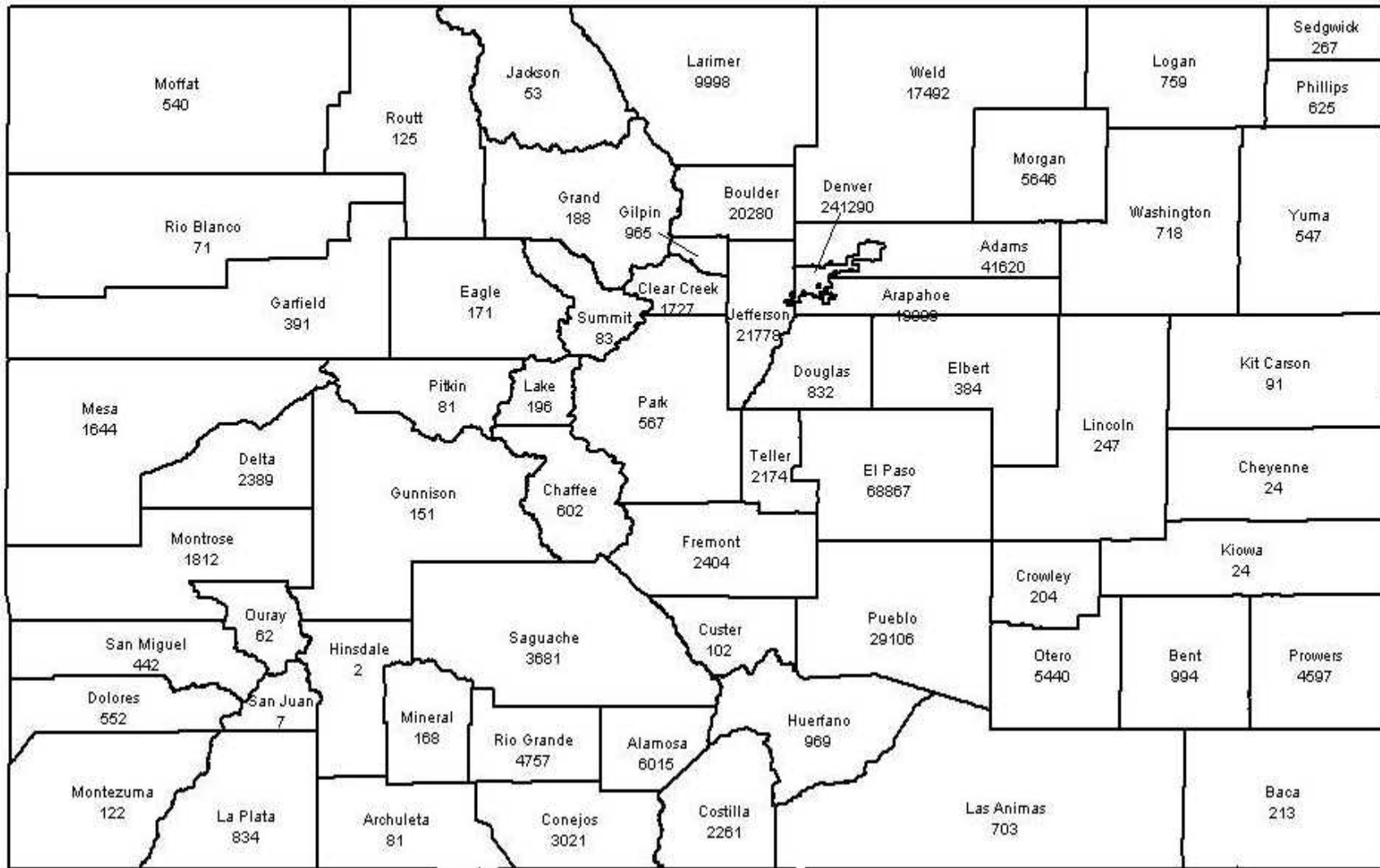
Steps taken to verify FY98-99 data received from BCBS and Consultec, Inc.: As stated to verify the data received the Department requested signature sign-off by each Chief Financial Officer (CFO) for the Individual Count, Utilization Count, Duplicate Claims and Total Charges reports. Each provider received a printout identifying client name, date of service, original charge and duplicate charges (matched by SS# and birth-date of all claims reported more than once). An additional function this year was to run the duplication check against those claims submitted to BCBS and Consultec, Inc. Denver Health, for the third year reported estimated financial and utilization data to the program (Denver Health's estimated numbers for FY97 were confirmed and audited internally). University Hospital provided detail claims records on a CD for FY99 CICP financial and utilization data.

Omissions of Third Party Payments and Patient Liability Payments on Electronic Claims: In FY98, 78% of the providers had not reported or had under reported Third Party Payments and Patient Liability payments. This year only seven providers had to have adjustments made to their data. To compensate for the missing data the Department applied a percentage using the FY98 reported payments for the two missing fields. Providers were notified that their year end reconciliation was based on an adjustment and were provided an opportunity to appeal the finding and payment to the Department.

Consultec, Inc. Proposed Phase II for the Colorado Indigent Care Program: Since April 1999 the CICP claims have not been included in the MMIS, which means the claims have not been processed at the same edit level for their thoroughness, nor setup for electronic payments as Medicaid claims. It is planned that this function will be implemented beginning late Spring of FY2000.

Colorado Indigent Care Program Utilization by County

532,237 Total Adults and Children Served



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 two sub-programs: Outstate and Medicaid/DSH providers. 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 two sub-programs, facilities in each sub-program, funding sources, and DSH versus non-DSH status.

Chart 1 - Comparison of CICP Sub-Programs FY99

CICP SUB-PROGRAMS	FACILITIES	CICP APPROPRIATION	DSH PROVIDER?
Clinics Hospitals	18 Clinics 42 Hospitals	Yes Yes	No Yes - CICP/DSH
DSH	Platte Valley Medical Center San Luis Valley Regional Medical Center Valley View Hospital	No	Yes - Medicaid/DSH
Denver Health	Denver Health, including 11 Clinics	Major Teaching Payments Only	Yes - Medicaid/DSH
Specialty Hospitals	National Jewish Center The Children's Hospital	No	Yes - Medicaid/DSH
University Hospital	University Hospital	Major Teaching Payments Only	Yes - Medicaid/DSH

For the purposes of this FY99 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.

2. Medicaid/DSH Providers

- DSH Hospitals – this includes Platte Valley Medical Center, San Luis Valley Regional Medical Center and Valley View Hospital.
- Specialty Indigent Care Program – this includes The Children’s Hospital and National Jewish Hospital (in addition to qualifying for the Specialty designation these providers also qualify for DSH payments).
- Denver Health – Denver Health including 11 neighborhood clinics.
- University Hospital – University Hospital.

FY99 PROVIDER PARTICIPATION

A total of 67 contract providers participated in the CICIP program. This included 49 hospitals, 18 clinics and 51 satellite facilities throughout the state (See Chart 2 and Map A for breakout). 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 CICIP Outstate providers. At the beginning of each contract year, providers submit **estimated** total annual charges for providing care to eligible CICIP 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 CICIP reimbursement percentage. This percentage is applied to each provider’s costs to determine the estimated annual reimbursement. The CICIP pays providers 1/12 of this amount each month.

Throughout the year, providers submit actual utilization data to the CICIP 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 CICIP/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 CICIP program to receive this reimbursement adjustment. The CICIP reimbursed Outstate providers **30% of costs for FY99, FY98 and FY97** compared to 29.50% of costs in FY96 and 21.05% of costs in FY95.

Chart 2 - Total CICIP Clinics and Hospitals by County

COUNTY	CLINICS	HOSPITALS	TOTALS FY 99	COUNTY	CLINICS	HOSPITALS	TOTALS FY 99
Adams	4	1	5	La Plata	0	1	1
Alamosa	3	2	5	Lake	0	1	1
Arapahoe	5	2	7	Larimer	3	3	6
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	4	2	6	Mesa	0	2	2
Chaffee	0	1	1	Mineral	0	0	0
Cheyenne	0	0	0	Moffat	0	1	1
Clear Creek	0	0	0	Montezuma	0	1	1
Conejos	1	1	2	Montrose	2	1	3
Costilla	0	0	0	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	1	1	2
Dolores	1	0	1	Pitkin	0	1	1
Douglas	0	0	0	Prowers	2	1	3
Eagle	0	0	0	Pueblo	3	2	5
El Paso	2	5	7	Rio Blanco	0	0	0
Elbert	0	0	0	Rio Grande	2	1	3
Fremont	1	1	2	Routt	0	1	1
Garfield	1	1	2	Saguache	2	0	2
Gilpin	1	0	1	San Juan	0	0	0
Grand	0	1	1	San Miguel	1	0	1
Gunnison	0	1	1	Sedgwick	1	1	2
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	4	1	5	Weld	5	2	7
Kiowa	0	0	0	Yuma	0	1	1
Kit Carson	0	0	0	Totals	67	51	118

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 FY99, there were seven Medicaid Disproportionate Share providers:

- The Children’s Hospital
- Denver Health
- National Jewish
- Platte Valley Medical Center
- San Luis Valley Regional Medical Center
- University Hospital
- Valley View Hospital

Table 3 shows total reimbursement to CICIP and Medicaid /DSH providers in FY99.

