COLORADO

MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM

FISCAL YEAR 2001-02 ANNUAL REPORT

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

STATE OF COLORADO

DEPARTMENT OF HEALTH CARE POLICY & FINANCING

1575 Sherman Street
Denver, CO 80203-1714
(303) 866-2993
(303) 866-4411 FAX
(303) 866-3883 TTY

Bill Owens
Governor

Karen Reinertson
Executive Director

February 1, 2003

The Honorable Steve Johnson, Chairman
Senate Health, Environment, Welfare and Institutions Committee
State Capitol
200 E. Colfax Avenue, Room 346
Denver, CO 80203

Dear Senator Johnson:

Enclosed please find the *Medically Indigent and Colorado Indigent Care Program FY 2001-02 Annual Report.* The Department of Health Care Policy and Financing prepared this annual report pursuant to Section 26-15-105, C.R.S. (2002). This 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 $122,953,000 in FY 2001-02. State General Fund accounted for 13.6%, or $16,721,600, of this reimbursement. Over 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 fell by 2.6% to 155,928. Children represented 10.5% of the total population served, which was a 32.5% 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 20.13%.

Questions regarding the *Medically Indigent and Colorado Indigent Care Program FY 2001-02 Annual Report* can be addressed to Christopher Underwood, Manager, Safety Net Financing Section, by e-mail at chris.underwood@state.co.us or by phone at 303-866-5177.

Sincerely,

Karen Reinertson

Karen Reinertson
Executive Director

STATE OF COLORADO

DEPARTMENT OF HEALTH CARE POLICY & FINANCING

1575 Sherman Street
Denver, CO 80203-1714
(303) 866-2993
(303) 866-4411 FAX
(303) 866-3883 TTY

Bill Owens
Governor

Karen Reinertson
Executive Director

February 1, 2003

The Honorable Lauri Clapp, Chairman
House Health, Environment, Welfare and Institutions Committee
State Capitol
200 E. Colfax Avenue, Room 271
Denver, CO 80203

Dear Representative Clapp:

Enclosed please find the *Medically Indigent and Colorado Indigent Care Program FY 2001-02 Annual Report.* The Department of Health Care Policy and Financing prepared this annual report pursuant to Section 26-15-105, C.R.S. (2002). This 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 $122,953,000 in FY 2001-02. State General Fund accounted for 13.6%, or $16,721,600, of this reimbursement. Over 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 fell by 2.6% to 155,928. Children represented 10.5% of the total population served, which was a 32.5% 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 20.13%.

Questions regarding the *Medically Indigent and Colorado Indigent Care Program FY 2001-02 Annual Report* can be addressed to Christopher Underwood, Manager, Safety Net Financing Section, by e-mail at chris.underwood@state.co.us or by phone at 303-866-5177.

Sincerely,

Karen Reinertson

Karen Reinertson
Executive Director

Department of Health Care Policy and Financing

Operations and Finance Office

Karen Reinertson, Executive Director
Department of Health Care Policy and Financing

Marilyn E. Golden, Director
Operations and Finance Office

Christopher W. Underwood, Manager
Safety Net Financing Section

Don Vancil, Financing Specialist
Safety Net Financing Section

Shirley Jones, Systems Programmer
Colorado Indigent Care Program

Bobbe Howard, Eligibility Specialist
Colorado Indigent Care Program

Patricia Farr, Accountant
Safety Net Financing Section

Kerri Coffey, Program Coordinator
Comprehensive Primary and Preventive Care Grant Program

Special Thanks to Raymond Coffey, Contract Budget Analyst

TABLE OF CONTENTS

CHARTS AND TABLES

EXECUTIVE SUMMARY

The Department of Health Care Policy and Financing (the Department) 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. (2002). Total payments made to providers of indigent care exceeded $122,953,000 in FY 2001-02 and were distributed through the following disbursements:

- Pre-component 1 Payments $4,717,714
- Component 1A Payments $73,659,121
- Bad Debt Payments $3,275,332
- Major Teaching Payments $21,753,695
- Outstate Clinic Payments $5,475,170
- Outstate Hospital Payments $14,072,240

Approximately 13.6% of these payments consisted of State General Fund, 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 2001-02.

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 decreased by 2.6% to 155,928 in FY 2001-02. Children, age 0-18, represented 10.5% of the population served and was 32.5% lower than the previous fiscal year. The number of children served by the program continues to decline as enrollment in the Children's Basic Health Plan increases. The number of inpatient admissions grew by 21.7% for all participating providers, while the Outstate hospital providers increased admissions by 26.0%. Outstate hospitals also had an increase in outpatient visits of 22.4%, while visits to the Outstate clinics and University Hospital declined by 12.8% and 7.2% respectively. A total of $118,235,558 in reimbursement was paid to CICP providers. Only 12.2% of this payment consisted of General Fund, while the remaining portion was federal funds.

The Department became responsible for the Comprehensive Primary and Preventive Care (CPPC) Grant 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, 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 Fund.

DISPROPORTIONATE SHARE HOSPITALS

I. INTRODUCTION

In 1987 Congress amended Title XIX (the Medicaid Program) 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 were put into effect to limit states' discretion in using provider taxes and contributions. In addition, these regulations placed caps on the amount of disproportionate share payments states can make. 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. Colorado's match rate was 51.76% in FY 1989-90, then the match peaked at 54.59% in FY 1991-92 and then fell to 50.00% in FY 2000-01. In Federal Fiscal Year 2002-03, there were eleven other states receiving the lowest match rate, while Mississippi had the highest match rate at 76.62%. 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%
2002-03	50.00%	2002-03	50.00%

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

III. FEDERAL DISPROPORTIONATE SHARE PAYMENT CAP

The federal Balanced Budget Act of 1997 (BBA97) 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. However, federal legislation was enacted in December 2000 that maintained 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. Starting in Federal Fiscal Year 2002-03, under current law, the Disproportionate Share Hospital allotment will revert to the Balanced Budget Act of 1997 that indicates the Colorado allotment will be $74 million plus an inflationary increase. Using an inflationary increase of 1.5%, the Centers for Medicare and Medicaid Services has calculated the Federal Fiscal Year 2002-03 allotment for Colorado at $75.110 million. It is possible that additional federal legislation could be enacted to change the Federal Fiscal Year 2002-03 Disproportionate Share Hospital allotment. 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
2002-03	$75,110,000

All of the federal shares of the following payment methodologies are covered under the Disproportionate Share Hospital cap:

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

IV. PRE-COMPONENT 1 PAYMENTS

To fulfill the federal 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%; and
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. These payments are funded with General Fund and federal funds, subject to the federal match rates.

