



COLORADO

COLORADO INDIGENT CARE PROGRAM

FISCAL YEAR 1999-00 ANNUAL REPORT

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
Karen Reinertson, Executive Director

July 9, 2001

The Honorable Rob Hernandez
Chairman
Health, Environment, Children and Families Committee
State Capitol
200 E. Colfax Avenue
Denver, CO 80203

Dear Senator Hernandez:

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 FY 1999-00 statistics, utilization patterns and an overview of the program features.

Major outcomes identified and discussed in this report include:

- Of the 155,530 individuals served, children represented 17.2% of the total population served. The number of individuals served expanded by 4.3%.
- The value of total charges submitted by Outstate Clinics increased by 17.0% from FY 1998-99, while total charges submitted by Outstate Hospitals climbed by 30.6%.
- The final adjustments for FY 1999-00 resulted in Outstate Hospitals and Clinics receiving 24.045% of costs.

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

Sincerely,

Karen Reinertson
Executive Director

July 9, 2001

The Honorable Lauri Clapp
Chairman
Health, Environment, Welfare and Institutions Committee
State Capitol
200 E. Colfax Avenue
Denver, CO 80203

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I. INTRODUCTION

The Department of Health Care Policy and Financing (Department) has 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 FY 99-00, 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 (2), 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 Underserved, 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, H.B. 99-1019, 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 (26-15-107, C.R.S.). The Task Force is responsible for examining and making recommendations to the Colorado 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 health 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 who may eventually need long-term care.

Senator Mary Ellen Epps chairs the Committee and the Vice-Chairman is Representative Marcy Morrison. 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 were invited to attend the quarterly meetings and receive meeting notices, updates and minutes.

The CICIP Administration held four meetings during FY 1999-00 with the Colorado Indigent Care Program Advisory Panel. Among the issues discussed were:

- 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.
- The planned 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 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.
- Senate Bill 00-233 study on Moving Kids from CICIP to CHP+. The purpose of the report is to respond to the legislative directive to evaluate the possibility of eliminating CICIP as an option for children who are eligible for the Children's Basic Health Plan.
- The possibility of increasing the eligibility standard from 185% of the Federal Poverty Level to 200%.

Other issues included revisions to the CICIP contract manual, quarterly review of budgetary issues, legislative bills and other issues impacting the services delivered 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 which 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 eleven 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 disproportionately high indigent care population they serve.

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

General Provider - Any general hospital, birth center, or community health clinic licensed or certified by the Department of Public Health and Environment pursuant to Section 25-1-107 (1) (I) or (1) (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 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), C.R.S.

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 CICIP 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 CICIP, 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 Colorado Indigent Care Program. Eligibility technicians at the CICIP provider location complete the applications. Providers determine eligibility for the program using the criteria developed by the CICIP administration. To be eligible for services under the Colorado Indigent Care Program, an individual must meet both residency and income and asset requirements. A resident is anyone who is 1) a Colorado resident and a U.S. citizen or legal alien; or, 2) a migrant farm worker and a U.S. citizen or legal alien.

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

Providers assign a “rate” to the applicant clients based on their total income and assets (see Table 1). The rating process takes a “snapshot” of the applicants’ financial resources as of the date the rating takes place. Ratings usually occur on the initial date of service. Ratings are retroactive for services received up to 90 days prior to application. Therefore, when an applicant who has received services applies for the CICIP, the applicant is applying for a discount on already incurred medical charges. Based on the clients’ income and assets, a rate is assigned based on their ability to pay (see Table 2). The fee schedule has eight levels up to a maximum of 185% of the FPL based on income and family size. The income scale is based on the federal poverty guidelines, as published in the Federal Register by the U.S. Department of Health and Human Services each February and is updated each contract year. Client 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 (0-37% of the FPL), annual copayments for CICIP clients cannot exceed 10% of the family’s “Total CICIP Income and Equity in Assets.” Annual copayments for clients with N-ratings cannot exceed \$120.

Table 1 - Annual Income Ranges for Each Ability-To-Pay Rate FY 1999-00

Family Size	N	A	B	C
1	\$0 - \$3,036	\$3,037 - \$5,109	\$5,110 - \$6,674	\$6,675 - \$8,240
2	\$0 - \$3,972	\$3,973 - \$6,857	\$6,858 - \$8,959	\$8,960 - \$11,060
3	\$0 - \$5,052	\$5,053 - \$8,606	\$8,607 - \$11,243	\$11,244 - \$13,880
4	\$0 - \$6,120	\$6,121 - \$10,354	\$10,355 - \$13,527	\$13,528 - \$16,700
5	\$0 - \$7,260	\$7,261 - \$12,102	\$12,103 - \$15,811	\$15,812 - \$19,520
6	\$0 - \$8,364	\$8,365 - \$13,851	\$13,852 - \$18,095	\$18,096 - \$22,340
7	\$0 - \$9,240	\$9,241 - \$15,599	\$15,600 - \$20,380	\$20,381 - \$25,160
8	\$0 - \$10,128	\$10,129 - \$17,348	\$17,349 - \$22,664	\$22,665 - \$27,980
Poverty Level *	AFDC Need Standard**	62%	81%	100%

Family Size	D	E	F	G
1	\$8,241 - \$9,641	\$9,642 - \$10,959	\$10,960 - \$13,102	\$13,103 - \$15,244
2	\$11,061 - \$12,940	\$12,941 - \$14,710	\$14,711 - \$17,585	\$17,586 - \$20,461
3	\$13,881 - \$16,240	\$16,241 - \$18,460	\$18,461 - \$22,069	\$22,070 - \$25,678
4	\$16,701 - \$19,539	\$19,540 - \$22,211	\$22,212 - \$26,553	\$26,554 - \$30,895
5	\$19,521 - \$22,838	\$22,839 - \$25,962	\$25,963 - \$31,037	\$31,038 - \$36,112
6	\$22,341 - \$26,138	\$26,139 - \$29,712	\$29,713 - \$35,521	\$35,522 - \$41,329
7	\$25,161 - \$29,437	\$29,438 - \$33,463	\$33,464 - \$40,004	\$40,005 - \$46,546
8	\$27,981 - \$32,737	\$32,738 - \$37,213	\$37,214 - \$44,488	\$44,489 - \$51,763
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)	37%	\$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) Most 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 1999-00 155,530 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. For the Program 9,993 individuals received inpatient care, while 145,537 received outpatient services.

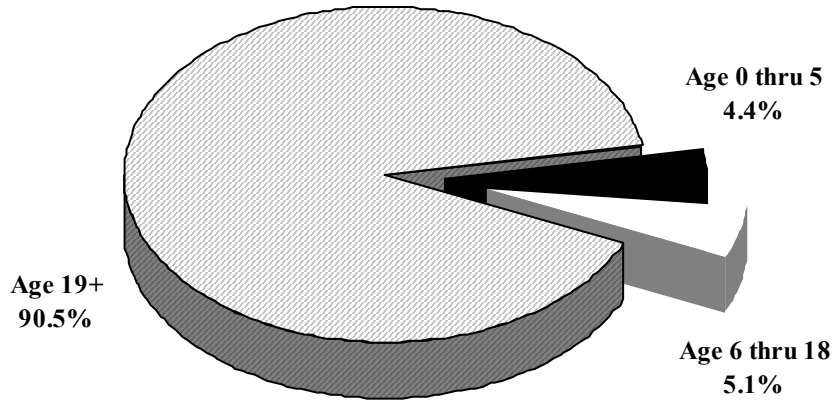
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Source: Table 16. *Hospitals include Outstate Hospitals and DSH Providers.

The two largest provider groups were the Outstate Clinics (34.7%) and Denver Health (27.3%) (see Figure 1). Table 16 provides a detailed overview by provider of the total number of individuals served by site. Overall, children (age 0-18) represented 17.2% of the total population serviced. Adults (age 19 and over) accounted for 82.8% of the population serviced.

INPATIENT ADMISSIONS

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

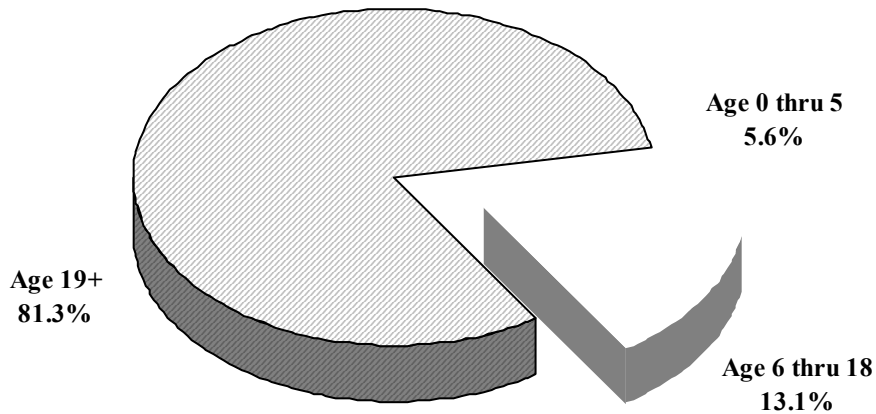


Source: Table 16

Children (age 0-18) receiving inpatient services through the CICP represented 9.5% of the admissions to the Outstate Hospitals (Figure 2). The total admissions through the CICP program were 9,993. Outstate Hospitals provided 40.0% of total admissions statewide.

OUTPATIENT VISITS

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



Source: Table 16

For Outstate providers, clinics provided 65.1% of outpatient services to children compared to the hospitals at 34.9%. Overall, the Outstate providers (clinics and hospitals) saw slightly more than one half (59.0%) of the outpatient visits compared to the DSH¹ hospitals, Denver Health and University Hospital at 41.0% (see Table 16).

