



COLORADO

MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM

FISCAL YEAR 2000-01 ANNUAL REPORT

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

February 1, 2002

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

Dear Senator Hernandez:

The Colorado Indigent Care Program (CICP) administration prepared this annual report pursuant to Section 26-15-105, C.R.S. The Medically Indigent and Colorado Indigent Care Program FY 2000-01 Annual Report provides background information, statistics, patterns and an overview of medically indigent financing and utilization features.

Major outcomes identified and discussed in this report include:

- Total reimbursement to health care providers of indigent care exceeded \$136,572,000 in FY 2000-01. State General Funds accounted for 14.1%, or \$19,256,650, of this reimbursement. In recent years, the State General Fund portion of this reimbursement has continued to decrease while the total reimbursement has increased.
- The number of individuals who received care under the Colorado Indigent Care Program grew by 3.0% to 160,145. Children represented 15.1% of the total population served, which was a 17.2% decline from the previous fiscal year.
- The final reimbursement on costs for providing care to the indigent population to Outstate hospitals and clinics participating in the Colorado Indigent Care Program was 26.966%.

The Department's staff and I look forward to working with you to answer any questions concerning medically indigent financing and the Colorado Indigent Care Program.

Sincerely,

Karen Reinertson
Executive Director

February 1, 2002

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

Dear Representative Clapp:

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The Department's staff and I look forward to working with you to answer any questions concerning medically indigent financing and the Colorado Indigent Care Program.

Sincerely,

Karen Reinertson
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TABLE OF CONTENTS

EXECUTIVE SUMMARY	5
DISPROPORTIONATE SHARE HOSPITALS	6
I. INTRODUCTION	6
II. FEDERAL MATCH RATES	6
III. FEDERAL DISPROPORTIONATE SHARE PAYMENT CAP	7
IV. PRE-COMPONENT 1 PAYMENTS	8
V. COMPONENT 1A PAYMENTS	9
VI. BAD DEBT	9
MAJOR TEACHING HOSPITAL	11
I. INTRODUCTION	11
II. FINANCIAL SUMMARY	11
COMPREHENSIVE PRIMARY AND PREVENTIVE CARE GRANTS	13
I. INTRODUCTION	13
II. ADMINISTRATION	13
III. AWARDS	14
IV. FINANCIAL SUMMARY	15
COLORADO INDIGENT CARE PROGRAM	17
I. INTRODUCTION	17
COLORADO HEALTH CARE TASK FORCE	18
CICP PROVIDER ADVISORY PANEL	19
II. PROGRAM DEFINITIONS	20
III. CLIENTS	23
ELIGIBILITY REQUIREMENTS AND ABILITY TO PAY	23
CLIENTS SERVED	26
CLIENT UTILIZATION	28
IV. PROVIDERS	36
BACKGROUND	36
FY 2000-01 PROVIDER PARTICIPATION	38
V. REIMBURSEMENT	40
REIMBURSEMENT METHODOLOGY FOR OUTSTATE CLINICS AND HOSPITALS	40
REIMBURSEMENT FOR OUTSTATE CLINICS AND HOSPITALS	40
REIMBURSEMENT TRENDS FOR OUTSTATE CLINICS AND HOSPITALS	41
REIMBURSEMENT FOR DISPROPORTIONATE SHARE HOSPITAL PROVIDERS	42
REIMBURSEMENT PER INPATIENT DAY	44
REIMBURSEMENT PER OUTPATIENT VISIT	45

VI. PROGRAM ADMINISTRATION	46
REPORTING REQUIREMENTS AND PREVENTION OF FRAUD BY PROVIDERS	46
PREVENTION OF FRAUD BY RECIPIENTS	46
PRIORITIES AMONG MEDICAL SERVICES RENDERED AS RELATED TO RESOURCES AVAILABLE	47
COLLECTION OF THIRD PARTY PAYMENTS	48
INCENTIVES FOR UTILIZATION CONTROL	48
VII. FUTURE DIRECTION	49
FEASIBILITY OF FUTURE INTEGRATION OR COORDINATION OF THE PROGRAM WITH OTHER MEDICAL PROGRAMS FOR THE MEDICALLY INDIGENT, INCLUDING A MEDICALLY NEEDY OPTION	49
FEASIBILITY OF A CENTRAL REGISTRY OF ALL MEDICALLY INDIGENT PERSONS RECEIVING ASSISTANCE	49
VIII. DATA MANAGEMENT TECHNIQUES	50
IX. FINANCIAL TABLES	52
X. UTILIZATION DATA	64

CHARTS AND TABLES

DISPROPORTIONATE SHARE HOSPITALS

Chart 1 – Federal Match Rates	7
Chart 2 – Disproportionate Share Payment Cap	7
Chart 3 – Pre-Component 1 Qualifying Providers and Payments	8
Chart 4 – Component 1A Payments	9
Chart 5 – Bad Debt Payments FY 2000-01	10
Chart 6 – Bad Debt Payments FY 1998-99	10

MAJOR TEACHING HOSPITAL

Chart 1 – Major Teaching Payments by Provider	11
Chart 2 – Major Teaching Payments by Fiscal Year	12

COMPREHENSIVE PRIMARY AND PREVENTIVE CARE GRANTS

Chart 1 – CPPC Financial Summary	16
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COLORADO INDIGENT CARE PROGRAM

Chart 1 – Annual Income Ranges for Each Ability-To-Pay Rate	24
Chart 2 – Colorado Indigent Care Program Client Copayment Table	25
Chart 3 – Comparison of Inpatient Admissions	28
Chart 4 – Comparison of Inpatient Days	29
Chart 5 – Top 10 Inpatient Diagnoses At Denver Health	29
Chart 6 – Top 10 Inpatient Diagnoses At University Hospital	30

Medically Indigent and Colorado Indigent Care Program Fiscal Year 2000-01 Annual Report

Chart 7 – Comparison of Outpatient Visits	32
Chart 8 – Top 10 Outpatient Diagnoses At Denver Health	33
Chart 9 – Top 10 Outpatient Diagnoses At University Hospital	34
Chart 10 – Medicaid DSH Providers	37
Chart 11 – FY 2000-01 CICP Clinics and Hospitals by County	38
Chart 12 – FY 2000-01 CICP Clinics and Hospitals by City	39
Chart 13 – FY 2000-01 CICP Reimbursement	42
Chart 14 – FY 2000-01 CICP Reimbursement Rates	43
Chart 15 – Historical CICP Reimbursement Rates	43
Chart 16 – FY 2000-01 Reimbursement per Inpatient Day	44
Chart 17 – Historical Reimbursement per Inpatient Day	44
Chart 18 – FY 2000-01 Reimbursement per Outpatient Visit	45
Chart 19 – Historical Reimbursement per Outpatient Visit	45
 COLORADO INDIGENT CARE PROGRAM – FINANCIAL TABLES	
Table 1 – Total Financial Activity and CICP Reimbursement	53
Table 1A – Bad Debt, Medicaid Disproportionate Share Hospitals and Major Teaching Reimbursement Detail	56
Table 1B – Physician Detail	56
Table 1C – Outpatient Pharmacy Detail	57
Table 1D – Denver Health Detail	57
Table 2A – Inpatient and Outpatient Charges (Details)	58
Table 2B – Inpatient and Outpatient Charges (Totals)	61
 COLORADO INDIGENT CARE PROGRAM – UTILIZATION DATA	
Table 3 – Utilizations by County	65
Table 4 – Outpatient Visits and Inpatient Admissions by Indigency Rating	67
Table 5 – Inpatient Days	68
Table 6 – Inpatient Admissions by Age and Sex	69
Table 7 – Outpatient Activity by Age and Sex	71
Table 8 – Utilization by Provider	73
Table 9 – Unduplicated Inpatient and Outpatient Count by Age Group	75
Table 10 – Unduplicated Total Count by Age Group	78

EXECUTIVE SUMMARY

The Department of Health Care Policy and Financing prepared this annual report concerning the medically indigent program, and related payments, to fulfill the statutory requirement found under 26-15-105 C.R.S. Total payments made to providers of indigent care exceeded \$136,572,000 in FY 2000-01 and were distributed through the following disbursements:

□ Pre-component 1 Payments	\$4,717,763
□ Component 1A Payments	\$69,387,898
□ Bad Debt Payments	\$21,369,859
□ Major Teaching Payments	\$21,161,182
□ Outstate Clinic Payments	\$4,912,464
□ Outstate Hospital Payments	\$15,022,896

Approximately 14.1% of these payments consisted of State General Funds, while the remainder was Federal Funds. In recent years, the General Fund portion of these payments has continued to decrease while the payments have increased. This is possible by using a certification of public expenditures, which receives a federal match. The federal match rate Colorado receives on Medicaid and medically indigent hospital payments stood at 50.0% in FY 2000-01.

The primary focus of this report is the Colorado Indigent Care Program (CICP), established in 1983 by the “Reform Act for the Provision of Health Care for the Medically Indigent.” The number of individuals served under the CICP increased by 3.0% to 160,145 in FY 2000-01. Children, age 0-18, represented 15.1% of the population served. The number of inpatient admissions fell by 6.1% for all participating providers, but the Outstate hospital providers increased admissions by 11.8%. Outstate hospitals also had an increase in outpatient visits of 28.1%, while visits to the Outstate clinics and University Hospital declined by 5.2% and 18.9%, respectively. For providing care under the CICP, Outstate providers received reimbursement of 26.966% on their uncompensated medically indigent costs. This was up from the 24.045% reimbursement on costs in FY 1999-00. A total of \$131,854,296 in reimbursement was paid to CICP providers. Only 12.8% of this payment consisted of General Funds, while the remaining portion was federal funds.

The Department became responsible for the Comprehensive Primary and Preventive Care (CPPC) Grants Program on July 1, 2000. Although this program is not part of the Colorado Indigent Care Program, it is closely related as the purpose of the program is to provide grants to health care providers to expand primary and preventive health care services to Colorado’s low-income residents, and many of the grantees also participate in the Colorado Indigent Care Program. Fourteen grants were awarded for fiscal years 2000-01 and 2001-02. The total awards for the full grant period were \$9,730,381. There was a broad geographic distribution of awards with grantees representing areas as diverse as Colorado Springs, Denver, Durango, Frederick, Grand Junction, Greeley, Lamar, Las Animas, Pueblo and Thornton. These grants were viewed as a way to expand services to the medically indigent population without further expansion of General Funds.

DISPROPORTIONATE SHARE HOSPITALS

I. INTRODUCTION

In 1987 Congress amended Title XIX to require states to make enhanced payments for those “safety net” hospitals which provide services to a disproportionate share of Medicaid and low income patients. The disproportionate share payments were intended to offset the uncompensated costs of providing services to uninsured and underinsured patients. The payments assist in securing the hospitals’ financial viability and preserving access to care for the Medicaid and low-income clients, while reducing cost shifting to private payers. In subsequent legislation, Congress gave states a great deal of flexibility in the design and implementation of their disproportionate share plans.

However, as states exercised this flexibility to design a variety of disproportionate share payment methodologies as a source of financing the state share of Medicaid, the federal government became alarmed at the corresponding impact on the federal budget. Regulations limiting states’ discretion in using provider taxes, contributions and placing caps on the amount of disproportionate share payments states can make were put into effect. Since FY 1989-90 the Colorado Medicaid Program has developed and implemented several measures, using disproportionate share payments, to finance Medicaid program expansions, and to cover the escalating costs of ongoing Medicaid programs and costs associated with the Colorado Indigent Care Program.

II. FEDERAL MATCH RATES

Any payment for medical services covered under the Colorado Medicaid Program, including disproportionate share payments, are subject to federal match rates. The match rate is based on the state median income level relative to the national average. The highest rate any state can receive is 78.00%, while 50.00% is the lowest match rate. Starting at 51.76% in FY 1989-90, the match Colorado received peaked at 54.59% in FY 1991-92 and then fell to 50.00% in FY 2000-01. In Federal Fiscal Year 2001-02 ten other states joined Colorado in receiving the lowest match rate, while Mississippi had the highest match rate at 76.09%. Chart 1 lists the federal match rates for Colorado since 1989-90.

Chart 1 - Federal Match Rates

Federal Fiscal Year (October – September)	Match Rate	State Fiscal Year (July – June)	Calculated Match Rate for State Fiscal Year*
1989-90	52.11%	1989-90	51.76%
1990-91	53.59%	1990-91	53.34%
1991-92	54.79%	1991-92	54.59%
1992-93	54.42%	1992-93	54.48%
1993-94	54.30%	1993-94	54.32%
1994-95	53.10%	1994-95	53.30%
1995-96	52.44%	1995-96	52.55%
1996-97	52.32%	1996-97	52.34%
1997-98	51.97%	1997-98	52.03%
1998-99	50.59%	1998-99	50.82%
1999-00	50.00%	1999-00	50.10%
2000-01	50.00%	2000-01	50.00%
2001-02	50.00%	2001-02	50.00%

*Colorado Medicaid fee-for-service federal match rates.

III. FEDERAL DISPROPORTIONATE SHARE PAYMENT CAP

The federal Balanced Budget Act of 1997 established declining limits on the amount of federal funds available to states for Disproportionate Share Hospital (DSH) payments. These limits were established for each state starting in Federal Fiscal Year 1997-98 based on their previous levels of payments. For Colorado, under current regulations, the federal funds limits are as follows:

Chart 2 - Disproportionate Share Payment Cap

Federal Fiscal Year	Disproportionate Share Payment Cap
1997-98	\$93,000,000
1998-99	\$85,000,000
1999-00	\$79,000,000
2000-01	\$81,765,000
2001-02	\$83,890,890

Starting in Federal Fiscal Year 2002-03, the limits will be adjusted upward by a cost of living factor each year. However, federal legislation was enacted in December 2000 that maintains the Federal Fiscal Year 1999-00 allotment of \$79 million for Federal Fiscal Years 2000-01 and 2001-02 plus increases tied to a CPI-U index for those years. The new allotment for Federal Fiscal Year 2000-01 is \$81,765,000 and is expected to be \$83,890,890 for Federal Fiscal Year 2001-02. The final Federal Fiscal Year 2001-02 allotment is expected to be announced by the Centers for Medicare and Medicaid Services by the Spring of 2002. Starting in Federal Fiscal Year 2002-03, under current law, the Disproportionate Share Hospital allotment will revert to the Balanced Budget Act of 1997 law that indicates the Colorado allotment will be \$74 million plus an inflationary increase. Assuming an inflationary increase of 2.6%, the Federal Fiscal Year 2002-03 allotment would be \$75,924,000. It is possible that additional federal legislation could be enacted to change the Federal Fiscal Year 2002-03 Disproportionate Share Hospital allotment.

All of the federal share of the following payment methodologies are covered under these caps:

- ❑ Pre-Component 1 Payments
- ❑ Component 1A Payments
- ❑ Bad Debt Payments
- ❑ Payments to Outstate hospital CICP Providers

IV. PRE-COMPONENT 1 PAYMENTS

To fulfill the requirement that states make enhanced payments for those “safety net” hospitals, which provide services to a disproportionate share of Medicaid and low-income patients, Colorado made disproportionate share payments called Pre-component 1 Payments. These payments are made to any Colorado Medicaid hospitals that meet the following criteria:

1. Have a Medicaid inpatient utilization rate at least one standard deviation above the mean Medicaid inpatient utilization rate for hospitals receiving Medicaid payments in the State, or a low income utilization rate that exceeds 25 percent.
2. A hospital must have at least two obstetricians with staff privileges at the hospital who agree to provide obstetric services to individuals entitled to such services under the State Plan.

Federal Medicaid regulations require that states provide additional compensation to hospitals meeting these minimum criteria. The requirements on the amount of payments a state can make are not specified by the federal regulations. Historically, Pre-Component 1 has been reimbursed as a percentage add-on to the hospital’s base rate. The percentage ranges from 2.5% to 10.0%. The payments are funded with General Fund and federal funds, subject to the federal match rates. Chart 3 lists the providers who have qualified for this payment and the amount each received.

Chart 3 – Pre-Component 1 Qualifying Providers and Payments

Provider	State Fiscal Year 1999-00 Payment	State Fiscal Year 2000-01 Payment
Cleo Wallace Center	\$21,286	\$33,636
Colorado Psychiatric Hospital	\$2,037	\$1,114
Conejos County Hospital	\$211	-
Denver Health	\$1,715,580	\$1,641,097
National Jewish Medical and Research Center	\$4,066	\$2,844
Platte Valley Medical Center	\$57,405	\$96,131
San Luis Valley Regional Medical Center	\$46,609	\$58,070
St. Vincent General Hospital	-	\$17,462
The Children's Hospital	\$1,614,576	\$1,730,482
The Springs Center for Women	\$189,024	\$289,202
University Hospital	\$690,200	\$730,735
Valley View Hospital	\$55,876	\$76,929
Vencor	\$132,897	\$40,061
Total	\$4,529,767	\$4,717,763

V. COMPONENT 1A PAYMENTS

Component 1A payments are made to hospitals that meet the following criteria:

1. Have a Medicaid inpatient utilization rate at least one standard deviation above the mean Medicaid inpatient utilization rate for hospitals receiving Medicaid payments in the State, or a low income utilization rate that exceeds 25 percent.
2. A hospital must have at least two obstetricians with staff privileges at the hospital who agree to provide obstetric services to individuals entitled to such services under the State Plan.
3. Participate in the Colorado Indigent Care Program (CICP).

These payments are based on reimbursement of CICP write-off uncompensated costs. Payments to Denver Health and University Hospital consist entirely of federal funds, by using the certification of public expenditures for the costs of care provided to CICP clients. Payments to the other qualifying DSH providers are financed with General Funds and federal funds. Chart 4 demonstrates that Component 1A Payments have grown from \$50,819,433 in FY 1998-99 to \$69,387,898 in FY 2000-01, a 36.5% increase.

Chart 4 - Component 1A Payments

Provider	State Fiscal Year 1998-99 Payment	State Fiscal Year 1999-00 Payment	State Fiscal Year 2000-01 Payment
Platte Valley Medical Center	\$154,954	\$689,074	\$1,054,289
San Luis Valley Regional Medical Center	\$240,841	\$891,219	\$856,704
St. Vincent General Hospital	-	-	\$76,997
The Springs Center for Women	-	\$221,377	\$277,640
Valley View Hospital	\$225,924	\$671,064	\$213,611
National Jewish Medical and Research Center	\$1,405,784	\$1,749,561	\$1,509,286
The Children's Hospital	\$1,825,105	\$2,841,477	\$3,598,925
Denver Health	\$31,977,227	\$37,142,062	\$38,902,280
University Hospital	\$14,989,598	\$18,787,541	\$22,898,166
Total	\$50,819,433	\$62,993,375	\$69,387,898

VI. BAD DEBT

A bad debt payment can be made to any providers who meet the following criteria:

1. Have a Medicaid inpatient utilization rate at least one standard deviation above the mean Medicaid inpatient utilization rate for hospitals receiving Medicaid payments in the State, or a low income utilization rate that exceeds 25 percent.
2. A hospital must have at least two obstetricians with staff privileges at the hospital who agree to provide obstetric services to individuals entitled to such services under the State Plan.

3. Participate in the Colorado Indigent Care Program (CICP).
4. Providers must report bad debt to the Colorado Health and Hospital Association's Annual Report.