Table 3 - FY99 Net Reimbursement

CICP OUTSTATE		MEDICAID/DSH	
Outstate Clinic	\$4,830,387		
Outstate Hospitals	\$11,010,244	DSH Hospitals**	\$3,380,234
Total Outstate	\$15,840,631	Specialty Hospitals***	\$5,667,931
Denver Health*	\$9,682,774	Denver Health	\$46,383,041
University Hospital*	\$10,077,750	University Hospital	\$19,270,852
Total CICP Reimbursement	\$35,601,155	Total Medicaid/DSH Reimbursement	\$74,702,058

Source: Table 9

*This amount includes money from the CICIP FY99 Long Bill for Major Teaching Hospitals.

**DSH Hospitals for FY99 were San Luis Valley Regional Medical Center, Platte Valley Medical Center and Valley View Hospital.

***Specialty hospitals include The Children Hospital and National Jewish Hospital.

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 CICIP data are used to calculate each hospital’s share of uncompensated care to the uninsured and under-insured.

COLLECTION OF THIRD PARTY PAYMENTS

The CICIP Provider Audit Guidelines for FY98 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.

Providers are required to seek third party reimbursement before the account is charged to the CICIP. This requirement is described in the CICIP 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 CICP 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 CICP patients.

INPATIENT UTILIZATION

Table 4 reports the changes in CICP inpatient utilization from FY98 to FY99:

Table 4 - Comparison of FY98 and FY99 Inpatient Utilization

CICP PROGRAM	FY98 INPATIENT ADMISSIONS	FY99 INPATIENT ADMISSIONS	PERCENT CHANGE	FY98 INPATIENT DAYS	FY99 INPATIENT DAYS	PERCENT CHANGE
Outstate	5,847	4,750	-18.76%	23,019	18,099	-21.37%
DSH*	332	395	18.98%	813	978	20.30%
Specialty**	291	256	-12.03%	1,268	1,202	-5.21%
Denver Health	4,366	4,918	12.64%	22,325	23,151	3.70%
University	2,163	2,357	8.97%	9,092	9,364	2.99%
TOTALS	12,999	12,676	-2.48%	56,517	52,794	-6.59%

Source: CICP Analysis of Table 15 in FY98 and FY99 Annual Reports.

*DSH Hospitals for FY98 were San Luis Valley Regional Medical Center and Platte Valley Medical Center and for FY99 were San Luis Valley Regional Medical Center, Platte Valley Medical Center and Valley View Hospital.

**Specialty hospitals include The Children's Hospital and National Jewish Hospital for FY98 and FY99.

Trend: FY99 ended with a decline in inpatient admissions for the second year in a row. In FY97 inpatient admissions were reported at 15,200 admissions. Inpatient utilization fell 14.48% in FY98 and then another 2.48% in FY99. The Department is planning a review of this downward trend in both inpatient and outpatient utilization. However, a major determinate in these patterns may simply be better data collection methods or the confusion created with providers submitting claims to two different fiscal agents in the last two years. Beginning in FY98, all providers were required to submit their claims electronically to the Department's fiscal agent.

An analysis of Table 4 shows the following breakdown of all CICP inpatient admissions during FY99:

- Outstate Hospitals - 37.5%
- DSH – 3.1%
- Specialty Hospitals - 2.0%
- Denver Health – 38.8%
- University Hospital - 18.6%

The average length of stay (ALOS) has also been on the decline. The ALOS fell to 4.16 days in FY99. This followed a decline from 4.56 days in FY97 to 4.35 days in FY98.

OUTPATIENT UTILIZATION

Table 5 reports the changes in CICIP outpatient utilization from FY98 to FY99.

Table 5 - Comparison of FY98 and FY99 Outpatient Visits

CICIP SUB-PROGRAM	FY98 OUTPATIENT VISITS	FY99 OUTPATIENT VISITS	PERCENT CHANGE
Outstate Providers			
Clinics	173,737	189,107	8.85%
Hospitals	51,471	51,967	0.96%
Total Outstate	225,208	241,074	7.05%
DSH*	1,921	3,002	56.27%
Specialty**	10,163	9,022	-11.23%
Denver Health	217,570	207,844	-4.47%
University	61,314	58,619	-4.40%
TOTALS	516,176	519,561	0.66%

Source: CICIP Analysis of Table 15 from FY98 and FY99 Annual Reports.

*DSH Hospitals for FY98 were San Luis Valley Regional Medical Center and Platte Valley Medical Center and for FY99 were San Luis Valley Regional Medical Center, Platte Valley Medical Center and Valley View Hospital.

**Specialty hospitals include The Children's Hospital and National Jewish Hospital for FY98 and FY99.

Trend: In FY97, outpatient utilization was reported at 593,107 visits. The following fiscal year, total visits were down by 12.97%. There was a slight increase in FY99 of .66%, which has contributed to the significant growth experienced by the Outstate clinics during FY99. The Department has been informed that a contributing factor to the downward trend may be related to the strong economy that has created a workforce with earnings above the 185% Federal Poverty Level (FPL), which makes these individuals ineligible for the CICIP program. The result is a growing “Self-Pay” uninsured population from which providers are unable to recoup their health care costs. It is believed that this group falls between 185 – 200% of the FPL.

Table 5 shows the following breakdown of all CICIP outpatient care during FY99:

- Outstate Clinics - 33.6%
- Outstate Hospitals - 10.0%
- DSH - .4%
- Specialty Hospitals - 2.0%
- Denver Health - 42.1%
- University Hospital - 11.9%

REIMBURSEMENT PER INPATIENT DAY

Table 6 reports inpatient days by sub-program for FY99. 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 6 - Reimbursement per Inpatient Day

CICP SUB-PROGRAM	FY99 INPATIENT DAYS	TOTAL NET CICP INPATIENT REIMBURSEMENT	NET CICP REIMBURSEMENT PER INPATIENT DAY
Outstate Providers			
Clinics	N/A	N/A	N/A
Hospitals	18,099	\$7,051,842	\$389.63
Total Outstate	18,099	\$7,051,842	\$389.63
MEDICAID/DSH	FY99 INPATIENT DAYS	TOTAL NET CICP INPATIENT REIMBURSEMENT	NET CICP REIMBURSEMENT PER INPATIENT DAY
DSH	978	\$1,701,207	\$1,739.48
Specialty	1,202	\$2,718,467	\$2,261.62
Denver Health	23,151	\$28,058,930	\$1,212.00
University	9,364	\$17,491,047	\$1,867.90
SOURCE: CICP Analysis of Tables 8, 9 and 15.			
CICP SUB-PROGRAMS: Percentage of inpatient charges times estimated inpatient net reimbursement divided by the number of inpatient days.			
MEDICAID/DSH: Bad debt is included for the Medicaid/DSH hospitals for the net reimbursement. This includes debt incurred for CICP clients and self-pay patients.			

From FY98³ to FY99 the number of inpatient days for Outstate hospitals fell 21.4%, while net CICP reimbursement per inpatient day rose 12.2% to reach \$389.63. The number of inpatient days also fell slightly in Specialty Hospital, while Denver Health reported a 3.7% increase and University Hospital had a 3.0% increase for inpatient days in FY99.

³ Previous reported figures for FY98 total net CICP inpatient reimbursement and net CICP reimbursement per inpatient day were incorrect. Revised figure in Net CICP Reimbursement per Inpatient Day was \$347.31 for Outstate Hospitals.

REIMBURSEMENT PER OUTPATIENT VISIT

Table 7 reports outpatient visits and reimbursement payments by CICP sub-program Outstate and Medicaid/DSH during FY99.

Table 7 - Reimbursement per Outpatient Visit

CICP SUB-PROGRAM	FY99 OUTPATIENT VISIT	TOTAL NET CICP OUTPATIENT REIMBURSEMENT	NET CICP REIMBURSEMENT PER OUTPATIENT VISIT
Outstate			
Clinics	189,107	\$4,830,387	\$25.54
Hospitals	51,967	\$3,958,402	\$76.17
Total Outstate	241,074	\$8,788,789	\$36.46
MEDICAID/DSH	FY99 OUTPATIENT VISITS	TOTAL NET CICP OUTPATIENT REIMBURSEMENT	NET CICP REIMBURSEMENT PER OUTPATIENT VISIT
DSH	3,002	\$1,679,027	\$559.30
Specialty	9,022	\$2,949,464	\$326.92
Denver Health	207,844	\$28,006,885	\$134.75
University	58,619	\$11,857,555	\$202.28
Source: CICP analysis of Tables 8, 9, and 15.			
CICP SUB-PROGRAMS: Percentage of outpatient charges times estimated outpatient net reimbursement divided by the number of visits.			
MEDICAID/DSH: Bad debt is included for the Medicaid/DSH hospitals for the net reimbursement. This includes debt incurred for CICP clients and self-pay patients.			

From FY98⁴ to FY99 the number of outpatient visits for Outstate clinics rose 8.8%, while net CICP reimbursement per outpatient visit rose 5.3% to reach \$25.54. The number of outpatient visits also fell slightly in Outstate hospitals and their net CICP reimbursement per outpatient visit rose 1.6%. Specialty Hospitals, Denver Health and University Hospital all posted declines in their outpatient visits since FY98. Denver Health’s outpatient visits fell by 4.5% and University Hospitals’ outpatient visits declined by 4.4%.