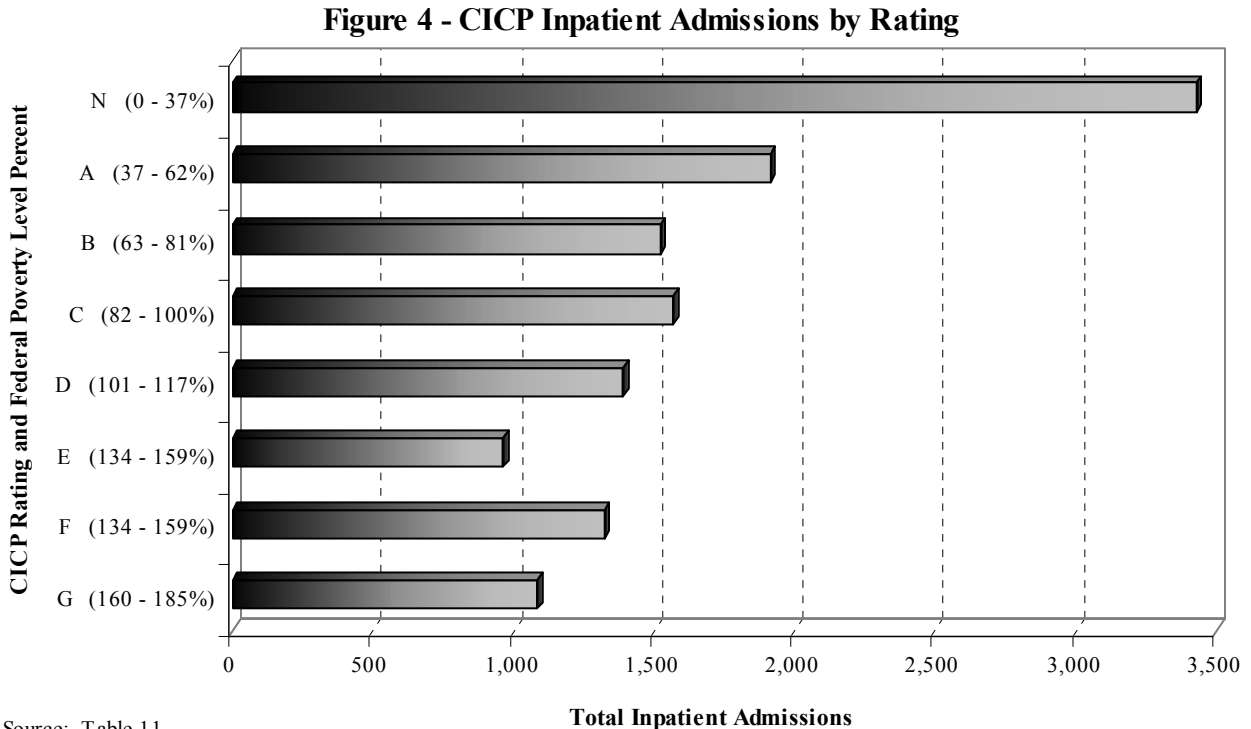
¹ Disproportionate Share Hospitals include: Platte Valley Medical Center, San Luis Valley Regional Center, The Springs Center for Women, Valley View Hospital, National Jewish Medical and Research Center and The Children's Hospital. See Section IV from more information.

CLIENT UTILIZATION

Of the 9,993 clients who received inpatient services, there were 13,225 admissions to a CICP hospital provider.

- ❑ Total inpatient days rose to 55,199 in FY 1999-00, which was a 4.56% increase from the FY 1998-99 figure of 52,794.
- ❑ The number of inpatient admissions climbed by 4.33% from 12,676 in FY 1998-99.
- ❑ During FY 1999-00, 12,249 or 92.6% of all inpatient visits were provided to persons age 18 or older.
- ❑ Inpatient services were distributed in the following manner:
 - Outstate Hospitals – 40.4%
 - Disproportionate Share Hospitals – 5.0%
 - Denver Health – 38.2%
 - University Hospital – 16.4%

The graph shows that inpatient services were rendered most frequently to individuals receiving an N rating (4,114) followed by an A (3,279) and a C (2,662) rating. The following graph shows the total inpatient admissions by CICP rating and FPL percentage for FY 1999-00.

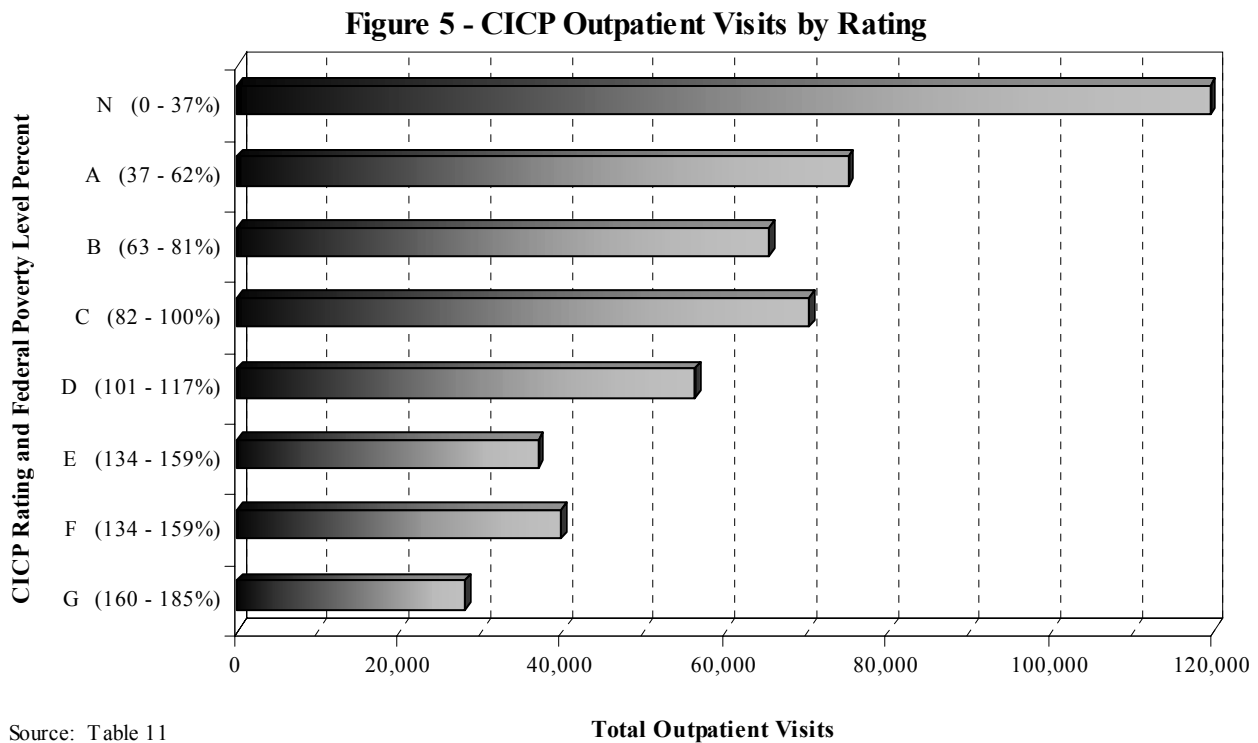


Source: Table 11

Of the 145,537 clients who received outpatient services, there were 492,290 visits to a CICP provider.

- ❑ Total outpatient activity fell to 492,290 in FY 1999-00, which was a 5.3% decrease from the FY 1998-99 figure of 519,561.
- ❑ For FY 1999-00, 97.4% of the total services rendered were for outpatient care.
- ❑ 448,203 or 91.0% of all outpatient visits were provided to persons age 18 or older.
- ❑ Outpatient services were distributed in the following manner:
 - Outstate Clinics – 43.2%
 - Outstate Hospitals – 12.9%
 - Disproportionate Share Hospitals – 2.8%
 - Denver Health - 30.1%
 - University Hospital - 11.0%

Persons with income and assets at 0 to 37% of the FPL (N- rating) were the most frequent users of outpatient care and individuals with an A rating were the second most frequent users during FY 1999-00. Clients with an N rating accounted for 24.3% of outpatient visits. The following graph shows outpatient utilization by CICP rating for FY 1999-00. The Federal Poverty Level (FPL) percentage that corresponds to each CICP rate is also shown.



Source: Table 11

DATA MANAGEMENT TECHNIQUES

Data Collection at University of Colorado Health Sciences Center (UCHSC): The CICIP providers prior to FY 1997-98, 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 Social Security Number. 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 Social Security Number, Name, and/or Provider Name.

Electronic Claims submission to Blue Cross Blue Shield (BCBS) and to Consultec, Inc.: For the first four months of FY 1998-99 (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 1999, Consultec began accepting claims. Providers were allowed to submit claims using the Automated Medical Payment (AMP)/DOS based software electronically or through an electronic claims vendor service. Claims were submitted on a daily basis and accepted/ 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, date of birth, CICIP rating, county of residence and other features. Mandatory fields with missing information were rejected. In a few cases claims without a Social Security Number were submitted with a patient account number.

Problems that occurred during the Start-Up Process and Steps taken 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 FY 1998-99 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 FY 1997-98, providers were allowed an additional 30 days to submit FY 1998-99 claims (through October 29). In the event FY 1998-99 claims were not billed, providers were allowed to submit them to the fiscal agent during FY 1999-00. 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. The Department received a number of FY 1998-99 claims during the FY 1999-00. These FY 1998-99 claim data are not part of this report.

Electronic Claims submission to Consultec, Inc.: During FY 1999-00 providers electronically submitted claims to Consultec. The CICIP administration received notice from almost every provider that not all claims had been transmitted correctly by Consultec. Providers were allowed to self-declare any missing charges and claims directly to the CICIP administration, since providers were frustrated with the Consultec system. These self-reported figures have been included in this report and in the final reimbursement to providers.

Consultec, Inc. Proposed Phase II for the Colorado Indigent Care Program: The FY 1998-99 Colorado indigent Care Annual Report stated that beginning in late Spring of FY 1999-00 the CICP claim process would be fully integrated into the MMIS. Due to the increase in administrative costs associated with processing CICP claims, the Department reversed this decision on February 1, 2001.

CICP Data Collection System: Effective July 1, 2001 the CICP administration will receive summary information from each provider that will allow the Department to write the annual report and reimburse providers. Providers will no longer electronically submit claims. The summary information will be reported on a quarterly basis and providers will submit the FY 2000-01 claim information in this format. Memorial Hospital, Denver Health and University Hospital will continue to submit claims level detail directly to the Department on an annual basis. The goal of the CICP Data Collection System is to reduce the program's administration costs for the Department and providers.

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/Disproportionate Share Hospitals (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 Program FY 1999-00

CICP SUB-PROGRAMS	FACILITIES	CICP APPROPRIATION	DSH PROVIDER
Clinics	18 Clinics	Yes	No
Hospitals	49 Hospitals	Yes	Yes - CICP/DSH
Medicaid Disproportionate Share Hospitals	Platte Valley Medical Center San Luis Valley Regional Medical Center The Springs Center for Women Valley View Hospital	No	Yes - Medicaid/DSH
Denver Health	Denver Health, including 11 Clinics	Major Teaching Payments Only	Yes - Medicaid/DSH
Medicaid Disproportionate Share 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 FY 1999-00 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, The Springs Center for Women 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.