Chart 3 – Pre-Component 1 Qualifying Providers and Payments

Provider	State Fiscal Year 1999-00 Payment	State Fiscal Year 2000-01 Payment	State Fiscal Year 2001-02 Payment*
Cleo Wallace Center	$21,286	$33,636	$12,073
Colorado Psychiatric Hospital	$2,037	$1,114	$2,333
Conejos County Hospital	$211	-	-
Denver Health	$1,715,580	$1,641,097	$1,272,968
Mediplex Rehabiliation (Sunrise)	-	-	$198,472
National Jewish Medical and Research Center	$4,066	$2,844	$3,336
Platte Valley Medical Center	$57,405	$96,131	$61,530
San Luis Valley Regional Medical Center	$46,609	$58,070	$42,372
St. Vincent General Hospital	-	$17,462	$12,680
The Children's Hospital	$1,614,576	$1,730,482	$1,640,571
The Springs Center for Women	$189,024	$289,202	$121,849
University Hospital	$690,200	$730,735	$867,169
Valley View Hospital	$55,876	$76,929	$83,721
Vencor	$132,897	$40,061	-
Total	**$4,529,767**	**$4,717,763**	**$4,319,074**

* $452,640 in total funds for FY 2001-02 has been encumbered for payment, but the payment to specific providers has not been distributed at the time of publication of this report.

Historically, Pre-Component 1 has been reimbursed as a percentage add-on to the hospital's inpatient base rate. The percentage ranges from 2.5% to 10.0%. In State Fiscal Year 2001-02, the state share of these payments was allocated to providers as of February 22, 2002 and the adjustment was suspended until June 30, 2002. An amount of Pre-Component 1 funds totaling $452,640 has been accrued by the Department, but the payments to specific providers has not been distributed at the time of publication of this report. This payable will be allocated and distributed in the future. Chart 3 lists the providers who have qualified for this payment and the amount each received.

On July 1, 2002, the payment resumed and distributed to facilities under a new prospective payment system, which will assure that funds will be available for the entire state fiscal year. There is no change in the current level of General Fund or federal funds associated with this change.

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%;
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; and
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 Disproportionate Share Hospital (DSH) providers are financed with General Fund and federal funds. Chart 4 demonstrates that Component 1A Payments have grown from $50,819,433 in FY 1998-99 to $73,659,121 in FY 2001-02, a 44.9% 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	State Fiscal Year 2001-02 Payment
Platte Valley Medical Center	$154,954	$689,074	$1,054,289	$834,933
San Luis Valley Regional Medical Center	$240,841	$891,219	$856,704	$1,082,078
St. Vincent General Hospital	-	-	$76,997	$91,189
The Springs Center for Women	-	$221,377	$277,640	$78,432
Valley View Hospital	$225,924	$671,064	$213,611	$753,419
National Jewish Medical and Research Center	$1,405,784	$1,749,561	$1,509,286	$1,446,853
The Children's Hospital	$1,825,105	$2,841,477	$3,598,925	$3,543,952
Denver Health	$31,977,227	$37,142,062	$38,902,280	$42,776,228
University Hospital	$14,989,598	$18,787,541	$22,898,166	$23,052,037
Total	**$50,819,433**	**$62,993,375**	**$69,387,898**	**$73,659,121**

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); and
4. Providers must report bad debt to the Colorado Health and Hospital Association's Annual Report.

A payment is only made if there are funds remaining under the Federal Disproportionate Share Payment Cap after all other payments covered under this cap have been made and if the General Assembly approves the payments. The goal with this payment is to maximize federal dollars, while minimizing General Fund expenditures. All General Fund was removed from the payment in FY 1999-00, by using the certification of expenditures on unpaid debt from self-pay clients. A percentage of Bad Debt is reimbursed each year. 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 expenditures is strictly limited to government-owned facilities and Denver Health and University Hospital wish to maintain equality between providers. Chart 5, Chart 6 and Chart 7 show the Bad Debt payments made in FY 2001-02, FY 2000-01 and FY 1998-99 respectively. There was no payment made in FY 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. Instead, it is based on the hospital's bad debt costs.

Chart 5 – Bad Debt Payments State Fiscal Year 2001-02

Provider	Federal Fiscal Year 2001-02 Bad Debt Payment	Total State Fiscal Year 2001-02 Payment
Platte Valley Medical Center	$96,356	$96,356
San Luis Valley Regional Medical Center	$43,424	$43,424
St. Vincent General Hospital	$54,605	$54,605
The Springs Center for Women	$0	$0
Valley View Hospital	$93,635	$93,635
National Jewish Medical and Research Center	$34,958	$34,958
The Children's Hospital	$135,022	$135,022
Denver Health	$2,238,691	$2,238,691
University Hospital	$578,641	$578,641
Total	**$3,275,332**	**$3,275,332**

Chart 6 – Bad Debt Payments State Fiscal Year 2000-01

Provider	Federal Fiscal Year 1998-99 Bad Debt Payment	Federal Fiscal Year 1999-00 Bad Debt Payment	Federal Fiscal Year 2000-01 Bad Debt Payment	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 7 – Bad Debt Payments State Fiscal Year 1998-99

Provider	Federal Fiscal Year 1997-98 Bad Debt Payment	Federal Fiscal Year 1998-99 Bad Debt Payment	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 in FY 1990-91, a portion of the General Fund appropriation to the CICP was reduced. 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 Hospital 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 CICP) equal or exceed 30% of its total patient days for the prior state fiscal year, or the most recent fiscal 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 (FTEs);
2. Maintains a minimum ratio of .30 Intern and Resident FTEs per licensed bed; and
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 a direct reimbursement of write-off costs for the CICP. In FY 1999-00 all General Fund was removed from the payment by using the certification of 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.

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

	FY 1998-99	FY 1999-00	FY 2000-01	FY 2001-02
Denver Health	$9.68	$10.31	$10.58	$11.14
University Hospital	$10.08	$10.31	$10.58	$10.62
Total Payments	**$19.76**	**$20.62**	**$21.16**	**$21.76**

The Major Teaching Payment has grown from $6.8 million in FY 1989-90 to $21.76 million in FY 2001-02. This represents a 220% increase in total funds, while the General Fund share of the payment reached a high of $9.72 million in FY 1998-99 and starting in FY 1999-00 General Fund appropriation became $0. 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)

	FY 1989-90	FY 1990-91	FY 1991-92	FY 1992-93
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
	FY 1993-94	**FY 1994-95**	**FY 1995-96**	**FY 1996-97**
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
	FY 1997-98	**FY 1998-99**	**FY 1999-00**	**FY 2000-01**
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
	FY 2001-02			
Total Payments	**$21.76**			
General Funds	$0			
Federal Funds	$21.76			

House Bill 02-1370, a supplemental appropriation to the Department, increased the federal funds for the Major Teaching Payment to $32,925,053. It was the intent of the General Assembly that the additional federal fund payments generated through the Medicare Upper Payment Limit funding mechanism be contributed back to the State by the hospitals via intergovernmental transfers and that the funds be used to help offset the need for Medicaid program reductions due to declining state revenues. It was the General Assembly's understanding that this intergovernmental transfer would be approximately $11,171,358 in FY 2001-02. In accordance with this supplemental appropriation, an additional $5,672,766 in Major Teaching Payment was paid to Denver Health and an additional $5,498,592 in Major Teaching Payment was paid to University Hospital, both of which were contributed back to the State.

COMPREHENSIVE PRIMARY AND PREVENTIVE CARE GRANT PROGRAM

I. INTRODUCTION

The Comprehensive Primary and Preventive Care (CPPC) Grant Program was established to provide grants to health care providers in order to expand primary and preventive health care 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.