⁴ Previous reported figures for FY98 total net CICP outpatient reimbursement and net CICP reimbursement per outpatient visit were incorrect. Revised figures in Net CICP Reimbursement per Inpatient Day were \$35.84 for Outstate Hospitals and \$74.95 Outstate Clinics.

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 - 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 Specialty and Outstate hospital line. A supplemental request from the Department for FY97 to maintain the existing funding level of 30% for Outstate programs was approved.

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

FY99 Funding - The Specialty and Outstate programs were appropriated less than a 1% increase for FY99 (General Funds \$12,218,067 and Federal Funds \$7,891,510 for a total of \$20,109,577) The FY99 Medically Indigent Budget was reduced by \$2,749,728 (General Fund \$1,366,411 and Federal Funds \$1,383,318) in January 1999. This reduction was directly related to the actual payments reported during FY1997-98, which showed a decrease in the overall utilization compared to the estimated costs submitted early that year to the Joint Budget Committee. The reduction maintained the reimbursement level at 30 percent of costs.

FY2000 Funding – The Specialty and Outstate programs appropriation proposed at \$18,662,351 for FY2000 was reduced. This adjustment was to cover the estimated number of children enrolling from the Medically Indigent Program to the Child Health Plan Plus program, \$2,368,026 was reduced from the MI appropriation. The final adjusted figure for FY2000 was \$16,294,325 (General Fund \$9,681,862 and Federal Funds \$6,612,463).

VI. PROGRAM ADMINISTRATION

REPORTING REQUIREMENTS

The CICIP Provider Audit Guidelines for FY99 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 CICIP'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 CICIP:

External Audit: If a provider's total write-off charges to the CICIP 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 CICIP. 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 CICIP fiscal year (June 30).

PREVENTION OF FRAUD BY RECIPIENTS AND PROVIDERS

At the time of application, each CICIP 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 CICIP.

PRIORITIES AMONG MEDICAL SERVICES RENDERED AS RELATED TO RESOURCES AVAILABLE

The legislation authorizing CICP, 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 CICP providers.

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.

A major Department effort for the past year has been to inform families of the Child Health Plan Plus, a health insurance plan available to families with income under 185% of the Federal Poverty Level. Many of the CICIP providers also participate as an enrollment site for the Child Health Plan Plus (CHP+) program. Providers are encouraged to educate families on the benefits of the CHP+ program. It is anticipated that the CICIP program will serve fewer children each year as more children gradually enroll into the CHP+ program (actual number of children transferring from CICIP to CHP+ is not available at this time).

Background: The 1997 Balanced Budget Act provided states with the opportunity to receive federal funding to provide subsidized health insurance to low-income children. The federal authorization falls under Title XXI of the Social Security Act (P.L. 105-100), known as the Children's Health Insurance Program (CHIP). Legislation passed in Colorado in 1997 and 1998 (26-19-101 et seq. C.R.S.) that provided authority to implement Colorado's program, the Children's Basic Health Plan (CBHP), marketed as the Child Health Plan Plus (CHP+). Colorado submitted its Title XXI State Plan to the federal Health Care Financing Administration on October 13, 1997 (the first state in the country to submit a non-Medicaid Expansion State Plan) and obtained approval on February 18, 1998. The Children's Basic Health Plan provides subsidized comprehensive health insurance for Colorado children at or below 185% of the Federal Poverty Level. The comprehensive health benefits package covers inpatient and outpatient services, including preventative care, prescription drugs, limited vision and hearing services, and limited mental health and substance abuse services. Participating families are required to pay monthly premiums and co-payments similar to a private commercial product, except those premiums are subsidized based upon income level.

In the FY 2000 first quarterly report, the Department reported an average monthly caseload of 12,825 children for the new Child Health Plus (CHP+) for FY 1999, and an average monthly caseload of 2,896 children in the final year of the old Colorado Child Health Plan. This produced a total average monthly enrollment of 15,721. These data were based upon actual enrollment data for FY 1999.

The fiscal year-end enrollment for 1999 was 18,436, which is over 25% of the number of estimated eligibles in Colorado. The Department projected an average monthly enrollment for FY 2000 of 24,808, with 21,962 children projected to be enrolled in November 1999, and 29,627 children projected by June 2000.

The Department's projection of health care costs for FY2000 is \$20,028,780 (excluding the risk pool). However, health care costs may vary based upon the age distribution of participants in the HMO network and the actual claims costs in the Fee for Service network.

The average cost per child is \$780.00 per year (\$65.00 per member per month), not including expenditures from the risk-pool, if any, and assumes an estimated annual caseload of 33,119 children.

The Department of Health Care Policy and Financing is financially and programmatically accountable for the operation of the Children's Basic Health Plan. The Department is statutorily required to contract specific functions to private entities including outreach, marketing, eligibility determination and enrollment (26-19-111 (2) C.R.S.).

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

Eligibility On Line: 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 Colorado Indigent Care Program has been included in the design of this system and was included in the RFP. It was released in March of 1999, and a bid was accepted. The Department with the Department of Human Services is under negotiation with the bidder at this time. A central registry may be reality by the year 2003.

VIII. FINANCIAL TABLES

Table 8 - Inpatient and Outpatient Charges

Providers	Non-Urgent Outpatient Charges	Non-Urgent Inpatient Charges	Urgent Outpatient Charges	Urgent Inpatient Charges	Total Outpatient Charges	Total Inpatient Charges	Grand Total Charges
Clinic Providers							
Children's Clinic	\$3,421	\$0	\$0	\$0	\$3,421	\$0	\$3,421
Clinica Campesina	\$560,167	\$0	\$191	\$0	\$560,358	\$0	\$560,358
Colorado Coalition for the Homeless	\$1,242,019	\$0	\$525,149	\$0	\$1,767,168	\$0	\$1,767,168
Colorado Springs Osteopathic Foundation	\$147,849	\$0	\$54,824	\$0	\$202,673	\$0	\$202,673
Columbine Family Health Center	\$253,460	\$0	\$52,321	\$0	\$305,780	\$0	\$305,780
Commerce City Community Health Center	\$7,924	\$0	\$0	\$0	\$7,924	\$0	\$7,924
Community Health Center, Inc.	\$5,693,303	\$0	\$0	\$0	\$5,693,303	\$0	\$5,693,303
Community Health Clinic	\$19,020	\$0	\$3,311	\$0	\$22,331	\$0	\$22,331
High Plains Community Health Center	\$218,700	\$0	\$32,795	\$0	\$251,495	\$0	\$251,495
La Clinica, Inc.	\$9,666	\$0	\$0	\$0	\$9,666	\$0	\$9,666
Metropolitan Denver Provider Network	\$1,354,044	\$0	\$0	\$0	\$1,354,044	\$0	\$1,354,044
Monfort Children's Clinic	\$10,779	\$0	\$0	\$0	\$10,779	\$0	\$10,779
People's Clinic	\$849,539	\$0	\$0	\$0	\$849,539	\$0	\$849,539
Pueblo Community Health Center	\$1,229,017	\$0	\$0	\$0	\$1,229,017	\$0	\$1,229,017
Salud Family Health Centers	\$2,577,770	\$0	\$156	\$0	\$2,577,926	\$0	\$2,577,926
Sunrise Community Health Center	\$1,084,356	\$0	\$1,579	\$0	\$1,085,935	\$0	\$1,085,935
Uncompahgre Combined Clinics	\$38,579	\$0	\$185	\$0	\$38,764	\$0	\$38,764
Valley-Wide Health Services	\$1,796,626	\$0	\$17,931	\$0	\$1,814,556	\$0	\$1,814,556
TOTAL CICP OUTSTATE CLINICS	\$17,096,238	\$0	\$688,441	\$0	\$17,784,679	\$0	\$17,784,679
Hospitals Providers							
Arkansas Valley Regional Medical Center	\$653,555	\$273,413	\$487,098	\$599,595	\$1,140,653	\$873,008	\$2,013,660
Aspen Valley Hospital	\$0	\$0	\$112,252	\$116,243	\$112,252	\$116,243	\$228,494
Avista Hospital	\$90,868	\$85,387	\$76,589	\$310,091	\$167,458	\$395,478	\$562,936
Boulder Community Hospital	\$295,254	\$182,982	\$237,849	\$579,516	\$533,103	\$762,497	\$1,295,600
Colorado Plains Medical Center	\$2,519	\$8,664	\$254,293	\$521,034	\$256,811	\$529,698	\$786,510
Community Hospital	\$44,964	\$22,959	\$27,551	\$40,831	\$72,515	\$63,790	\$136,305
Conejos County Hospital	\$0	\$0	\$8,882	\$26,466	\$8,882	\$26,466	\$35,348
Craig Rehabilitation Hospital	\$83,692	\$288,404	\$0	\$0	\$83,692	\$288,404	\$372,095
Delta County Memorial Hospital	\$328,790	\$357,951	\$252,347	\$560,236	\$581,137	\$918,187	\$1,499,324
Estes Park Medical Center	\$60,642	\$1,425	\$42,143	\$100,192	\$102,785	\$101,618	\$204,403
Exempla Lutheran Medical Center	\$774,281	\$705,570	\$149,584	\$1,778,668	\$923,865	\$2,484,238	\$3,408,103