FY 1999-00 PROVIDER PARTICIPATION

A total of 67 contract providers participated in the CICP program. This included 49 hospitals, 18 clinics and 54 satellite facilities throughout the state. Many of the clinics and a few of the hospitals have multiple sites.

Chart 2 - Total CICP Clinics and Hospitals by County

COUNTY	CLINICS	HOSPITALS	TOTALS	COUNTY	CLINICS	HOSPITALS	TOTALS
Adams	4	1	5	La Plata	0	1	1
Alamosa	3	1	4	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	12	4	16	Phillips	0	1	1
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	8	4	12	Rio Blanco	0	0	0
Elbert	0	0	0	Rio Grande	2	1	3
Fremont	1	1	2	Routt	0	1	1
Garfield	2	2	4	Saguache	2	0	2
Gilpin	1	0	1	San Juan	0	0	0
Grand	0	0	0	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	72	49	121

OUTSTATE HOSPITALS AND CLINICS METHODOLOGY

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

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

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

REIMBURSEMENT FOR OUTSTATE CLINICS AND HOSPITALS

Outstate clinics are reimbursed using the above methodology with 100% General Funds. Beginning in FY 1994-95, Outstate hospitals became CICP/DSH providers allowing receipt of federal matching funds. For the first three months of FY 1999-00 (July-September, 1999) the federal matching funds rate was at 50.59% of General Funds. For the remainder of the fiscal year, the federal funds match fell to 50.00%

The General Assembly appropriated \$16,294,325.00 of which \$9,681,862.00 was General Funds. Due to an increase in provider charges, the CICP reimbursed Outstate providers 24.045% of costs in FY 1999-00. In FY 1998-99, FY 1997-98 and FY 1996-97 the reimbursement level was 30% of costs. This compares to 29.50% of costs in FY 1995-96 and 21.05% of costs in FY 1994-95.

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 who 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%. The disproportionate share payment to the Outstate hospitals is based on the Medicaid inpatient days utilizing a minimum of one percent of the hospital services. These hospitals must have at least two obstetricians with staff privileges. The hospitals must participate in the CICP program to receive this reimbursement adjustment.

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 state general funds and certification of funds which are then matched with federal funds. CICIP data are used to calculate the amount of local hospital contributions, provider payment amounts and each hospital's share of uncompensated care to low income persons. Therefore, the amount paid to each facility relates directly to CICIP utilization.

In FY 1999-00, there were eight Medicaid Disproportionate Share providers:

- Denver Health
- National Jewish
- Platte Valley Medical Center
- San Luis Valley Regional Medical Center
- The Springs Center for Women
- The Children's Hospital
- Valley View Hospital
- University Hospital

Table 3 shows total reimbursement to CICIP and Medicaid/DSH providers in FY 1999-00.

Table 3 - FY 1999-00 Net Reimbursement

Outstate Clinics	\$4,445,179		
Outstate Hospitals	\$10,172,489	DSH Hospitals**	\$7,063,772
Total Outstate	\$14,617,668		
Denver Health*	\$10,309,282	Denver Health	\$37,142,062
University Hospital*	\$10,310,391	University Hospital	\$18,787,541
			375
Source: Table 8			
*This amount includes money from the CICIP FY 1999-00 Long Bill for Major Teaching Hospitals.			
**DSH Hospitals for FY 1999-00 were National Jewish Medical and Research Center, Platte Valley Medical Center, San Luis Valley Regional Medical Center, The Children's Hospital, The Springs Center for Women and Valley View 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 FY 1999-00 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 CICIP by the very nature of the reimbursement level and providers are contracted to prioritize their services to emergent/urgent care to CICIP patients.

INPATIENT UTILIZATION

Table 4 reports the changes in CICIP inpatient utilization:

Table 4 - Comparison of FY 1998-99 and FY 1999-00 Inpatient Utilization

CICIP PROGRAM	FY 1998-99 INPATIENT ADMISSIONS	FY 1999-00 INPATIENT ADMISSIONS	PERCENT CHANGE	FY 1998-99 INPATIENT DAYS	FY 1999-00 INPATIENT DAYS	PERCENT CHANGE
Outstate	4,750	5,343	12.48%	18,099	20,360	12.49%
DSH*	651	669	2.76%	2,180	2,156	-1.10%
Denver Health	4,918	5,049	2.66%	23,151	23,460	1.33%
University	2,357	2,164	-8.19%	9,364	9,223	-1.51%
TOTALS	12,676	13,225	4.33%	52,794	55,199	4.56%

Source: CICIP Analysis of Table 15 in FY 1998-99 and FY 1999-00 Annual Reports.

*DSH Hospitals for FY 1998-99 were National Jewish Medical and Research Center, Platte Valley Medical Center, San Luis Valley Regional Medical Center, and the Children's Hospital. DSH Hospitals for FY 1999-00 were National Jewish Medical and Research Center, Platte Valley Medical Center, San Luis Valley Regional Medical Center, The Children's Hospital, The Springs Center for Women and Valley View Hospital.

Trend: FY 1999-00 ended with an increase in inpatient admissions after declining for two years in a row. In FY 1998-99, inpatient admissions were reported at 12,676 admissions. Inpatient utilization fell 14.5% in FY 1997-98 and then another 2.5% in FY 1998-99. The majority of the inpatient admissions increase was in Outstate providers, which grew by 12.5%, after falling by 18.8% in FY 1998-99. A major determinate in these patterns may simply be better data collection methods in FY 1999-00 or the confusion created with providers submitting claims to two different fiscal agents in the prior two years. Beginning in FY 1997-98, all providers were required to submit their claims electronically to the Department's fiscal agent. For FY 1999-00 providers submitted a majority of claims to the Department's fiscal agent, but providers were allowed to self-declare any missing claims.

An analysis of Table 4 shows the following breakdown of all CICIP inpatient admissions during FY 1999-00:

- Outstate Hospitals – 40.4%
- Disproportionate Share Hospitals – 5.0%
- Denver Health – 38.2%
- University Hospital – 16.4%

The average length of stay (ALOS) did not change significantly in FY 1999-00. The ALOS was 4.17 days in FY 1999-00 and 4.16 days in FY 1998-99. This followed a decline from 4.56 days in FY 1996-97 to 4.35 days in FY 1997-98.

OUTPATIENT UTILIZATION

Table 5 reports the changes in CICIP outpatient utilization:

Table 5 - Comparison of FY 1998-99 and FY 1999-00 Outpatient Visits

CICP PROGRAM	FY 1998-99 OUTPATIENT VISITS	FY 1999-00 OUTPATIENT VISITS	PERCENT CHANGE
Outstate Providers			
Clinics	189,107	212,315	12.27%
Hospitals	51,967	63,702	22.58%
Total Outstate	241,074	276,017	14.49%
DSH*	12,024	13,976	16.23%
Denver Health	207,844	148,060	-28.76%
University	58,619	54,237	-7.48%
TOTALS	519,561	492,290	-5.25%
Source: CICIP Analysis of Table 15 in FY 1998-99 and FY 1999-00 Annual Reports.			
*DSH Hospitals for FY 1998-99 were National Jewish Medical and Research Center, Platte Valley Medical Center, San Luis Valley Regional Medical Center, and the Children's Hospital. DSH Hospitals for FY 1999-00 were National Jewish Medical and Research Center, Platte Valley Medical Center, San Luis Valley Regional Medical Center, The Children's Hospital, The Springs Center for Women and Valley View Hospital.			

Trend: After decreasing by 14.9% in FY 1997-98 and making a minor increase in FY 1998-99, the number of outpatient visits decreased by 5.3 percent in FY 1999-00. In FY 1996-97, outpatient utilization was reported at 593,107 visits and at 516,176 in FY 1997-98.

A contributing factor to the downward trend may have been the strong Colorado economy that has created a workforce with earnings above the 185% Federal Poverty Level (FPL), which makes these individuals ineligible for the CICIP program.

Table 5 shows the following breakdown of all CICIP outpatient care during FY 1999-00:

- Outstate Clinics – 43.2%
- Outstate Hospitals – 12.9%
- Disproportionate Share Hospitals – 2.8%
- Denver Health - 30.1%
- University Hospital - 11.0%

REIMBURSEMENT PER INPATIENT DAY

Table 6 reports inpatient days by sub-program for FY 1999-00. 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 PROGRAM	INPATIENT DAYS	TOTAL NET CICP INPATIENT REIMBURSEMENT	NET CICP REIMBURSEMENT PER INPATIENT DAY*
Outstate Providers			
Clinics	N/A	N/A	N/A
Hospitals	20,360	\$6,380,246	\$313.37
Total Outstate	20,360	\$6,380,246	\$313.37
DSH	2,156	\$3,374,012	\$1,564.94
Denver Health	23,460	\$23,161,897	\$987.29
University Hospital	9,223	\$16,629,295	\$1,803.02
SOURCE: CICP Analysis of Tables 8, 9 and 15.			
*Percentage of inpatient charges times estimated inpatient net reimbursement divided by the number of inpatient days.			

From FY 1997-98 to FY 1998-99 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. In FY 1999-00 the number of inpatient days for Outstate hospitals rose 4.6% while the net CICP reimbursement per inpatient day fell 24.3% to \$313.37.

REIMBURSEMENT PER OUTPATIENT VISIT

Table 7 reports outpatient visits and reimbursement payments by CICP sub-program Outstate and Medicaid/DSH during FY 1999-00.

Table 7 - Reimbursement per Outpatient Visit

CICP PROGRAM	OUTPATIENT VISITS	TOTAL NET CICP OUTPATIENT REIMBURSEMENT	NET CICP REIMBURSEMENT PER OUTPATIENT VISIT*
Outstate			
Clinics	212,315	\$4,445,179	\$20.94
Hospitals	63,702	\$3,792,243	\$59.53
Total Outstate	276,017	\$8,237,422	\$29.84
DSH	13,976	\$3,689,760	\$264.01
Denver Health	148,060	\$24,289,447	\$164.05
University	54,237	\$12,468,637	\$229.89
Source: CICP analysis of Tables 8, 9, and 15.			
*Percentage of outpatient charges times estimated outpatient net reimbursement divided by the number of visits.			

In FY 1999-00 the number of outpatient visits at Outstate clinics rose 12.27% while the Outstate hospital visits increased by 22.6%. The net CICP reimbursement per outpatient visit decreased by 18.0% or \$4.60, while Outstate hospitals posted a decline of 21.8% or \$16.64. From FY 1997-98 to FY 1998-99 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.