According to statute, beginning with the 2000-01 fiscal year and for each fiscal year thereafter, the General Assembly shall appropriate to the CPPC Grant Program fund six percent of the total amount of moneys received by the state pursuant to the Master Settlement Agreement, not including attorney fees and costs, during the preceding fiscal year; except that the amount so appropriated to this fund shall not exceed $6 million in any fiscal year. In addition, the Department of Health Care Policy and Financing (the Department) may retain up to one percent of the amount annually appropriated for actual costs incurred in implementing the provisions of this grant program.

CPPC grants are to be used to:

- Increase access to comprehensive primary care services for uninsured or medically indigent patients who are served by qualified providers;
- Create new services or augment existing services provided to uninsured or medically indigent patients;
- Establish new sites that offer comprehensive primary care services in medically underserved areas of the state or to medically underserved populations; or
- Maintain increased access, capacity or services previously funded by CPPC grants.

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 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 RFP required to award the grants.

A number of issues were raised around the distribution of the awards during the first year of operation. 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.

During the 2001 legislative session, modifications were made to the enabling statute to expand the definition of eligible uninsured and of eligible health care providers. The Department modified the rules and the revisions to the rules were approved and became effective January 1, 2002. The legislation changed the eligibility of patients to be served in the program from 185% and below the federal poverty level to 200% and below the federal poverty level. In addition, legislation was changed to allow qualified health care providers to practice in an area that they can demonstrate to the state that the entity serves a population or area that lacks adequate health care services for low-income, uninsured persons. Further, the new legislation required that the qualified health care providers perform an initial screening for Medicaid, CBHP and CICP.

A revised RFP was developed in the fall of 2001 based on the advice of the Advisory Council and the experience of the first year of managing the program. Some of the changes to the RFP included:

- Requiring that only one distinct project could be presented per proposal, while placing no limit on the number of proposals that may be submitted per health care provider
- Allowing health care providers the option of requesting funding for multiple years, with a limit to three state fiscal years (July 2002 through June 2005)
- Replacing the grant distribution categories: Previously grants were accepted in two categories, 1) up to $400,000 and 2) between $400,000 and $900,000. New categories were: 1) New sites or expansions, maximum $500,000; 2) Ongoing operations at existing site(s), maximum $500,000; 3) Service expansions at existing sites, maximum $500,000; and 4) Patient care equipment, maximum $100,000

The FY 2002-03 RFP was released in March 2002 and proposals were due late April 2002. A total of 34 proposals were received from 19 different health care providers. The total amount requested among all proposals received was $11,913,426, more than double the $5,939,047 appropriated to the CPPC Grant Program for FY 2002-03.

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 a 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, 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 for FY 2000-01 and FY 2001-02:

- 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 additional 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 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.

For FY 2002-03, 34 proposals were received from 19 different health care providers and from these, 18 contracts were awarded to 14 providers. The amount of grants awarded totaled $5,854,153 for a 10-month grant period. Once again, there is a broad geographic distribution in Colorado with funding for providing medical and/or dental services in Grand Junction, Glenwood Springs, Greeley, Lafayette, Longmont, Nederland, Norwood, Pueblo, Boulder and the Denver metro area. The following projects were funded for FY 2002-03:

- Catholic Health Initiatives, St. Anthony Foundation in the amount of $340,364 to fund hiring a patient advocate, diabetic educator and prenatal nurse, and to provide health care to at least 300 uninsured patients in Denver.
- Catholic Health Initiatives, St. Mary-Corwin in the amount of $500,000 to fund the completion of renovation to a medical clinic on the St. Mary-Corwin hospital campus in Pueblo.
- Clinica Campesina in the amount of $500,000 to fund the construction and equipping of 9 new exam rooms and to provide health care to at least 50 uninsured patients in Lafayette.
- Colorado Coalition for the Homeless in the amount of $440,000 to fund 8 FTEs and add a .5 FTE patient educator and to provide health care to at least 1,000 uninsured patients in Denver.
- Columbine Family Health Center in the amount of $136,535 to provide health care to at least 1,125 uninsured patients in Glenwood Springs.
- Columbine Family Health Center in the amount of $300,000 to fund the initial phases of construction of a medical facility in Nederland.
- Inner City Health Center in the amount of $182,127 to fund hiring a dental director, to complete remodeling of laboratory and to provide dental services for at least 300 uninsured patients at the Inner City Health Center in Denver.
- Inner City Health Center in the amount of $76,892 to fund maintaining a .5 FTE diabetic care coordinator, to enroll at least 20 additional patients in diabetic program and to conduct at least 7 diabetic education classes in Denver.
- Inner City Health Center in the amount of $180,243 to fund a dental director; the installation of cabinets, countertops and new handpieces; and to provide dental services for at least 800 uninsured patients at the New Hope Dental clinic in Denver.
- Marillac Clinic in the amount of $200,000 to complete construction of relocating dental operations to the St. Mary's Hospital campus in Grand Junction.
- Marillac Clinic in the amount of $400,000 to provide health care to at least 3,000 uninsured patients in Grand Junction.
- Metro Community Provider Network in the amount of $500,000 to fund the completion of remodeling of space into a dental clinic, the hiring of a dentist and dental hygienist and to provide dental services to at least 450 uninsured patients in Denver.

- People's Clinic in the amount of $246,925 to hire a family practice team (including at least 1 FTE family physician) and to provide health care to at least 1,000 uninsured patients in Boulder.
- Plan de Salud del Valle in the amount of $500,000 to fund the beginning phases of construction of 24 medical offices and 6 dental operatories in Longmont.
- Pueblo Community Health Center in the amount of $424,917 to provide health care services to at least 1,800 uninsured patients and to fill at least 3,000 pharmaceutical prescriptions for uninsured patients in Pueblo.
- Sunrise Community Health Center in the amount of $415,000 to fund 5 FTEs among three clinics and to provide health care to at least 3,500 uninsured patients in Greeley.
- Uncompahgre Medical Center in the amount of $175,000 to fund the beginning phases of construction that will expand the facility in Norwood.
- University of Colorado Hospital in the amount of $336,150 to provide prenatal, postpartum, newborn care, hospital-base outpatient services and delivery services for at least 900 patient visits by uninsured patients in Denver.

A direct comparison between the number of patients who received services in the first year of CPPC grant awards, FY 2000-01 and FY 2001-02, to the projected number of patients to receive services in the second year of awards of the grant program, FY 2002-03, cannot be made. During the first year of awards, the Department did not require the health care providers to report specifically on the increased number of patients served. They were required to report on the number of patients served or services provided that was directly attributable to the CPPC grant funds. This number could include patients who previously received care, but now are receiving services under the funding from the CPPC Grant Program; hence, this patient could not be counted as a new patient. In addition, the terms of the contracts are not comparable because the first year contracts covered 15 months and the second year contracts cover 10 months. It also is important to remember that the first year awarded a total of $9,730,381 and the second year's awards totaled $5,854,153.

IV. FINANCIAL SUMMARY

The Comprehensive Primary and Preventive Care (CPPC) Grant 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 decreased to $5,156,532. For FY 2000-01, $147,861 in appropriated funds was reverted to the Tobacco Settlement Trust. The initial appropriation for FY 2002-03 is $5,939,047.