Table 8 - Inpatient and Outpatient Charges

Providers	Non-Urgent Outpatient Charges	Non-Urgent Inpatient Charges	Urgent Outpatient Charges	Urgent Inpatient Charges	Total Outpatient Charges	Total Inpatient Charges	Grand Total Charges
Grand River Hospital District	\$36,371	\$5,638	\$21,102	\$112,142	\$57,473	\$117,780	\$175,254
Gunnison Valley Hospital	\$12,698	\$17,663	\$40,605	\$0	\$53,303	\$17,663	\$70,965
Healthone Medical Center of Aurora	\$1,107	\$107,726	\$142,942	\$348,778	\$144,048	\$456,504	\$600,553
Heart of the Rockies Regional Medical Center	\$5,916	\$11,213	\$207,299	\$85,383	\$213,215	\$96,596	\$309,810
Huerfano Memorial Hospital	\$20,077	\$18,752	\$254,167	\$207,891	\$274,244	\$226,643	\$500,887
Kremmling Memorial Hospital	\$258	\$1,246	\$0	\$0	\$258	\$1,246	\$1,504
Longmont United Hospital	\$281,535	\$285,805	\$160,815	\$607,847	\$442,350	\$893,652	\$1,336,002
McKee Medical Center	\$83,253	\$43,200	\$65,812	\$229,676	\$149,065	\$272,876	\$421,941
Melissa Memorial	\$1,998	\$0	\$66,113	\$46,178	\$68,111	\$46,178	\$114,289
Memorial Hospital	\$2,533,975	\$1,641,686	\$973,437	\$3,680,499	\$3,507,412	\$5,322,184	\$8,829,596
Mercy Medical Center	\$255,219	\$370,883	\$271,056	\$843,114	\$526,275	\$1,213,997	\$1,740,272
Montrose Memorial Hospital	\$491,625	\$459,849	\$407,206	\$671,467	\$898,832	\$1,131,317	\$2,030,148
Mount San Rafael Hospital	\$92,678	\$124,613	\$73,848	\$101,847	\$166,527	\$226,460	\$392,987
North Colorado Medical Center	\$635,453	\$963,022	\$497,919	\$1,918,448	\$1,133,372	\$2,881,470	\$4,014,842
Parkview Medical Center	\$1,025,747	\$1,655,888	\$1,359,434	\$4,322,259	\$2,385,181	\$5,978,147	\$8,363,328
Penrose-St. Francis HealthCare Systems	\$437,061	\$1,354,133	\$2,130,047	\$5,557,936	\$2,567,108	\$6,912,069	\$9,479,177
Poudre Valley Hospital	\$1,291,466	\$687,233	\$699,207	\$2,319,120	\$1,990,673	\$3,006,353	\$4,997,026
Prowers Medical Center	\$218,041	\$232,564	\$112,542	\$229,726	\$330,583	\$462,290	\$792,873
Rio Grande Hospital	\$0	\$0	\$117,489	\$101,587	\$117,489	\$101,587	\$219,076
Routt Memorial Hospital	\$6,339	\$0	\$121,658	\$140,422	\$127,996	\$140,422	\$268,418
Sedgwick County Health Center	\$22,967	\$2,415	\$2,587	\$2,596	\$25,554	\$5,011	\$30,566
Southeast Colorado Hospital	\$25,447	\$0	\$35,537	\$16,783	\$60,984	\$16,783	\$77,767
Southwest Memorial Hospital	\$335,661	\$188,491	\$147,742	\$507,325	\$483,403	\$695,817	\$1,179,220
St. Mary-Corwin Hospital	\$793,393	\$972,806	\$2,484,698	\$3,107,695	\$3,278,091	\$4,080,501	\$7,358,593
St. Mary's Hospital	\$630,252	\$386,716	\$364,540	\$2,004,013	\$994,792	\$2,390,730	\$3,385,521
St. Thomas More Hospital	\$307,067	\$159,010	\$172,097	\$457,274	\$479,164	\$616,284	\$1,095,448
St. Vincent General Hospital	\$0	\$0	\$51,965	\$87,845	\$51,965	\$87,845	\$139,810
Sterling Regional Medical Center	\$53,136	\$122,573	\$120,979	\$78,270	\$174,114	\$200,843	\$374,957
The Memorial Hospital	\$121,910	\$23,544	\$218,232	\$324,525	\$340,142	\$348,069	\$688,211
The Springs Center for Women	\$370	\$73,028	\$17,536	\$175,689	\$17,906	\$248,716	\$266,622
Yuma District Hospital	\$68,000	\$0	\$32,088	\$36,045	\$100,087	\$36,045	\$136,132
TOTAL CICP OUTSTATE HOSPITALS	\$12,123,582	\$11,836,452	\$13,019,288	\$32,955,250	\$25,142,869	\$44,791,702	\$69,934,572
TOTAL CICP OUTSTATE	\$29,219,819	\$11,836,452	\$13,707,729	\$32,955,250	\$42,927,548	\$44,791,702	\$87,719,251

Table 8 - Inpatient and Outpatient Charges

Providers	Non-Urgent Outpatient Charges	Non-Urgent Inpatient Charges	Urgent Outpatient Charges	Urgent Inpatient Charges	Total Outpatient Charges	Total Inpatient Charges	Grand Total Charges
Medicaid Disproportionate Share Hospitals							
Platte Valley Medical Center	\$589,167	\$284,434	\$836,868	\$644,432	\$1,426,036	\$928,866	\$2,354,902
San Luis Valley Regional Medical Center	\$392,850	\$518,149	\$306,911	\$611,650	\$699,761	\$1,129,799	\$1,829,561
Valley View Hospital	\$27,868	\$8,428	\$86,439	\$202,604	\$114,307	\$211,031	\$325,338
Medicaid Disproportionate Share Specialty Hospitals							
National Jewish Medical and Research Center	\$1,705,876	\$98,383	\$10,283	\$148,993	\$1,716,160	\$247,375	\$1,963,535
The Children's Hospital	\$438,523	\$1,247,207	\$1,399,887	\$1,781,600	\$1,838,410	\$3,028,806	\$4,867,216
Denver Health and Hospital (1)	\$46,407,966	\$4,901,304	\$13,333,314	\$54,950,991	\$59,741,279	\$59,852,295	\$119,593,575
University Hospital (2)	\$17,923,665	\$9,753,574	\$4,572,393	\$23,430,303	\$22,496,059	\$33,183,876	\$55,679,935
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	\$67,485,916	\$16,811,478	\$20,546,096	\$81,770,572	\$88,032,012	\$98,582,050	\$186,614,061
TOTAL ALL CICP PROVIDERS	\$96,705,735	\$28,647,930	\$34,253,825	\$114,725,822	\$130,959,560	\$143,373,752	\$274,333,312

(1) Outpatient pharmacy charges have been added in non-urgent outpatient charges, ambulance charges have been added in urgent outpatient charges, demographic information for ambulance has been estimated based on all other outpatient activity. The urgent/non-urgent breakout is based on the most recent population sample.

(2) Does not include pharmacy and University Physician Inc. charges.