REIMBURSEMENT TRENDS

FY 1994-95 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.

FY 1995-96 Funding - The General Assembly increased the FY 1995-96 Outstate appropriation by 54%. This increase was estimated to cover 30% of Outstate providers' costs.

FY 1996-97 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 FY 1996-97 to maintain the existing funding level of 30% for Outstate programs was approved.

FY 1997-98 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.

FY 1998-99 Funding - The original Indigent Care Program appropriation of \$20,109,577 was reduced by \$2,749,728 to \$17,359,848 (General Fund \$10,851,656 and Federal Funds \$6,508,192) by supplemental appropriation in January 1999. This reduction was directly related to the actual payments reported during FY 1997-98, 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 assumed reimbursement level at 30% of costs.

FY 1999-2000 Funding – The Indigent Care Program appropriation for the year was \$16,294,325 (General Fund \$9,681,862 and Federal Funds \$6,612,463). The lower appropriation compared to the previous year was due to savings from the estimated number of children that would move from the Medically Indigent Program to the Child Health Plan Plus program. Based on the available General Fund appropriation, providers were reimbursed at 24.045% of costs.

FY 2000-01 Funding – The original appropriation of \$16,294,325 was increased by a supplemental appropriation to \$19,237,054 (General Fund \$12,423,912 and Federal Funds \$6,813,142) based on projections from FY 1999-00 estimated uncompensated costs to achieve a reimbursement rate of 30%. In addition, the General Assembly appropriated \$1,467,517 (General Funds \$761,802 and Federal Funds \$705,715) as supplemental funds to reimburse the unreported FY 1998-99 claims identified during FY 2000-01 at 30% of costs.

FY 2001-02 Funding – The Indigent Care Program appropriations total \$24,313,549 (General Fund \$10,683,860 Cash Funds Exempt \$4,270,656 and Federal Funds \$9,359,033) for FY 2001-02. The large increase is due to a change in reimbursement methodology using certification of public expenditures as the state match to draw disproportionate share hospital federal funds for public hospitals. It is the intent of the Department to reimburse providers once again at 30% of costs (net benefit) with the increased appropriation and move to a prospective payment system.

VI. PROGRAM ADMINISTRATION

REPORTING REQUIREMENTS

The CICIP Provider Audit Guidelines for FY 1999-00 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 hospital 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 clinics provide "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 has been to inform families of the Child Health Plan Plus, a health insurance plan available to families with incomes 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).

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 was 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.

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

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 released in March of 1999. The Department with the Department of Human Services has contracted with Electronic Data System (EDS) to design and implement CMBS. This system will provide a benefit to the CICIP since it will automatically verify that a client is not eligible for Medicaid and CBHP before enrollment into CICIP. A central registry is expected to be fully functional by 2003.

VIII. FINANCIAL TABLES

Table 8 - Total Financial Activity and CICP Reimbursement

Providers	Charges	Third Party Payments	Patient Liability	Write-Off Charges	Write-Off Costs	Net Reimbursement
Outstate Clinic Providers						
Children's Clinic	\$9,433	\$0	\$759	\$8,674	\$8,674	\$2,086
Clinica Campesina	\$714,639	\$0	\$99,375	\$615,264	\$615,264	\$147,940
Colorado Coalition for the Homeless	\$2,578,095	\$26,324	\$0	\$2,551,771	\$2,551,771	\$613,573
Colorado Springs Osteopathic Foundation	\$215,684	\$1,369	\$24,686	\$189,629	\$189,629	\$45,596
Columbine Family Health Center	\$221,384	\$0	\$36,607	\$184,777	\$184,777	\$44,430
Commerce City Community Health Center	\$372	\$0	\$65	\$307	\$307	\$74
Community Health Center, Inc.	\$6,246,199	\$126,228	\$821,422	\$5,298,549	\$5,298,549	\$1,274,035
Community Health Clinic	\$34,850	\$1,852	\$10,078	\$22,920	\$22,920	\$5,511
High Plains Community Health Center	\$242,088	\$0	\$22,901	\$219,187	\$219,187	\$52,704
La Clinica, Inc.	\$10,633	\$0	\$1,961	\$8,672	\$8,672	\$2,085
Metropolitan Denver Provider Network	\$1,485,050	\$0	\$135,697	\$1,349,353	\$1,349,353	\$324,452
Monfort Children's Clinic	\$25,419	\$0	\$7,013	\$18,406	\$18,406	\$4,426
People's Clinic	\$913,104	\$0	\$86,013	\$827,091	\$827,091	\$198,874
Pueblo Community Health Center	\$1,891,661	\$43	\$239,339	\$1,652,279	\$1,652,279	\$397,290
Salud Family Health Centers	\$3,271,580	\$0	\$393,445	\$2,878,135	\$2,878,135	\$692,047
Sunrise Community Health Center	\$1,495,399	\$69	\$150,535	\$1,344,795	\$1,344,795	\$323,356
Uncompahgre Combined Clinics	\$38,503	\$2,050	\$6,852	\$29,601	\$29,601	\$7,118
Valley-Wide Health Services	\$1,417,134	\$0	\$129,623	\$1,287,511	\$1,287,511	\$309,582
TOTAL CICP OUTSTATE CLINICS	\$20,811,227	\$157,935	\$2,166,371	\$18,486,921	\$18,486,921	\$4,445,179
Outstate Hospital Providers						
Arkansas Valley Regional Medical Center	\$1,985,469	\$246,619	\$58,616	\$1,680,234	\$839,445	\$201,844
Aspen Valley Hospital	\$491,523	\$14,694	\$8,817	\$468,012	\$353,115	\$84,906
Avista Hospital	\$901,764	\$84,504	\$8,350	\$808,910	\$394,667	\$94,898
Boulder Community Hospital	\$1,782,246	\$7,820	\$40,267	\$1,734,159	\$955,175	\$229,672
Colorado Plains Medical Center	\$1,019,248	\$391,625	\$31,076	\$596,547	\$297,319	\$71,490
Community Hospital	\$347,477	\$0	\$10,967	\$336,510	\$242,758	\$58,371
Conejos County Hospital	\$84,806	\$0	\$2,195	\$82,611	\$45,039	\$10,830
Craig Rehabilitation Hospital	\$30,303	\$15,355	\$210	\$14,738	\$9,894	\$2,379
Delta County Memorial Hospital	\$624,673	\$69,886	\$23,954	\$530,833	\$294,188	\$70,737
Estes Park Medical Center	\$165,881	\$0	\$8,632	\$157,249	\$123,047	\$29,587
Exempla Lutheran Medical Center	\$3,012,544	\$309,587	\$69,874	\$2,633,083	\$1,205,162	\$289,781

Table 8 - Total Financial Activity and CICP Reimbursement

Providers	Charges	Third Party Payments	Patient Liability	Write-Off Charges	Write-Off Costs	Net Reimbursement
Grand River Hospital District	\$148,369	\$953	\$1,263	\$146,153	\$107,115	\$25,756
Gunnison Valley Hospital	\$64,581	\$0	\$600	\$63,981	\$45,452	\$10,929
HealthOne Medical Center of Aurora	\$2,682,685	\$176,190	\$66,223	\$2,440,272	\$845,067	\$203,196
Heart of the Rockies Regional Medical Center	\$582,617	\$73,797	\$5,598	\$503,222	\$314,363	\$75,588
Huerfano Memorial Hospital	\$413,436	\$51,699	\$14,400	\$347,337	\$259,739	\$62,454
Longmont United Hospital	\$1,361,713	\$93,547	\$36,005	\$1,232,161	\$805,833	\$193,762
McKee Medical Center (1)	\$1,149,104	\$70,145	\$46,534	\$1,032,425	\$573,103	\$135,617
Melissa Memorial	\$107,503	\$1,429	\$7,763	\$98,311	\$73,763	\$17,736
Memorial Hospital (1)	\$26,347,842	\$2,558,322	\$434,243	\$23,355,277	\$8,804,939	\$2,117,146
Mercy Medical Center	\$1,955,854	\$189,016	\$65,037	\$1,701,801	\$1,013,593	\$243,718
Montrose Memorial Hospital	\$1,710,276	\$308,124	\$71,134	\$1,331,018	\$676,556	\$162,678
Mount San Rafael Hospital	\$261,284	\$56,305	\$9,041	\$195,938	\$109,275	\$26,275
North Colorado Medical Center (1)	\$4,162,692	\$169,888	\$132,067	\$3,860,737	\$2,084,026	\$501,104
Parkview Medical Center (1)	\$10,493,103	\$2,039,777	\$130,659	\$8,322,667	\$3,412,293	\$820,485
Penrose-St. Francis HealthCare Systems (1)	\$12,311,073	\$615,445	\$218,384	\$11,477,244	\$4,817,000	\$1,158,246
Poudre Valley Hospital	\$6,469,178	\$352,978	\$52,010	\$6,064,190	\$3,855,006	\$926,935
Prowers Medical Center	\$778,087	\$202,016	\$29,129	\$546,942	\$291,575	\$70,109
Rio Grande Hospital	\$322,372	\$33,820	\$15,940	\$272,612	\$131,699	\$31,667
Routt Memorial Hospital (1)	\$426,516	\$2,735	\$22,716	\$401,065	\$288,607	\$69,395
Sedgwick County Health Center	\$45,675	\$2,582	\$2,886	\$40,207	\$30,710	\$7,384
Southeast Colorado Hospital	\$86,963	\$9,044	\$5,591	\$72,328	\$56,213	\$13,517
Southwest Memorial Hospital	\$676,802	\$33,724	\$6,491	\$636,587	\$394,238	\$94,795
St. Mary-Corwin Hospital (1)	\$10,983,795	\$990,532	\$138,675	\$9,854,588	\$4,267,037	\$1,026,008
St. Mary's Hospital (1)	\$6,030,577	\$178,920	\$156,791	\$5,694,866	\$2,597,998	\$624,688
St. Thomas More Hospital (1)	\$1,118,440	\$111,395	\$29,955	\$977,090	\$552,154	\$132,765
St. Vincent General Hospital	\$172,460	\$39,119	\$4,989	\$128,352	\$83,942	\$20,184
Sterling Regional Medical Center (1)	\$1,147,341	\$268,189	\$52,430	\$826,722	\$470,157	\$113,049
The Memorial Hospital (1)	\$737,463	\$104,140	\$28,454	\$604,869	\$462,301	\$111,160
Yuma District Hospital	\$226,110	\$65,257	\$8,869	\$151,984	\$131,618	\$31,648
TOTAL CICP OUTSTATE HOSPITALS	\$103,419,845	\$9,939,178	\$2,056,835	\$91,423,832	\$42,315,181	\$10,172,489
TOTAL CICP OUTSTATE PROVIDERS	\$124,231,072	\$10,097,113	\$4,223,206	\$109,910,753	\$60,802,102	\$14,617,668