The Department is required to pay a proportionate share of the costs incurred by the Department of Public Health and Environment associated with the administration of the Tobacco Settlement Trust funded programs. A similar payment is required to fund the Office of the State Auditor, which is required by statute to audit all the Tobacco Settlement Trust funded programs. In

FY 2001-02, a payment of $7,805 was made to the Department of Public Health and Environment and $4,671 paid to the Office of the State Auditor. In addition, a one-time payment of $2,040 was required by statute to fund the Stroke Prevention Board.

The Department cannot exceed a maximum of 1% of total funds appropriated for administrative costs associated with the CPPC Grant Program. The total administrative costs for FY 2000-01 and FY 2001-02 were $15,262. For FY 2002-03, the administration costs are expected to reach $59,131, but the figures will not be final until June 2003. Any encumbered administration funds not used will be reverted to the Tobacco Settlement Trust.

Chart 1 - CPPC Financial Summary FY 2000-01 and FY 2001-02

FY 2000-01 Appropriation	$4,751,488
FY 2001-02 Appropriation	$5,156,532
Total	$9,908,020
Provider Awards	**$9,730,381**
Department Administration Costs	$15,262
Prevention Board Payment (FY 2001-02)	$2,040
Department of Public Health and Environment Payment (FY 2001-02)	$7,805
Office of the State Auditor Payment (FY 2001-02)	$4,671
Tobacco Settlement Trust Reversion	$147,861
Total Appropriations	**$9,908,020**

Chart 2 - CPPC Financial Summary FY 2002-03 Estimate

Provider Awards	**$5,854,153**
Department Administration Costs	$59,131
Department of Public Health and Environment Payment	$17,519
Office of the State Auditor Payment	$8,244
Total Appropriation	**$5,939,047**

COLORADO INDIGENT CARE PROGRAM

I. INTRODUCTION

The Department of Health Care Policy and Financing (the 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 2001-02.
- ❒ 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 most settings, medically indigent cards are issued and brochures are available for patients. The CICP is not an insurance program, but rather a financial vehicle for providers to recoup some of their medical costs at a "discount." The program has been 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 participating 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.

Issues the Task Force 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 for Medicare and Medicaid Services; one representative from the independent clinics; one representative from the interested parties for hospitals; and one representative from 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 Department held four meetings during FY 2001-02 with the CICP Advisory Panel. Among the issues discussed were:

- ❒ Change to income verification and other eligibility manual changes.
- ❒ Change to the CICP Provider Audit Requirements.
- ❒ Modifications 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.
- ❒ Evaluating the possibility of eliminating CICP as an option for children who are eligible for the Children's Basic Health Plan. This was effective July 1, 2002.

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

Disproportionate Share Hospitals (DSH) - DSH payments are made to hospitals that have a high number of Medicaid and indigent care clients compared to other hospitals in the state. The payments help defray the cost of treating the uninsured and low-income patients. The DSH payments assist in securing the hospitals' financial viability, preserving access to care for the Medicaid 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) (l) (I) or (1) (l) (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 Equivalents (FTEs).
2. Maintains a minimum ratio of .30 Intern and Resident FTEs 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 they, whenever absent, have the present intention of returning after a departure or absence therefrom, regardless of the duration of such absence, pursuant to Section 1-2-102, C.R.S.

Specialty Care Program - Specialty providers must either offer unique services or serve a unique population. Additionally, at least 50% of the care rendered through the CICP must be provided to individuals who reside outside the City and County of Denver.

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

Third Party Coverage - Any payment for health services including, but not limited to, private health insurance, medical payments under any other private insurance plan, Workers' Compensation, Medicare, CHAMPUS, The Health Care Program for Children with Special Needs, and other insurance coverage responsible for payment of medical expenses incurred by

CICP eligible individuals. Responsibility for payment may be established by contract, by statute, or by legal liability. Third party payment does not include: 1) payment from voluntary sources or 2) payment under the Colorado Crime Victim Compensation Act, Section 24-4.1-100.1, C.R.S.

University Hospital - Under the CICP, University Hospital serves primarily the residents of the Denver metropolitan area who are not residents of the City and County of Denver. University Hospital also serves as a referral center to provide such complex care as is not available or is not contracted for in Denver and the remaining areas of the state.

III. CLIENTS

ELIGIBILITY REQUIREMENTS AND ABILITY TO PAY

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, 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:

a. Family income has changed significantly;
b. Number of dependents has changed; or
c. Information provided was not accurate.

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

Chart 1 - Annual Income Ranges for Each Ability-To-Pay Rate
Effective April 1, 2001 - March 31, 2002

Family Size	N	A	B	C
1	$0 - $3,436	$3,437 - $5,326	$5,327 - $6,958	$6,959 - $8,590
2	$0 - $4,644	$4,645 - $7,198	$7,199 - $9,404	$9,405 - $11,610
3	$0 - $5,852	$5,853 - $9,071	$9,072 - $11,850	$11,851 - $14,630
4	$0 - $7,060	$7,061 - $10,943	$10,944 - $14,297	$14,298 - $17,650
5	$0 - $8,268	$8,269 - $12,815	$12,816 - $16,743	$16,744 - $20,670
6	$0 - $9,476	$9,477 - $14,688	$14,689 - $19,189	$19,190 - $23,690
7	$0 - $10,684	$10,685 - $16,560	$16,561 - $21,635	$21,636 - $26,710
8	$0 - $11,892	$11,893 - $18,433	$18,434 - $24,081	$24,082 - $29,730
Poverty Level *	**40%**	**62%**	**81%**	**100%**

Family Size	D	E	F	G
1	$8,591 - $10,050	$10,051 - $11,425	$11,426 - $13,658	$13,659 - $15,892
2	$11,611 - $13,584	$13,585 - $15,441	$15,442 - $18,460	$18,461 - $21,479
3	$14,631 - $17,117	$17,118 - $19,458	$19,459 - $23,262	$23,263 - $27,066
4	$17,651 - $20,651	$20,652 - $23,475	$23,476 - $28,064	$28,065 - $32,653
5	$20,671 - $24,184	$24,185 - $27,491	$27,492 - $32,865	$32,866 - $38,240
6	$23,691 - $27,717	$27,718 - $31,508	$31,509 - $37,667	$37,668 - $43,827
7	$26,711 - $31,251	$31,252 - $35,524	$35,525 - $42,469	$42,470 - $49,414
8	$29,731 - $34,784	$34,785 - $39,541	$39,542 - $47,271	$47,272 - $55,001
Poverty Level *	**117%**	**133%**	**159%**	**185%**

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

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
N (1)	40%	$15	$0	$5	$3
A	62%	$64	$27	$10	$5
B	81%	$103	$44	$10	$5
C	100%	$154	$66	$10	$5
D	117%	$220	$94	$10	$10
E	133%	$297	$127	$15	$15
F	159%	$389	$167	$20	$20
G	185%	$535	$230	$25	$25
P (2)	All	N/A	N/A	$50	$5

Notes:

(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

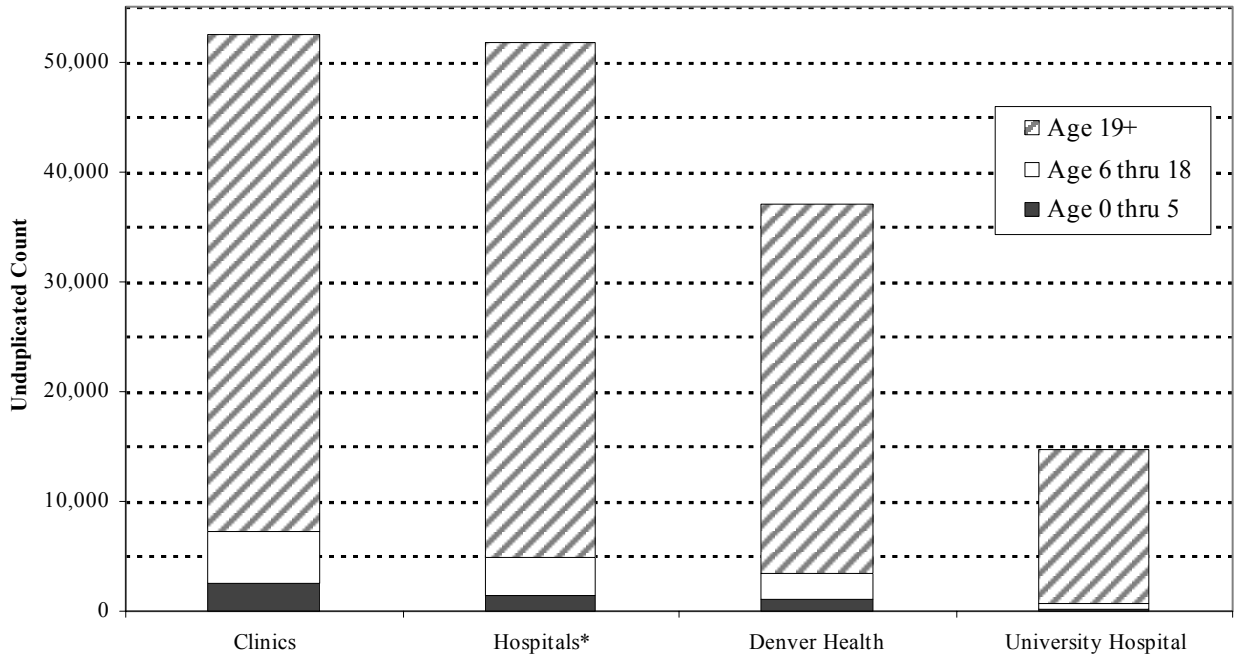
2. As an inpatient service for which the facility collects the copayment associated with an inpatient stay for the patient's rating. The patient is additionally responsible for the participating physician copayment. In the event that the listed inpatient charges are greater than actual patient charges 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 the time of services rendered of their copayment responsibility.

CLIENTS SERVED

During FY 2001-02, 155,928 unique 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. This figure is 2.6% lower than the FY 2000-01, reported value of 160,145 unique individuals. For the program, 11,743 unique individuals received inpatient care, while 149,957 received outpatient services in FY 2001-02[1].

Figure 1 - Total Unduplicated Count by Provider and Age Group



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

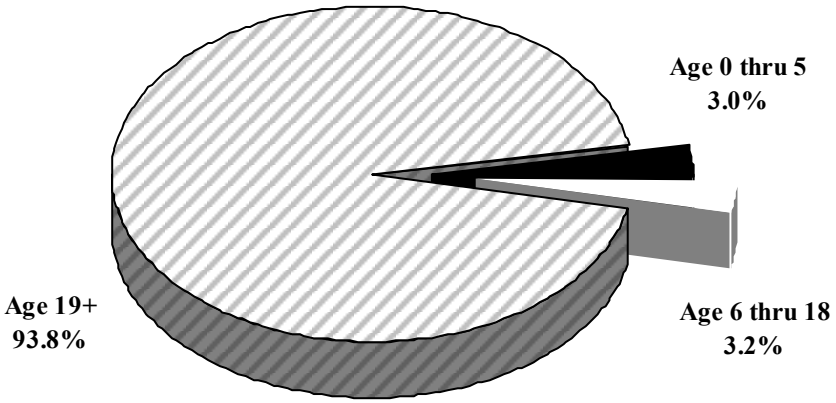
Tables 9A and 9B provide a detailed overview by provider of the total number of unique individuals served by site. The provider groups serving the most unique individuals were the Outstate clinics (33.6%), Hospitals (33.2%) and Denver Health (23.7%). Overall, children (age 0-18) represented 10.5% of the total unique population receiving serviced, which is down from 15.1% in the previous fiscal year and 17.2% in FY 1999-00. Unique adults (age 19 and over) accounted for 84.9% of the unique population served in FY 2000-01 and grew to 89.5% in FY 2001-02. The decline in unique 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

Providers reported that 11,743 unique individuals received inpatient care through the CICP in FY 2001-02. This represented a 15.6% increase from the previous fiscal year figure of 10,154. Outstate hospitals provided 49.6% of total unique client admissions statewide, which was down from 51.2% in the previous fiscal year. Denver Health provided 35.1% of total unique client admissions, which was only 4.0% of the admissions for children (age 0-18). Dropping slightly from 6.9% in FY 2000-01, unique children receiving inpatient services through the CICP represented 6.2% of the admissions to the Outstate hospitals.

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



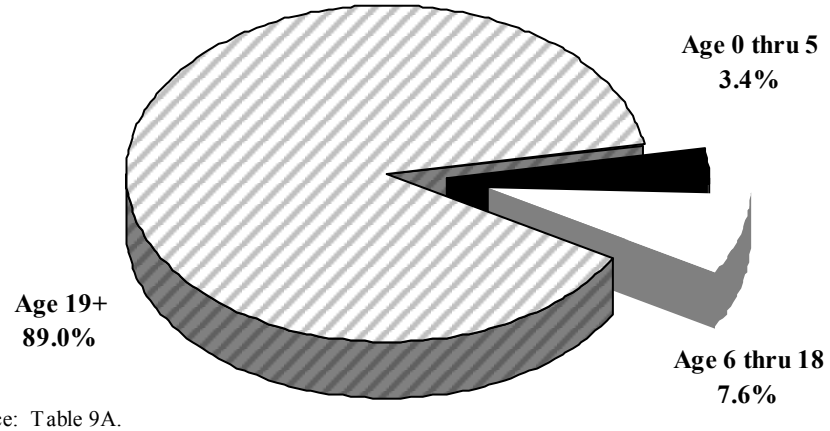
Source: Table 9A.

Outpatient Visits

Providers reported that 149,957 unique individuals received outpatient care through the CICP in FY 2001-02. This represented a 3.3% decrease from the previous fiscal year figure of 155,140. The Outstate providers (clinics and hospitals) saw almost two-thirds (63.3%) of the unique outpatient visits compared to the Medicaid DSH[2] providers, Denver Health and University Hospital at 36.7%. Outstate hospitals provided 28.3% of unique client visits, while Outstate clinics provided 35.0%. Denver Health provided 24.0% of unique client visits. Outstate clinics provided 13.9% of unique outpatient visits to children (age 0-18) compared to the Outstate hospitals at 7.4%. Both these figures are significant decreases from the previous year, when Outstate clinics provided 18.1% of unique outpatient visits to children compared to the Outstate hospitals at 9.6%.

[2] See Chart 12 for a list of Medicaid Disproportionate Share Hospital providers.