Table 9 - Total Financial Activity and CICIP Reimbursement

Providers	Total Charges	Total Third Party Payments	Total Patient Liability	Total Write-Off Charges	Write-Off Costs	CICIP Major Teaching Payment	Total Net Reimbursement
Clinic Providers							
Children's Clinic	\$3,421	\$0	\$199	\$3,222	\$3,222	\$0	\$967
Clinica Campesina	\$560,358	\$0	\$61,476	\$498,882	\$498,882	\$0	\$149,665
Colorado Coalition for the Homeless	\$1,767,168	\$11,448	\$0	\$1,755,720	\$1,755,720	\$0	\$526,716
Colorado Springs Osteopathic Foundation	\$202,673	\$2,014	\$23,282	\$177,377	\$177,377	\$0	\$53,213
Columbine Family Health Center	\$305,780	\$0	\$27,520	\$278,260	\$278,260	\$0	\$83,478
Commerce City Community Health Center	\$7,924	\$0	\$1,210	\$6,714	\$6,714	\$0	\$2,014
Community Health Center, Inc.	\$5,693,303	\$100,193	\$636,503	\$4,956,607	\$4,956,754	\$0	\$1,487,026
Community Health Clinic	\$22,331	\$1,051	\$5,179	\$16,101	\$16,101	\$0	\$4,830
High Plains Community Health Center	\$251,495	\$280	\$13,351	\$237,864	\$237,864	\$0	\$71,359
La Clinica, Inc.	\$9,666	\$0	\$1,415	\$8,251	\$8,251	\$0	\$2,475
Metropolitan Denver Provider Network	\$1,354,044	\$0	\$58,798	\$1,295,246	\$1,295,246	\$0	\$388,574
Monfort Children's Clinic	\$10,779	\$0	\$100	\$10,679	\$10,679	\$0	\$3,204
People's Clinic	\$849,539	\$0	\$83,794	\$765,744	\$765,744	\$0	\$229,723
Pueblo Community Health Center	\$1,229,017	\$0	\$137,539	\$1,091,478	\$1,091,478	\$0	\$327,443
Salud Family Health Centers	\$2,577,926	\$0	\$285,360	\$2,292,566	\$2,292,566	\$0	\$687,770
Sunrise Community Health Center	\$1,085,935	\$778	\$81,501	\$1,003,656	\$1,003,656	\$0	\$301,097
Uncompahgre Combined Clinics	\$38,764	\$1,379	\$2,450	\$34,935	\$34,935	\$0	\$10,481
Valley-Wide Health Services	\$1,814,556	\$0	\$146,713	\$1,667,843	\$1,667,843	\$0	\$500,353
TOTAL CICIP OUTSTATE CLINICS	\$17,784,679	\$117,143	\$1,566,392	\$16,101,144	\$16,101,291	\$0	\$4,830,387
Hospitals Providers							
Arkansas Valley Regional Medical Center	\$2,013,660	\$471,408	\$30,168	\$1,512,085	\$1,167,178	\$0	\$350,153
Aspen Valley Hospital	\$228,494	\$4,581	\$2,318	\$221,595	\$221,595	\$0	\$66,478
Avista Hospital	\$562,936	\$3,848	\$21,955	\$537,133	\$292,523	\$0	\$87,757
Boulder Community Hospital (1)	\$1,357,074	\$6,144	\$43,171	\$1,307,759	\$762,816	\$0	\$228,845
Colorado Plains Medical Center	\$786,510	\$171,175	\$30,776	\$584,559	\$317,474	\$0	\$95,242
Community Hospital	\$136,305	\$13,631	\$4,920	\$117,754	\$84,006	\$0	\$25,202
Conejos County Hospital	\$35,348	\$0	\$1,414	\$33,934	\$23,920	\$0	\$7,176
Craig Rehabilitation Hospital	\$372,095	\$137,702	\$1,676	\$232,718	\$151,243	\$0	\$45,373
Delta County Memorial Hospital	\$1,499,324	\$302,558	\$52,051	\$1,144,715	\$634,401	\$0	\$190,320
Estes Park Medical Center	\$204,403	\$13,491	\$6,806	\$184,106	\$151,612	\$0	\$45,483
Exempla Lutheran Medical Center	\$3,408,103	\$501,950	\$63,960	\$2,842,193	\$1,610,386	\$0	\$483,116

Table 9 - Total Financial Activity and CICP Reimbursement

Providers	Total Charges	Total Third Party Payments	Total Patient Liability	Total Write-Off Charges	Write-Off Costs	CICP Major Teaching Payment	Total Net Reimbursement
Grand River Hospital District	\$175,254	\$1,657	\$508	\$173,088	\$143,144	\$0	\$42,943
Gunnison Valley Hospital	\$70,965	\$0	\$2,839	\$68,127	\$45,291	\$0	\$13,587
Healthone Medical Center of Aurora	\$600,553	\$0	\$21,019	\$579,533	\$250,532	\$0	\$75,160
Heart of the Rockies Regional Medical Center	\$309,810	\$60,103	\$11,759	\$237,948	\$145,220	\$0	\$43,566
Huerfano Memorial Hospital	\$500,887	\$50,965	\$10,197	\$439,725	\$299,585	\$0	\$89,875
Kremmling Memorial Hospital	\$1,504	\$0	\$167	\$1,337	\$1,337	\$0	\$401
Longmont United Hospital	\$1,336,002	\$38,102	\$35,406	\$1,262,494	\$825,040	\$0	\$247,512
McKee Medical Center	\$421,941	\$35,966	\$10,883	\$375,092	\$219,917	\$0	\$65,975
Melissa Memorial	\$114,289	\$298	\$7,826	\$106,165	\$106,048	\$0	\$31,815
Memorial Hospital (1)	\$12,944,326	\$665,949	\$165,735	\$12,112,643	\$4,731,198	\$0	\$1,419,359
Mercy Medical Center	\$1,740,272	\$415,925	\$16,734	\$1,307,613	\$808,759	\$0	\$242,628
Montrose Memorial Hospital	\$2,030,148	\$303,575	\$59,532	\$1,667,041	\$950,047	\$0	\$285,014
Mount San Rafael Hospital (1)	\$454,421	\$6,786	\$15,015	\$432,620	\$415,315	\$0	\$124,594
North Colorado Medical Center (1)	\$4,102,891	\$21,439	\$103,308	\$3,978,143	\$2,248,447	\$0	\$674,534
Parkview Medical Center (1)	\$8,628,892	\$1,542,485	\$130,767	\$6,955,641	\$3,197,508	\$0	\$959,252
Penrose-St. Francis HealthCare Systems (1)	\$11,867,632	\$739,376	\$265,417	\$10,862,839	\$5,101,189	\$0	\$1,530,357
Poudre Valley Hospital	\$4,997,026	\$617,837	\$73,211	\$4,305,979	\$2,745,061	\$0	\$823,518
Prowers Medical Center	\$792,873	\$195,325	\$25,106	\$572,442	\$329,898	\$0	\$98,970
Rio Grande Hospital	\$219,076	\$44,528	\$12,040	\$162,508	\$147,037	\$0	\$44,111
Routt Memorial Hospital (1)	\$322,775	\$5,201	\$20,477	\$297,098	\$212,752	\$0	\$63,826
Sedgwick County Health Center	\$30,566	\$4,126	\$2,945	\$23,494	\$19,094	\$0	\$5,728
Southeast Colorado Hospital	\$77,767	\$2,757	\$1,493	\$73,517	\$60,843	\$0	\$18,253
Southwest Memorial Hospital (1)	\$1,323,918	\$213,439	\$33,592	\$1,076,887	\$667,024	\$0	\$200,107
St. Mary-Corwin Hospital (1)	\$8,437,222	\$846,238	\$117,737	\$7,473,246	\$3,564,738	\$0	\$1,069,422
St. Mary's Hospital (1)	\$3,911,706	\$53,739	\$45,129	\$3,812,837	\$2,226,697	\$0	\$668,009
St. Thomas More Hospital (1)	\$1,295,060	\$154,135	\$41,627	\$1,099,298	\$685,193	\$0	\$205,558
St. Vincent General Hospital	\$139,810	\$29,623	\$4,773	\$105,413	\$74,738	\$0	\$22,421
Sterling Regional Medical Center (1)	\$449,289	\$7,801	\$15,688	\$425,800	\$251,989	\$0	\$75,597
The Memorial Hospital (1)	\$829,235	\$127,817	\$29,546	\$671,872	\$499,537	\$0	\$149,861
The Springs Center for Women (1)	\$307,883	\$24,377	\$38,111	\$245,395	\$245,395	\$0	\$73,619
Yuma District Hospital	\$136,132	\$38,262	\$7,041	\$90,829	\$65,088	\$0	\$19,526
TOTAL CICP OUTSTATE HOSPITALS	\$79,174,378	\$7,874,317	\$1,584,845	\$69,715,216	\$36,700,812	\$0	\$11,010,244
TOTAL CICP OUTSTATE	\$96,959,057	\$7,991,461	\$3,151,236	\$85,816,360	\$52,802,104	\$0	\$15,840,631

Table 9 - Total Financial Activity and CICP Reimbursement

Providers	Total Charges	Total Third Party Payments	Total Patient Liability	Total Write-Off Charges	Write-Off Costs	CICP Major Teaching Payment	Total Net Reimbursement
Medicaid Disproportionate Share Hospitals							
Platte Valley Medical Center (4)	\$2,354,902	\$426,237	\$71,836	\$1,856,828	\$1,040,546	\$0	\$1,244,384
San Luis Valley Regional Medical Center(4)	\$1,829,561	\$207,173	\$29,772	\$1,592,616	\$853,594	\$0	\$623,710
Valley View Hospital (4)	\$325,338	\$10,187	\$5,474	\$309,677	\$212,857	\$0	\$1,512,140
Medicaid Disproportionate Share Specialty Hospitals							
National Jewish Medical and Research Center (4)	\$1,963,535	\$291,962	\$55,590	\$1,615,983	\$1,487,081	\$0	\$2,301,057
The Children's Hospital (1)(4)	\$5,033,299	\$412,253	\$120,525	\$4,500,521	\$2,616,603	\$0	\$3,366,874
Denver Health and Hospital (2)(4)	\$119,593,575	\$10,600,926	\$4,861,344	\$104,131,304	\$71,069,615	\$9,682,774	\$56,065,815
University Hospital (3)(4)	\$82,428,873	\$7,902,717	\$4,705,566	\$69,820,590	\$44,817,837	\$10,077,750	\$29,348,602
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	\$213,529,082	\$19,851,456	\$9,850,107	\$183,827,519	\$122,098,133	\$19,760,524	\$94,462,582
TOTAL ALL CICP PROVIDERS	\$310,488,139	\$27,842,916	\$13,001,344	\$269,643,879	\$174,900,237	\$19,760,524	\$110,303,213

(1) Includes physician charges.
 (2) Includes pharmacy and ambulance charges.
 (3) Includes pharmacy and University Physician Inc. charges.
 (4) The Total Net Reimbursement column includes bad debt reimbursement for Federal Fiscal Years (FFY) 1998 and 1999, as well as Component 1A and Major Teaching for State Fiscal Year 1999.