Table 8 - Total Financial Activity and CICP Reimbursement

Providers	Charges	Third Party Payments	Patient Liability	Write-Off Charges	Write-Off Costs	Net Reimbursement
Medicaid Disproportionate Share Hospitals						
Platte Valley Medical Center	\$1,759,715	\$90,392	\$51,390	\$1,617,933	\$781,623	\$689,074
San Luis Valley Regional Medical Center	\$2,028,873	\$140,721	\$121,150	\$1,767,002	\$976,975	\$891,219
The Springs Center for Women (1)	\$359,388	\$28,455	\$45,654	\$285,279	\$256,181	\$221,377
Valley View Hospital	\$1,053,091	\$73,185	\$4,174	\$975,732	\$715,797	\$671,064
Medicaid Disproportionate Share Specialty Hospitals						
National Jewish Medical and Research Center	\$1,629,410	\$20,758	\$77,613	\$1,531,039	\$1,328,483	\$1,749,561
The Children's Hospital (2)	\$6,874,685	\$184,386	\$199,995	\$6,490,304	\$3,445,702	\$2,841,477
University Physicians Inc.	\$1,522,581	\$33,947	\$8,974	\$1,479,660	\$785,551	\$0
The Children's Hospital	\$5,352,104	\$150,439	\$191,021	\$5,010,644	\$2,660,151	\$2,841,477
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	\$13,705,162	\$537,897	\$499,976	\$12,667,289	\$7,504,761	\$7,063,772
Denver Health and Hospital (3)(4)	\$122,751,954	\$9,910,770	\$2,706,928	\$110,134,256	\$79,461,866	\$47,451,344
University Hospital (2)(4)	\$81,643,806	\$3,446,758	\$6,737,031	\$71,460,017	\$45,319,942	\$29,097,932
University Physicians Inc.	\$16,798,169	\$689,886	\$133,649	\$15,974,634	\$10,131,113	\$7,851,208
University Hospital	\$64,845,637	\$2,756,872	\$6,603,382	\$55,485,383	\$35,188,829	\$21,246,724
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	\$218,100,922	\$13,895,425	\$9,943,935	\$194,261,562	\$132,286,569	\$83,613,048
TOTAL ALL CICP PROVIDERS	\$342,331,994	\$23,992,538	\$14,167,141	\$304,172,315	\$193,088,671	\$98,230,716

Notes:

- (1) Includes physician charges.
(2) Includes University Physicians Inc. charges.
(3) Includes physician charges, outpatient pharmacy and ambulance charges.
(4) Total Reimbursement Includes Major Teaching Payment.

Table 8 - Medicaid Disproportionate Share Hospital Reimbursement Detail

	FFY 1999-00 Bad Debt	Component 1A	Major Teaching	Net Reimbursement
Platte Valley Medical Center	\$0	\$689,074	\$0	\$689,074
San Luis Valley Regional Medical Center	\$0	\$891,219	\$0	\$891,219
Valley View Hospital	\$0	\$671,064	\$0	\$671,064
The Springs Center for Women	\$0	\$221,377	\$0	\$221,377
National Jewish Medical and Research Center	\$0	\$1,749,561	\$0	\$1,749,561
The Children's Hospital	\$0	\$2,841,477	\$0	\$2,841,477
Denver Health and Hospital	\$0	\$37,142,062	\$10,309,282	\$47,451,344
University Hospital	\$0	\$18,787,541	\$10,310,391	\$29,097,932
Total	\$0	\$62,993,375	\$20,619,673	\$83,613,048

Table 9 - Inpatient and Outpatient Charges

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Urgent Charges	Total Non-Urgent Charges	Total Charges
Outstate Clinic Providers							
Children's Clinic	\$0	\$9,433	\$0	\$0	\$0	\$9,433	\$9,433
Clinica Campesina	\$0	\$714,639	\$0	\$0	\$0	\$714,639	\$714,639
Colorado Coalition for the Homeless	\$285	\$2,577,810	\$0	\$0	\$285	\$2,577,810	\$2,578,095
Colorado Springs Osteopathic Foundation	\$124	\$215,560	\$0	\$0	\$124	\$215,560	\$215,684
Columbine Family Health Center	\$213	\$221,171	\$0	\$0	\$213	\$221,171	\$221,384
Commerce City Community Health Center	\$0	\$372	\$0	\$0	\$0	\$372	\$372
Community Health Center, Inc.	\$0	\$6,246,199	\$0	\$0	\$0	\$6,246,199	\$6,246,199
Community Health Clinic	\$1,219	\$33,631	\$0	\$0	\$1,219	\$33,631	\$34,850
High Plains Community Health Center	\$0	\$242,088	\$0	\$0	\$0	\$242,088	\$242,088
La Clinica, Inc.	\$0	\$10,633	\$0	\$0	\$0	\$10,633	\$10,633
Metropolitan Denver Provider Network	\$0	\$1,485,050	\$0	\$0	\$0	\$1,485,050	\$1,485,050
Monfort Children's Clinic	\$0	\$25,419	\$0	\$0	\$0	\$25,419	\$25,419
People's Clinic	\$0	\$913,104	\$0	\$0	\$0	\$913,104	\$913,104
Pueblo Community Health Center	\$201	\$1,891,460	\$0	\$0	\$201	\$1,891,460	\$1,891,661
Salud Family Health Centers	\$10	\$3,271,570	\$0	\$0	\$10	\$3,271,570	\$3,271,580
Sunrise Community Health Center	\$105	\$1,495,294	\$0	\$0	\$105	\$1,495,294	\$1,495,399
Uncompahgre Combined Clinics	\$0	\$38,503	\$0	\$0	\$0	\$38,503	\$38,503
Valley-Wide Health Services	\$41,328	\$1,375,806	\$0	\$0	\$41,328	\$1,375,806	\$1,417,134
TOTAL CICP OUTSTATE CLINICS	\$43,485	\$20,767,742	\$0	\$0	\$43,485	\$20,767,742	\$20,811,227
Outstate Hospital Providers							
Arkansas Valley Regional Medical Center	\$490,744	\$644,463	\$500,005	\$350,257	\$990,749	\$994,720	\$1,985,469
Aspen Valley Hospital	\$180,249	\$0	\$311,274	\$0	\$491,523	\$0	\$491,523
Avista Hospital	\$110,977	\$282,462	\$287,865	\$220,460	\$398,842	\$502,922	\$901,764
Boulder Community Hospital	\$319,850	\$380,743	\$978,351	\$103,302	\$1,298,201	\$484,045	\$1,782,246
Colorado Plains Medical Center	\$273,329	\$9,216	\$732,102	\$4,601	\$1,005,431	\$13,817	\$1,019,248
Community Hospital	\$88,515	\$95,933	\$116,908	\$46,121	\$205,423	\$142,054	\$347,477
Conejos County Hospital	\$32,247	\$0	\$50,104	\$2,455	\$82,351	\$2,455	\$84,806
Craig Rehabilitation Hospital	\$0	\$30,303	\$0	\$0	\$0	\$30,303	\$30,303
Delta County Memorial Hospital	\$139,049	\$151,756	\$208,107	\$125,761	\$347,156	\$277,517	\$624,673
Estes Park Medical Center	\$40,213	\$65,105	\$37,816	\$22,747	\$78,029	\$87,852	\$165,881
Exempla Lutheran Medical Center	\$134,569	\$697,374	\$1,464,659	\$715,942	\$1,599,228	\$1,413,316	\$3,012,544

Table 9 - Inpatient and Outpatient Charges

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Urgent Charges	Total Non-Urgent Charges	Total Charges
Grand River Hospital District	\$53,981	\$43,349	\$42,172	\$8,867	\$96,153	\$52,216	\$148,369
Gunnison Valley Hospital	\$43,295	\$2,694	\$18,592	\$0	\$61,887	\$2,694	\$64,581
HealthOne Medical Center of Aurora	\$358,628	\$53,814	\$1,759,923	\$510,320	\$2,118,551	\$564,134	\$2,682,685
Heart of the Rockies Regional Medical Center	\$206,156	\$7,737	\$359,259	\$9,465	\$565,415	\$17,202	\$582,617
Huerfano Memorial Hospital	\$265,491	\$0	\$147,945	\$0	\$413,436	\$0	\$413,436
Longmont United Hospital	\$164,306	\$312,409	\$804,248	\$80,750	\$968,554	\$393,159	\$1,361,713
McKee Medical Center	\$183,365	\$326,625	\$294,866	\$294,613	\$478,231	\$621,238	\$1,099,469
Melissa Memorial	\$65,018	\$585	\$41,900	\$0	\$106,918	\$585	\$107,503
Memorial Hospital	\$2,300,546	\$5,505,909	\$12,151,782	\$2,773,628	\$14,452,328	\$8,279,537	\$22,731,865
Mercy Medical Center	\$289,396	\$382,979	\$1,119,391	\$164,088	\$1,408,787	\$547,067	\$1,955,854
Montrose Memorial Hospital	\$314,418	\$641,567	\$517,488	\$236,803	\$831,906	\$878,370	\$1,710,276
Mount San Rafael Hospital	\$123,197	\$61,936	\$51,634	\$24,517	\$174,831	\$86,453	\$261,284
North Colorado Medical Center	\$566,397	\$783,680	\$1,919,508	\$770,248	\$2,485,905	\$1,553,928	\$4,039,833
Parkview Medical Center	\$1,745,851	\$1,075,306	\$5,683,985	\$1,612,265	\$7,429,836	\$2,687,571	\$10,117,407
Penrose-St. Francis HealthCare Systems	\$3,021,200	\$164,234	\$5,942,940	\$689,232	\$8,964,140	\$853,466	\$9,817,606
Poudre Valley Hospital	\$559,255	\$1,771,011	\$3,375,310	\$763,602	\$3,934,565	\$2,534,613	\$6,469,178
Prowers Medical Center	\$162,657	\$303,301	\$175,389	\$136,740	\$338,046	\$440,041	\$778,087
Rio Grande Hospital	\$196,106	\$0	\$126,266	\$0	\$322,372	\$0	\$322,372
Routt Memorial Hospital	\$55,459	\$42,593	\$189,557	\$61,325	\$245,016	\$103,918	\$348,934
Sedgwick County Health Center	\$14,029	\$27,734	\$1,637	\$2,275	\$15,666	\$30,009	\$45,675
Southeast Colorado Hospital	\$23,416	\$48,185	\$15,362	\$0	\$38,778	\$48,185	\$86,963
Southwest Memorial Hospital	\$116,410	\$255,246	\$178,270	\$126,876	\$294,680	\$382,122	\$676,802
St. Mary-Corwin Hospital	\$4,685,375	\$321,405	\$3,962,358	\$535,603	\$8,647,733	\$857,008	\$9,504,741
St. Mary's Hospital	\$471,677	\$1,152,106	\$2,990,509	\$602,286	\$3,462,186	\$1,754,392	\$5,216,578
St. Thomas More Hospital	\$176,517	\$253,350	\$380,815	\$89,797	\$557,332	\$343,147	\$900,479
St. Vincent General Hospital	\$63,571	\$0	\$108,889	\$0	\$172,460	\$0	\$172,460
Sterling Regional Medical Center	\$0	\$613,071	\$0	\$491,051	\$0	\$1,104,122	\$1,104,122
The Memorial Hospital	\$205,185	\$116,667	\$289,158	\$0	\$494,343	\$116,667	\$611,010
Yuma District Hospital	\$58,471	\$120,143	\$47,496	\$0	\$105,967	\$120,143	\$226,110
TOTAL CICP OUTSTATE HOSPITALS	\$18,299,115	\$16,744,991	\$47,383,840	\$11,575,997	\$65,682,955	\$28,320,988	\$94,003,943
TOTAL CICP OUTSTATE PROVIDERS	\$18,342,600	\$37,512,733	\$47,383,840	\$11,575,997	\$65,726,440	\$49,088,730	\$114,815,170