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



Source: Table 9A.

CLIENT UTILIZATION

Inpatient Admissions

Of the 11,743 clients who received inpatient services in FY 2001-02, there were 15,103 reported admissions to CICP hospital providers.

- The number of inpatient admissions grew by 21.7% in FY 2001-02 from 12,414 in FY 2000-01.
- Total inpatient days increased to 69,505 in FY 2001-02, which was a 27.8% change from the FY 2000-01 figure of 54,398.
- During FY 2001-02, 14,294 or 94.6% of all inpatient visits were provided to persons age 18 or older.
- Inpatient services were distributed in the following manner:
  - Outstate Hospitals – 49.8%
  - Medicaid Disproportionate Share Hospitals – 3.6%
  - Denver Health – 35.0%
  - University Hospital – 11.6%

Chart 3 demonstrates that the number of inpatient admissions fell by 6.1% in FY 2000-01 after rising 4.3% in the previous fiscal year. The 21.7% increase in FY 2001-02 was due to large gains at Denver Health (29.8%) and Outstate hospitals (26.0%). The Medicaid DSH did not follow this trend, falling by 13.0% in FY 2001-02. University Hospital only increased admissions by 0.1% in FY 2001-02, after posting declining figures in the two previous fiscal years.

Chart 3 - Comparison of Inpatient Admissions

CICP PROVIDER	FY 1999-00 INPATIENT ADMISSIONS	PERCENT CHANGE	FY 2000-01 INPATIENT ADMISSIONS	PERCENT CHANGE	FY 2001-02 INPATIENT ADMISSIONS	PERCENT CHANGE
Outstate	5,343	12.5%	5,971	11.8%	7,525	26.0%
Medicaid DSH*	669	2.8%	617	-7.8%	537	-13.0%
Denver Health	5,049	2.7%	4,074	-19.3%	5,288	29.8%
University Hospital	2,164	-8.2%	1,752	-19.0%	1,753	0.1%
TOTAL	**13,225**	**4.3%**	**12,414**	**-6.1%**	**15,103**	**21.7%**

Source: CICP Analysis of Table 15 FY 1999-00 Annual Report, Table 8 FY 2000-01 and FY 2001-02 Annual Reports.

*For a list of Medicaid DSH providers see Chart 12.

As shown in Chart 4, the number of inpatient days also increased in FY 2001-02. The total number of days grew by 27.8% after decreasing 1.5% in the previous fiscal year. Outstate providers posted the largest percent increase, growing by 40.9% in FY 2001-02. This followed a growth of 18.2% and 12.5% in the previous fiscal years. Denver Health posted a 12.5% decline for inpatient days in FY 2000-01, which was reversed in FY 2001-02 with a 25.3% increase. University Hospital had a 6.9% gain in inpatient days, while Medicaid DSH providers posted a 19.2% decrease.

Chart 4 - Comparison of Inpatient Days

CICP PROVIDER	FY 1999-00 INPATIENT DAYS	PERCENT CHANGE	FY 2000-01 INPATIENT DAYS	PERCENT CHANGE	FY 2001-02 INPATIENT DAYS	PERCENT CHANGE
Outstate	20,360	12.5%	24,059	18.2%	33,893	40.9%
Medicaid DSH*	2,156	-1.1%	2,327	7.9%	1,881	-19.2%
Denver Health	23,460	1.3%	20,534	-12.5%	25,738	25.3%
University Hospital	9,223	-1.5%	7,478	-18.9%	7,993	6.9%
TOTAL	**55,199**	**4.6%**	**54,398**	**-1.5%**	**69,505**	**27.8%**

Source: CICP Analysis of Table 15 FY 1999-00 Annual Report, Table 8 FY 2000-01 and FY 2001-02 Annual Reports.
*For a list of Medicaid DSH providers see Chart 12.

Denver Health, University Hospital and Memorial Hospital reported the primary diagnoses codes for FY 2001-02 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 45.3% 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)	483
2	**Symptoms** (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	344
3	**Other Diseases of Digestive System** (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	311
4	**Infections of Skin and Subcutaneous Tissue** (Includes: Carbuncle and Furuncle, Cellulitis and Abcess, Impetigo, Local Infections of the Skin)	248
5	**Other Forms of Heart Disease** (Acute Pericarditis, Acute Myocarditis, Heart Failure)	182
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)	181
7	**Diseases of Other Endocrine Glands** (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	178
8	**Organic Psychotic Conditions** (Includes: Senile and Presenile Organic Psychotic Conditions, Dementia, Alcoholic and Drug Psychoses	174
9	**Complications Occurring Mainly in the Course of Labor & Delivery** (Including: Obstructed Labor, Umbilical Cord Complications, Postpartum Hemorrhage)	154
10	**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)	143
	Top Ten Total Claim Count	**2,398**
	Percent Of All Inpatient Claims	**45.3%**

The top diagnosis for an inpatient admission at University Hospital was Ischemic Heart Disease, which includes acute myocardial infarction, angina pectoris, and coronary arteriosclerosis. In addition, this was the third most used diagnosis code at Memorial Hospital. Comparing Denver Health and University Hospital, University had more diagnosis codes relating to 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	**Ischemic Heart Disease** (Includes: Acute Myocardial Infarction, Angina Pectoris, Coronary Atherosclerosis)	113
2	**Other Diseases of Digestive System** (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	106
3	**Symptoms** (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	104
4	**Other Forms of Heart Disease** (Acute Pericarditis, Acute Myocarditis, Heart Failure)	98
5	**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)	96
6	**Liveborn infants according to type of birth** (Includes: Single, Twin, and Other Multiple Liveborns and Stillborns)	87
7	**Diseases of Other Endocrine Glands** (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	57
8	**Chronic Obstructive Pulmonary Disease and Allied Conditions** (Includes: Bronchitis, Emphysema, Asthma)	56
9	**Pneumonia and Influenza** (Includes: Viral and Bacterial Pneumonia)	46
10	**Infections of Skin and Subcutaneous Tissue** (Includes: Carbuncle and Furuncle, Cellulitis and Abcess, Impetigo, Local Infections of the Skin)	43
	Top Ten Total Claim Count	**806**
	Percent of All Inpatient Claims	**46.0%**