A payment is only made if there is room under the Federal Disproportionate Share Payment Cap after all other payments covered under this cap have been made. The goal with this payment is to maximize federal dollars, while minimizing General Fund expenditures. All General Funds were removed from the payment in State Fiscal Year (SFY) 1999-00, by using the certification of public expenditures on unpaid debt from self-pay clients. All payments are made directly to Denver Health and University Hospital, who then voluntarily distribute some of the payment to private hospitals. This distribution is necessary since certification of public expenditures is limited to only government owned facilities, while Denver Health and University wish to maintain equality between providers. Chart 5 and Chart 6 show the Bad Debt payments made in SFY 2000-01 and SFY 1998-99. There was no payment made in SFY 1999-00. Any payment made under Bad Debt is considered reimbursement on costs associated with providing care under the CICP, although the payment is not based on medically indigent write-off costs but instead the hospital's bad debt costs.

Chart 5 – Bad Debt Payments State Fiscal Year 2000-01

Provider	Federal Fiscal Year 1998-99 Bad Debt	Federal Fiscal Year 1999-00 Bad Debt	Federal Fiscal Year 2000-01 Bad Debt	Total State Fiscal Year 2000-01 Payment
Platte Valley Medical Center	\$257,594	\$184,435	\$218,450	\$660,479
San Luis Valley Regional Medical Center	\$223,785	\$63,703	\$98,449	\$385,937
St. Vincent General Hospital	\$0	\$0	\$123,797	\$123,797
The Springs Center for Women	\$0	\$0	\$0	\$0
Valley View Hospital	\$221,347	\$212,253	\$212,283	\$645,883
National Jewish Medical and Research Center	\$305,475	\$187,771	\$79,255	\$572,501
The Children's Hospital	\$433,830	\$291,223	\$306,112	\$1,031,165
Denver Health	\$4,560,950	\$5,845,868	\$5,075,409	\$15,482,227
University Hospital	\$57,455	\$1,098,574	\$1,311,838	\$2,467,867
Total	\$6,060,436	\$7,883,827	\$7,425,593	\$21,369,856

Chart 6 – Bad Debt Payments State Fiscal Year 1998-99

Provider	Federal Fiscal Year 1997-98 Bad Debt	Federal Fiscal Year 1998-99 Bad Debt	Total State Fiscal Year 1998-99 Payment
Platte Valley Medical Center	\$824,389	\$265,041	\$1,089,430
San Luis Valley Regional Medical Center	\$289,723	\$93,146	\$382,869
Valley View Hospital	\$973,300	\$312,916	\$1,286,216
National Jewish Medical and Research Center	\$677,467	\$217,806	\$895,273
The Children's Hospital	\$1,166,681	\$375,088	\$1,541,769
Denver Health	\$10,901,108	\$3,504,706	\$14,405,814
University Hospital	\$3,239,693	\$1,041,561	\$4,281,254
Total	\$18,072,361	\$5,810,264	\$23,882,625

MAJOR TEACHING HOSPITAL

I. INTRODUCTION

Following the implementation of SB 90-204, which expanded the Baby Care program to pregnant women and children aged one through six up to 133% of the federal poverty level, the General Fund appropriation to the Colorado Indigent Care Program (CICP) was reduced by \$3 million in FY 1990-91. Denver Health and University Hospital received enhanced Medicaid reimbursement to make up for the General Fund reduction in the CICP payments. The General Fund reduction was matched with federal funds to make these enhanced payments and to help offset the costs of the Medicaid Program expansions. The refinancing mechanism became known as the “Major Teaching Payment”. Denver Health and University Hospital, by virtue of their status as teaching hospitals and the disproportionate share of care they provide to low-income patients are eligible for these enhanced Medicaid Payments. The federal funds portion of expenditures are not counted against the Disproportionate Share Hospital caps.

A Colorado hospital qualifies as a Major Teaching Hospital when its Medicaid days combined with indigent care days (days of care provided under the Colorado 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. In addition, a Major Teaching Hospital must fulfill the following criteria:

1. Maintains a minimum of 110 total Intern and Resident Full Time Equivalents (FTE’s).
2. Maintains a minimum ratio of .30 Intern and Resident FTE’s per licensed bed.
3. Meets the Department’s eligibility requirement for disproportionate share payment.

II. FINANCIAL SUMMARY

Although the calculation of the payments is not based on the CICP write-off costs, the Major Teaching Payments are direct reimbursement of write-off costs for the CICP. In FY 1999-00 all General Funds were removed from the payment, by using the certification of public expenditures of Medicaid costs at each facility. Chart 1 displays the Major Teaching Payment split between Denver Health and University Hospital. Between FY 1995-96 and FY 1998-99 the payments to each provider remained constant at \$9.68 million for Denver Health and \$10.08 million for University Hospital.

**Chart 1 – Major Teaching Payments by Provider
(Millions of Dollars)**

	<u>FY 1998-99</u>	<u>FY 1999-00</u>	<u>FY 2000-01</u>
Denver Health	\$9.68	\$10.31	\$10.58
University Hospital	\$10.08	\$10.31	\$10.58
Total Payments	\$19.76	\$20.62	\$21.16

The Major Teaching Payment has grown from \$6.8 million in FY 1989-90 to \$21.16 million in FY 2000-01. This represents a 211% increase in total funds, while the General Fund share of the payment reached a high of \$9.72 million in FY 1998-99 and in FY 2000-01 General Fund was reduced to zero dollars. Chart 2 lists these payments by funding source since the introduction of this methodology in FY 1989-90.

**Chart 2 – Major Teaching Payments by Fiscal Year
(Millions of Dollars)**

	<u>FY 1989-90</u>	<u>FY 1990-91</u>	<u>FY 1991-92</u>	<u>FY 1992-93</u>
Total Payments	\$6.80	\$16.30	\$17.40	\$17.60
General Funds	\$3.30	\$7.70	\$7.90	\$8.00
Federal Funds	\$3.50	\$8.60	\$9.50	\$9.60
	<u>FY 1993-94</u>	<u>FY 1994-95</u>	<u>FY 1995-96</u>	<u>FY 1996-97</u>
Total Payments	\$20.40	\$20.40	\$19.76	\$19.76
General Funds	\$9.30	\$9.50	\$9.38	\$9.42
Federal Funds	\$11.10	\$10.90	\$10.38	\$10.34
	<u>FY 1997-98</u>	<u>FY 1998-99</u>	<u>FY 1999-00</u>	<u>FY 2000-01</u>
Total Payments	\$19.76	\$19.76	\$20.62	\$21.16
General Funds	\$9.48	\$9.72	\$0	\$0
Federal Funds	\$10.28	\$10.04	\$20.62	\$21.16

COMPREHENSIVE PRIMARY AND PREVENTIVE CARE GRANTS

I. INTRODUCTION

The Comprehensive Primary and Preventive Care (CPPC) Program was established in the 2000 legislative session to provide grants to health care providers in order to expand primary and preventive services to Colorado's low income residents. The program is funded through the Comprehensive Primary and Preventive Care Fund established pursuant to the tobacco litigation settlement referred to as the Master Settlement Agreement. The program is authorized by the addition of Part 10 to the Medical Assistance Act, 26-4-1001 through 26-4-1007, C.R.S.

The CPPC program is administered by the Department of Health Care Policy and Financing (Department). The first year of operation (FY 2000-01) was spent developing the administrative infrastructure to support the annual distribution of up to six million dollars and in the distribution of the first grant awards.

II. ADMINISTRATION

The Department became responsible for the CPPC program on July 1, 2000. Prior to awarding grants, the Department needed to establish rules, appoint an Advisory Committee and issue a Request for Proposal (RFP) to distribute the awards. Rules were developed during the summer by staff and public input was sought throughout the process. Rules were heard by the Medical Services Board in October and November 2000 and became effective January 1, 2001. The Executive Director of the Department appointed an Advisory Board in conformance with the definitions in the statute. The Board provided additional input to the rule making process. Their primary function was to assist the Department in establishing guidelines for awarding the grants. Their input was critical to the development of the Request for Proposal (RFP) required to award the grants. During the 2001 Legislative Session, modifications were made to the enabling statute which expands the definition of eligible clients and of eligible agencies. The Department will modify the rules and grant process in FY 2001-02 to conform to those changes.

A number of issues were raised around the distribution of the awards during the first year of operation. It was evident to the Department and the Advisory Board that the time frame for the first year of operation was not sufficient for the grants to be awarded consistent with the procurement process and for the grantees to reasonably complete a scope of work. The Department worked with the State Controller's office and received approval to make the first grant period fifteen months, crossing two fiscal years. This enabled the grantees to develop innovative work plans with a reasonable time for completion. The Request for Proposal (RFP) identified the following areas that could be supported by the grant:

- ❑ Increase access to comprehensive primary care services for uninsured or medically indigent clients.
- ❑ Create new services or augment existing services provided to uninsured or medically indigent clients.

- ❑ Establish new sites and/or expand existing sites that offer comprehensive primary care services in medically underserved areas of the state or to medically underserved populations.

Grants were awarded in two categories: up to \$400,000 and between \$400,000 and \$900,000. This assured a distribution of grants between various types of agencies and projects.

III. AWARDS

Fourteen grants were awarded for fiscal years 2000-01 and 2001-02. The total awards for the full grant period were \$9,730,381. There is broad geographic distribution in Colorado with grants being awarded across the State with grantees representing areas as diverse as Colorado Springs, Denver, Durango, Frederick, Grand Junction, Greeley, Lamar, Las Animas, Pueblo and Thornton. The scopes of work are varied and represent the diverse needs of the safety net providers in serving the uninsured. The following projects were funded:

- ❑ Colorado Coalition for the Homeless in the amount of \$899,020 to fund Denver's Stout Street Clinic expansion; hiring 7.3 Full Time Equivalents (FTEs); providing expanded clinic services for 3,652 increased uninsured visits.
- ❑ Pueblo Community Health Center, Inc. in the amount of \$898,600 to fund constructing an East Side Clinic in Pueblo County; hiring 12.52 FTEs; contracting patient-related contract services; adding needed organization-wide quality improvement projects; providing expanded clinic services for 5,400 patients.
- ❑ Clinica Campesina Family Health Services in the amount of \$525,955 to fund renovating a clinic in Thornton and obtaining infrastructure items for the clinic; provide expanded clinic services to 5,000 patients.
- ❑ Plan de Salud del Valle, Inc. in the amount of \$900,000 to fund building a new clinic in Frederick, Colorado.
- ❑ Metro Community Provider Network, Inc. in the amount of \$900,000 to fund hiring 10.2 FTEs and beginning construction of a clinic at Jeffco Action Center.
- ❑ Inner City Health Center in the amount of \$282,819 to fund remodeling/opening a dental satellite clinic in Denver County; subsidizing dental care; hiring a diabetic coordinator; subsidizing diabetic care; conducting classes/home visits on diabetic care.
- ❑ Sunrise Community Health Center, Inc. in the amount of \$880,700 to fund hiring staff (Loveland, Greeley, Weld County); providing equipment; renovating the Greeley Clinic; provide expanded clinic services to 4,000 patients.
- ❑ Denver Health and Hospital in the amount of \$582,175 to fund hiring 7.25 FTEs in Denver County; contracting with a program evaluator; developing a database and tools for case management; providing linking service for inmates of Denver County correctional facilities with 3 Primary Care Providers.
- ❑ Columbine Family Health Center in the amount of \$358,661 to fund expansion services in Glenwood Springs through increases in staff, facility, and equipment; systematic and rigorous outreach to target population for coordination of services.

- ❑ Community Health System in the amount of \$900,000 to fund subsidizing 6.4% of uncompensated care in the Pikes Peak Region (El Paso, Teller, and Park Counties); renovating/equipping 10 new exam rooms; purchasing server/software for IDX system; hiring 1 FTE.
- ❑ Valley-Wide Health Services, Inc. in the amount of \$900,000 to fund opening a new clinic in Durango; hiring staff; purchasing equipment; adding primary care services at current sites.
- ❑ Catholic Health Initiatives, Mountain Region Foundation in the amount of \$141,520 to fund hiring a physician and coordinator for Pueblo County; building a database for the drug subsidy program; adding 350 new patients to program.
- ❑ Marillac Clinic, Inc. in the amount of \$870,000 to fund hiring 8.15 FTEs in Mesa County; providing 500 mental health visits; expanding dental clinic; providing 372 reduced cost glasses; developing contract with B-4 Babies Program.
- ❑ Parkview Medical Center in the amount of \$690,931 to construct new sites at three high schools which will provide comprehensive health care, mental health and dental services; to hire additional staff for these sites; and to provide the infrastructure support for these sites.

CPPC applicants who were not funded at this time include: Bent County Nursing Service of Las Animas; High Plains Community Health Center of Lamar; People's Clinic of Boulder and University of Colorado Hospital.

IV. FINANCIAL SUMMARY

The Comprehensive Primary and Preventive Care Grants Program was initially appropriated \$4,601,962 for FY 2000-01 and \$5,191,389 in FY 2001-02. Since the Tobacco Settlement Trust continues to receive money after the finalization of the Long Bill, for any given year, the initial appropriation is adjusted through the supplemental process. The final FY 2000-01 appropriation was increased by Senate Bill 01-212, Section 21(4), the 2001 Long Bill, to \$4,751,488, while the final FY 2001-02 appropriation is expected to decrease to \$5,156,532. The FY 2001-02 appropriation will not be finalized until the supplemental process during the 2002 Legislative Session. For FY 2000-01, \$147,861 in appropriated funds was reverted back to the Tobacco Settlement Trust.

The Department of Health Care Policy and Financing cannot exceed a maximum of 1% of total funds appropriated for administrative costs associated with the Comprehensive Primary and Preventive Care Grants Program. The total administrative costs for FY 2000-01 and FY 2001-02 are expected to reach \$29,778. During FY 2000-01 administrative costs were \$4,635. For FY 2001-02, the administration costs are expected to reach \$25,143, but the figures will not be final until June 2002. Any encumbered administration funds not used will be reverted to the Tobacco Settlement Trust.

Chart 1 - CPPC Financial Summary

FY 2000-01 Appropriation	\$4,751,488
FY 2001-02 Appropriation*	\$5,156,532
Total	\$9,908,020

Contract Awards **\$9,730,381**

Administration Costs \$29,778

Tobacco Settlement \$147,861

Trust Reversion

*Expected Appropriation After Supplemental

COLORADO INDIGENT CARE PROGRAM

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:

- Program definitions.
- Eligibility requirements, including residency, income and assets, and the necessity of medical treatment.
- Establishment of a standardized ability-to-pay schedule and establishment of copayment requirements.
- Methods for allocation and disbursement of funds.
- Methods of, and responsibility for, collection of costs from liable third-party sources, with such sources being primarily responsible for payment (“first dollar” sources).
- Incentives for efficient utilization control.
- Reporting requirements, including cost control, audits and evaluations, and geographic distribution of providers by contract.
- Prevention of fraud by recipients and providers.
- Priorities among medical services rendered as related to resources available.
- Feasibility of future integration or coordination of the program with other medical programs for the medically indigent, including a medically needy option.
- Feasibility of a central registry of all medically indigent persons receiving assistance.
- A schedule for implementation of a statewide delivery plan to commence July 1, 1992.
- Sources of funding and projected costs.
- 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 2000-01.
- 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 offered to clients under this program 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). By statute, CICP providers are required to 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 to assure that indigent persons have access to emergency care throughout the year.

COLORADO HEALTH CARE TASK FORCE

H.B. 99-1019 created the Colorado Health Care Task Force. 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 issues the Committee examines include:

- 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 payers;
 - Restrictions in health care options available to consumers;
 - Professional liability issues arising from such restrictions;
 - Medical and patient record confidentiality; and
 - Health care work force requirements.
- 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.

CICP PROVIDER ADVISORY PANEL

The CICP established the Provider Advisory Panel (Panel) to obtain provider input on various topics related to the Program. The Department endeavors to arrange the Panel so it consists of one representative each from Denver Health, University Hospital, and the specialty hospitals, four representatives each from the Outstate hospitals, three representatives from the Federally Qualified Health Centers, one representative for the independent clinics, one representative for the interested parties for hospitals and one representative for the interested parties for clinics. However, all CICP providers were invited to attend the quarterly meetings and to receive meeting notices, updates and minutes if available.

The CICP Administration held four meetings during FY 2000-01 with the Colorado Indigent Care Program Advisory Panel. Among the issues discussed were:

- Elimination of the three month income verification rule, which was replaced by a one month income verification rule effective July 1, 2001.
- The transfer of the electronic claims submission process from the Department's fiscal agent to the CICP Data Collection System, which allows providers to self-report costs directly to the Department.
- The Colorado Benefits Management System (CBMS) Project that will include the eligibility rules for the CICP, all of the Medicaid services and the other statewide assistance programs.
- The Joint Application Redesign Project, a collaborative effort of Medicaid, CHP+, and CICP to collapse the three applications into a single "user friendly" application that will provide eligibility determination information for the three programs.
- Evaluating the possibility of eliminating CICP as an option for children who are eligible for the Children's Basic Health Plan.

Other issues included revisions to the CICP contract manual, quarterly review of budgetary issues, legislative bills and other issues influencing 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 client eligibility in the program.

Covered Services - All medically necessary services that a provider customarily furnishes to patients and can lawfully offer to patients. These covered services include medical services furnished by participating physicians. The responsible physician must deem which covered services are medically necessary. The CICP does not reimburse providers for outpatient mental health benefits as a primary diagnosis, but does cover limited inpatient mental health services for a period of 30 days within a calendar year, per client.

Denver Health - 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 and low-income clients, while reducing the cost shifting onto private payers. Participation is determined by the Medicaid inpatient utilization rate. Medicaid resources, which include a combination of General Funds and Federal Funds, 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 Client - 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 Colorado hospital qualifies as a Major Teaching Hospital when its Medicaid days combined with indigent care days (days of care provided under the Colorado 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. In addition, a Major Teaching Hospital must fulfill the following criteria:

1. Maintains a minimum of 110 total Intern and Resident Full Time Equivalent (FTE's).
2. Maintains a minimum ratio of .30 Intern and Resident FTE'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.

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 CICIP must be provided to individuals who reside outside the City and County of Denver.

Subsequent Insurance Payments - If patients receive coverage under the CICIP, and their insurance subsequently pays for services, or if the patient is awarded a settlement, the CICIP is due reimbursement for amounts paid by CICIP to the provider for services rendered to the patient. The provider is then responsible to reimburse CICIP 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 CICP, University Hospital serves primarily the residents of the Denver metropolitan area who are not residents of the City and County of Denver. University Hospital also serves as a referral center to provide such complex care as is not available or is not contracted for in Denver and the remaining areas of the state.

III. CLIENTS

ELIGIBILITY REQUIREMENTS AND ABILITY TO PAY

Local hospitals and clinics administer enrollment into the Colorado Indigent Care Program (CICP). Eligibility technicians at the CICP provider location complete the applications. Providers determine eligibility for the program using the criteria developed by the CICP administration. To be eligible for services under the CICP, 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). Also, a person cannot be eligible for Medicaid or, effective July 1, 2002, the Children's Basic Health Plan. There are no age limitations for CICP eligibility. Clients can have third party insurance, but these funds must be exhausted prior to the CICP reimbursing providers.