Table 9 - Inpatient and Outpatient Charges

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Urgent Charges	Total Non-Urgent Charges	Total Charges
Medicaid Disproportionate Share Hospitals							
Platte Valley Medical Center	\$656,678	\$450,147	\$517,681	\$135,209	\$1,174,359	\$585,356	\$1,759,715
San Luis Valley Regional Medical Center	\$352,649	\$774,377	\$523,619	\$378,228	\$876,268	\$1,152,605	\$2,028,873
The Springs Center for Women	\$40,561	\$0	\$202,801	\$78,458	\$243,362	\$78,458	\$321,820
Valley View Hospital	\$195,030	\$120,209	\$666,356	\$71,496	\$861,386	\$191,705	\$1,053,091
Medicaid Disproportionate Share Specialty Hospitals							
National Jewish Medical and Research Center	\$18,426	\$1,532,542	\$19,660	\$58,782	\$38,086	\$1,591,324	\$1,629,410
The Children's Hospital	\$1,625,750	\$577,578	\$2,390,872	\$757,904	\$4,016,622	\$1,335,482	\$5,352,104
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	\$2,889,094	\$3,454,853	\$4,320,989	\$1,480,077	\$7,210,083	\$4,934,930	\$12,145,013
Denver Health and Hospital (1)	\$17,295,297	\$45,539,112	\$55,010,897	\$4,906,648	\$72,306,194	\$50,445,760	\$122,751,954
University Hospital (2)	\$7,001,170	\$18,550,190	\$25,434,171	\$8,643,421	\$32,435,341	\$27,193,611	\$59,628,952
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	\$27,185,561	\$67,544,155	\$84,766,057	\$15,030,146	\$111,951,618	\$82,574,301	\$194,525,919
TOTAL ALL CICP PROVIDERS	\$45,528,161	\$105,056,888	\$132,149,897	\$26,606,143	\$177,678,058	\$131,663,031	\$309,341,089

Notes:

(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, physician ch

(2) Does not include pharmacy charges.

Table does not include physician or University Physicians Inc. charges.

IX. UTILIZATION DATA

Table 10 - Utilization by County

COUNTY	OUTSTATE CLINICS	OUTSTATE HOSPITALS	DSH*	DENVER HEALTH	UNIVERSITY HOSPITAL	TOTAL
Adams	21,932	204	3,227	1,226	12,768	39,357
Alamosa	4,193	21	2,088	10	74	6,386
Arapahoe	2,396	308	2,113	1,188	13,253	19,258
Archuleta	10	6	7	-	26	49
Baca	-	163	3	15	8	189
Bent	353	267	31	-	1	652
Boulder	18,413	2,308	154	60	1,531	22,466
Chaffee	15	476	5	15	63	574
Cheyenne	-	7	1	-	-	8
Clear Creek	728	23	42	8	305	1,106
Conejos	2,030	104	426	-	79	2,639
Costilla	1,564	34	406	-	63	2,067
Crowley	3	227	12	-	-	242
Custer	3	102	2	40	-	147
Delta	3	1,336	11	41	37	1,428
Denver	27,978	330	2,544	149,003	12,890	192,745
Dolores	619	125	-	1	2	747
Douglas	77	10	34	36	613	770
Eagle	10	30	41	13	88	182
Elbert	53	30	28	5	202	318
El Paso	61,175	15,297	220	13	966	77,671
Fremont	945	1,368	1	2	183	2,499
Garfield	451	344	257	-	64	1,116
Gilpin	364	6	16	10	51	447
Grand	15	14	9	6	123	167
Gunnison	2	83	6	-	20	111
Hindsdale	29	5	-	-	-	34
Huerfano	114	666	6	-	-	786
Jackson	2	2	1	1	31	37
Jefferson	4,712	985	1,037	1,360	9,045	17,139
Kiowa	8	2	-	2	-	12
Kit Carson	26	7	13	5	79	130
Lake	-	134	7	-	46	187
La Plata	1	775	-	1	-	777
Larimer	4,871	10,015	66	7	724	15,683
Las Animas	25	590	6	2	46	669
Lincoln	101	15	13	-	76	205
Logan	48	980	11	-	124	1,163
Mesa	-	2,726	16	2	47	2,791
Mineral	135	42	3	-	-	180
Moffat	1	476	19	-	-	496
Montezuma	-	61	5	-	-	66
Montrose	-	1,410	5	2	-	1,417
Morgan	2,781	1,168	35	4	199	4,187
Otero	1,857	2,122	7	-	192	4,178
Ouray	-	25	2	-	-	27
Park	302	28	32	2	188	552
Phillips	-	464	-	-	-	464

Table 10 - Utilization by County

COUNTY	OUTSTATE CLINICS	OUTSTATE HOSPITALS	DSH*	DENVER HEALTH	UNIVERSITY HOSPITAL	TOTAL
Pitkin	2	159	21	-	-	182
Prowers	3,083	746	3	1	128	3,961
Pueblo	21,686	16,763	13	3	362	38,827
Rio Blanca	2	30	1	-	-	33
Rio Grande	3,290	846	573	1	-	4,710
Routt	1	83	1	-	-	85
Saguache	3,412	63	598	-	26	4,099
San Juan	-	3	3	-	-	6
San Miguel	237	56	-	-	-	293
Sedgwick	-	216	5	-	-	221
Summit	1	6	22	-	40	69
Teller	2,192	211	12	1	23	2,439
Washington	64	37	-	-	40	141
Weld	19,585	2,106	208	23	1,325	23,247
Yuma	42	405	19	-	48	514
Unknown	373	1,394	198	-	202	2,167
TOTALS	212,315	69,045	14,645	153,109	56,401	505,515

Notes:

*Disproportionate Share Hospitals include: Platte Valley Medical Center, San Luis Valley Regional Center, Valley View Hospital, National Jewish Medical and Research Center and The Children's Hospital.

Total claim count by reported patient residency.

Table 11 - Outpatient Visits and Inpatient Admissions by Indigency Rating

Outpatient Visits

Rating	OUTSTATE CLINICS		OUTSTATE HOSPITALS		DSH*		DENVER HEALTH		UNIVERSITY HOSPITAL		ALL PROVIDERS	
	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total
A	31,974	15.1%	9,314	14.6%	2,049	14.7%	23,857	16.1%	7,845	14.5%	75,039	15.2%
B	28,487	13.4%	7,665	12.0%	1,948	13.9%	19,891	13.4%	7,236	13.3%	65,227	13.2%
C	29,582	13.9%	8,431	13.2%	2,526	18.1%	20,274	13.7%	9,363	17.3%	70,176	14.3%
D	22,815	10.7%	7,868	12.4%	1,890	13.5%	15,459	10.4%	8,127	15.0%	56,159	11.4%
E	14,490	6.8%	5,182	8.1%	1,453	10.4%	10,462	7.1%	5,372	9.9%	36,959	7.5%
F	15,677	7.4%	5,962	9.4%	1,812	13.0%	10,462	7.1%	5,857	10.8%	39,770	8.1%
G	10,469	4.9%	4,676	7.3%	1,273	9.1%	6,918	4.7%	4,596	8.5%	27,932	5.7%
N	57,321	27.0%	14,461	22.7%	1,021	7.3%	40,737	27.5%	5,829	10.7%	119,369	24.2%
P	1,455	0.7%	20	0.0%	-	-	-	-	-	-	1,475	0.3%
UNKNOWN	45	0.0%	123	0.2%	4	0.0%	-	-	12	0.0%	184	0.0%
TOTAL	212,315	100%	63,702	100%	13,976	100%	148,060	100%	54,237	100%	492,290	100%

Inpatient Admissions

Rating	OUTSTATE CLINICS		OUTSTATE HOSPITALS		DSH*		DENVER HEALTH		UNIVERSITY HOSPITAL		ALL PROVIDERS	
	Visits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total
A	-	-	800	15.0%	92	13.8%	717	14.2%	306	14.1%	1,915	14.5%
B	-	-	652	12.2%	67	10.0%	518	10.3%	284	13.1%	1,521	11.5%
C	-	-	655	12.3%	73	10.9%	477	9.4%	363	16.8%	1,568	11.9%
D	-	-	615	11.5%	96	14.3%	390	7.7%	289	13.4%	1,390	10.5%
E	-	-	394	7.4%	92	13.8%	271	5.4%	207	9.6%	964	7.3%
F	-	-	618	11.6%	101	15.1%	329	6.5%	276	12.8%	1,324	10.0%
G	-	-	550	10.3%	108	16.1%	225	4.5%	201	9.3%	1,084	8.2%
N	-	-	1,030	19.3%	40	6.0%	2,122	42.0%	238	11.0%	3,430	25.9%
P	-	-	4	0.1%	-	-	-	-	-	-	4	0.0%
UNKNOWN	-	-	25	0.5%	-	-	-	-	-	-	25	0.2%
TOTALS	-	-	5,343	100%	669	100%	5,049	100%	2,164	100%	13,225	100%

Notes:

*Disproportionate Share Hospitals include: Platte Valley Medical Center, San Luis Valley Regional Center, Valley View Hospital, National Jewish Medical and Research Center and The Children's Hospital.