	FFY98 Bad Debt	FFY99 Bad Debt	Component 1A - 94%	Component 1A - 6%	Major Teaching	Total Net Reimbursement
Platte Valley Medical Center	\$824,389	\$265,041	\$148,177	\$6,777	\$0	\$1,244,384
San Luis Valley Regional Medical Center	\$289,723	\$93,146	\$230,308	\$10,533	\$0	\$623,710
Valley View Hospital	\$973,300	\$312,916	\$216,044	\$9,880	\$0	\$1,512,140
National Jewish Medical and Research Center	\$677,467	\$217,806	\$1,352,288	\$53,496	\$0	\$2,301,057
The Children's Hospital	\$1,166,681	\$375,088	\$1,769,113	\$55,992	\$0	\$3,366,874
Denver Health and Hospital	\$10,901,108	\$3,504,706	\$30,563,992	\$1,413,235	\$9,682,774	\$56,065,815
University Hospital	\$3,239,693	\$1,041,561	\$14,254,335	\$735,263	\$10,077,750	\$29,348,602
Total	\$18,072,361	\$5,810,264	\$48,534,257	\$2,285,176	\$19,760,524	\$94,462,582

IX. UTILIZATION DATA

Table 10 - Utilization by County*

COUNTY	OUTSTATE	SPECIALTY	DENVER HEALTH	UNIVERSITY HOSPITAL	TOTAL
Adams	23,526	1,748	1,916	14,430	41,620
Alamosa	5,879	38	2	96	6,015
Arapahoe	1,376	2,310	1,629	14,674	19,989
Archuleta	48	13	-	20	81
Baca	187	6	9	11	213
Bent	916	35	34	9	994
Boulder	18,082	146	70	1,982	20,280
Chaffee	517	3	5	77	602
Cheyenne	10	2	-	12	24
Clear Creek	1,302	54	14	357	1,727
Conejos	2,956	3	12	50	3,021
Costilla	2,186	10	-	65	2,261
Crowley	174	4	1	25	204
Custer	83	-	-	19	102
Delta	2,353	8	7	21	2,389
Denver	19,903	2,783	206,346	12,258	241,290
Delores	551	1	-	-	552
Douglas	53	33	105	641	832
Eagle	30	29	8	104	171
Elbert	107	18	5	254	384
El Paso	67,777	61	15	1,014	68,867
Fremont	2,226	19	5	154	2,404
Garfield	341	13	7	30	391
Gilpin	895	12	-	58	965
Grand	20	11	9	148	188
Gunnison	114	6	3	28	151
Hindsdale	1	-	-	1	2
Huerfano	945	7	1	16	969
Jackson	2	1	1	49	53
Jefferson	8,660	1,308	1,979	9,831	21,778
Kiowa	-	1	-	23	24
Kit Carson	3	29	12	47	91
Lake	117	11	2	66	196
La Plata	781	-	1	52	834
Larimar	9,123	99	48	728	9,998
Las Animas	580	13	6	104	703
Lincoln	112	20	5	110	247
Logan	609	13	2	135	759
Mesa	1,581	5	1	57	1,644
Mineral	162	-	1	5	168
Moffat	516	-	-	24	540
Montezuma	49	-	-	73	122
Montrose	1,807	2	1	2	1,812
Morgan	5,301	32	24	289	5,646
Otero	5,254	9	3	174	5,440
Ouray	62	-	-	-	62
Park	289	52	2	224	567
Phillips	590	-	7	28	625

Table 10 - Utilization by County*

COUNTY	OUTSTATE	SPECIALTY	DENVER HEALTH	UNIVERSITY HOSPITAL	TOTAL
Pitkin	65	-	-	16	81
Prowers	4,415	8	1	173	4,597
Pueblo	28,696	20	9	381	29,106
Rio Blanca	28	1	1	41	71
Rio Grande	4,651	21	-	85	4,757
Routt	106	1	-	18	125
Saquache	3,587	4	-	90	3,681
San Juan	7	-	-	-	7
San Miquel	440	-	-	2	442
Sedgwick	265	-	-	2	267
Summit	2	18	11	52	83
Teller	2,130	8	1	35	2,174
Washington	246	1	418	53	718
Weld	15,895	211	22	1,364	17,492
Yuma	448	10	1	88	547
Unknown	84	7	-	1	92
TOTALS	249,221	9,278	212,762	60,976	532,237

* Total claim count by reported patient residency.

Table 11 - Outpatient Visits and Inpatient Admissions by Indigency Rating

Outpatient Visits

Rating	OUTSTATE PROVIDERS		SPECIALTY PROVIDERS		DENVER HEALTH		UNIVERSITY HOSPITAL		ALL PROVIDERS	
	<u>Visits</u>	<u>% of Total</u>	<u>Visits</u>	<u>% of Total</u>	<u>Visits</u>	<u>% of Total</u>	<u>Visits</u>	<u>% of Total</u>	<u>Visits</u>	<u>% of Total</u>
A	43,293	17.74%	1,336	14.81%	41,214	19.83%	10,593	18.07%	96,436	18.56%
B	32,060	13.14%	1,227	13.60%	23,160	11.14%	7,955	13.57%	64,402	12.40%
C	42,351	17.35%	1,804	20.00%	25,854	12.44%	10,834	18.48%	80,843	15.56%
D	25,072	10.27%	1,186	13.15%	19,551	9.41%	7,918	13.51%	53,727	10.34%
E	17,755	7.27%	1,024	11.35%	16,655	8.01%	5,928	10.11%	41,362	7.96%
F	18,383	7.53%	1,256	13.92%	18,311	8.81%	6,495	11.08%	44,445	8.55%
G	12,505	5.12%	803	8.90%	14,314	6.89%	4,794	8.18%	32,416	6.24%
N	49,850	20.42%	377	4.18%	48,785	23.47%	4,101	7.00%	103,113	19.85%
P	1,285	0.53%	3	0.03%	-	-	-	-	1,288	0.25%
UNKNOWN	1,522	0.62%	6	0.07%	-	-	1	-	1,529	0.29%
TOTAL	244,076	100%	9,022	100%	207,844	100%	58,619	100%	519,561	100%

Inpatient Admissions

Rating	OUTSTATE PROVIDERS		SPECIALTY PROVIDERS		DENVER HEALTH		UNIVERSITY HOSPITAL		ALL PROVIDERS	
	<u>Admissions</u>	<u>% of Total</u>	<u>Admissions</u>	<u>% of Total</u>	<u>Admissions</u>	<u>% of Total</u>	<u>Admissions</u>	<u>% of Total</u>	<u>Admissions</u>	<u>% of Total</u>
A	864	16.79%	37	14.45%	821	16.69%	453	19.22%	2,175	17.16%
B	542	10.53%	42	16.41%	409	8.32%	293	12.43%	1,286	10.15%
C	623	12.11%	46	17.97%	451	9.17%	388	16.46%	1,508	11.90%
D	513	9.97%	31	12.11%	302	6.14%	283	12.01%	1,129	8.91%
E	459	8.92%	34	13.28%	320	6.51%	220	9.33%	1,033	8.15%
F	640	12.44%	26	10.16%	386	7.85%	295	12.52%	1,347	10.63%
G	512	9.95%	34	13.28%	344	6.99%	206	8.74%	1,096	8.65%
N	839	16.31%	5	1.95%	1,885	38.33%	219	9.29%	2,948	23.26%
P	4	0.08%	-	-	-	-	-	-	4	0.03%
UNKNOWN	149	2.90%	1	0.39%	-	-	-	-	150	1.18%
TOTALS	5,145	100%	256	100%	4,918	100%	2,357	100%	12,676	100%

Table 12 - Inpatient Days

Indigency Rating	Outstate Days	Specialty Days	University Days	Denver Health Days	Total Days
A	3,419	210	1,780	2,831	8,240
B	1,955	210	975	1,998	5,138
C	1,989	202	1,485	2,176	5,852
D	1,730	106	1,109	1,641	4,586
E	1,671	197	826	1,369	4,063
F	2,261	85	1,280	1,616	5,242
G	1,994	170	811	1,650	4,625
N	3,455	13	1,098	9,870	14,436
P	12	-	-	-	12
UNKNOWN	591	9	-	-	600
TOTALS	19,077	1,202	9,364	23,151	52,794

Table 13 - Inpatient Admissions by Age and Sex

OUTSTATE PROVIDERS*

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Count</u>	<u>Total Inpatient Percent of Total</u>	<u>Charges</u>
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>			
0-5	152	\$303,575	157	\$716,662	309	6.01%	\$1,020,237
06-17	115	\$781,058	99	\$735,593	214	4.16%	\$1,516,652
18-24	358	\$2,372,265	246	\$1,862,001	604	11.74%	\$4,234,266
25-54	1,635	\$14,008,673	1,483	\$15,823,932	3,118	60.60%	\$29,832,604
55-64	395	\$4,475,982	304	\$3,761,036	699	13.59%	\$8,237,018
65+	81	\$1,028,749	120	\$1,191,872	201	3.91%	\$2,220,621
TOTAL	2,736	\$22,970,303	2,409	\$24,091,096	5,145	100%	\$47,061,399