Providers assign a "rate" to the applicant clients based on their total income and assets (see Chart 1). The rating process takes a "snapshot" of the applicants' financial resources as of the date the rating takes place. Ratings usually occur on the initial date of service. Ratings are retroactive for services received up to 90 days prior to application. Therefore, when an applicant who has received services applies for the CICP, the applicant is applying for a discount on already incurred medical charges. Based on the clients' income and assets, a rate is assigned based on their ability to pay (see Chart 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 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 (0-36% of the FPL), annual copayments for CICP clients cannot exceed 10% of the family's "Total CICP Income and Equity in Assets." Annual copayments for clients with N-ratings cannot exceed \$120.

**Chart 1 - Annual Income Ranges for Each Ability-To-Pay Rate
Effective April 1, 2000 - March 31, 2001**

Family Size	N	A	B	C
1	\$0 - \$3,036	\$3,037 - \$5,177	\$5,178 - \$6,764	\$6,765 - \$8,350
2	\$0 - \$3,972	\$3,973 - \$6,975	\$6,976 - \$9,113	\$9,114 - \$11,250
3	\$0 - \$5,052	\$5,053 - \$8,773	\$8,774 - \$11,462	\$11,463 - \$14,150
4	\$0 - \$6,120	\$6,121 - \$10,571	\$10,572 - \$13,811	\$13,812 - \$17,050
5	\$0 - \$7,260	\$7,261 - \$12,369	\$12,370 - \$16,160	\$16,161 - \$19,950
6	\$0 - \$8,364	\$8,365 - \$14,167	\$14,168 - \$18,509	\$18,510 - \$22,850
7	\$0 - \$9,240	\$9,241 - \$15,965	\$15,966 - \$20,858	\$20,859 - \$25,750
8	\$0 - \$10,128	\$10,129 - \$17,763	\$17,764 - \$23,207	\$23,208 - \$28,650
Poverty Level *	AFDC Need Standard**	62%	81%	100%
Family Size	D	E	F	G
1	\$8,351 - \$9,770	\$9,771 - \$11,106	\$11,107 - \$13,277	\$13,278 - \$15,448
2	\$11,251 - \$13,163	\$13,164 - \$14,963	\$14,964 - \$17,888	\$17,889 - \$20,813
3	\$14,151 - \$16,556	\$16,557 - \$18,820	\$18,821 - \$22,499	\$22,500 - \$26,178
4	\$17,051 - \$19,949	\$19,950 - \$22,677	\$22,678 - \$27,110	\$27,111 - \$31,543
5	\$19,951 - \$23,342	\$23,343 - \$26,534	\$26,535 - \$31,721	\$31,722 - \$36,908
6	\$22,851 - \$26,735	\$26,736 - \$30,391	\$30,392 - \$36,332	\$36,333 - \$42,273
7	\$25,751 - \$30,128	\$30,129 - \$34,248	\$34,249 - \$40,943	\$40,944 - \$47,638
8	\$28,651 - \$33,521	\$33,522 - \$38,105	\$38,106 - \$45,554	\$45,555 - \$53,003
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.				

Chart 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)	36%	\$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	\$5

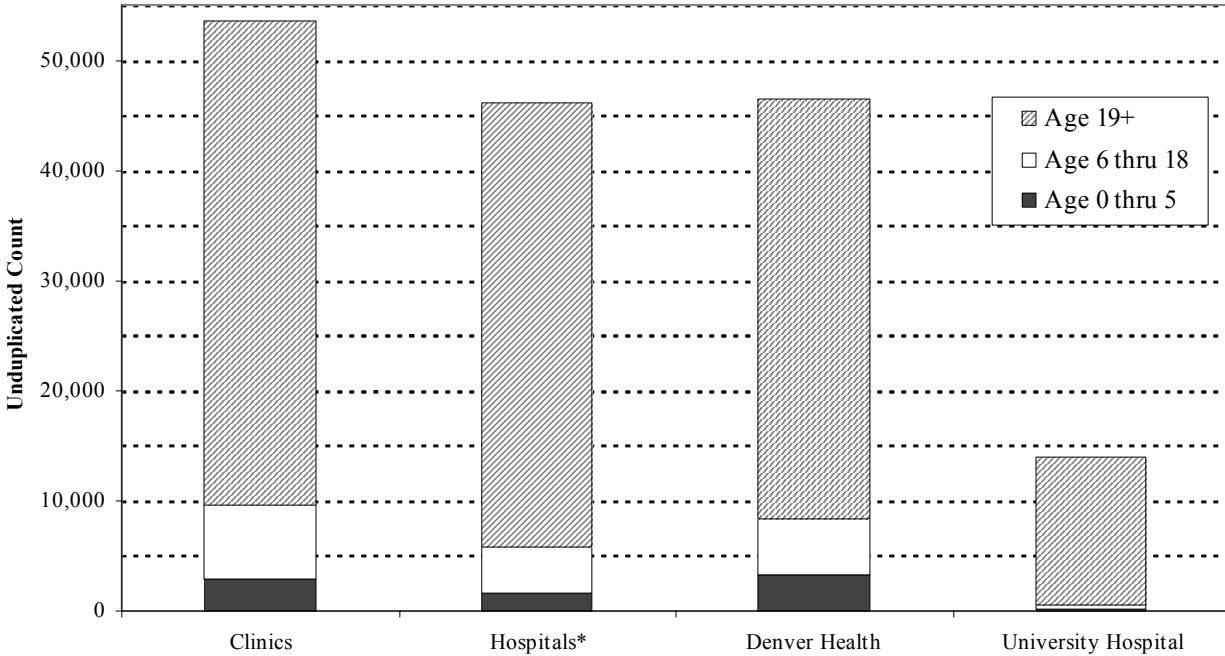
- (1) The annual copayment cap amount for “N” rated clients is \$120 per year.
- (2) “P” rated clients are pregnant women receiving outpatient prenatal care for up to 12 visits. The \$50 copayment covers all outpatient care provided during the 12 visits.
- (3) Most CICP inpatient facilities do not have 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 2000-01, 160,145 individuals received services through the Colorado Indigent Care Program (CICP). The count was obtained by querying against each unique social security number that was present on the claims received. For the Program 10,154 individuals received inpatient care, while 155,140 received outpatient services¹.

Figure 1 - Total Unduplicated Count by Provider and Age Group



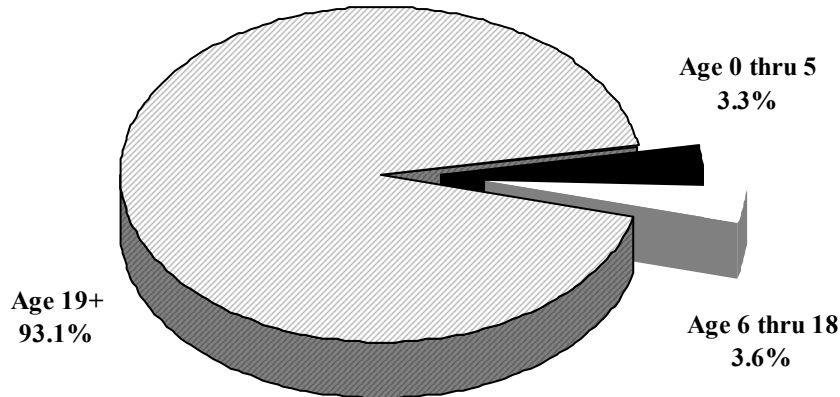
Source: Table 9B. *Hospitals include Outstate Hospitals and Medicaid DSH Providers.

Tables 9A and 9B provides a detailed overview by provider of the total number of individuals served by site. The provider groups serving the most individuals were the Outstate Clinics (33.4%), Denver Health (29.0%), and Hospitals (28.8%). Overall, children (age 0-18) represented 15.1% of the total population serviced, which is down from 17.2% from the previous fiscal year. Adults (age 19 and over) accounted for 82.8% of the population served in FY 1999-00 and grew to 84.9% in FY 2000-01. The decline in children receiving care under the CICP is primarily due to increased enrollment in the Children’s Basic Health Plan.

¹ See Section VIII. DATA MANAGEMENT TECHNIQUES for data collection measures and limitation.

Inpatient Admissions

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

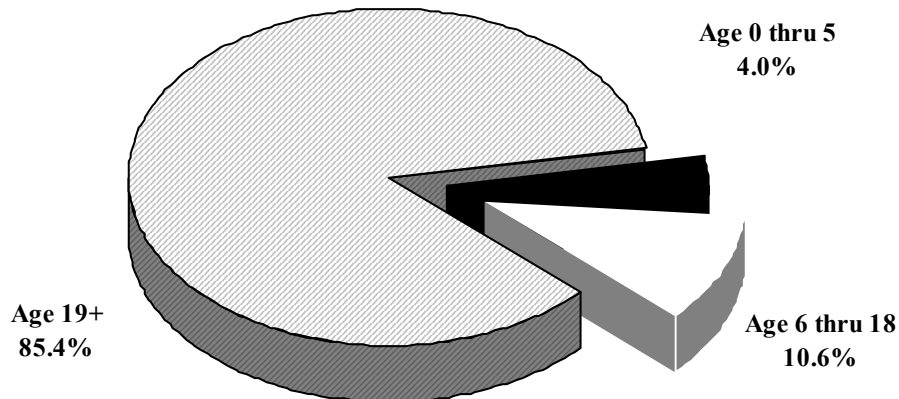


Source: Table 9A.

Providers reported that 10,154 individuals received inpatient care through the CICP. Outstate Hospitals provided 51.2% of total admissions statewide, which was up from 40.0% in the previous fiscal year. Dropping from 9.5% in FY 1999-01, children (age 0-18) receiving inpatient services through the CICP represented 6.9% of the admissions to the Outstate Hospitals.

Outpatient Visits

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



Source: Table 9A.

The Outstate providers (clinics and hospitals) saw more than one half (58.3%) of the outpatient visits compared to the Medicaid DSH² providers, Denver Health and University Hospital at 41.7%. Outstate clinics provided 18.1% of outpatient services to children (age 0-18) compared to the Outstate hospitals at 9.6%.

² See Chart 10 for a list of Medicaid Disproportionate Share Hospital providers.

CLIENT UTILIZATION

Inpatient Admissions

Of the 10,154 clients who received inpatient services, there were 12,414 reported admissions to a CICP hospital provider.

- The number of inpatient admissions fell by 6.1% from 13,225 in FY 1999-00.
- Total inpatient days declined to 54,398 in FY 2000-01, which was a 1.5% decrease from the FY 1999-00 figure of 55,199.
- During FY 2000-01, 12,249 or 93.5% of all inpatient visits were provided to persons age 18 or older.
- Inpatient services were distributed in the following manner:
 - Outstate Hospitals – 48.1%
 - Medicaid Disproportionate Share Hospitals – 5.0%
 - Denver Health – 32.8%
 - University Hospital – 14.1%

Chart 3 demonstrates that the number of inpatient admissions grew by 4.3% in FY 1999-00 after falling 2.5% in the previous fiscal year. The 6.1% decline in FY 2000-01 was due to large decreases at Denver Health (-19.3%) and University (-19.0%). The Outstate hospitals did not follow this trend, growing by 12.5% in FY 1999-00 and 11.8% in FY 2000-01.

Chart 3 - Comparison of Inpatient Admissions

CICP PROVIDER	FY 1998-99 INPATIENT ADMISSIONS	PERCENT CHANGE	FY 1999-00 INPATIENT ADMISSIONS	PERCENT CHANGE	FY 2000-01 INPATIENT ADMISSIONS	PERCENT CHANGE
Outstate	4,750	-18.8%	5,343	12.5%	5,971	11.8%
Medicaid DSH*	651	4.5%	669	2.8%	617	-7.8%
Denver Health	4,918	12.6%	5,049	2.7%	4,074	-19.3%
University Hospital	2,357	9.0%	2,164	-8.2%	1,752	-19.0%
TOTAL	12,676	-2.5%	13,225	4.3%	12,414	-6.1%

Source: CICP Analysis of Table 15 FY 1998-99 and FY 1999-00 Annual Reports, Table 8 FY 2000-01 Annual Report.

*For a list of Medicaid DSH providers see Chart 10.

As shown in Chart 4, the number of inpatient days also declined. The total number of days fell by 1.5% after increasing 4.6% in the previous fiscal year. Outstate providers posted the largest percent increase, growing by 18.2% in FY 2000-01. This followed a growth of 12.5% in the previous fiscal year. Denver Health posted a 12.5% decline for inpatient days, while University Hospital had an 18.9% decline.

Chart 4 - Comparison of Inpatient Days

CICP PROVIDER	FY 1998-99 INPATIENT DAYS	PERCENT CHANGE	FY 1999-00 INPATIENT DAYS	PERCENT CHANGE	FY 2000-01 INPATIENT DAYS	PERCENT CHANGE
Outstate	18,099	-21.4%	20,360	12.5%	24,059	18.2%
Medicaid DSH*	2,180	4.8%	2,156	-1.1%	2,327	7.9%
Denver Health	23,151	3.7%	23,460	1.3%	20,534	-12.5%
University Hospital	9,364	3.0%	9,223	-1.5%	7,478	-18.9%
TOTAL	52,794	-6.6%	55,199	4.6%	54,398	-1.5%

Source: CICP Analysis of Table 15 FY 1998-99 and FY 1999-00 Annual Reports, Table 8 FY 2000-01 Annual Report.
 *For a list of Medicaid DSH providers see Chart 10.

Denver Health and University Hospital both reported the primary diagnosis codes for FY 2000-01 client data. The top diagnosis at Denver Health for an inpatient admission was Other Psychoses, which includes the diagnosis of schizophrenic disorders, manic-depressive disorder, bipolar affective disorder, paranoid states and depression. The top ten diagnoses at Denver Health accounted for 44.0% of all the inpatient admissions at the facility.

Chart 5 - Top 10 Inpatient Diagnoses At Denver Health

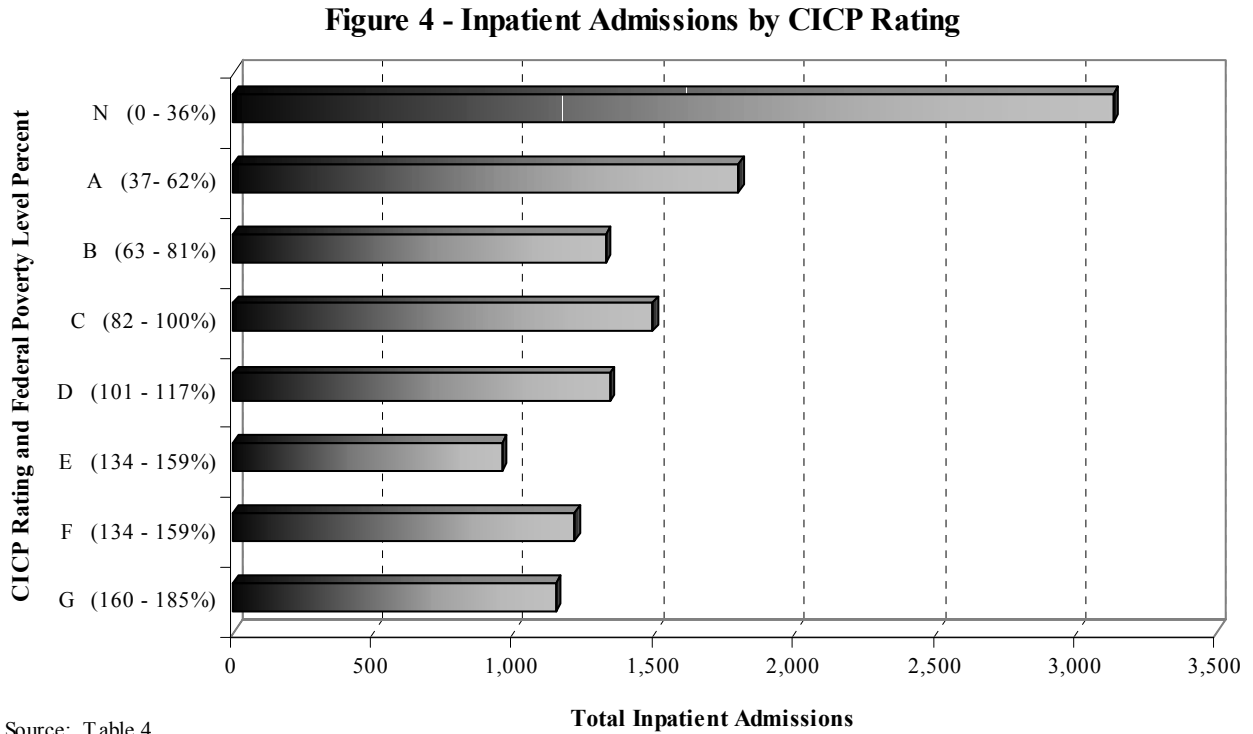
	Diagnosis Description	Claim Count
1	Other Psychoses (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	342
2	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	244
3	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	235
4	Infections of Skin and Subcutaneous Tissue (Includes: Carbuncle and Furuncle, Cellulitis and Abscess, Impetigo, Local Infections of the Skin)	197
5	Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders (Includes: Hysteria, Anxiety States, Phobic Disorders, Schizoid Personality Disorder, Alcohol and Drug Dependence, Eating Disorders)	184
6	Organic Psychotic Conditions (Includes: Senile and Presenile Organic Psychotic Conditions, Dementia, Alcoholic and Drug Psychoses)	149
7	Chronic Obstructive Pulmonary Disease and Allied Conditions (Includes: Bronchitis, Emphysema, Asthma)	116
8	Fracture of Lower Limb (Includes: Fracture of Femur, Fracture of Tibula and Fibula, Fracture of Ankle)	110
9	Complications of Surgical and Medical Care, Not Elsewhere Classified (Includes: Mechanical Complication of Cardiac Device, Genitourinary Device or Orthopedic Device; Infection Due to Internal Prosthetic Device; Complication of Transplanted Organ)	109
10	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	106
Top Ten Total Claim Count		1,792
Percent Of All Inpatient Claims		44.0%

The top diagnosis for an inpatient admission at University Hospital was Other Diseases of the Digestive System, which includes chronic liver disease, acute gallbladder disorders, diseases of the pancreas, and gastrointestinal hemorrhage. This was the second most used diagnosis code at Denver Health. Comparing the two hospitals, University had more diagnosis codes relating to births and heart disease, while Denver Health treated more cases of mental disorders.

Chart 6 - Top 10 Inpatient Diagnoses At University Hospital

	Diagnosis Description	Claim Count
1	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	152
2	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	138
3	Ischemic Heart Disease (Includes: Acute Myocardial Infarction, Angina Pectoris, Coronary Atherosclerosis)	106
4	Liveborn Infants According to Type of Birth (Includes: Single Liveborn, Multiple Births)	93
5	Other Forms of Heart Disease (Acute Pericarditis, Acute Myocarditis, Heart Failure)	93
6	Complications of Surgical and Medical Care, Not Elsewhere Classified (Includes: Mechanical Complication of Cardiac Device, Genitourinary Device or Orthopedic Device; Infection Due to Internal Prosthetic Device; Complication of Transplanted Organ)	87
7	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	60
8	Chronic Obstructive Pulmonary Disease and Allied Conditions (Includes: Bronchitis, Emphysema, Asthma)	47
9	Complications Occurring Mainly in the Course of Labor & Delivery (Including: Obstructed Labor, Umbilical Cord Complications, Postpartum Hemorrhage)	46
10	Pneumonia and Influenza (Includes: Viral and Bacterial Pneumonia)	40
	Top Ten Total Claim Count	862
	Percent of Inpatient Claims	49.2%

Figure 4 shows that inpatient services were rendered most frequently to individuals receiving the CICP N rating (3,127) followed by the CICP A (1,796) and the CICP C (1,491) rating. Persons rated below 100% of the Federal Poverty Level (CICP ratings N, A, B, or C) accounted for 62.3% of inpatient admissions. The following graph shows the total inpatient admissions by CICP rating and Federal Poverty Level percentage for FY 2000-01.