Percent totals may not equal 100% due to rounding.

Table 12 - Inpatient Days

Indigency Rating	OUTSTATE HOSPITALS	DSH*	DENVER HEALTH	UNIVERSITY HOSPITAL	TOTAL
A	3,279	232	3,001	1,347	7,859
B	2,516	206	2,380	1,156	6,258
C	2,662	202	2,106	1,577	6,547
D	2,107	383	1,683	1,216	5,389
E	1,364	284	1,143	868	3,659
F	2,204	316	1,227	1,178	4,925
G	1,940	415	832	768	3,955
N	4,114	118	11,088	1,113	16,433
P	-	-	-	-	-
UNKNOWN	174	-	-	-	174
TOTALS	20,360	2,156	23,460	9,223	55,199

Note:

*Disproportionate Share Hospitals include: Platte Valley Medical Center, San Luis Valley Regional Center, Valley View Hospital, National Jewish Medical and Research Center and The Children's Hospital.

Table 13 - Inpatient Admissions by Age and Sex

OUTSTATE HOSPITALS

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Count</u>	<u>Total Inpatient</u>		<u>Charges</u>
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>		<u>Percent of Total</u>	<u>Charges</u>	
0-5	91	\$383,879	112	\$471,021	203	3.8%	\$854,900	
06-17	86	\$484,644	98	\$654,807	184	3.4%	\$1,139,451	
18-24	293	\$1,749,410	280	\$3,280,321	573	10.7%	\$5,029,731	
25-54	1,679	\$15,729,366	1,672	\$20,806,337	3,351	62.7%	\$36,535,703	
55-64	410	\$5,996,577	370	\$5,709,479	780	14.6%	\$11,706,056	
65+	117	\$1,868,922	135	\$1,825,075	252	4.7%	\$3,693,997	
TOTAL	2,676	\$26,212,798	2,667	\$32,747,040	5,343	100%	\$58,959,838	

DSH*

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Count</u>	<u>Total Inpatient</u>		<u>Charges</u>
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>		<u>Percent of Total</u>	<u>Charges</u>	
0-5	64	\$429,018	104	\$728,488	168	25.1%	\$1,157,506	
06-17	66	\$732,350	90	\$1,247,690	156	23.3%	\$1,980,040	
18-24	62	\$532,666	23	\$149,611	85	12.7%	\$682,277	
25-54	109	\$565,268	89	\$926,181	198	29.6%	\$1,491,449	
55-64	30	\$228,083	18	\$134,307	48	7.2%	\$362,390	
65+	10	\$100,342	4	\$27,062	14	2.1%	\$127,404	
TOTAL	341	\$2,587,727	328	\$3,213,339	669	100%	\$5,801,066	

DENVER HEALTH

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Count</u>	<u>Total Inpatient</u>		<u>Charges</u>
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>		<u>Percent of Total</u>	<u>Charges</u>	
0-5	45	\$90,606	52	\$150,891	97	1.9%	\$241,497	
06-17	51	\$268,807	40	\$322,716	91	1.8%	\$591,523	
18-24	200	\$1,421,172	236	\$3,183,941	436	8.6%	\$4,605,113	
25-54	1,280	\$12,777,922	2,185	\$24,510,847	3,465	68.6%	\$37,288,769	
55-64	272	\$2,831,357	394	\$5,731,850	666	13.2%	\$8,563,207	
65+	131	\$1,912,438	163	\$2,590,905	294	5.8%	\$4,503,343	
TOTAL	1,979	\$19,302,302	3,070	\$36,491,150	5,049	100%	\$55,793,453	

Table 13 - Inpatient Admissions by Age and Sex

UNIVERSITY HOSPITAL (1)

<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	26	\$51,280	38	\$96,511	64	3.0%	\$147,791
06-17	8	\$81,744	5	\$36,205	13	0.6%	\$117,949
18-24	77	\$747,883	53	\$1,068,225	130	6.0%	\$1,816,108
25-54	664	\$9,009,764	666	\$11,514,939	1,330	61.5%	\$20,524,703
55-64	219	\$3,528,605	189	\$3,851,446	408	18.9%	\$7,380,051
65+	123	\$1,931,135	96	\$2,159,854	219	10.1%	\$4,090,989
TOTAL	1,117	\$15,350,411	1,047	\$18,727,180	2,164	100%	\$34,077,591

ALL 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	226	\$961,480	306	\$1,458,064	532	4.0%	\$2,419,544
06-17	211	\$1,587,415	233	\$2,285,272	444	3.4%	\$3,872,687
18-24	632	\$4,556,180	592	\$7,917,446	1,224	9.3%	\$12,473,626
25-54	3,732	\$39,026,827	4,612	\$59,570,076	8,344	63.1%	\$98,596,903
55-64	931	\$12,793,908	971	\$15,850,764	1,902	14.4%	\$28,644,672
65+	381	\$5,954,199	398	\$6,794,409	779	5.9%	\$12,748,608
TOTAL	6,113	\$64,880,009	7,112	\$93,876,031	13,225	100%	\$158,756,041

Notes:

(1) Does not include pharmacy charges.

*Disproportionate Share Hospitals include: Platte Valley Medical Center, San Luis Valley Regional Center, Valley View Hospital, National Jewish Medical and Research Center and The Children's Hospital.

Table does not include physician or University Physicians Inc. charges.

Percent totals may not equal 100% due to rounding.

Table 14 - Outpatient Activity by Age and Sex

OUTSTATE CLINICS

<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	4,013	\$339,773	4,010	\$345,243	8,023	3.8%	\$685,016
06-17	8,231	\$753,656	6,633	\$562,911	14,864	7.0%	\$1,316,567
18-24	15,932	\$1,652,752	4,927	\$459,638	20,859	9.8%	\$2,112,390
25-54	87,642	\$8,884,769	47,192	\$4,607,852	134,834	63.5%	\$13,492,621
55-64	18,214	\$1,753,941	9,825	\$945,999	28,039	13.2%	\$2,699,940
65+	3,523	\$299,852	2,173	\$204,841	5,696	2.7%	\$504,693
TOTALS	137,555	\$13,684,743	74,760	\$7,126,484	212,315	100%	\$20,811,227

OUTSTATE HOSPITALS

<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	612	\$213,777	647	\$229,147	1,259	2.0%	\$442,924
06-17	1,735	\$650,554	1,676	\$772,940	3,411	5.4%	\$1,423,494
18-24	5,320	\$2,404,257	2,465	\$1,649,469	7,785	12.2%	\$4,053,726
25-54	27,268	\$13,160,407	13,862	\$9,409,037	41,130	64.6%	\$22,569,444
55-64	5,651	\$3,250,361	2,791	\$2,110,894	8,442	13.3%	\$5,361,255
65+	938	\$629,971	737	\$563,292	1,675	2.6%	\$1,193,263
TOTALS	41,524	\$20,309,327	22,178	\$14,734,779	63,702	100%	\$35,044,106

DSH*

<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	1,091	\$299,631	1,326	\$511,940	2,417	17.3%	\$811,571
06-17	2,017	\$601,034	2,077	\$809,236	4,094	29.3%	\$1,410,270
18-24	994	\$372,165	476	\$245,150	1,470	10.5%	\$617,315
25-54	3,004	\$1,724,327	1,532	\$1,007,809	4,536	32.5%	\$2,732,136
55-64	737	\$412,015	409	\$226,681	1,146	8.2%	\$638,696
65+	191	\$74,073	122	\$59,886	313	2.2%	\$133,959
TOTALS	8,034	\$3,483,245	5,942	\$2,860,702	13,976	100%	\$6,343,947

Table 14 - Outpatient Activity by Age and Sex

DENVER HEALTH AND HOSPITAL

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Count</u>	<u>Total</u>		<u>Charges</u>
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>		<u>Percent of Total</u>	<u>Charges</u>	
0-5	1,553	\$292,214	1,773	\$345,328	3,326	2.2%	\$637,542	
06-17	3,192	\$855,097	2,472	\$721,347	5,664	3.8%	\$1,576,444	
18-24	10,651	\$3,979,890	4,807	\$2,610,530	15,458	10.4%	\$6,590,420	
25-54	52,468	\$20,559,961	43,436	\$22,158,537	95,904	64.8%	\$42,718,498	
55-64	11,571	\$4,064,781	8,748	\$3,577,979	20,319	13.7%	\$7,642,760	
65+	4,162	\$1,954,601	3,227	\$1,714,144	7,389	5.0%	\$3,668,745	
TOTALS	83,597	\$31,706,544	64,463	\$31,127,865	148,060	100%	\$62,834,409	

UNIVERSITY HOSPITAL (1)

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Count</u>	<u>Total</u>		<u>Charges</u>
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>		<u>Percent of Total</u>	<u>Charges</u>	
0-5	138	\$40,501	155	\$42,073	293	0.5%	\$82,574	
06-17	411	\$162,332	325	\$113,453	736	1.4%	\$275,785	
18-24	2,943	\$1,268,292	1507	\$723,402	4,450	8.2%	\$1,991,694	
25-54	19,167	\$8,196,762	14558	\$7,769,411	33,725	62.2%	\$15,966,173	
55-64	5,977	\$2,860,257	4080	\$2,144,291	10,057	18.5%	\$5,004,548	
65+	3,164	\$1,256,218	1812	\$974,368	4,976	9.2%	\$2,230,586	
TOTALS	31,800	\$13,784,362	22,437	\$11,766,998	54,237	100%	\$25,551,360	

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	7,407	\$1,185,896	7,911	\$1,473,731	15,318	3.1%	\$2,659,627
06-17	15,586	\$3,022,673	13,183	\$2,979,887	28,769	5.8%	\$6,002,560
18-24	35,840	\$9,677,356	14,182	\$5,688,189	50,022	10.2%	\$15,365,545
25-54	189,549	\$52,526,226	120,580	\$44,952,646	310,129	63.0%	\$97,478,872
55-64	42,150	\$12,341,355	25,853	\$9,005,844	68,003	13.8%	\$21,347,199
65+	11,978	\$4,214,715	8,071	\$3,516,531	20,049	4.1%	\$7,731,246
TOTAL	302,510	\$82,968,221	189,780	\$67,616,828	492,290	100%	\$150,585,049

Notes: Same as Table 13.