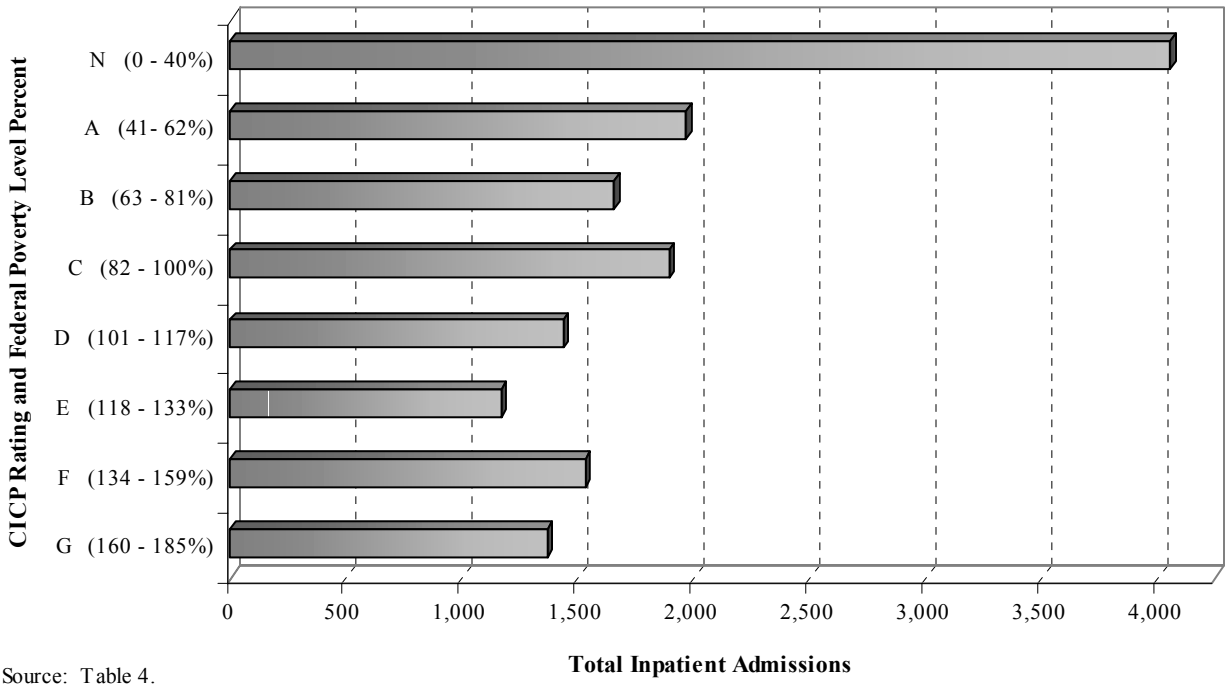
The top diagnosis for an inpatient admission at Memorial Hospital was Other Diseases of the Digestive System, which includes chronic liver disease, acute gallbladder disorders, diseases of the pancreas, and gastrointestinal hemorrhage. In addition, this was the second most used diagnosis code at University Hospital and the third at Denver Health. The top ten diagnoses for in inpatient admissions at Memorial Hospital are listed in Chart 7.

Chart 7 - Top 10 Inpatient Diagnoses At Memorial Hospital

	Diagnosis Description	Claim Count
1	**Other Diseases of Digestive System** (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	102
2	**Symptoms** (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	78
3	**Ischemic Heart Disease** (Includes: Acute Myocardial Infarction, Angina Pectoris, Coronary Atherosclerosis)	58
4	**Chronic Obstructive Pulmonary Disease and Allied Conditions** (Includes: Bronchitis, Emphysema, Asthma)	48
5	**Organic Psychotic Conditions** (Includes: Senile and Presenile Organic Psychotic Conditions, Dementia, Alcoholic and Drug Psychoses)	44
6	**Diseases of Other Endocrine Glands** (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	44
7	**Pneumonia and Influenza** (Includes: Viral and Bacterial Pneumonia)	44
8	**Appendicitis** (Acute Appendicitis and Other Diseases of Appendix)	40
9	**Other Forms of Heart Disease** (Acute Pericarditis, Acute Myocarditis, Heart Failure)	33
10	**Persons Encountering Health Services for Specific Procedures and Aftercare** (Includes: Fitting Prosthetic Device, Impant or Other Device; Other Orthopedic Aftercare; Attention to Artificial Openings; Encounter for Dialysis; Donors)	33
	Top Ten Total Claim Count	**524**
	Percent of All Inpatient Claims	**41.6%**

Figure 4 shows that inpatient services were rendered most frequently to individuals receiving the CICP N rating (4,053) followed by the CICP A (1,967) and the CICP C (1,890) rating. Persons rated below 100% of the Federal Poverty Level (CICP ratings N, A, B, or C) accounted for 63.3% of inpatient admissions. The following graph shows the total inpatient admissions by CICP rating and Federal Poverty Level percentage for FY 2001-02.

Figure 4 - Inpatient Admissions by CICP Rating



Source: Table 4.

Outpatient Visits

Of the 149,957 clients who received outpatient services in FY 2001-02, there were 476,837 visits to a CICP provider.

- Total outpatient activity fell to 476,837 in FY 2001-02, which was a 4.7% decrease from the FY 2000-01 figure of 500,609.
- For FY 2000-01, 96.9% of the total services rendered were for outpatient care, while outpatient visits accounted for 44.1% of charges submitted.
- 450,434 or 94.5% of all outpatient visits were provided to persons age 18 or older.
- Outpatient services were distributed in the following manner:
  - Outstate Clinics – 36.8%
  - Outstate Hospitals – 20.9%
  - Medicaid Disproportionate Share Hospitals – 2.7%
  - Denver Health – 31.0%
  - University Hospital – 8.6%

Chart 8 demonstrates that the number of outpatient visits rose by 1.7% in FY 2000-01 after falling 5.2% in the previous fiscal year. The 4.7% decrease in FY 2001-02 was due to significant declines at the Outstate clinics (-12.8%) and a more moderate decrease at Denver Health (-7.9%). University Hospital posted a 7.2% decline, following a 18.9% decrease in the previous fiscal year and a 7.5% decline in FY 1999-00. The Outstate hospital visits grew 22.4% in FY 2001-02 following significant increases in the previous two fiscal years. Since FY 1999-00, visits at Outstate hospitals have increased by 56.8%, while visits at University Hospital have decreased by 24.8%.

Chart 8 - Comparison of Outpatient Visits

CICP PROVIDER	FY 1999-00 OUTPATIENT VISITS	PERCENT CHANGE	FY 2000-01 OUTPATIENT VISITS	PERCENT CHANGE	FY 2001-02 OUTPATIENT VISITS	PERCENT CHANGE
Outstate Clinics	212,315	12.3%	201,268	-5.2%	175,504	-12.8%
Outstate Hospitals	63,702	22.6%	81,604	28.1%	99,897	22.4%
Total Outstate	**276,017**	**14.5%**	**282,872**	**2.5%**	**275,401**	**-2.6%**
Medicaid DSH*	13,976	16.2%	13,197	-5.6%	12,712	-3.7%
Denver Health	148,060	-28.8%	160,576	8.5%	147,930	-7.9%
University Hospital	54,237	-7.5%	43,964	-18.9%	40,794	-7.2%
TOTALS	**492,290**	**-5.2%**	**500,609**	**1.7%**	**476,837**	**-4.7%**

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 12.

The top diagnosis at Denver Health, University Hospital and Memorial 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 46.2% of all the outpatient visits at the facility.