Outpatient Visits

Of the 155,140 clients who received outpatient services, there were 500,609 visits to a CICP provider.

- Total outpatient activity grew to 500,609 in FY 2000-01, which was a 1.7% increase from the FY 1999-00 figure of 492,290.
- For FY 2000-01, 97.6% of the total services rendered were for outpatient care, while outpatient visits accounted for 49.0% of charges submitted.
- 457,794 or 91.4% of all outpatient visits were provided to persons age 18 or older.
- Outpatient services were distributed in the following manner:
 - Outstate Clinics – 40.2%
 - Outstate Hospitals – 16.3%
 - Medicaid Disproportionate Share Hospitals – 2.6%
 - Denver Health - 32.1%
 - University Hospital – 8.8%

Chart 7 demonstrates that the number of outpatient visits fell by 5.2% in FY 1999-00 after gaining 0.7% in the previous fiscal year. The 1.7% increase in FY 2000-01 was due to large increases at the Outstate Hospitals (28.1%) and a more moderate increase at Denver Health (8.5%). University Hospital posted an 18.9% decline, following a 7.5% decrease in the previous fiscal year and a 4.4% decline in FY 1998-99. The Outstate clinic visits fell 5.2% in FY 2000-01 after making significant increases in the previous two fiscal years.

Chart 7 - Comparison of Outpatient Visits

CICP PROVIDER	FY 1998-99 OUTPATIENT VISITS	PERCENT CHANGE	FY 1999-00 OUTPATIENT VISITS	PERCENT CHANGE	FY 2000-01 OUTPATIENT VISITS	PERCENT CHANGE
Clinics	189,107	8.9%	212,315	12.3%	201,268	-5.2%
Hospitals	51,967	1.0%	63,702	22.6%	81,604	28.1%
Total Outstate	241,074	7.1%	276,017	14.5%	282,872	2.5%
Medicaid DSH*	12,024	-0.5%	13,976	16.2%	13,197	-5.6%
Denver Health	207,844	-4.5%	148,060	-28.8%	160,576	8.5%
University Hospital	58,619	-4.4%	54,237	-7.5%	43,964	-18.9%
TOTALS	519,561	0.7%	492,290	-5.2%	500,609	1.7%

Source: CICP Analysis of Table 15 FY 1998-99 and FY 1999-00 Annual Reports, Table 8 FY 2000-01 Annual Report.

*For a list of Medicaid DSH providers see Chart 10.

The top diagnosis at Denver Health and University Hospital for an outpatient visit was Symptoms, which includes symptoms in alteration of consciousness, nervous system, skin, metabolism, head and neck, cardiovascular system, respiratory system, digestive system, and urinary system. The top ten outpatient diagnoses at Denver Health accounted for 46.9% of all the outpatient visits at the facility.

Chart 8 - Top 10 Outpatient Diagnoses At Denver Health

	Diagnosis Description	Claim Count
1	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	12,949
2	Persons Encountering Health Services in Circumstances Related to Reproduction and Development (Includes: Pregnancy, Postpartum Care, Procreative Management, Observation of Newborns)	11,358
3	Diseases of Oral Cavity, Salivary Glands, and Jaws (Includes: Disorder of Tooth Development, Gingival Disease, Dentofacial Anomalies, Diseases of the Salivary Glands)	10,432
4	Persons Without Reported Diagnosis Encountered During Examination (Includes: General Medical Examination, Screenings for Infectious Diseases, Screening for Mental Disorders)	8,617
5	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	6,428
6	Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders (Includes: Hysteria, Anxiety States, Phobic Disorders, Schizoid Personality Disorder, Alcohol and Drug Dependence, Eating Disorders)	6,171
7	Acute Respiratory Infections (Includes: Common Cold, Sinusitis, Bronchiolitis)	5,716
8	Hypertensive Disease (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	4,965
9	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	4,498
10	Disorders of the Eye and Adnexa (Includes: Retinal Disorders, Choroids Disorders, Glaucoma, Cataract)	4,154
Top Ten Total Claim Count		75,288
Percent of Outpatient Claims		46.9%

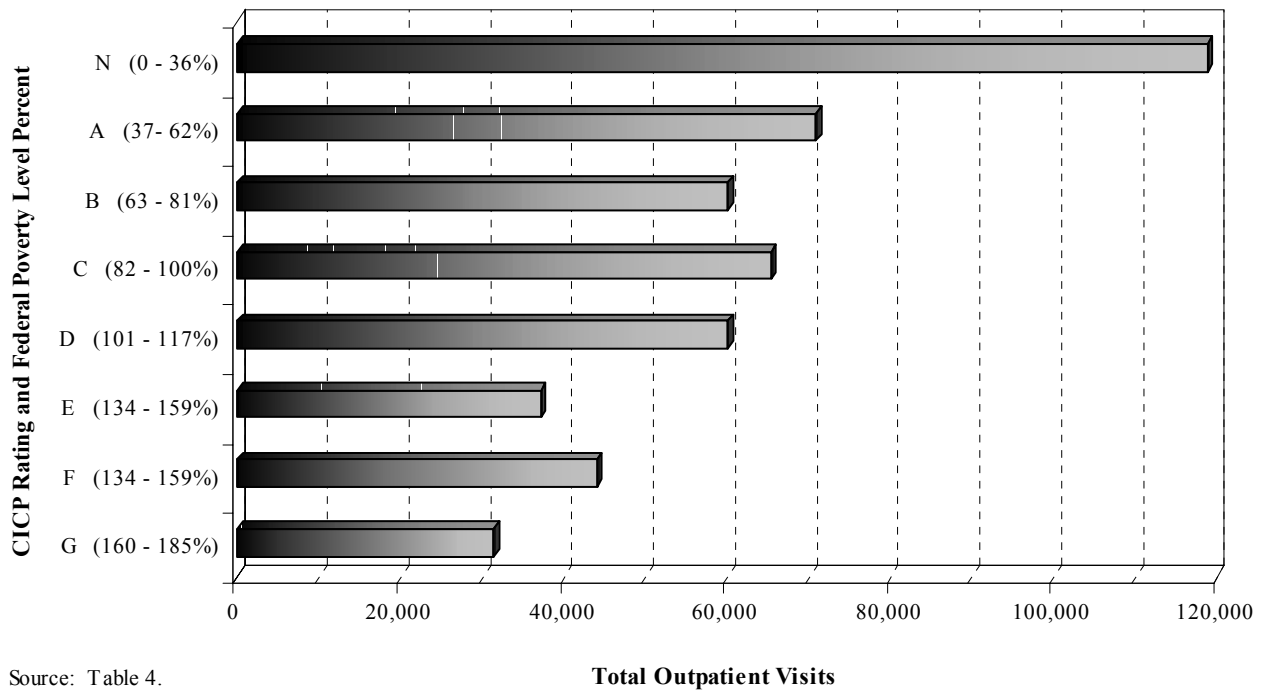
At both facilities, Diseases of Other Endocrine Glands (which includes diabetes mellitus, disorders of parathyroid gland, disorders of pituitary gland, disorders of thymus gland, ovarian dysfunction) were within the top five diagnosis codes. Denver Health reported more cases involving oral diseases, while University treated more cases involving Human Immunodeficiency Virus (HIV) Infection. Chart 9 lists the top ten diagnosis codes at University Hospital, which accounted for 40.4% of all outpatient visits.

Chart 9 - Top 10 Outpatient Diagnoses At University Hospital

	Diagnosis Description	Claim Count
1	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	5,234
2	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	1,850
3	Disorders of the Eye and Adnexa (Includes: Retinal Disorders, Choroids Disorders, Glaucoma, Cataract)	1,526
4	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	1,502
5	Dorsopathies (Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	1,468
6	Hypertensive Disease (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	1,384
7	Other Forms of Heart Disease (Acute Pericarditis, Acute Myocarditis, Heart Failure)	1,293
8	Acute Respiratory Infections (Includes: Common Cold, Sinusitis, Bronchiolitis)	1,282
9	Human Immunodeficiency Virus (HIV) Infection (Includes: Acquired Immune Deficiency Syndrome and Related Complex)	1,216
10	Other Disorders of Female Genital Tract (Includes: Endometriosis; Genital Prolapse; Noninflammatory Disorders of Ovary, fallopian Tube, Cervix, Vagina; Infertility)	1,011
Top Ten Total Claim Count		17,766
Percent of Outpatient Claims		40.4%

Persons with income and assets at 0 to 36% of the Federal Poverty Level (CICP N rating) were the most frequent users of outpatient care and individuals with an A rating were the second most frequent users during FY 2000-01. Clients with a CICP N rating accounted for 23.7% of outpatient visits, while persons rated below 100% of the Federal Poverty Level (CICP ratings N, A, B, or C) accounted for 63.0% of outpatient visits. The following graph shows outpatient utilization by CICP rating for FY 2000-01.

Figure 5 - Outpatient Visits by CICP Rating



Source: Table 4.

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).

For the purposes of this FY 2000-01 Annual Report, the CICP providers are identified in the following categories 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 Disproportionate Share Hospital (DSH) Providers
 - ❑ Medicaid DSH Providers – this includes Platte Valley Medical Center, San Luis Valley Regional Medical Center, St. Vincent General Hospital, The Springs Center for Women and Valley View Hospital.
 - ❑ Medicaid DSH Specialty Indigent Care Providers – 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.

Providers qualify to become Medicaid Disproportionate Share Hospitals on a state fiscal year basis. Participation is determined by the Medicaid inpatient utilization rate. The following hospitals have qualified as Medicaid DSH and Medicaid DSH Specialty Indigent Care Providers:

Chart 10 – Medicaid DSH Providers

<p align="center">FY 1995-96</p> <p>National Jewish Medical and Research Center Parkview Platte Valley Medical Center San Luis Valley Regional Medical Center The Children's Hospital</p>	<p align="center">FY 1996-97</p> <p>Platte Valley Medical Center The Children's Hospital</p>
<p align="center">FY 1997-98</p> <p>National Jewish Medical and Research Center Platte Valley Medical Center San Luis Valley Regional Medical Center The Children's Hospital</p>	<p align="center">FY 1998-99</p> <p>National Jewish Medical and Research Center Platte Valley Medical Center San Luis Valley Regional Medical Center The Children's Hospital Valley View Hospital</p>
<p align="center">FY 1999-00</p> <p>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 Valley View Hospital</p>	<p align="center">FY 2000-01</p> <p>National Jewish Medical and Research Center Platte Valley Medical Center San Luis Valley Regional Medical Center St. Vincent General Hospital The Children's Hospital The Springs Center for Women Valley View Hospital</p>

FY 2000-01 PROVIDER PARTICIPATION

A total of 67 contract providers participated in the CICP program. This included 50 hospitals, 18 clinics and 62 satellite facilities throughout the state. Many of the contracted clinic providers and a few of the contracted hospital providers have multiple sites. Any site other than the main contracted facility is considered a satellite facility.

Chart 11 - FY 2000-01 CICP Clinics and Hospitals by County

COUNTY	CLINICS	HOSPITALS	TOTALS	COUNTY	CLINICS	HOSPITALS	TOTALS
Adams	5	1	6	La Plata	0	1	1
Alamosa	4	1	5	Lake	0	1	1
Arapahoe	5	2	7	Larimer	3	3	6
Archuleta	0	0	0	Las Animas	0	1	1
Baca	0	1	1	Lincoln	0	0	0
Bent	1	0	1	Logan	0	1	1
Boulder	4	3	7	Mesa	1	1	2
Chaffee	0	1	1	Mineral	0	0	0
Cheyenne	0	0	0	Moffat	0	1	1
Clear Creek	1	0	1	Montezuma	2	1	3
Conejos	1	1	2	Montrose	1	1	2
Costilla	0	0	0	Morgan	1	2	3
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	1	1	2
Dolores	1	0	1	Pitkin	1	1	2
Douglas	0	0	0	Prowers	2	1	3
Eagle	3	0	3	Pueblo	5	2	7
El Paso	3	4	7	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	1	6
Kiowa	0	0	0	Yuma	1	2	3
Kit Carson	0	0	0	Totals	80	50	130

Chart 12 lists CICP providers by the city in which the main contracting provider is located. A list of all current CICP providers, including satellite facilities and the services they offer can be found on the Department of Health Care Policy and Financing's website.

Chart 12 - FY 2000-01 CICP Clinics and Hospitals by City

Provider Name	City	Provider Name	City
Outstate Clinic Providers		Outstate Hospital Providers (Cont.)	
Children's Clinic	Fort Collins	McKee Medical Center	Loveland
Clinica Campesina	Lafayette	Melissa Memorial	Holyoke
Colorado Coalition for the Homeless	Denver	Memorial Hospital	Colorado Springs
Columbine Family Health Center	Nederland	Mercy Medical Center	Durango
Commerce City Community Health Center	Commerce City	Montrose Memorial Hospital	Montrose
Community Health Center, Inc.	Colorado Springs	Mount San Rafael Hospital	Trinidad
Community Health Clinic	Dove Creek	North Colorado Medical Center	Greeley
Family Medicine Center	Colorado Springs	Parkview Medical Center	Pueblo
High Plains Community Health Center	Lamar	Penrose-St. Francis HealthCare Systems	Colorado Springs
La Clinica, Inc.	Gardner	Poudre Valley Hospital	Fort Collins
Metropolitan Denver Provider Network (MCPN)	Aurora	Prowers Medical Center	Lamar
Monfort Children's Clinic	Greeley	Rio Grande Hospital	Del Norte
People's Clinic	Boulder	Sedgwick County Health Center	Julesburg
Pueblo Community Health Center	Pueblo	Southeast Colorado Hospital	Springfield
Salud Family Health Centers	Fort Lupton	Southwest Memorial Hospital	Cortez
Sunrise Community Health Center	Greeley	Spanish Peaks Regional Health Center	Walsenburg
Uncompahgre Combined Clinics	Norwood	SSHCA-Yampa Valley Medical Center	Steamboat Springs
Valley-Wide Health Services	Alamosa	St. Mary-Corwin Hospital	Pueblo
Outstate Hospital Providers		St. Mary's Hospital and Medical Center, Inc.	Grand Junction
Arkansas Valley Regional Medical Center	La Junta	St. Thomas More Hospital	Canon City
Aspen Valley Hospital	Aspen	Sterling Regional Medical Center	Sterling
Avista Hospital	Louisville	The Memorial Hospital	Craig
Boulder Community Hospital	Boulder	Wray Community District Hospital	Wray
Clagett Memorial Hospital	Rifle	Yuma District Hospital	Yuma
Colorado Plains Medical Center	Fort Morgan	Medicaid Disproportionate Share Hospitals	
Conejos County Hospital	La Jara	Platte Valley Medical Center	Brighton
Craig Rehabilitation Hospital	Englewood	San Luis Valley Regional Medical Center	Alamosa
Delta County Memorial Hospital	Delta	St. Vincent General Hospital	Leadville
East Morgan County Hospital	Brush	The Springs Center for Women	Colorado Springs
Estes Park Medical Center	Estes Park	Valley View Hospital	Glenwood Springs
Exempla Lutheran Medical Center	Wheat Ridge	Denver Health and Hospital	Denver
Gunnison Valley Hospital	Gunnison	University Hospital	Denver
HealthOne Medical Center of Aurora	Aurora	Medicaid Disproportionate Share Specialty Hospitals	
Heart of the Rockies Regional Medical Center	Salida	National Jewish Medical and Research Center	Denver
Longmont United Hospital	Longmont	The Children's Hospital	Denver

V. REIMBURSEMENT

REIMBURSEMENT METHODOLOGY FOR OUTSTATE CLINICS AND HOSPITALS

Annually, the Colorado General Assembly appropriates an amount of money for Colorado Indigent Care Providers (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 to write-off charges. 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.

Effective July 1, 2001 payments to Outstate providers will be based on historic costs. Reimbursement to general providers is limited by the annual legislative appropriation and funds will be proportionately allocated to providers based on the anticipated utilization of services. The basis for this calculation will be cost data published by the CICP in its most recent available annual report before rate setting by the Department for each upcoming State fiscal year. This cost data will be inflated forward from the year of the most recent available report (using the CPI-W, Medical Care for Denver) through June 30 of the fiscal year payment period. The percentage of uncompensated cost reimbursed will be based on appropriations, but Government owned Outstate hospitals, Non-Government owned Outstate hospitals and Outstate clinics may have different calculated total reimbursement percentages of uncompensated costs.

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 qualified to receive a DSH payment allowing the providers to receive federal matching funds. For FY 2000-01 the federal matching funds rate was at 50.00% of total funds spent reimbursing providers for indigent care.

The Colorado General Assembly originally appropriated \$16,294,325 in total funds to reimburse Outstate providers for FY 2000-01. This 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. Due to an increase in provider charges, the CICP reimbursed Outstate providers 26.966% of costs in FY 2000-01. In FY 1998-99, FY 1997-98 and FY 1996-97 the reimbursement level was 30% of costs. This compares to 24.045% of costs in FY 1999-00, 29.50% of costs in FY 1995-96 and 21.05% of costs in FY 1994-95. See chart 15 for historical reimbursement rates.

REIMBURSEMENT TRENDS FOR OUTSTATE CLINICS AND HOSPITALS

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 \$2,749,729 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 1999-00 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 26.966%. In addition, the General Assembly appropriated \$1,467,517 (General Fund \$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.

REIMBURSEMENT FOR DISPROPORTIONATE SHARE HOSPITAL 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 hospital (DSH) providers. Federal regulations allow 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 public expenditures, which are then matched with federal funds. CICP 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 CICP utilization. Chart 13 shows total reimbursement to the CICP providers in FY 2000-01 by State General Fund and federal fund splits.

Chart 13 - FY 2000-01 CICP Reimbursement

	State General Funds	Federal Funds	Total Funds
Outstate Clinics	\$4,912,464	\$0	\$4,912,464
Outstate Hospitals	\$7,511,448	\$7,511,448	\$15,022,896
DSH Payment	\$7,511,448	\$7,511,448	\$15,022,896
Total Outstate Providers	\$12,423,912	\$7,511,448	\$19,935,360
Medicaid DSH*	\$4,514,742	\$6,492,472	\$11,007,214
DSH Payment	\$3,793,726	\$3,793,726	\$7,587,452
Bad Debt Payment	\$721,016	\$2,698,746	\$3,419,762
Denver Health	\$0	\$64,962,873	\$64,962,873
DSH Payment	\$0	\$38,902,280	\$38,902,280
Bad Debt Payment	\$0	\$15,482,227	\$15,482,227
Major Teaching Payment	\$0	\$10,578,366	\$10,578,366
University Hospital	\$0	\$35,948,849	\$35,948,849
DSH Payment	\$0	\$22,898,166	\$22,898,166
Bad Debt Payment	\$0	\$2,467,867	\$2,467,867
Major Teaching Payment	\$0	\$10,582,816	\$10,582,816
Total CICP Reimbursement	\$16,938,654	\$114,915,642	\$131,854,296
Clinic Payment	\$4,912,464	\$0	\$4,912,464
DSH Payment	\$11,305,174	\$73,105,620	\$84,410,794
Bad Debt Payment	\$721,016	\$20,648,840	\$21,369,856
Major Teaching Payment	\$0	\$21,161,182	\$21,161,182

Source: Table 1.
*For a list of Medicaid DSH providers see Chart 10.