SPECIALTY PROVIDERS**

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Count</u>	<u>Total Inpatient Percent of Total</u>	<u>Charges</u>
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>			
0-5	29	\$377,763	64	\$880,994	93	36.33%	\$1,258,756
06-17	54	\$554,458	62	\$771,853	116	45.31%	\$1,326,310
18-24	7	\$132,909	16	\$394,712	23	8.98%	\$527,622
25-54	14	\$95,858	4	\$15,805	18	7.03%	\$111,663
55-64	2	\$19,436	2	\$23,685	4	1.56%	\$43,121
65+	0	\$0	2	\$8,709	2	0.78%	\$8,709
TOTAL	106	\$1,180,423	150	\$2,095,758	256	100%	\$3,276,182

DENVER HEALTH AND HOSPITAL

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Count</u>	<u>Total Inpatient Percent of Total</u>	<u>Charges</u>
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>			
0-5	92	\$1,119,644	87	\$1,058,794	179	3.64%	\$2,178,438
06-17	96	\$1,168,325	75	\$912,754	171	3.48%	\$2,081,079
18-24	222	\$2,701,751	201	\$2,446,179	423	8.60%	\$5,147,930
25-54	1,250	\$15,212,560	2,022	\$24,607,837	3,272	66.53%	\$39,820,397
55-64	234	\$2,847,791	318	\$3,870,075	552	11.22%	\$6,717,866
65+	141	\$1,715,977	180	\$2,190,608	321	6.53%	\$3,906,585
TOTAL	2,035	\$24,766,048	2,883	\$35,086,247	4,918	100%	\$59,852,295

Table 13 - Inpatient Admissions by Age and Sex

UNIVERSITY HOSPITAL

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Inpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	37	\$99,927	35	\$132,704	72	3.05%	\$232,631
06-17	10	\$90,077	7	\$151,907	17	0.72%	\$241,984
18-24	93	\$661,154	55	\$647,017	148	6.28%	\$1,308,171
25-54	751	\$10,086,669	710	\$11,090,335	1,461	61.99%	\$21,177,004
55-64	224	\$3,370,041	191	\$3,165,084	415	17.61%	\$6,535,125
65+	130	\$1,858,915	114	\$1,830,046	244	10.35%	\$3,688,961
TOTAL	1,245	\$16,166,784	1,112	\$17,017,092	2,357	100%	\$33,183,876

ALL CICP PROVIDERS

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Inpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	310	\$1,900,909	343	\$2,789,154	653	5.15%	\$4,690,063
06-17	275	\$2,593,918	243	\$2,572,107	518	4.09%	\$5,166,025
18-24	680	\$5,868,080	518	\$5,349,909	1,198	9.45%	\$11,217,989
25-54	3,650	\$39,403,759	4,219	\$51,537,909	7,869	62.08%	\$90,941,669
55-64	855	\$10,713,251	815	\$10,819,880	1,670	13.17%	\$21,533,131
65+	352	\$4,603,642	416	\$5,221,235	768	6.06%	\$9,824,877
TOTAL	6,122	\$65,083,558	6,554	\$78,290,194	12,676	100%	\$143,373,752

* Includes Medicaid Disproportionate Share Hospitals
 **Specialty hospitals include The Children Hospital and National Jewish Hospital.

Table 14 - Outpatient Activity by Age and Sex

OUTSTATE PROVIDERS*

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	4,695	\$496,265	4,744	\$562,106	9,439	3.87%	\$1,058,370
06-17	11,085	\$1,433,531	9,037	\$1,300,791	20,122	8.24%	\$2,734,322
18-24	19,016	\$3,436,120	6,975	\$1,761,113	25,991	10.65%	\$5,197,233
25-54	101,170	\$18,137,622	51,714	\$10,841,785	152,884	62.64%	\$28,979,407
55-64	19,360	\$3,658,070	10,410	\$2,277,749	29,770	12.20%	\$5,935,819
65+	3,116	\$607,137	2,754	\$655,364	5,870	2.40%	\$1,262,501
TOTALS	158,442	\$27,768,745	85,634	\$17,398,907	244,076	100%	\$45,167,652

SPECIALTY PROVIDERS**

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	941	\$191,378	1,436	\$357,784	2,377	26.35%	\$549,162
06-17	1,986	\$645,610	1,974	\$574,266	3,960	43.89%	\$1,219,876
18-24	560	\$186,371	258	\$121,701	818	9.07%	\$308,072
25-54	973	\$633,934	474	\$509,861	1,447	16.04%	\$1,143,795
55-64	216	\$201,888	138	\$95,017	354	3.92%	\$296,904
65+	38	\$18,193	28	\$18,567	66	0.73%	\$36,760
TOTALS	4,714	\$1,877,375	4,308	\$1,677,195	9,022	100%	\$3,554,570

DENVER HEALTH AND HOSPITAL

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	4,377	\$1,258,095	4,729	\$1,359,272	9,106	4.38%	\$2,617,367
06-17	8,424	\$2,421,338	6,175	\$1,774,900	14,599	7.02%	\$4,196,238
18-24	20,352	\$5,849,842	5,014	\$1,441,190	25,366	12.20%	\$7,291,032
25-54	75,207	\$21,616,993	50,032	\$14,380,861	125,239	60.26%	\$35,997,854
55-64	13,938	\$4,006,245	9,107	\$2,617,655	23,045	11.09%	\$6,623,900
65+	6,160	\$1,770,589	4,329	\$1,244,299	10,489	5.05%	\$3,014,888
TOTALS	128,458	\$36,923,102	79,386	\$22,818,177	207,844	100%	\$59,741,279

Table 14 - Outpatient Activity by Age and Sex

UNIVERSITY HOSPITAL

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total</u>		<u>Charges</u>
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	
0-5	147	\$36,002	147	\$34,086	294	0.50%	\$70,088
06-17	547	\$137,769	430	\$135,476	977	1.67%	\$273,244
18-24	3,068	\$1,077,234	1,678	\$694,584	4,746	8.10%	\$1,771,818
25-54	22,332	\$7,514,814	14,967	\$6,896,876	37,299	63.63%	\$14,411,690
55-64	6,187	\$2,196,520	3,983	\$1,933,137	10,170	17.35%	\$4,129,657
65+	3,297	\$1,013,999	1,836	\$825,562	5,133	8.76%	\$1,839,561
TOTALS	35,578	\$11,976,338	23,041	\$10,519,720	58,619	100%	\$22,496,059

ALL CICP PROVIDERS

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>		<u>Charges</u>
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	
0-5	10,160	\$1,981,740	11,056	\$2,313,247	21,216	4.08%	\$4,294,987
06-17	22,042	\$4,638,248	17,616	\$3,785,432	39,658	7.63%	\$8,423,681
18-24	42,996	\$10,549,567	13,925	\$4,018,588	56,921	10.96%	\$14,568,155
25-54	199,682	\$47,903,363	117,187	\$32,629,383	316,869	60.99%	\$80,532,746
55-64	39,701	\$10,062,723	23,638	\$6,923,558	63,339	12.19%	\$16,986,280
65+	12,611	\$3,409,918	8,947	\$2,743,792	21,558	4.15%	\$6,153,710
TOTAL	327,192	\$78,545,560	192,369	\$52,414,000	519,561	100%	\$130,959,560

* Includes Medicaid Disproportionate Share Hospitals.
 **Specialty hospitals include The Children Hospital and National Jewish Hospital.

Table 15 - Utilization by Provider

Provider Name	Visits	Admissions	Days	LOS*
Clinic Providers				
Children's Clinic	38	-	-	-
Clinica Campesina	6,346	-	-	-
Colorado Coalition for the Homeless	17,783	-	-	-
Columbine Family Health Center	3,205	-	-	-
Commerce City Community Health Center	188	-	-	-
Community Health Center, Inc.	57,446	-	-	-
Community Health Clinic	436	-	-	-
Colorado Springs Osteopathic Foundation	2,273	-	-	-
High Plains Community Health Center	3,693	-	-	-
La Clinica, Inc.	187	-	-	-
Metropolitan Denver Provider Network	11,821	-	-	-
Monfort Children's Clinic	145	-	-	-
People's Clinic	10,103	-	-	-
Pueblo Community Health Center	15,382	-	-	-
Salud Family Health Centers	33,928	-	-	-
Sunrise Community Health Center	4,279	-	-	-
Uncompahgre Combined Clinics	396	-	-	-
Valley-Wide Health Services	21,458	-	-	-
TOTAL CICP OUTSTATE CLINICS	189,107	-	-	-
Hospitals Providers				
Arkansas Valley Regional Medical Center	2,452	130	460	3.54
Aspen Valley Hospital	71	12	30	2.50
Avista Hospital	280	32	103	3.22
Boulder Community Hospital	1,153	95	335	3.53
Colorado Plains Medical Center	527	89	218	2.45
Community Hospital	109	13	31	2.38
Conejos County Hospital	11	4	11	2.75
Craig Rehabilitation Hospital	43	5	134	26.80
Delta County Memorial Hospital	1,959	199	570	2.86
Estes Park Medical Center	528	13	42	3.23
Exempla Lutheran Medical Center	1,352	189	928	4.91
Grand River Hospital District	385	21	54	2.57
Gunnison Valley Hospital	78	2	14	7.00
Healthone Medical Center of Aurora	174	44	118	2.68
Heart of the Rockies Regional Medical Center	446	14	46	3.29
Huerfano Memorial Hospital	622	39	140	3.59
Kremmling Memorial Hospital	1	1	1	1.00
Longmont United Hospital	655	97	400	4.12
McKee Medical Center	296	30	110	3.67
Melissa Memorial	526	17	32	1.88
Memorial Hospital	5,925	475	1,662	3.50
Mercy Medical Center	767	122	474	3.89
Montrose Memorial Hospital	1,778	141	552	3.91
Mount San Rafael Hospital	394	29	101	3.48
North Colorado Medical Center	1,450	277	945	3.41
Parkview Medical Center	2,682	534	2,383	4.46
Penrose-St. Francis HealthCare Systems	3,957	518	2,426	4.68
Poudre Valley Hospital	6,623	371	1,458	3.93