Table 15 - Utilization by Provider

Provider Name	Visits	Admissions	Days	LOS*
Outstate Clinic Providers				
Children's Clinic	91	-	-	-
Clinica Campesina	8,959	-	-	-
Colorado Coalition for the Homeless	25,723	-	-	-
Colorado Springs Osteopathic Foundation	1,983	-	-	-
Columbine Family Health Center	2,338	-	-	-
Commerce City Community Health Center	8	-	-	-
Community Health Center, Inc.	62,065	-	-	-
Community Health Clinic	612	-	-	-
High Plains Community Health Center	3,061	-	-	-
La Clinica, Inc.	113	-	-	-
Metropolitan Denver Provider Network	11,097	-	-	-
Monfort Children's Clinic	333	-	-	-
People's Clinic	10,487	-	-	-
Pueblo Community Health Center	21,673	-	-	-
Salud Family Health Centers	32,904	-	-	-
Sunrise Community Health Center	12,765	-	-	-
Uncompahgre Combined Clinics	466	-	-	-
Valley-Wide Health Services	17,637	-	-	-
TOTAL CICP OUTSTATE CLINICS	212,315	-	-	-
Outstate Hospital Providers				
Arkansas Valley Regional Medical Center	2,463	101	480	4.75
Aspen Valley Hospital	198	26	116	4.46
Avista Hospital	435	63	157	2.49
Boulder Community Hospital	1,084	80	358	4.48
Colorado Plains Medical Center	507	87	284	3.26
Community Hospital	220	29	77	2.66
Conejos County Hospital	30	19	23	1.21
Craig Rehabilitation Hospital	16	0	0	0.00
Delta County Memorial Hospital	960	82	180	2.20
Estes Park Medical Center	454	9	26	2.89
Exempla Lutheran Medical Center	1,024	180	761	4.23
Grand River Hospital District	226	86	10	0.12
Gunnison Valley Hospital	49	3	9	3.00
Healthone Medical Center of Aurora	367	122	491	4.02
Heart of the Rockies Regional Medical Center	479	28	162	5.79
Huerfano Memorial Hospital	548	26	92	3.54
Longmont United Hospital	810	82	375	4.57
McKee Medical Center	755	69	246	3.57
Melissa Memorial	417	13	23	1.77
Memorial Hospital	11,506	955	4,010	4.20
Mercy Medical Center	744	115	412	3.58
Montrose Memorial Hospital	1,447	102	305	2.99
Mount San Rafael Hospital	422	11	31	2.82
North Colorado Medical Center	1,775	288	942	3.27
Parkview Medical Center	2,745	487	2,353	4.83
Penrose-St. Francis HealthCare Systems	3,172	373	1,764	4.73
Poudre Valley Hospital	8,490	470	1,960	4.17

Table 15 - Utilization by Provider

Provider Name	Visits	Admissions	Days	LOS*
Prowers Medical Center	635	52	107	2.06
Rio Grande Hospital	936	35	102	2.91
Routt Memorial Hospital	43	24	162	6.75
Sedgwick County Health Center	177	33	1	0.03
Southeast Colorado Hospital	143	13	24	1.85
Southwest Memorial Hospital	602	49	120	2.45
St. Mary-Corwin Hospital	13,540	660	2,300	3.48
St. Mary's Hospital	2,799	378	1,247	3.30
St. Thomas More Hospital	1,165	73	222	3.04
St. Vincent General Hospital	237	21	64	3.05
Sterling Regional Medical Center	1,247	46	158	3.43
The Memorial Hospital	426	43	181	4.21
Yuma District Hospital	409	10	25	2.50
TOTAL CICP OUTSTATE HOSPITALS	63,702	5,343	20,360	3.81
TOTAL CICP OUTSTATE PROVIDERS	276,017	5,343	20,360	3.81
Medicaid Disproportionate Share Hospitals				
Platte Valley Medical Center	1,194	94	189	2.01
San Luis Valley Regional Medical Center	3,905	203	504	2.48
The Springs Center for Women	51	87	154	1.77
Valley View Hospital	277	43	207	4.81
Medicaid Disproportionate Share Specialty Hospitals				
National Jewish Medical and Research Center	2,388	8	33	4.13
The Children's Hospital	6,161	234	1,069	4.57
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	13,976	669	2,156	3.22
Denver Health and Hospital	148,060	5,049	23,460	4.65
University Hospital	54,237	2,164	9,223	4.26
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	216,273	7,882	34,839	4.42
TOTAL ALL CICP PROVIDERS	492,290	13,225	55,199	4.17

Notes:

*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	
Outstate Clinic Providers									
Children's Clinic	-	-	-	-	15	24	6	45	45
Clinica Campesina	-	-	-	-	177	266	1,738	2,181	2,181
Colorado Coalition for the Homeless	-	-	-	-	201	279	3,843	4,323	4,323
Colorado Springs Osteopathic Foundation	-	-	-	-	54	139	569	762	762
Columbine Family Health Center	-	-	-	-	92	147	799	1,038	1,038
Commerce City Community Health Center	-	-	-	-	0	1	4	5	5
Community Health Center, Inc.	-	-	-	-	677	1,550	8,681	10,908	10,908
Community Health Clinic	-	-	-	-	17	45	178	240	240
High Plains Community Health Center	-	-	-	-	24	73	503	600	600
La Clinica, Inc.	-	-	-	-	5	23	67	95	95
Metropolitan Denver Provider Network	-	-	-	-	226	441	2,863	3,530	3,530
Monfort Children's Clinic	-	-	-	-	73	75	1	149	149
People's Clinic	-	-	-	-	167	393	3,207	3,767	3,767
Pueblo Community Health Center	-	-	-	-	172	734	6,065	6,971	6,971
Salud Family Health Centers	-	-	-	-	1,506	2,987	10,591	15,084	15,084
Sunrise Community Health Center	-	-	-	-	388	698	3,079	4,165	4,165
Uncompahgre Combined Clinics	-	-	-	-	10	35	186	231	231
Valley-Wide Health Services	-	-	-	-	200	914	4,559	5,673	5,673
TOTAL CICP OUTSTATE CLINICS	-	-	-	-	4,004	8,824	46,939	59,767	59,767
Outstate Hospital Providers									
Arkansas Valley Regional Medical Center	2	6	82	90	26	162	1,087	1,275	1,365
Aspen Valley Hospital	6	0	16	22	4	1	51	56	78
Avista Hospital	15	1	44	60	13	22	247	282	342
Boulder Community Hospital	0	2	73	75	9	43	600	652	727
Colorado Plains Medical Center	6	3	68	77	31	28	243	302	379
Community Hospital	1	1	26	28	0	4	123	127	155
Conejos County Hospital	1	0	18	19	0	6	24	30	49
Craig Rehabilitation Hospital	0	0	0	0	0	0	10	10	10
Delta County Memorial Hospital	3	5	65	73	14	51	410	475	548
Estes Park Medical Center	1	0	8	9	10	44	236	290	299
Exempla Lutheran Medical Center	6	4	133	143	32	62	522	616	759

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	5	4	37	46	16	9	92	117	163
Gunnison Valley Hospital	0	1	2	3	0	1	34	35	38
HealthOne Medical Center of Aurora	3	2	96	101	18	25	205	248	349
Heart of the Rockies Regional Medical Center	1	0	22	23	3	17	163	183	206
Huerfano Memorial Hospital	1	1	21	23	12	33	242	287	310
Longmont United Hospital	10	2	42	54	27	44	333	404	458
McKee Medical Center	0	2	57	59	8	34	348	390	449
Melissa Memorial	0	1	10	11	11	22	102	135	146
Memorial Hospital	27	29	529	585	191	489	4,854	5,534	6,119
Mercy Medical Center	4	6	92	102	11	25	340	376	478
Montrose Memorial Hospital	1	8	84	93	13	65	565	643	736
Mount San Rafael Hospital	1	1	9	11	14	29	216	259	270
North Colorado Medical Center	13	16	216	245	26	42	320	388	633
Parkview Medical Center	4	26	389	419	8	34	348	390	809
Penrose-St. Francis HealthCare Systems	24	12	263	299	11	22	102	135	434
Poudre Valley Hospital	12	17	330	359	72	205	2,431	2,708	3,067
Prowers Medical Center	2	1	38	41	15	43	295	353	394
Rio Grande Hospital	3	2	24	29	14	72	379	465	494
Routt Memorial Hospital	0	2	13	15	1	3	26	30	45
Sedgwick County Health Center	0	3	13	16	3	6	37	46	62
Southeast Colorado Hospital	0	0	6	6	2	1	58	61	67
Southwest Memorial Hospital	2	2	43	47	5	20	273	298	345
St. Mary-Corwin Hospital	9	26	368	403	94	525	5,130	5,749	6,152
St. Mary's Hospital	7	14	229	250	24	74	1,096	1,194	1,444
St. Thomas More Hospital	3	2	59	64	11	59	504	574	638
St. Vincent General Hospital	0	1	9	10	8	8	80	96	106
Sterling Regional Medical Center	2	1	40	43	11	45	437	493	536
The Memorial Hospital	0	1	33	34	4	21	173	198	232
Yuma District Hospital	0	0	6	6	8	19	158	185	191
TOTAL CICP OUTSTATE HOSPITALS	175	205	3,613	3,993	780	2,415	22,894	26,089	30,082
TOTAL CICP OUTSTATE PROVIDERS	175	205	3,613	3,993	4,784	11,239	69,833	85,856	89,849

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	10	6	62	78	7	17	140	164	242
San Luis Valley Regional Medical Center	13	11	107	131	38	165	2,108	2,311	2,442
The Springs Center for Women	42	2	42	86	0	6	28	34	120
Valley View Hospital	1	0	28	29	5	6	115	126	155
Medicaid Disproportionate Share Specialty Hospitals									
National Jewish Medical and Research Center	0	3	2	5	5	6	121	132	137
The Children's Hospital	72	102	11	185	926	1,844	199	2,969	3,154
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	138	124	252	514	981	2,044	2,711	5,736	6,250
Denver Health and Hospital	87	164	3,624	3,875	1,419	4,394	32,763	38,576	42,451
University Hospital	64	16	1,531	1,611	247	680	14,442	15,369	16,980
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	289	304	5,407	6,000	2,647	7,118	49,916	59,681	65,681
TOTAL ALL CICP PROVIDERS	464	509	9,020	9,993	7,431	18,357	119,749	145,537	155,530

Note:

*Unduplicated count obtained from social security number from claims.