Chart 14 calculates the reimbursement rate relative to write-off costs for all CICIP provider groups. The Outstate providers were reimbursed at 26.97% of write-off costs, while the Disproportionate Share Hospital providers received a much higher reimbursement rate. Denver Health received a 78.89% and University Hospital stood at 81.66%. The Medicaid DSH group received the largest reimbursement rate, 138.43%.

Chart 14 - FY 2000-01 CICIP Reimbursement Rates

	Reimbursement	Write-Off Costs	Reimbursement Rate
Outstate Clinics	\$4,912,464	\$18,217,007	26.97%
Outstate Hospitals	\$15,022,896	\$55,709,729	26.97%
Total Outstate Providers	\$19,935,360	\$73,926,736	26.97%
Medicaid DSH*	\$11,007,214	\$7,951,283	138.43%
Denver Health	\$64,962,873	\$82,448,513	78.79%
University Hospital	\$35,948,849	\$44,024,524	81.66%
Total CICIP Providers	\$131,854,296	\$208,351,056	63.28%
Source: Table 1.			
*For a list of Medicaid DSH providers see Chart 10.			

On average, CICIP providers received one of the highest reimbursement rates in FY 2000-01. In FY 2000-01 the rate increased from 52.49%, but was slightly lower than the FY 1998-99 average of 65.90%. Disproportionate Share Providers began receiving higher reimbursement rates in FY 1997-98 when bad debt was implemented. The reimbursement to University Hospital increased from 64.21% in FY 1999-00 to 81.66% in FY 2000-01 since inpatient admissions at the facility fell by 19.0% and outpatient visits decreased by 18.9%.

Chart 15 - Historical CICIP Reimbursement Rates

	Reimbursement Rate On CICIP Write-Off Costs					
	<u>FY 1995-96</u>	<u>FY 1996-97</u>	<u>FY 1997-98</u>	<u>FY 1998-99</u>	<u>FY 1999-00</u>	<u>FY 2000-01</u>
Outstate Clinics	29.51%	30.00%	30.00%	30.00%	24.04%	26.97%
Outstate Hospitals	29.51%	30.00%	30.00%	30.00%	24.04%	26.97%
Total Outstate Providers	30.00%	30.00%	30.00%	30.00%	24.04%	26.97%
Medicaid DSH*	37.77%	42.88%	83.27%	145.69%	94.12%	138.43%
Denver Health	49.65%	49.09%	61.16%	78.89%	59.72%	78.79%
University Hospital	54.86%	63.89%	82.33%	65.48%	64.21%	81.66%
Average CICIP Providers	44.18%	45.84%	57.41%	65.90%	52.49%	63.28%
Source: Analysis of CICIP Annual Reports.						
*For a list of Medicaid DSH providers see Chart 10.						

REIMBURSEMENT PER INPATIENT DAY

Chart 16 reports inpatient days by provider group for FY 2000-01. 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.

Chart 16 - FY 2000-01 Reimbursement per Inpatient Day

CICP PROVIDER	INPATIENT DAYS	TOTAL NET CICP INPATIENT REIMBURSEMENT	NET CICP REIMBURSEMENT PER INPATIENT DAY*
Outstate Providers			
Clinics	N/A	N/A	N/A
Hospitals	24,059	\$9,233,044	\$383.77
Total Outstate	24,059	\$9,233,044	\$383.77
Medicaid DSH**	2,327	\$5,922,064	\$2,544.94
Denver Health	20,534	\$30,699,468	\$1,495.06
University Hospital	7,478	\$18,803,749	\$2,514.54

Source: Analysis of Tables 1, 2 and 8.
 *Percentage of inpatient charges times estimated inpatient net reimbursement divided by the number of inpatient days.
 **For a list of Medicaid DSH providers see Chart 10.

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, compared to a 18.2% increase in days and a \$383.77 reimbursement per inpatient day in FY 2000-01. University Hospital received their highest reimbursement per day in FY 2000-01, since their number of days fell by 18.9%.

Chart 17 - Historical Reimbursement per Inpatient Day

CICP PROVIDER	FY 1998-99 NET CICP REIMBURSEMENT PER INPATIENT	FY 1999-00 NET CICP REIMBURSEMENT PER INPATIENT DAY*	FY 2000-01 NET CICP REIMBURSEMENT PER INPATIENT DAY*
Outstate Providers			
Clinics	N/A	N/A	N/A
Hospitals	\$389.63	\$313.37	\$383.77
Total Outstate	\$389.63	\$313.37	\$383.77
Medicaid DSH**	\$2,027.37	\$1,564.94	\$2,544.94
Denver Health	\$2,261.62	\$987.29	\$1,495.06
University Hospital	\$1,867.90	\$1,803.02	\$2,514.54

Source: Analysis of CICP Annual Reports.
 *Percentage of inpatient charges times estimated inpatient net reimbursement divided by the number of inpatient days.
 **For a list of Medicaid DSH providers see Chart 10.

REIMBURSEMENT PER OUTPATIENT VISIT

Chart 18 reports outpatient visits and reimbursement payments by CICP provider group during FY 2000-01. The reimbursement per outpatient visit at Outstate clinics was \$24.41, compared to the Outstate Hospitals at \$70.95.

Chart 18 - FY 2000-01 Reimbursement per Outpatient Visit

CICP PROVIDER	OUTPATIENT VISITS	TOTAL CICP OUTPATIENT REIMBURSEMENT	CICP REIMBURSEMENT PER OUTPATIENT VISIT*
Outstate			
Clinics	201,268	\$4,912,464	\$24.41
Hospitals	81,604	\$5,789,852	\$70.95
Total Outstate	282,872	\$10,702,316	\$37.83
Medicaid DSH**	13,197	\$5,085,150	\$385.33
Denver Health	160,576	\$34,263,405	\$213.38
University Hospital	43,964	\$17,145,100	\$389.98

Source: Analysis of Tables 1, 2 and 8.
 *Percentage of outpatient charges times estimated outpatient net reimbursement divided by the number of outpatient visits.
 **For a list of Medicaid DSH providers see Chart 10.

In FY 1999-00 the number of outpatient visits at Outstate clinics rose 12.3% 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. The reimbursement per outpatient visit jumped for both Denver Health and University Hospital, as the number of outpatient visits increased by 8.5% at Denver Health, but fell 18.9% at University.

Chart 19 - Historical Reimbursement per Outpatient Visits

CICP PROVIDER	FY 1998-99 CICP REIMBURSEMENT PER OUTPATIENT VISIT*	FY 1999-00 CICP REIMBURSEMENT PER OUTPATIENT VISIT*	FY 2000-01 CICP REIMBURSEMENT PER OUTPATIENT VISIT*
Outstate Providers			
Clinics	\$25.54	\$20.94	\$24.41
Hospitals	\$76.17	\$59.53	\$70.95
Total Outstate	\$36.46	\$29.84	\$37.83
Medicaid DSH**	\$384.94	\$264.01	\$385.33
Denver Health	\$134.75	\$164.05	\$213.38
University Hospital	\$202.28	\$229.89	\$389.98

Source: Analysis of CICP Annual Reports.
 *Percentage of outpatient charges times estimated outpatient net reimbursement divided by the number of outpatient visits.
 **For a list of Medicaid DSH providers see Chart 10.

VI. PROGRAM ADMINISTRATION

REPORTING REQUIREMENTS AND PREVENTION OF FRAUD BY PROVIDERS

The Colorado Indigent Care Program (CICP) Provider Audit Guidelines for FY 2000-01 require providers to submit an annual audit compliance statement. The purpose of the audit requirement is to furnish the Department of Health Care Policy and Financing (the Department) with a separate audit report that attests to provider compliance with specified provisions of the CICP's contract and related manuals.

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

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

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

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

PREVENTION OF FRAUD BY RECIPIENTS

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

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

Clients reporting false information on a CICP application should be reported the local county District Attorney's office or the local police by the provider. If the false information is to defraud the provider or the State it is a Class 5 Felony, as defined by the following:

C.R.S 18-5-102 - Forgery.

(1) A person commits forgery, if, with intent to defraud, such person falsely makes, completes, alters, or utters a written instrument which is or purports to be, or which is calculated to become or to represent if completed:

(e) A written instrument officially issued or created by a public office, public servant, or government agency; or

C.R.S. 18-5-114 - Offering a false instrument for recording.

(1) A person commits offering a false instrument for recording in the first degree if, knowing that a written instrument relating to or affecting real or personal property or directly affecting contractual relationships contains a material false statement or material false information, and with intent to defraud, he presents or offers it to a public office or a public employee, with the knowledge or belief that it will be registered, filed, or recorded or become a part of the records of that public office or public employee.

(2) Offering a false instrument for recording in the first degree is a class 5 felony.

(3) A person commits offering a false instrument for recording in the second degree if, knowing that a written instrument relating to or affecting real or personal property or directly affecting contractual relationships contains a material false statement or material false information, he presents or offers it to a public office or a public employee, with the knowledge or belief that it will be registered, filed, or recorded or become a part of the records of that public office or public employee.

(4) Offering a false instrument for recording in the second degree is a class 1 misdemeanor.

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 or events. Clinics, on the other hand, have the opportunity to focus on preventive care to control and avoid hospitalization. Many of the clinics provide "culturally complete" services, which recognize and incorporate 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 available CICP providers.

COLLECTION OF THIRD PARTY PAYMENTS

The CICIP guidelines for FY 2000-01 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 Manual and regulations, as follows:

- The client must give written proof to the provider that the insurance will not cover the medically necessary services. Charges to the CICIP program are secondary in this situation.
- If patients receive coverage under the CICIP, and their insurance subsequently pays for services, or if the patient is awarded a settlement, the CICIP is due reimbursement for amounts paid by CICIP to the provider for services rendered to the patient. The provider is then responsible to reimburse CICIP for payments it received for care so reimbursed.
- Providers shall identify and shall collect payments from third-party payment sources before billing the CICIP program.

In the contract between the Department and the CICIP provider the following language reinforces this requirement:

- Third Party and Patient Liability: 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.
- Limitations: The Contractor shall not be reimbursed for care rendered pursuant to its obligation under the Hill-Burton Act.

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. Most Outstate hospital providers have limited services provided to only emergency/urgent care.

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 (The Department) 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 Colorado Indigent Care Program (CICP) 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 CICP program will serve fewer children each year as more children gradually enroll into the CHP+ program (actual number of children transferring from CICP to CHP+ is not available at this time). Effective July 1, 2002 children eligible for CHP+ will no longer be eligible for the CICP.

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. Effective February 1, 2002 a dental benefit will be added to the CHP+ benefit package.

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

The Colorado Benefits Management System (CBMS) goal is to provide system-wide electronic eligibility rules for a spectrum of medical/public assistance programs. The CICP has been included in the design of this system and was included in the RFP released in March of 1999. The Department along with the Department of Human Services has contracted with Electronic Data Systems (EDS) to design and implement CBMS. This system will provide a benefit to the CICP since it will automatically verify that a client is not eligible for Medicaid and CBHP before enrollment into CICP and is expected to be fully functional by July 2003.

VIII. DATA MANAGEMENT TECHNIQUES

Data Collection at University of Colorado Health Sciences Center (UCHSC): The Colorado Indigent Care Program (CICP) 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 processing system was with BCBS for acceptance of the CICP 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, CICP 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 claims data were not part of the CICP annual report.

Electronic Claims submission to Consultec, Inc.: During FY 1999-00 providers electronically submitted claims to Consultec. The CICP 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 CICP administration, since providers were frustrated with the Consultec system. These self-reported figures were included in the FY 1999-00 Annual Report and 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 began receiving summary information from each provider that will allow the Department to write the annual report and reimburse providers. Providers no longer electronically submit claims. The summary information is reported on a quarterly basis and providers submitted 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. Overall, the CICP administration and providers were pleased with this system.

CICP Data: Inpatient admissions and outpatient visits are normally counted on a claim basis. Providers are allowed to span bill on outpatient claims, so a claim with several visits in a month would count as only one visit in this report. Several providers have reported actual visits, not using a claim count.

Unduplicated client count is a count of unique social security numbers by provider. Providers are requested to report a unique count for inpatient, outpatient and total clients served. Several providers could not produce a separate count for total clients, so inpatient and outpatient totals were added to create total clients. Since this count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

IX. FINANCIAL TABLES

Table 1 - Total Financial Activity and CICP Reimbursement

Providers	Charges	Third Party Payments	Patient Liability	Write-Off Charges	Write-Off Costs	Reimbursement
Outstate Clinic Providers						
Children's Clinic	\$22,709	\$20	\$1,882	\$20,807	\$20,807	\$5,611
Clinica Campesina	\$908,234	\$0	\$129,372	\$778,862	\$778,862	\$210,031
Colorado Coalition for the Homeless (2)	\$1,932,221	\$29,993	\$0	\$1,902,228	\$1,902,228	\$512,962
Columbine Family Health Center	\$384,240	\$0	\$56,256	\$327,984	\$327,984	\$88,445
Commerce City Community Health Center	\$0	\$0	\$0	\$0	\$0	\$0
Community Health Center, Inc.	\$5,548,970	\$112,644	\$785,424	\$4,650,902	\$4,650,902	\$1,254,180
Community Health Clinic	\$34,348	\$3,312	\$9,006	\$22,030	\$22,030	\$5,941
Family Medicine Center	\$233,810	\$1,704	\$29,627	\$202,479	\$202,479	\$54,601
High Plains Community Health Center (2)	\$342,587	\$3,438	\$23,574	\$315,575	\$315,575	\$85,099
La Clinica, Inc.	\$12,677	\$45	\$2,015	\$10,617	\$10,617	\$2,863
Metropolitan Denver Provider Network	\$1,682,240	\$0	\$193,122	\$1,489,118	\$1,489,118	\$401,560
Monfort Children's Clinic	\$9,268	\$1,168	\$1,825	\$6,275	\$6,275	\$1,692
People's Clinic	\$819,877	\$0	\$104,515	\$715,362	\$715,362	\$192,907
Pueblo Community Health Center (2)	\$2,695,232	\$550	\$477,171	\$2,217,511	\$2,217,511	\$597,982
Salud Family Health Centers	\$2,830,098	\$0	\$421,971	\$2,408,127	\$2,408,127	\$649,384
Sunrise Community Health Center	\$2,213,289	\$0	\$392,626	\$1,820,663	\$1,820,663	\$490,967
Uncompahgre Combined Clinics	\$46,806	\$0	\$7,293	\$39,513	\$39,513	\$10,655
Valley-Wide Health Services	\$1,602,167	\$0	\$313,213	\$1,288,954	\$1,288,954	\$347,584
TOTAL OUTSTATE CLINICS	\$21,318,773	\$152,874	\$2,948,892	\$18,217,007	\$18,217,007	\$4,912,464
Outstate Hospital Providers						
Arkansas Valley Regional Medical Center	\$2,593,202	\$304,355	\$62,066	\$2,226,781	\$1,213,819	\$327,323
Aspen Valley Hospital	\$436,213	\$35,816	\$7,455	\$392,942	\$282,721	\$76,240
Avista Hospital	\$1,387,848	\$60,531	\$26,991	\$1,300,326	\$634,429	\$171,082
Boulder Community Hospital (1)	\$3,213,763	\$459,372	\$60,290	\$2,694,101	\$1,304,753	\$351,845
Clagett Memorial Hospital	\$153,352	\$0	\$7,354	\$145,998	\$106,097	\$28,611
Colorado Plains Medical Center	\$1,561,010	\$405,363	\$35,648	\$1,119,999	\$536,816	\$144,760
Conejos County Hospital	\$308,320	\$0	\$11,476	\$296,844	\$171,368	\$46,212
Craig Rehabilitation Hospital	\$72,185	\$23,078	\$903	\$48,204	\$31,125	\$8,393
Delta County Memorial Hospital	\$842,316	\$224,083	\$40,776	\$577,457	\$380,775	\$102,681
East Morgan County Hospital	\$130,282	\$37,447	\$5,991	\$86,844	\$72,411	\$19,527
Estes Park Medical Center	\$305,401	\$25,253	\$17,229	\$262,919	\$212,175	\$57,216

Table 1 - Total Financial Activity and CICP Reimbursement

Providers	Charges	Third Party Payments	Patient Liability	Write-Off Charges	Write-Off Costs	Reimbursement
Exempla Lutheran Medical Center	\$4,404,679	\$424,849	\$88,424	\$3,891,406	\$1,340,589	\$361,508
Gunnison Valley Hospital	\$40,372	\$707	\$690	\$38,975	\$26,343	\$7,104
HealthOne Medical Center of Aurora	\$3,784,147	\$102,680	\$35,843	\$3,645,624	\$1,139,622	\$307,315
Heart of the Rockies Regional Medical Center	\$559,703	\$57,907	\$24,791	\$477,005	\$301,228	\$81,230
Longmont United Hospital	\$1,958,976	\$158,584	\$39,370	\$1,761,022	\$1,034,072	\$278,852
McKee Medical Center	\$2,921,588	\$268,988	\$57,764	\$2,594,836	\$1,476,720	\$398,218
Melissa Memorial	\$158,708	\$24,729	\$18,679	\$115,300	\$82,716	\$22,306
Memorial Hospital (1)	\$30,129,996	\$1,966,058	\$515,534	\$27,648,404	\$10,882,412	\$2,934,592
Mercy Medical Center	\$2,689,167	\$274,146	\$75,509	\$2,339,512	\$1,254,915	\$338,405
Montrose Memorial Hospital	\$3,045,588	\$63,451	\$10,115	\$2,972,022	\$1,564,473	\$421,882
Mount San Rafael Hospital (1)	\$808,588	\$207,485	\$20,432	\$580,671	\$316,001	\$85,214
North Colorado Medical Center	\$8,812,037	\$1,529,808	\$204,897	\$7,077,332	\$4,342,650	\$1,171,055
Parkview Medical Center (1)	\$14,770,557	\$3,070,031	\$177,530	\$11,522,996	\$5,306,340	\$1,430,927
Penrose-St. Francis HealthCare Systems (1)	\$11,675,330	\$504,882	\$144,138	\$11,026,310	\$3,531,727	\$952,379
Poudre Valley Hospital	\$5,748,902	\$194,893	\$194,813	\$5,359,196	\$3,247,137	\$875,635
Prowers Medical Center	\$1,504,959	\$355,497	\$46,194	\$1,103,268	\$565,315	\$152,445
Rio Grande Hospital	\$235,715	\$7,368	\$9,960	\$218,387	\$138,239	\$37,278
Sedgwick County Health Center	\$71,785	\$2,757	\$4,816	\$64,212	\$53,373	\$14,393
Southeast Colorado Hospital	\$119,167	\$28,581	\$8,227	\$82,359	\$64,092	\$17,283
Southwest Memorial Hospital (1)	\$1,242,252	\$592,922	\$37,901	\$611,429	\$390,520	\$105,309
Spanish Peaks Regional Health Center	\$442,608	\$66,170	\$10,326	\$366,112	\$239,071	\$64,469
SSHCA-Yampa Valley Medical Center (1)	\$771,389	\$8,889	\$41,018	\$721,482	\$504,749	\$136,112
St. Mary-Corwin Hospital (1)	\$18,841,308	\$656,344	\$313,235	\$17,871,729	\$7,046,823	\$1,900,273
St. Mary's Hospital and Medical Center, Inc. (2)	\$6,315,291	\$12,540	\$68,286	\$6,234,465	\$3,624,718	\$977,455
St. Thomas More Hospital (1)	\$2,008,609	\$228,457	\$53,664	\$1,726,488	\$896,220	\$241,678
Sterling Regional Medical Center	\$1,627,994	\$485,526	\$76,254	\$1,066,214	\$650,177	\$175,329
The Memorial Hospital (1)	\$828,709	\$144,405	\$37,872	\$646,432	\$488,767	\$131,803
Wray Community District Hospital	\$134,532	\$30,979	\$6,664	\$96,889	\$71,368	\$19,245
Yuma District Hospital	\$334,345	\$86,766	\$13,620	\$233,959	\$182,863	\$49,312
TOTAL OUTSTATE HOSPITALS	\$136,990,893	\$13,131,697	\$2,612,745	\$121,246,451	\$55,709,729	\$15,022,896
TOTAL OUTSTATE PROVIDERS	\$158,309,666	\$13,284,571	\$5,561,637	\$139,463,458	\$73,926,736	\$19,935,360