Table 15 - Utilization by Provider

Provider Name	Visits	Admissions	Days	LOS*
Prowers Medical Center	578	67	201	3.00
Rio Grande Hospital	532	30	69	2.30
Routt Memorial Hospital	84	12	49	4.08
Sedgwick County Health Center	252	2	5	2.50
Southeast Colorado Hospital	157	6	12	2.00
Southwest Memorial Hospital	786	101	306	3.03
St. Mary-Corwin Hospital	10,258	486	1,910	3.93
St. Mary's Hospital	1,488	260	980	3.77
St. Thomas More Hospital	1,224	80	280	3.50
St. Vincent General Hospital	97	21	52	2.48
Sterling Regional Medical Center	471	24	72	3.00
The Memorial Hospital	469	49	170	3.47
The Springs Center for Women	38	87	193	2.22
Yuma District Hospital	289	12	22	1.83
TOTAL CICP OUTSTATE HOSPITALS	51,967	4,750	18,099	3.81
TOTAL CICP OUTSTATE	241,074	4,750	18,099	3.81
Medicaid Disproportionate Share Hospitals				
Platte Valley Medical Center	1,619	144	293	2.03
San Luis Valley Regional Medical Center	1,206	225	612	2.72
Valley View Hospital	177	26	73	2.81
Medicaid Disproportionate Share Specialty Hospitals				
National Jewish Medical and Research Center	2,275	29	127	4.38
The Children's Hospital	6,747	227	1,075	4.74
Denver Health and Hospital	207,844	4,918	23,151	4.71
University Hospital	58,619	2,357	9,364	3.97
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	278,487	7,926	34,695	4.38
TOTAL ALL CICP PROVIDERS	519,561	12,676	52,794	4.16

* Calculated average length of stay. Number of days divided by total admissions.

Table 16 - Unduplicated Inpatient and Outpatient Count by Age Group*

Provider Name	Inpatient				Outpatient				Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	
Clinic Providers									
Children's Clinic	-	-	-	-	11	16	0	27	27
Clinica Campesina	-	-	-	-	124	283	1,551	1,958	1,958
Colorado Coalition for the Homeless	-	-	-	-	203	270	3,447	3,920	3,920
Colorado Springs Osteopathic Foundation	-	-	-	-	54	194	507	755	755
Columbine Family Health Center	-	-	-	-	89	186	732	1,007	1,007
Commerce City Community Health Center	-	-	-	-	28	63	36	127	127
Community Health Center, Inc.	-	-	-	-	626	1,600	8,596	10,822	10,822
Community Health Clinic	-	-	-	-	16	38	112	166	166
High Plains Community Health Center	-	-	-	-	62	138	542	742	742
La Clinica, Inc.	-	-	-	-	5	23	68	96	96
Metropolitan Denver Provider Network	-	-	-	-	203	388	2,159	2,750	2,750
Monfort Children's Clinic	-	-	-	-	37	37	1	75	75
People's Clinic	-	-	-	-	160	385	3,172	3,717	3,717
Pueblo Community Health Center	-	-	-	-	130	747	3,713	4,590	4,590
Salud Family Health Centers	-	-	-	-	801	1,871	8,037	10,709	10,709
Sunrise Community Health Center	-	-	-	-	261	548	2,478	3,287	3,287
Uncompahgre Combined Clinics	-	-	-	-	8	17	75	100	100
Valley-Wide Health Services	-	-	-	-	267	1,143	4,372	5,782	5,782
TOTAL CICP OUTSTATE CLINICS	-	-	-	-	3,085	7,947	39,598	50,630	50,630
Hospitals Providers									
Arkansas Valley Regional Medical Center	7	9	105	121	35	169	959	1,163	1,284
Aspen Valley Hospital	0	0	12	12	0	0	39	39	51
Avista Hospital	7	1	23	31	11	16	163	190	221
Boulder Community Hospital	3	3	68	74	18	51	500	569	643
Colorado Plains Medical Center	14	8	54	76	26	47	205	278	354
Community Hospital	0	0	13	13	1	5	59	65	78
Conejos County Hospital	0	1	3	4	1	0	7	8	12
Craig Rehabilitation Hospital	0	0	3	3	0	0	16	16	19
Delta County Memorial Hospital	12	13	129	154	25	94	483	602	756
Estes Park Medical Center	1	0	8	9	5	34	199	238	247
Exempla Lutheran Medical Center	3	4	146	153	46	135	641	822	975

Table 16 - Unduplicated Inpatient and Outpatient Count by Age Group*

Provider Name	Inpatient				Outpatient				Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	
Grand River Hospital District	3	1	14	18	18	16	82	116	134
Gunnison Valley Hospital	0	0	2	2	0	3	45	48	50
Healthone Medical Center of Aurora	1	1	33	35	2	1	104	107	142
Heart of the Rockies Regional Medical Center	0	1	12	13	4	20	121	145	158
Huerfano Memorial Hospital	1	2	32	35	17	57	243	317	352
Kremmling Memorial Hospital	0	0	1	1	1	0	0	1	2
Longmont United Hospital	8	3	71	82	21	31	227	279	361
McKee Medical Center	0	0	25	25	9	19	129	157	182
Melissa Memorial	1	1	12	14	16	30	86	132	146
Memorial Hospital	7	17	298	322	150	369	2,701	3,220	3,542
Mercy Medical Center	3	3	94	100	14	38	289	341	441
Montrose Memorial Hospital	2	9	102	113	18	108	510	636	749
Mount San Rafael Hospital	2	0	22	24	12	23	156	191	215
North Colorado Medical Center	18	21	193	232	48	88	622	758	990
Parkview Medical Center	6	36	426	468	49	199	1,278	1,526	1,994
Penrose-St. Francis HealthCare Systems	32	21	347	400	76	168	1,828	2,072	2,472
Poudre Valley Hospital	16	17	269	302	87	205	1,752	2,044	2,346
Prowers Medical Center	2	5	55	62	19	35	261	315	377
Rio Grande Hospital	1	0	27	28	20	47	214	281	309
Routt Memorial Hospital	0	0	12	12	2	1	39	42	54
Sedgwick County Health Center	0	0	2	2	0	12	42	54	56
Southeast Colorado Hospital	0	0	4	4	4	5	40	49	53
Southwest Memorial Hospital	7	3	77	87	21	49	284	354	441
St. Mary-Corwin Hospital	10	17	256	283	78	438	2,801	3,317	3,600
St. Mary's Hospital	9	11	203	223	11	42	637	690	913
St. Thomas More Hospital	2	2	67	71	12	55	390	457	528
St. Vincent General Hospital	4	0	11	15	5	3	36	44	59
Sterling Regional Medical Center	2	1	20	23	4	29	193	226	249
The Memorial Hospital	2	2	31	35	8	19	137	164	199
The Springs Center for Women	41	3	40	84	0	3	20	23	107
Yuma District Hospital	2	0	10	12	5	31	98	134	146
TOTAL CICP OUTSTATE HOSPITALS	229	216	3,332	3,777	899	2,695	18,636	22,230	26,007
TOTAL CICP OUTSTATE	229	216	3,332	3,777	3,984	10,642	58,234	72,860	76,637

Table 16 - Unduplicated Inpatient and Outpatient Count by Age Group*

Provider Name	Inpatient				Outpatient				Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	
Medicaid Disproportionate Share Hospitals									
Platte Valley Medical Center	20	3	54	77	55	101	438	594	671
San Luis Valley Regional Medical Center	13	10	181	204	25	62	633	720	924
Valley View Hospital	2	0	20	22	3	3	50	56	78
Medicaid Disproportionate Share Specialty Hospitals									
National Jewish Medical and Research Center	1	3	22	26	16	88	618	722	748
The Children's Hospital	74	106	10	190	989	1,834	180	3,003	3,193
Denver Health and Hospital	167	156	3,525	3,848	3,388	5,409	36,885	45,682	49,530
University Hospital	70	22	1,687	1,779	248	804	14,485	15,537	17,316
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	347	300	5,499	6,146	4,724	8,301	53,289	66,314	72,460
TOTAL ALL CICP PROVIDERS	576	516	8,831	9,923	8,708	18,943	111,523	139,174	149,097

* Unduplicated count obtained from social security number from claims at a 95% confidence level. Age 6 thru 18 includes those individuals through their 18th birthday.