Table 1 - Total Financial Activity and CICP Reimbursement

Providers	Charges	Third Party Payments	Patient Liability	Write-Off Charges	Write-Off Costs	Reimbursement
Medicaid Disproportionate Share Hospitals						
Platte Valley Medical Center (5)	\$2,553,410	\$228,202	\$62,814	\$2,262,394	\$1,113,550	\$1,714,768
San Luis Valley Regional Medical Center (5)	\$1,976,376	\$237,000	\$71,245	\$1,668,131	\$882,608	\$1,242,641
St. Vincent General Hospital (5)	\$266,802	\$34,842	\$10,181	\$221,779	\$146,596	\$200,794
The Springs Center for Women (1)(5)	\$523,675	\$172	\$51,782	\$471,721	\$262,902	\$277,640
Valley View Hospital (5)	\$682,281	\$69,838	\$12,702	\$599,741	\$430,314	\$859,494
Medicaid Disproportionate Share Specialty Hospitals						
National Jewish Medical and Research Center (2)(5)	\$1,822,686	\$355,347	\$79,204	\$1,388,135	\$1,355,792	\$2,081,787
The Children's Hospital (3)(5)	\$7,407,973	\$175,392	\$136,468	\$7,096,113	\$3,759,521	\$4,630,090
University Physicians Inc.	\$1,640,681	\$34,986	\$8,898	\$1,596,797	\$845,983	\$1,041,882
The Children's Hospital	\$5,767,292	\$140,406	\$127,570	\$5,499,316	\$2,913,538	\$3,588,208
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	\$15,233,203	\$1,100,793	\$424,396	\$13,708,014	\$7,951,283	\$11,007,214
Denver Health and Hospital (4)(5)(6)	\$127,879,564	\$7,353,108	\$2,641,822	\$117,884,634	\$82,448,513	\$64,962,873
University Hospital (2)(3)(5)(6)	\$80,762,480	\$8,883,216	\$1,575,009	\$70,304,255	\$44,024,524	\$35,948,849
University Physicians Inc.	\$14,139,395	\$669,684	\$79,137	\$13,390,574	\$8,385,177	\$6,847,035
University Hospital	\$66,623,085	\$8,213,532	\$1,495,872	\$56,913,681	\$35,639,347	\$29,101,814
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	\$223,875,247	\$17,337,117	\$4,641,227	\$201,896,903	\$134,424,320	\$111,918,936
TOTAL ALL CICP PROVIDERS	\$382,184,913	\$30,621,688	\$10,202,864	\$341,360,361	\$208,351,056	\$131,854,296

Notes:

- (1) Includes physician charges, third party payments and patient liabilities.
- (2) Includes outpatient pharmacy charges, third party payments and patient liabilities.
- (3) Includes University Physicians Inc. charges, third party payments and patient liabilities.
- (4) Includes physician charges, outpatient pharmacy, ambulance charges, third party payments and patient liabilities.
- (5) Total Reimbursement Includes Component 1A Payment and Bad Debt.
- (6) Total Reimbursement Includes Major Teaching Payment.

Table 1A - Bad Debt, Medicaid Disproportionate Share Hospital and Major Teaching Reimbursement Detail

	FFY 1998-99 Bad Debt	FFY 1999-00 Bad Debt	FFY 2000-01 Bad Debt	Component 1A	Major Teaching	Net CICP Reimbursement
Platte Valley Medical Center	\$257,594	\$184,435	\$218,450	\$1,054,289	\$0	\$1,714,768
San Luis Valley Regional Medical Center	\$223,785	\$63,703	\$98,449	\$856,704	\$0	\$1,242,641
St. Vincent General Hospital	\$0	\$0	\$123,797	\$76,997	\$0	\$200,794
The Springs Center for Women	\$0	\$0	\$0	\$277,640	\$0	\$277,640
Valley View Hospital	\$221,347	\$212,253	\$212,283	\$213,611	\$0	\$859,494
National Jewish Medical and Research Center	\$305,475	\$187,771	\$79,255	\$1,509,286	\$0	\$2,081,787
The Children's Hospital	\$433,830	\$291,223	\$306,112	\$3,598,925	\$0	\$4,630,090
Denver Health and Hospital	\$4,560,950	\$5,845,868	\$5,075,409	\$38,902,280	\$10,578,366	\$64,962,873
University Hospital	\$57,455	\$1,098,574	\$1,311,838	\$22,898,166	\$10,582,816	\$35,948,849
Total	\$6,060,436	\$7,883,827	\$7,425,593	\$69,387,898	\$21,161,182	\$111,918,936

Table 1B - Physician Detail

	Charges	Third Party Payments	Patient Liability	Write-Off Charges
Boulder Community Hospital	\$134,048	\$0	\$0	\$134,048
Memorial Hospital	\$4,747,802	\$170,729	\$154,137	\$4,422,936
Mount San Rafael Hospital	\$7,787	\$1,661	\$792	\$5,334
Parkview Medical Center	\$764,717	\$0	\$0	\$764,717
Penrose-St. Francis HealthCare Systems	\$2,891,544	\$0	\$0	\$2,891,544
Southwest Memorial Hospital	\$2,694	\$0	\$0	\$2,694
SSHCA-Yampa Valley Medical Center	\$125,919	\$330	\$13,973	\$111,616
St. Mary-Corwin Hospital	\$2,037,329	\$0	\$0	\$2,037,329
St. Thomas More Hospital	\$364,567	\$16,284	\$0	\$348,283
The Memorial Hospital	\$154,677	\$10,868	\$5,385	\$138,424
The Springs Center for Women	\$52,996	\$172	\$14,006	\$38,818
Total	\$11,284,080	\$200,044	\$188,293	\$10,895,743

Table 1C - Outpatient Pharmacy Detail

	Charges	Third Party Payments	Patient Liability	Write-Off Charges
Colorado Coalition for the Homeless	\$446,247	\$0	\$0	\$446,247
High Plains Community Health Center	\$100,256	\$0	\$14,385	\$85,871
Pueblo Community Health Center	\$946,618	\$0	\$278,206	\$668,412
St. Mary's Hospital and Medical Center, Inc.	\$53,516	\$6	\$1,497	\$52,013
National Jewish Medical and Research Center	\$306,869	\$1,090	\$30,485	\$275,294
The Children's Hospital	\$294,183	\$0	\$23,034	\$271,149
University Hospital	\$4,268,943	\$1,896,372	\$442,229	\$1,930,342
Total	\$6,416,632	\$1,897,468	\$789,836	\$3,729,328

Table 1D - Denver Health Detail

	Charges	Third Party Payments	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$115,474,286	\$7,053,341	\$2,545,014	\$105,875,931
Physician Services	\$6,740,054	\$19,913	\$0	\$6,720,141
Ambulance Services	\$758,058	\$279,854	\$15,161	\$463,043
Stout Street Lab Services	\$824,825	\$0	\$0	\$824,825
Outpatient Pharmacy	\$4,082,341	\$0	\$81,647	\$4,000,694
Total	\$127,879,564	\$7,353,108	\$2,641,822	\$117,884,634

Table 2A - Inpatient and Outpatient Charges (Details)

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
Outstate Clinic Providers					
Children's Clinic	\$0	\$22,709	\$0	\$0	\$22,709
Clinica Campesina	\$0	\$908,234	\$0	\$0	\$908,234
Colorado Coalition for the Homeless	\$0	\$1,485,974	\$0	\$0	\$1,485,974
Columbine Family Health Center	\$3,820	\$380,420	\$0	\$0	\$384,240
Commerce City Community Health Center	\$0	\$0	\$0	\$0	\$0
Community Health Center, Inc.	\$87,986	\$5,460,984	\$0	\$0	\$5,548,970
Community Health Clinic	\$0	\$34,348	\$0	\$0	\$34,348
Family Medicine Center	\$0	\$233,810	\$0	\$0	\$233,810
High Plains Community Health Center	\$233,719	\$8,612	\$0	\$0	\$242,331
La Clinica, Inc.	\$0	\$12,677	\$0	\$0	\$12,677
Metropolitan Denver Provider Network	\$0	\$1,682,240	\$0	\$0	\$1,682,240
Monfort Children's Clinic	\$0	\$9,268	\$0	\$0	\$9,268
People's Clinic	\$84,716	\$735,161	\$0	\$0	\$819,877
Pueblo Community Health Center	\$21,777	\$1,726,837	\$0	\$0	\$1,748,614
Salud Family Health Centers	\$2,830,098	\$0	\$0	\$0	\$2,830,098
Sunrise Community Health Center	\$0	\$2,213,289	\$0	\$0	\$2,213,289
Uncompahgre Combined Clinics	\$39,785	\$7,021	\$0	\$0	\$46,806
Valley-Wide Health Services	\$1,602,167	\$0	\$0	\$0	\$1,602,167
TOTAL OUTSTATE CLINICS	\$4,904,068	\$14,921,584	\$0	\$0	\$19,825,652
Outstate Hospital Providers					
Arkansas Valley Regional Medical Center	\$689,831	\$791,152	\$881,707	\$230,512	\$2,593,202
Aspen Valley Hospital	\$127,711	\$16,535	\$291,967	\$0	\$436,213
Avista Hospital	\$125,651	\$387,093	\$437,951	\$437,153	\$1,387,848
Boulder Community Hospital	\$458,772	\$667,404	\$1,448,777	\$504,762	\$3,079,715
Clagett Memorial Hospital	\$119,390	\$0	\$33,962	\$0	\$153,352
Colorado Plains Medical Center	\$216,546	\$323,234	\$458,429	\$562,801	\$1,561,010
Conejos County Hospital	\$70,601	\$64,701	\$110,435	\$62,583	\$308,320
Craig Rehabilitation Hospital	\$0	\$23,554	\$0	\$48,631	\$72,185
Delta County Memorial Hospital	\$168,719	\$230,064	\$276,208	\$167,325	\$842,316
East Morgan County Hospital	\$21,572	\$60,956	\$38,787	\$8,967	\$130,282
Estes Park Medical Center	\$88,063	\$136,045	\$70,338	\$10,955	\$305,401

Table 2A - Inpatient and Outpatient Charges (Details)

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
Exempla Lutheran Medical Center	\$560,824	\$678,250	\$1,997,042	\$1,168,563	\$4,404,679
Gunnison Valley Hospital	\$40,372	\$0	\$0	\$0	\$40,372
HealthOne Medical Center of Aurora	\$434,544	\$27,051	\$3,036,069	\$286,483	\$3,784,147
Heart of the Rockies Regional Medical Center	\$321,827	\$0	\$237,876	\$0	\$559,703
Longmont United Hospital	\$173,156	\$327,166	\$1,016,765	\$441,889	\$1,958,976
McKee Medical Center	\$334,457	\$502,736	\$1,194,400	\$889,995	\$2,921,588
Melissa Memorial	\$94,990	\$16,503	\$45,182	\$2,033	\$158,708
Memorial Hospital	\$2,797,105	\$6,801,626	\$13,650,171	\$2,133,292	\$25,382,194
Mercy Medical Center	\$445,706	\$550,153	\$1,318,127	\$375,181	\$2,689,167
Montrose Memorial Hospital	\$171,636	\$1,486,070	\$52,409	\$1,335,473	\$3,045,588
Mount San Rafael Hospital	\$356,400	\$62,347	\$251,318	\$130,736	\$800,801
North Colorado Medical Center	\$985,552	\$1,486,239	\$4,410,972	\$1,929,274	\$8,812,037
Parkview Medical Center	\$2,922,853	\$1,643,052	\$7,763,692	\$1,676,243	\$14,005,840
Penrose-St. Francis HealthCare Systems	\$3,307,638	\$2,232	\$4,959,672	\$514,244	\$8,783,786
Poudre Valley Hospital	\$591,500	\$1,876,512	\$2,866,278	\$414,612	\$5,748,902
Prowers Medical Center	\$346,334	\$361,734	\$796,891	\$0	\$1,504,959
Rio Grande Hospital	\$68,963	\$82,206	\$84,546	\$0	\$235,715
Sedgwick County Health Center	\$9,736	\$39,988	\$0	\$22,061	\$71,785
Southeast Colorado Hospital	\$28,965	\$50,621	\$39,581	\$0	\$119,167
Southwest Memorial Hospital	\$248,918	\$199,899	\$790,741	\$0	\$1,239,558
Spanish Peaks Regional Health Center	\$156,674	\$180,563	\$105,371	\$0	\$442,608
SSHCA-Yampa Valley Medical Center	\$231,520	\$0	\$413,950	\$0	\$645,470
St. Mary-Corwin Hospital	\$7,968,658	\$238,221	\$6,953,949	\$1,643,151	\$16,803,979
St. Mary's Hospital and Medical Center, Inc.	\$565,608	\$1,480,130	\$3,259,229	\$956,808	\$6,261,775
St. Thomas More Hospital	\$349,252	\$446,961	\$591,857	\$255,972	\$1,644,042
Sterling Regional Medical Center	\$0	\$848,629	\$0	\$779,365	\$1,627,994
The Memorial Hospital	\$307,193	\$138,904	\$227,935	\$0	\$674,032
Wray Community District Hospital	\$4,631	\$60,679	\$31,717	\$37,505	\$134,532
Yuma District Hospital	\$72,203	\$174,157	\$87,985	\$0	\$334,345
TOTAL OUTSTATE HOSPITALS	\$25,984,071	\$22,463,367	\$60,232,286	\$17,026,569	\$125,706,293
TOTAL OUTSTATE PROVIDERS	\$30,888,139	\$37,384,951	\$60,232,286	\$17,026,569	\$145,531,945

Table 2A - Inpatient and Outpatient Charges (Details)

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
Medicaid Disproportionate Share Hospitals					
Platte Valley Medical Center	\$814,473	\$508,661	\$900,590	\$329,686	\$2,553,410
San Luis Valley Regional Medical Center	\$376,996	\$578,330	\$1,021,050	\$0	\$1,976,376
St. Vincent General Hospital	\$46,233	\$48,048	\$153,671	\$18,850	\$266,802
The Springs Center for Women	\$3,071	\$162,839	\$0	\$304,769	\$470,679
Valley View Hospital	\$226,807	\$97,431	\$268,744	\$89,299	\$682,281
Medicaid Disproportionate Share Specialty Hospitals					
National Jewish Medical and Research Center	\$3,199	\$1,499,177	\$13,441	\$0	\$1,515,817
The Children's Hospital	\$679,278	\$932,817	\$3,774,875	\$86,139	\$5,473,109
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	\$2,150,057	\$3,827,303	\$6,132,371	\$828,743	\$12,938,474
Denver Health and Hospital	\$25,332,518	\$35,572,150	\$45,126,880	\$9,442,738	\$115,474,286
University Hospital	\$9,701,276	\$20,037,311	\$26,819,661	\$5,795,894	\$62,354,142
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	\$37,183,851	\$59,436,764	\$78,078,912	\$16,067,375	\$190,766,902
TOTAL ALL CICP PROVIDERS	\$68,071,990	\$96,821,715	\$138,311,198	\$33,093,944	\$336,298,847

Notes:

Table does not include physician, University Physicians Inc., outpatient pharmacy, or ambulance charges. Total Charges in 2A and 2B will equal Charges in Table 1 by adding physician charges from Table 1B, pharmacy charges from Table 1C, Denver Health detail charges (excluding inpatient and outpatient charges) from Table 1D, The Children's Hospital University Physician Inc. charges in Table 1, and University Hospital University Physician Inc. charges in Table 1.

Table 2B - Inpatient and Outpatient Charges (Totals)

Providers	Total Urgent Charges	Total Non-Urgent Charges	Total Charges	Total Outpatient Charges	Total Inpatient Charges	Total Charges
Outstate Clinic Providers						
Children's Clinic	\$0	\$22,709	\$22,709	\$22,709	\$0	\$22,709
Clinica Campesina	\$0	\$908,234	\$908,234	\$908,234	\$0	\$908,234
Colorado Coalition for the Homeless	\$0	\$1,485,974	\$1,485,974	\$1,485,974	\$0	\$1,485,974
Columbine Family Health Center	\$3,820	\$380,420	\$384,240	\$384,240	\$0	\$384,240
Commerce City Community Health Center	\$0	\$0	\$0	\$0	\$0	\$0
Community Health Center, Inc.	\$87,986	\$5,460,984	\$5,548,970	\$5,548,970	\$0	\$5,548,970
Community Health Clinic	\$0	\$34,348	\$34,348	\$34,348	\$0	\$34,348
Family Medicine Center	\$0	\$233,810	\$233,810	\$233,810	\$0	\$233,810
High Plains Community Health Center	\$233,719	\$8,612	\$242,331	\$242,331	\$0	\$242,331
La Clinica, Inc.	\$0	\$12,677	\$12,677	\$12,677	\$0	\$12,677
Metropolitan Denver Provider Network	\$0	\$1,682,240	\$1,682,240	\$1,682,240	\$0	\$1,682,240
Monfort Children's Clinic	\$0	\$9,268	\$9,268	\$9,268	\$0	\$9,268
People's Clinic	\$84,716	\$735,161	\$819,877	\$819,877	\$0	\$819,877
Pueblo Community Health Center	\$21,777	\$1,726,837	\$1,748,614	\$1,748,614	\$0	\$1,748,614
Salud Family Health Centers	\$2,830,098	\$0	\$2,830,098	\$2,830,098	\$0	\$2,830,098
Sunrise Community Health Center	\$0	\$2,213,289	\$2,213,289	\$2,213,289	\$0	\$2,213,289
Uncompahgre Combined Clinics	\$39,785	\$7,021	\$46,806	\$46,806	\$0	\$46,806
Valley-Wide Health Services	\$1,602,167	\$0	\$1,602,167	\$1,602,167	\$0	\$1,602,167
TOTAL CICP OUTSTATE CLINICS	\$4,904,068	\$14,921,584	\$19,825,652	\$19,825,652	\$0	\$19,825,652
Outstate Hospital Providers						
Arkansas Valley Regional Medical Center	\$1,571,538	\$1,021,664	\$2,593,202	\$1,480,983	\$1,112,219	\$2,593,202
Aspen Valley Hospital	\$419,678	\$16,535	\$436,213	\$144,246	\$291,967	\$436,213
Avista Hospital	\$563,602	\$824,246	\$1,387,848	\$512,744	\$875,104	\$1,387,848
Boulder Community Hospital	\$1,907,549	\$1,172,166	\$3,079,715	\$1,126,176	\$1,953,539	\$3,079,715
Clagett Memorial Hospital	\$153,352	\$0	\$153,352	\$119,390	\$33,962	\$153,352
Colorado Plains Medical Center	\$674,975	\$886,035	\$1,561,010	\$539,780	\$1,021,230	\$1,561,010
Conejos County Hospital	\$181,036	\$127,284	\$308,320	\$135,302	\$173,018	\$308,320
Craig Rehabilitation Hospital	\$0	\$72,185	\$72,185	\$23,554	\$48,631	\$72,185
Delta County Memorial Hospital	\$444,927	\$397,389	\$842,316	\$398,783	\$443,533	\$842,316
East Morgan County Hospital	\$60,359	\$69,923	\$130,282	\$82,528	\$47,754	\$130,282
Estes Park Medical Center	\$158,401	\$147,000	\$305,401	\$224,108	\$81,293	\$305,401

Table 2B - Inpatient and Outpatient Charges (Totals)

Providers	Total Urgent Charges	Total Non-Urgent Charges	Total Charges	Total Outpatient Charges	Total Inpatient Charges	Total Charges
Exempla Lutheran Medical Center	\$2,557,866	\$1,846,813	\$4,404,679	\$1,239,074	\$3,165,605	\$4,404,679
Gunnison Valley Hospital	\$40,372	\$0	\$40,372	\$40,372	\$0	\$40,372
HealthOne Medical Center of Aurora	\$3,470,613	\$313,534	\$3,784,147	\$461,595	\$3,322,552	\$3,784,147
Heart of the Rockies Regional Medical Center	\$559,703	\$0	\$559,703	\$321,827	\$237,876	\$559,703
Longmont United Hospital	\$1,189,921	\$769,055	\$1,958,976	\$500,322	\$1,458,654	\$1,958,976
McKee Medical Center	\$1,528,857	\$1,392,731	\$2,921,588	\$837,193	\$2,084,395	\$2,921,588
Melissa Memorial	\$140,172	\$18,536	\$158,708	\$111,493	\$47,215	\$158,708
Memorial Hospital	\$16,447,276	\$8,934,918	\$25,382,194	\$9,598,731	\$15,783,463	\$25,382,194
Mercy Medical Center	\$1,763,833	\$925,334	\$2,689,167	\$995,859	\$1,693,308	\$2,689,167
Montrose Memorial Hospital	\$224,045	\$2,821,543	\$3,045,588	\$1,657,706	\$1,387,882	\$3,045,588
Mount San Rafael Hospital	\$607,718	\$193,083	\$800,801	\$418,747	\$382,054	\$800,801
North Colorado Medical Center	\$5,396,524	\$3,415,513	\$8,812,037	\$2,471,791	\$6,340,246	\$8,812,037
Parkview Medical Center	\$10,686,545	\$3,319,295	\$14,005,840	\$4,565,905	\$9,439,935	\$14,005,840
Penrose-St. Francis HealthCare Systems	\$8,267,310	\$516,476	\$8,783,786	\$3,309,870	\$5,473,916	\$8,783,786
Poudre Valley Hospital	\$3,457,778	\$2,291,124	\$5,748,902	\$2,468,012	\$3,280,890	\$5,748,902
Prowers Medical Center	\$1,143,225	\$361,734	\$1,504,959	\$708,068	\$796,891	\$1,504,959
Rio Grande Hospital	\$153,509	\$82,206	\$235,715	\$151,169	\$84,546	\$235,715
Sedgwick County Health Center	\$9,736	\$62,049	\$71,785	\$49,724	\$22,061	\$71,785
Southeast Colorado Hospital	\$68,546	\$50,621	\$119,167	\$79,586	\$39,581	\$119,167
Southwest Memorial Hospital	\$1,039,659	\$199,899	\$1,239,558	\$448,817	\$790,741	\$1,239,558
Spanish Peaks Regional Health Center	\$262,045	\$180,563	\$442,608	\$337,237	\$105,371	\$442,608
SSHCA-Yampa Valley Medical Center	\$645,470	\$0	\$645,470	\$231,520	\$413,950	\$645,470
St. Mary-Corwin Hospital	\$14,922,607	\$1,881,372	\$16,803,979	\$8,206,879	\$8,597,100	\$16,803,979
St. Mary's Hospital and Medical Center, Inc.	\$3,824,837	\$2,436,938	\$6,261,775	\$2,045,738	\$4,216,037	\$6,261,775
St. Thomas More Hospital	\$941,109	\$702,933	\$1,644,042	\$796,213	\$847,829	\$1,644,042
Sterling Regional Medical Center	\$0	\$1,627,994	\$1,627,994	\$848,629	\$779,365	\$1,627,994
The Memorial Hospital	\$535,128	\$138,904	\$674,032	\$446,097	\$227,935	\$674,032
Wray Community District Hospital	\$36,348	\$98,184	\$134,532	\$65,310	\$69,222	\$134,532
Yuma District Hospital	\$160,188	\$174,157	\$334,345	\$246,360	\$87,985	\$334,345
TOTAL CICP OUTSTATE HOSPITALS	\$86,216,357	\$39,489,936	\$125,706,293	\$48,447,438	\$77,258,855	\$125,706,293
TOTAL CICP OUTSTATE PROVIDERS	\$91,120,425	\$54,411,520	\$145,531,945	\$68,273,090	\$77,258,855	\$145,531,945

Table 2B - Inpatient and Outpatient Charges (Totals)

Providers	Total Urgent Charges	Total Non-Urgent Charges	Total Charges	Total Outpatient Charges	Total Inpatient Charges	Total Charges
Medicaid Disproportionate Share Hospitals						
Platte Valley Medical Center	\$1,715,063	\$838,347	\$2,553,410	\$1,323,134	\$1,230,276	\$2,553,410
San Luis Valley Regional Medical Center	\$1,398,046	\$578,330	\$1,976,376	\$955,326	\$1,021,050	\$1,976,376
St. Vincent General Hospital	\$199,904	\$66,898	\$266,802	\$94,281	\$172,521	\$266,802
The Springs Center for Women	\$3,071	\$467,608	\$470,679	\$165,910	\$304,769	\$470,679
Valley View Hospital	\$495,551	\$186,730	\$682,281	\$324,238	\$358,043	\$682,281
Medicaid Disproportionate Share Specialty Hospitals						
National Jewish Medical and Research Center	\$16,640	\$1,499,177	\$1,515,817	\$1,502,376	\$13,441	\$1,515,817
The Children's Hospital	\$4,454,153	\$1,018,956	\$5,473,109	\$1,612,095	\$3,861,014	\$5,473,109
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	\$8,282,428	\$4,656,046	\$12,938,474	\$5,977,360	\$6,961,114	\$12,938,474
Denver Health and Hospital	\$70,459,398	\$45,014,888	\$115,474,286	\$60,904,668	\$54,569,618	\$115,474,286
University Hospital	\$36,520,937	\$25,833,205	\$62,354,142	\$29,738,587	\$32,615,555	\$62,354,142
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	\$115,262,763	\$75,504,139	\$190,766,902	\$96,620,615	\$94,146,287	\$190,766,902
TOTAL ALL CICP PROVIDERS	\$206,383,188	\$129,915,659	\$336,298,847	\$164,893,705	\$171,405,142	\$336,298,847

Notes: Same as Table 2A.

X. UTILIZATION DATA

Medically Indigent and Colorado Indigent Care Program Fiscal Year 2000-01 Annual Report

Table 3 - Utilization by County

COUNTY	OUTSTATE CLINICS	OUTSTATE HOSPITALS	MEDICAID DSH*	DENVER HEALTH	UNIVERSITY HOSPITAL	TOTAL
Adams	19,908	230	1,965	2,588	9,861	34,552
Alamosa	3,526	112	1,017	9	54	4,718
Arapahoe	3,336	511	2,082	2,828	11,136	19,893
Archuleta	13	127	-	3	7	150
Baca	69	245	15	8	7	344
Bent	613	383	5	5	-	1,006
Boulder	14,531	3,147	193	87	840	18,798
Broomfield**	2	4	1	3	-	10
Chaffee	29	715	16	1	26	787
Cheyenne	77	12	9	4	-	102
Clear Creek	574	59	18	10	212	873
Conejos	2,601	287	492	3	26	3,409
Costilla	1,902	92	432	3	28	2,457
Crowley	258	282	9	7	-	556
Custer	15	186	36	48	-	285
Delta	6	1,558	2	5	28	1,599
Denver	16,576	682	2,114	154,299	13,042	186,713
Dolores	524	274	-	4	-	802
Douglas	243	34	101	100	494	972
Eagle	64	18	13	14	96	205
Elbert	64	32	36	1	183	316
El Paso	65,746	17,101	266	27	482	83,622
Fremont	1,128	1,884	5	2	142	3,161
Garfield	1,056	649	356	5	40	2,106
Gilpin	1,008	12	15	-	51	1,086
Grand	2	29	10	6	91	138
Gunnison	-	104	2	1	31	138
Hindsdale	-	1	-	-	-	1
Huerfano	181	891	5	-	-	1,077
Jackson	-	-	-	5	10	15
Jefferson	4,426	1,274	752	2,784	6,394	15,630
Kiowa	82	19	-	-	-	101
Kit Carson	19	15	9	6	53	102
Lake	-	15	229	5	25	274
La Plata	41	962	2	4	-	1,009
Larimer	4,696	10,737	84	44	389	15,950
Las Animas	42	910	3	6	54	1,015
Lincoln	90	19	2	5	70	186
Logan	102	1,774	10	4	53	1,943
Mesa	30	3,587	15	10	53	3,695
Mineral	89	70	2	-	-	161
Moffat	-	549	4	-	-	553
Montezuma	81	877	8	1	-	967
Montrose	287	2,106	3	6	-	2,402
Morgan	2,818	1,272	20	3	117	4,230
Otero	2,723	2,899	7	1	60	5,690
Ouray	-	61	-	-	-	61
Park	182	26	36	9	152	405

Table 3 - Utilization by County

COUNTY	OUTSTATE CLINICS	OUTSTATE HOSPITALS	MEDICAID DSH*	DENVER HEALTH	UNIVERSITY HOSPITAL	TOTAL
Phillips	-	488	-	-	-	488
Pitkin	18	115	1	1	-	135
Prowers	3,155	837	15	-	64	4,071
Pueblo	21,546	21,889	24	13	232	43,704
Rio Blanco	-	14	5	-	-	19
Rio Grande	3,922	706	907	5	-	5,540
Routt	-	174	2	2	-	178
Saguaghe	3,617	77	670	-	12	4,376
San Juan	-	36	-	-	-	36
San Miguel	248	71	-	-	-	319
Sedgwick	-	334	1	-	-	335
Summit	13	3	13	9	43	81
Teller	3,671	330	15	1	20	4,037
Washington	32	68	27	6	41	174
Weld	12,745	3,134	688	55	970	17,592
Yuma	41	1,048	7	-	27	1,123
Unknown	2,500	1,418	1,038	1,594	-	6,550
TOTALS	201,268	87,575	13,814	164,650	45,716	513,023

Notes:

*Medicaid Disproportionate Share Hospitals include: Platte Valley Medical Center, San Luis Valley Regional Center, St. Vincent General Hospital, The Springs Center for Women, Valley View Hospital, National Jewish Medical and Research Center and The Children's Hospital.

**Broomfield County was not officially recognized until November 15, 2001 but several providers had already made the necessary system changes to report the county code.

Total admit and visit count by reported patient residency.

Table 4 - Outpatient Visits and Inpatient Admissions by Indigency Rating

Outpatient Visits

Rating	OUTSTATE CLINICS		OUTSTATE HOSPITALS		MEDICAID 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	29,827	14.8%	8,852	10.8%	2,000	15.2%	24,170	15.1%	6,109	13.9%	70,958	14.2%
B	25,107	12.5%	7,737	9.5%	1,741	13.2%	19,373	12.1%	6,153	14.0%	60,111	12.0%
C	28,089	14.0%	8,081	9.9%	2,210	16.7%	19,530	12.2%	7,549	17.2%	65,459	13.1%
D	22,258	11.1%	13,094	16.0%	1,730	13.1%	16,373	10.2%	6,709	15.3%	60,164	12.0%
E	15,296	7.6%	6,080	7.5%	1,590	12.0%	10,199	6.4%	4,026	9.2%	37,191	7.4%
F	16,661	8.3%	8,108	9.9%	1,508	11.4%	12,678	7.9%	5,041	11.5%	43,996	8.8%
G	11,101	5.5%	6,981	8.6%	1,218	9.2%	8,561	5.3%	3,529	8.0%	31,390	6.3%
N	50,205	24.9%	13,120	16.1%	1,196	9.1%	49,692	30.9%	4,633	10.5%	118,846	23.7%
P	1,651	0.8%	8,631	10.6%	4	0.0%	-	-	215	0.5%	10,501	2.1%
UNKNOWN	1,073	0.5%	920	1.1%	-	-	-	-	-	-	1,993	0.4%
TOTAL	201,268	100%	81,604	100%	13,197	100%	160,576	100%	43,964	100%	500,609	100%

Inpatient Admissions

Rating	OUTSTATE CLINICS		OUTSTATE HOSPITALS		MEDICAID 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	-	-	875	14.7%	69	11.2%	578	14.2%	274	15.6%	1,796	14.5%
B	-	-	634	10.6%	76	12.3%	397	9.7%	219	12.5%	1,326	10.7%
C	-	-	749	12.5%	81	13.1%	414	10.2%	247	14.1%	1,491	12.0%
D	-	-	669	11.2%	77	12.5%	340	8.3%	253	14.4%	1,339	10.8%
E	-	-	534	8.9%	71	11.5%	195	4.8%	156	8.9%	956	7.7%
F	-	-	674	11.3%	93	15.1%	277	6.8%	170	9.7%	1,214	9.8%
G	-	-	662	11.1%	98	15.9%	209	5.1%	176	10.0%	1,145	9.2%
N	-	-	1,155	19.3%	51	8.3%	1,664	40.8%	257	14.7%	3,127	25.2%
P	-	-	10	0.2%	1	0.2%	-	-	-	-	11	0.1%
UNKNOWN	-	-	9	0.2%	-	-	-	-	-	-	9	0.1%
TOTALS	-	-	5,971	100%	617	100%	4,074	100%	1,752	100%	12,414	100%

Notes:

**Medicaid Disproportionate Share Hospitals include: Platte Valley Medical Center, San Luis Valley Regional Center, St. Vincent General Hospital, The Springs Center for Women, Valley View Hospital, National Jewish Medical and Research Center and The Children's Hospital.

Percent totals may not equal 100% due to rounding.

Table 5 - Inpatient Days

Indigency Rating	OUTSTATE HOSPITALS	MEDICAID DSH*	DENVER HEALTH	UNIVERSITY HOSPITAL	TOTAL
A	3,710	221	2,994	1,201	8,126
B	2,593	285	1,933	966	5,777
C	2,899	237	2,162	1,242	6,540
D	2,434	267	1,401	1,002	5,104
E	2,000	179	861	622	3,662
F	2,521	426	1,214	665	4,826
G	2,332	515	800	662	4,309
N	5,424	195	9,169	1,118	15,906
P	99	2	-	-	101
UNKNOWN	47	-	-	-	47
TOTALS	24,059	2,327	20,534	7,478	54,398

Note:

*Medicaid Disproportionate Share Hospitals include: Platte Valley Medical Center, San Luis Valley Regional Center, St. Vincent General Hospital, The Springs Center for Women, Valley View Hospital, National Jewish Medical and Research Center and The Children's Hospital.

Table 6 - Inpatient Admissions by Age and Sex

OUTSTATE HOSPITALS

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Inpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	78	\$280,388	104	\$532,752	182	3.0%	\$813,140
06-17	72	\$486,032	74	\$671,636	146	2.4%	\$1,157,668
18-24	306	\$2,908,339	324	\$4,096,024	630	10.6%	\$7,004,363
25-54	1,844	\$19,857,064	1,907	\$27,516,416	3,751	62.8%	\$47,373,480
55-64	441	\$7,158,612	453	\$8,284,354	894	15.0%	\$15,442,966
65+	199	\$2,802,381	169	\$2,664,857	368	6.2%	\$5,467,238
TOTAL	2,940	\$33,492,816	3,031	\$43,766,039	5,971	100%	\$77,258,855

MEDICAID DSH*

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Inpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	55	\$405,871	74	\$931,350	129	20.9%	\$1,337,221
06-17	38	\$995,080	42	\$729,384	80	13.0%	\$1,724,464
18-24	59	\$961,827	24	\$245,048	83	13.5%	\$1,206,875
25-54	147	\$1,080,935	100	\$928,840	247	40.0%	\$2,009,775
55-64	34	\$344,450	21	\$142,789	55	8.9%	\$487,239
65+	10	\$115,894	13	\$79,646	23	3.7%	\$195,540
TOTAL	343	\$3,904,057	274	\$3,057,057	617	100%	\$6,961,114

DENVER HEALTH

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Inpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	54	\$140,432	54	\$167,311	108	2.7%	\$307,743
06-17	60	\$377,250	55	\$514,170	115	2.8%	\$891,420
18-24	188	\$1,710,126	226	\$3,123,224	414	10.2%	\$4,833,350
25-54	1,108	\$13,438,728	1,753	\$24,519,580	2,861	70.2%	\$37,958,308
55-64	215	\$3,245,613	252	\$4,489,180	467	11.5%	\$7,734,793
65+	51	\$1,425,168	58	\$1,418,836	109	2.7%	\$2,844,004
TOTAL	1,676	\$20,337,317	2,398	\$34,232,301	4,074	100%	\$54,569,618

Table 6 - Inpatient Admissions by Age and Sex

UNIVERSITY HOSPITAL

<u>Age Group</u>	Female		Male		Total Inpatient		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	10	\$16,132	17	\$107,174	27	1.5%	\$123,306
06-17	11	\$89,927	4	\$128,507	15	0.9%	\$218,434
18-24	67	\$654,637	43	\$726,825	110	6.3%	\$1,381,462
25-54	449	\$6,982,294	559	\$11,568,487	1,008	57.5%	\$18,550,781
55-64	174	\$3,658,745	175	\$4,583,149	349	19.9%	\$8,241,894
65+	123	\$1,735,772	120	\$2,363,906	243	13.9%	\$4,099,678
TOTAL	834	\$13,137,507	918	\$19,478,048	1,752	100%	\$32,615,555

ALL PROVIDERS

<u>Age Group</u>	Female		Male		Total Inpatient		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	197	\$842,823	249	\$1,738,587	446	3.6%	\$2,581,410
06-17	181	\$1,948,289	175	\$2,043,697	356	2.9%	\$3,991,986
18-24	620	\$6,234,929	617	\$8,191,121	1,237	10.0%	\$14,426,050
25-54	3,548	\$41,359,021	4,319	\$64,533,323	7,867	63.4%	\$105,892,344
55-64	864	\$14,407,420	901	\$17,499,472	1,765	14.2%	\$31,906,892
65+	383	\$6,079,215	360	\$6,527,245	743	6.0%	\$12,606,460
TOTAL	5,793	\$70,871,697	6,621	\$100,533,445	12,414	100%	\$171,405,142

Notes:

*Medicaid Disproportionate Share Hospitals include: Platte Valley Medical Center, San Luis Valley Regional Center, St. Vincent General Hospital, The Springs Center for Women, Valley View Hospital, National Jewish Medical and Research Center and The Children's Hospital.

Charges reported in this table are from Table 2B.

Table 7 - Outpatient Activity by Age and Sex

OUTSTATE CLINICS

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	3,234	\$294,970	3,258	\$299,012	6,492	3.2%	\$593,982
06-17	6,419	\$615,923	5,570	\$522,156	11,989	6.0%	\$1,138,079
18-24	15,167	\$1,559,410	4,601	\$444,117	19,768	9.8%	\$2,003,527
25-54	85,225	\$8,871,907	41,548	\$3,927,535	126,773	63.0%	\$12,799,442
55-64	19,977	\$1,853,521	9,445	\$913,940	29,422	14.6%	\$2,767,461
65+	3,900	\$309,081	2,924	\$214,080	6,824	3.4%	\$523,161
TOTALS	133,922	\$13,504,812	67,346	\$6,320,840	201,268	100%	\$19,825,652

OUTSTATE HOSPITALS

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	582	\$204,028	608	\$208,248	1,190	1.5%	\$412,276
06-17	1,694	\$702,053	1,635	\$822,189	3,329	4.1%	\$1,524,242
18-24	6,590	\$3,286,202	3,293	\$2,296,021	9,883	12.1%	\$5,582,223
25-54	33,281	\$17,340,848	19,453	\$13,807,609	52,734	64.6%	\$31,148,457
55-64	7,596	\$4,538,955	4,586	\$3,307,226	12,182	14.9%	\$7,846,181
65+	1,311	\$950,692	975	\$983,367	2,286	2.8%	\$1,934,059
TOTALS	51,054	\$27,022,778	30,550	\$21,424,660	81,604	100%	\$48,447,438

MEDICAID DSH*

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	702	\$226,474	816	\$282,088	1,518	11.5%	\$508,562
06-17	1,433	\$477,801	1,619	\$549,617	3,052	23.1%	\$1,027,418
18-24	884	\$439,177	451	\$279,918	1,335	10.1%	\$719,095
25-54	3,747	\$1,976,076	1,724	\$945,484	5,471	41.5%	\$2,921,560
55-64	909	\$378,387	509	\$241,581	1,418	10.7%	\$619,968
65+	259	\$104,050	144	\$76,707	403	3.1%	\$180,757
TOTALS	7,934	\$3,601,965	5,263	\$2,375,395	13,197	100%	\$5,977,360

Table 7 - Outpatient Activity by Age and Sex

DENVER HEALTH AND HOSPITAL

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	2,903	\$540,592	3,373	\$662,791	6,276	3.9%	\$1,203,383
06-17	4,648	\$1,136,925	3,516	\$932,235	8,164	5.1%	\$2,069,160
18-24	12,602	\$4,608,931	5,797	\$2,786,317	18,399	11.5%	\$7,395,248
25-54	56,008	\$19,615,354	46,581	\$21,393,974	102,589	63.8%	\$41,009,328
55-64	11,850	\$3,895,389	7,713	\$3,051,221	19,563	12.2%	\$6,946,610
65+	3,243	\$1,247,106	2,342	\$1,033,833	5,585	3.5%	\$2,280,939
TOTALS	91,254	\$31,044,297	69,322	\$29,860,371	160,576	100%	\$60,904,668

UNIVERSITY HOSPITAL

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	85	\$39,807	133	\$56,496	218	0.5%	\$96,303
06-17	323	\$143,231	264	\$145,716	587	1.3%	\$288,947
18-24	2,101	\$1,338,014	1505	\$1,092,793	3,606	8.2%	\$2,430,807
25-54	13,967	\$9,250,468	12050	\$8,442,410	26,017	59.2%	\$17,692,878
55-64	4,883	\$3,568,182	3594	\$2,568,286	8,477	19.3%	\$6,136,468
65+	3,009	\$1,488,836	2050	\$1,604,348	5,059	11.5%	\$3,093,184
TOTALS	24,368	\$15,828,538	19,596	\$13,910,049	43,964	100%	\$29,738,587

ALL CICP PROVIDERS

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	7,506	\$1,305,871	8,188	\$1,508,635	15,694	3.1%	\$2,814,506
06-17	14,517	\$3,075,933	12,604	\$2,971,913	27,121	5.4%	\$6,047,846
18-24	37,344	\$11,231,734	15,647	\$6,899,166	52,991	10.6%	\$18,130,900
25-54	192,228	\$57,054,653	121,356	\$48,517,012	313,584	62.7%	\$105,571,665
55-64	45,215	\$14,234,434	25,847	\$10,082,254	71,062	14.2%	\$24,316,688
65+	11,722	\$4,099,765	8,435	\$3,912,335	20,157	4.0%	\$8,012,100
TOTAL	308,532	\$91,002,390	192,077	\$73,891,315	500,609	100%	\$164,893,705

Notes: Same as Table 6.

Table 8 - Utilization by Provider

Provider Name	Visits	Admissions	Days	LOS*
Outstate Clinic Providers				
Children's Clinic	220	-	-	-
Clinica Campesina	8,527	-	-	-
Colorado Coalition for the Homeless	15,163	-	-	-
Columbine Family Health Center	3,447	-	-	-
Commerce City Community Health Center	-	-	-	-
Community Health Center, Inc.	68,006	-	-	-
Community Health Clinic	642	-	-	-
Family Medicine Center	2,523	-	-	-
High Plains Community Health Center	3,523	-	-	-
La Clinica, Inc.	165	-	-	-
Metropolitan Denver Provider Network	11,894	-	-	-
Monfort Children's Clinic	116	-	-	-
People's Clinic	9,176	-	-	-
Pueblo Community Health Center	21,434	-	-	-
Salud Family Health Centers	25,306	-	-	-
Sunrise Community Health Center	10,833	-	-	-
Uncompahgre Combined Clinics	510	-	-	-
Valley-Wide Health Services	19,783	-	-	-
TOTAL OUTSTATE CLINICS	201,268	-	-	-
Outstate Hospital Providers				
Arkansas Valley Regional Medical Center	2,993	127	436	3.43
Aspen Valley Hospital	130	21	90	4.29
Avista Hospital	574	88	275	3.13
Boulder Community Hospital	1,779	141	649	4.60
Clagett Memorial Hospital	467	3	9	3.00
Colorado Plains Medical Center	909	117	274	2.34
Conejos County Hospital	357	33	94	2.85
Craig Rehabilitation Hospital	71	2	22	0.00
Delta County Memorial Hospital	1,022	86	224	2.60
East Morgan County Hospital	123	7	22	3.14
Estes Park Medical Center	1,039	12	20	1.67
Exempla Lutheran Medical Center	1,489	242	990	4.09
Gunnison Valley Hospital	61	-	-	-
HealthOne Medical Center of Aurora	403	179	730	4.08
Heart of the Rockies Regional Medical Center	627	37	90	2.43
Longmont United Hospital	685	130	506	3.89
McKee Medical Center	1,135	151	623	4.13
Melissa Memorial	441	11	21	1.91
Memorial Hospital	12,382	957	4,078	4.26
Mercy Medical Center	1,098	127	473	3.72
Montrose Memorial Hospital	2,183	146	467	3.20
Mount San Rafael Hospital	604	40	187	4.68
North Colorado Medical Center	2,694	472	1,826	3.87
Parkview Medical Center	3,928	677	3,347	4.94
Penrose-St. Francis HealthCare Systems	4,163	345	1,576	4.57
Poudre Valley Hospital	9,076	354	1,532	4.33
Prowers Medical Center	673	124	544	4.39

Table 8 - Utilization by Provider

Provider Name	Visits	Admissions	Days	LOS*
Rio Grande Hospital	715	24	65	2.71
Sedgwick County Health Center	320	5	13	2.60
Southeast Colorado Hospital	197	9	35	3.89
Southwest Memorial Hospital	930	108	281	2.60
Spanish Peaks Regional Health Center	568	20	58	2.90
SSHCA-Yampa Valley Medical Center	144	56	208	3.71
St. Mary-Corwin Hospital	18,701	513	2,091	4.08
St. Mary's Hospital and Medical Center, Inc.	3,864	385	1,436	3.73
St. Thomas More Hospital	1,656	94	287	3.05
Sterling Regional Medical Center	1,954	68	287	4.22
The Memorial Hospital	472	31	114	3.68
Wray Community District Hospital	256	12	34	2.83
Yuma District Hospital	721	17	45	2.65
TOTAL OUTSTATE HOSPITALS	81,604	5,971	24,059	4.03
TOTAL OUTSTATE PROVIDERS	282,872	5,971	24,059	4.03
Medicaid Disproportionate Share Hospitals				
Platte Valley Medical Center	1,553	134	335	2.50
San Luis Valley Regional Medical Center	3,405	166	511	3.08
St. Vincent General Hospital	184	24	96	
The Springs Center for Women	102	89	166	1.87
Valley View Hospital	301	36	105	2.92
Medicaid Disproportionate Share Specialty Hospitals				
National Jewish Medical and Research Center	3,365	3	8	2.67
The Children's Hospital	4,287	165	1,106	6.70
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	13,197	617	2,327	3.77
Denver Health and Hospital	160,576	4,074	20,534	5.04
University Hospital	43,964	1,752	7,478	4.27
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	217,737	6,443	30,339	4.71
TOTAL ALL CICP PROVIDERS	500,609	12,414	54,398	4.38

Notes:

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

Table 9A - Unduplicated Inpatient and Outpatient Count by Age Group

Provider Name	Inpatient				Outpatient			
	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	-	-	-	-	18	47	33	98
Clinica Campesina	-	-	-	-	201	338	2,034	2,573
Colorado Coalition for the Homeless	-	-	-	-	95	136	3,166	3,397
Columbine Family Health Center	-	-	-	-	119	235	717	1,071
Commerce City Community Health Center	-	-	-	-	0	0	0	0
Community Health Center, Inc.	-	-	-	-	728	1,296	9,252	11,276
Community Health Clinic	-	-	-	-	4	24	162	190
Family Medicine Center	-	-	-	-	30	106	366	502
High Plains Community Health Center	-	-	-	-	34	191	1,552	1,777
La Clinica, Inc.	-	-	-	-	3	10	70	83
Metropolitan Denver Provider Network	-	-	-	-	141	312	2,496	2,949
Monfort Children's Clinic	-	-	-	-	18	25	1	44
People's Clinic	-	-	-	-	86	233	2,518	2,837
Pueblo Community Health Center	-	-	-	-	141	574	5,471	6,186
Salud Family Health Centers	-	-	-	-	913	1,951	7,468	10,332
Sunrise Community Health Center	-	-	-	-	219	486	3,161	3,866
Uncompahgre Combined Clinics	-	-	-	-	4	121	26	151
Valley-Wide Health Services	-	-	-	-	115	692	5,283	6,090
TOTAL OUTSTATE CLINICS	-	-	-	-	2,869	6,777	43,776	53,422
Outstate Hospital Providers								
Arkansas Valley Regional Medical Center	0	6	109	115	17	149	1,328	1,494
Aspen Valley Hospital	1	0	17	18	1	0	43	44
Avista Hospital	16	3	61	80	9	22	301	332
Boulder Community Hospital	5	1	96	102	20	55	909	984
Clagett Memorial Hospital	0	0	3	3	0	30	128	158
Colorado Plains Medical Center	4	1	112	117	21	51	837	909
Conejos County Hospital	1	2	25	28	1	16	104	121
Craig Rehabilitation Hospital	0	0	1	1	0	0	5	5
Delta County Memorial Hospital	6	4	72	82	16	31	417	464
East Morgan County Hospital	0	0	7	7	0	3	50	53
Estes Park Medical Center	0	0	9	9	4	41	280	325

Table 9A - Unduplicated Inpatient and Outpatient Count by Age Group

Provider Name	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
Exempla Lutheran Medical Center	6	3	213	222	32	69	846	947
Gunnison Valley Hospital	0	0	0	0	0	5	31	36
HealthOne Medical Center of Aurora	3	5	140	148	18	25	229	272
Heart of the Rockies Regional Medical Center	5	1	28	34	8	13	198	219
Longmont United Hospital	11	7	93	111	17	34	293	344
McKee Medical Center	1	7	117	125	22	53	421	496
Melissa Memorial	0	0	9	9	2	16	71	89
Memorial Hospital	29	35	713	777	188	467	4,742	5,397
Mercy Medical Center	4	3	101	108	2	25	395	422
Montrose Memorial Hospital	6	3	108	117	20	90	1,076	1,186
Mount San Rafael Hospital	0	1	36	37	10	34	274	318
North Colorado Medical Center	22	21	341	384	60	128	1,098	1,286
Parkview Medical Center	4	21	482	507	43	183	2,039	2,265
Penrose-St. Francis HealthCare Systems	14	11	255	280	43	89	1,346	1,478
Poudre Valley Hospital	3	4	312	319	45	215	4,316	4,576
Prowers Medical Center	4	4	98	106	18	25	185	228
Rio Grande Hospital	1	2	17	20	7	34	201	242
Sedgwick County Health Center	2	0	3	5	4	1	70	75
Southeast Colorado Hospital	0	1	8	9	0	4	44	48
Southwest Memorial Hospital	1	6	96	103	8	34	652	694
Spanish Peaks Regional Health Center	0	1	19	20	8	26	269	303
SSHCA-Yampa Valley Medical Center	0	0	48	48	0	0	49	49
St. Mary-Corwin Hospital	10	22	539	571	88	559	6,132	6,779
St. Mary's Hospital and Medical Center, Inc.	4	9	372	385	12	61	2,639	2,712
St. Thomas More Hospital	4	1	79	84	12	68	580	660
Sterling Regional Medical Center	4	0	51	55	17	66	493	576
The Memorial Hospital	1	0	26	27	10	12	138	160
Wray Community District Hospital	2	0	8	10	1	4	63	68
Yuma District Hospital	0	0	13	13	4	35	134	173
TOTAL OUTSTATE HOSPITALS	174	185	4,837	5,196	788	2,773	33,426	36,987
TOTAL OUTSTATE PROVIDERS	174	185	4,837	5,196	3,657	9,550	77,202	90,409

Table 9A - Unduplicated Inpatient and Outpatient Count by Age Group

Provider Name	Inpatient				Outpatient			
	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	16	2	57	75	55	143	722	920
San Luis Valley Regional Medical Center	4	4	76	84	11	96	1,736	1,843
St. Vincent General Hospital	0	0	15	15	2	2	42	46
The Springs Center for Women	42	0	45	87	0	1	64	65
Valley View Hospital	1	1	19	21	6	6	109	121
Medicaid Disproportionate Share Specialty Hospitals								
National Jewish Medical and Research Center	0	3	0	3	11	54	518	583
The Children's Hospital	49	61	23	133	512	916	85	1,513
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	112	71	235	418	597	1,218	3,276	5,091
Denver Health and Hospital	103	129	3,056	3,288	3,223	4,980	37,716	45,919
University Hospital	2	18	1,232	1,252	117	432	13,172	13,721
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	217	218	4,523	4,958	3,937	6,630	54,164	64,731
TOTAL ALL CICP PROVIDERS	391	403	9,360	10,154	7,594	16,180	131,366	155,140

Table 9B - Unduplicated Total Count by Age Group

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
Outstate Clinic Providers				
Children's Clinic	18	47	33	98
Clinica Campesina	201	338	2,034	2,573
Colorado Coalition for the Homeless	95	136	3,166	3,397
Columbine Family Health Center	119	235	717	1,071
Commerce City Community Health Center	0	0	0	0
Community Health Center, Inc.	728	1,296	9,252	11,276
Community Health Clinic	4	24	162	190
Family Medicine Center	30	125	388	543
High Plains Community Health Center	34	191	1,552	1,777
La Clinica, Inc.	3	10	70	83
Metropolitan Denver Provider Network	141	312	2,496	2,949
Monfort Children's Clinic	18	25	1	44
People's Clinic	86	233	2,518	2,837
Pueblo Community Health Center	141	574	5,471	6,186
Salud Family Health Centers	913	1,951	7,468	10,332
Sunrise Community Health Center	219	486	3,161	3,866
Uncompahgre Combined Clinics	4	121	26	151
Valley-Wide Health Services	115	692	5,283	6,090
TOTAL OUTSTATE CLINICS	2,869	6,796	43,798	53,463
Outstate Hospital Providers				
Arkansas Valley Regional Medical Center	17	151	1,363	1,531
Aspen Valley Hospital	2	0	45	47
Avista Hospital	25	23	332	380
Boulder Community Hospital	21	56	944	1,021
Clagett Memorial Hospital	0	30	128	158
Colorado Plains Medical Center	25	52	949	1,026
Conejos County Hospital	1	14	116	131
Craig Rehabilitation Hospital	0	0	5	5
Delta County Memorial Hospital	19	31	435	485
East Morgan County Hospital	0	3	57	60
Estes Park Medical Center	4	41	289	334

Table 9B - Unduplicated Total Count by Age Group

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
Exempla Lutheran Medical Center	38	72	1,059	1,169
Gunnison Valley Hospital	0	5	31	36
HealthOne Medical Center of Aurora	19	29	328	376
Heart of the Rockies Regional Medical Center	13	14	226	253
Longmont United Hospital	26	39	341	406
McKee Medical Center	23	60	538	621
Melissa Memorial	2	16	80	98
Memorial Hospital	213	487	4,965	5,665
Mercy Medical Center	5	25	431	461
Montrose Memorial Hospital	26	93	1,184	1,303
Mount San Rafael Hospital	10	35	287	332
North Colorado Medical Center	82	149	1,439	1,670
Parkview Medical Center	47	194	2,276	2,517
Penrose-St. Francis HealthCare Systems	57	100	1,601	1,758
Poudre Valley Hospital	48	219	4,628	4,895
Prowers Medical Center	20	27	215	262
Rio Grande Hospital	7	34	203	244
Sedgwick County Health Center	2	1	67	70
Southeast Colorado Hospital	0	5	52	57
Southwest Memorial Hospital	9	40	748	797
Spanish Peaks Regional Health Center	8	27	286	321
SSHCA-Yampa Valley Medical Center	0	0	65	65
St. Mary-Corwin Hospital	98	581	6,671	7,350
St. Mary's Hospital and Medical Center, Inc.	16	70	3,011	3,097
St. Thomas More Hospital	15	69	654	738
Sterling Regional Medical Center	21	66	544	631
The Memorial Hospital	10	12	140	162
Wray Community District Hospital	3	4	71	78
Yuma District Hospital	4	35	147	186
TOTAL OUTSTATE HOSPITALS	936	2,909	36,951	40,796
TOTAL OUTSTATE PROVIDERS	3,805	9,705	80,749	94,259

Table 9B - Unduplicated Total Count by Age Group

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
Medicaid Disproportionate Share Hospitals				
Platte Valley Medical Center	71	145	779	995
San Luis Valley Regional Medical Center	15	100	1,812	1,927
St. Vincent General Hospital	2	2	44	48
The Springs Center for Women	42	1	89	132
Valley View Hospital	7	7	128	142
Medicaid Disproportionate Share Specialty Hospitals				
National Jewish Medical and Research Center	11	51	518	580
The Children's Hospital	528	941	97	1,566
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	676	1,247	3,467	5,390
Denver Health and Hospital	3,244	5,019	38,243	46,506
University Hospital	118	438	13,434	13,990
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	4,038	6,704	55,144	65,886
TOTAL ALL CICP PROVIDERS	7,843	16,409	135,893	160,145