Chart 9 - 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)	12,405
2	**Persons Without Reported Diagnosis Encountered During Examination** (Includes: General Medical Examination, Screenings for Infectious Diseases, Screening for Mental Disorders)	10,040
3	**Persons Encountering Health Services in Circumstances Related to Reproduction and Development** (Includes: Pregnancy, Postpartum Care, Procreative Management, Observation of Newborns)	8,707
4	**Diseases of Other Endocrine Glands** (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	7,065
5	**Diseases of Oral Cavity, Salivary Glands, and Jaws** (Includes: Disorder of Tooth Development, Gingival Disease, Dentofacial Anomalies, Diseases of the Salivary Glands)	6,435
6	**Hypertensive Disease** (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	5,354
7	**Arthropathies and Related Disorders** (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthrosis)	4,781
8	**Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders** (Includes: Hysteria, Anxiety States, Phobic Disorders, Schizoid Personality Disorder, Alcohol and Drug Dependence, Eating Disorders)	4,735
9	**Human Immunodeficiency Virus (HIV) Infection** (Includes: Acquired Immune Deficiency Syndrome and Related Complex)	4,451
10	**Dorsopathies** (Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	4,354
	Top Ten Total Claim Count	**68,327**
	Percent of All Outpatient Claims	**46.2%**

At Denver Health and University, Diseases of Other Endocrine Glands (which includes diabetes mellitus, disorders of parathyroid gland, disorders of pituitary gland, disorders of thymus gland, ovarian dysfunction), Hypertensive Disease (which includes Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease) and Human Immunodeficiency Virus (HIV) Infections were within the top ten diagnosis codes. Denver Health reported more cases involving oral diseases, while University treated more cases involving disorders of the eye and adnexa. Chart 10 lists the top ten diagnoses codes at University Hospital, which accounted for 40.5% of all outpatient visits.

Chart 10 - 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)	4,989
2	**Arthropathies and Related Disorders** (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthrosis)	1,796
3	**Disorders of the Eye and Adnexa** (Includes: Retinal Disorders, Choroids Disorders, Glaucoma, Cataract)	1,410
4	**Acute Respiratory Infections** (Includes: Common Cold, Sinusitis, Bronchiolotis)	1,323
5	**Human Immunodeficiency Virus (HIV) Infection** (Includes: Acquired Immune Deficiency Syndrome and Related Complex)	1,259
6	**Diseases of Other Endocrine Glands** (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	1,247
7	**Other Forms of Heart Disease** (Acute Pericarditis, Acute Myocarditis, Heart Failure)	1,216
8	**Dorsopathies** (Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	1,203
9	**Hypertensive Disease** (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	1,156
10	**Other Disorders of Female Genital Tract** (Includes: Endometriosis; Genital Prolapse; Noninflammatory Disorders of Ovary, fallopian Tube, Cervix, Vagina; Infertility)	913
	Top Ten Total Claim Count	**16,512**
	Percent of All Outpatient Claims	**40.5%**

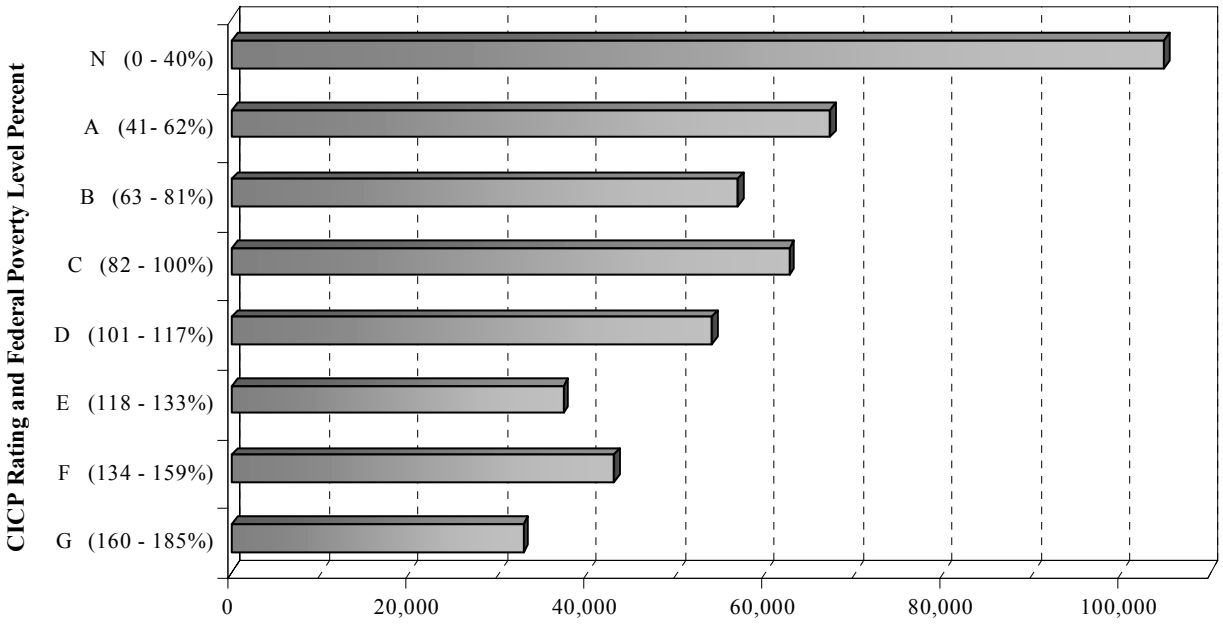
At Denver Health, University Hospital and Memorial Hospital, Arthropathies (which includes diseases of connective tissue, rheumatoid arthritis, and osteoarthrosis) and Related Disorders and Dorsopathies (which includes spondylitis, intervertebral disc disorders, other disorders of the cervical region) were within the top ten diagnosis codes. Memorial Hospital reported more cases of other diseases of the urinary system (which includes infections of kidney, hydronephrosis, calculus of kidney and ureter, cystitis, and other disorders of bladder, urethritis and urethral syndrome) and rheumatism, excluding the back (which includes polymyalgia rheumatica, peripheral enthesopathies; others disorders of synovium, tendon, and bursa; disorders of muscle, ligament and fascia; other disorders of soft tissues) than Denver Health and University Hospital. Chart 11 lists the top ten diagnoses codes at Memorial Hospital, which accounted for 51.3% of all outpatient visits.

Chart 11 - Top 10 Outpatient Diagnoses At Memorial 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)	2,336
2	**Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders** (Includes: Hysteria, Anxiety States, Phobic Disorders, Schizoid Personality Disorder, Alcohol and Drug Dependence, Eating Disorders)	1,442
3	**Persons Without Reported Diagnosis Encountered During Examination** (Includes: General Medical Examination, Screenings for Infectious Diseases, Screening for Mental Disorders)	669
4	**Dorsopathies** (Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	661
5	**Arthropathies and Related Disorders** (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthrosis)	475
6	**Acute Respiratory Infections** (Includes: Common Cold, Sinusitis, Bronchiolotis)	436
7	**Other Diseases of Urinary System** (Includes: Infections of Kidney, Hydronephrosis, Calculus of Kidney and Ureter, Cystitis, Other Disorders of Bladder, Urethritis and Urethral Syndrome)	394
8	**Rheumatism, Excluding the Back** (Includes: Polymyalgia Rheumatica, Peripheral Enthesopathies; Others Disorders of Synovium, Tendon, and Bursa; Disorders of Muscle, ligament and fascia; Other Disorders of Soft Tissues)	386
9	**Sprains and Strains of Joints and Adjacent Muscles** (Sprains and Strains of Shoulder, Elbow, Forearm, Wrist, hip, Knee, Ankle and Back)	377
10	**Chronic Obstructive Pulmonary Disease and Allied Conditions** (Includes: Bronchitis, Emphysema, Asthma)	349
	Top Ten Total Claim Count	**7,525**
	Percent of All Outpatient Claims	**51.3%**

Persons with income and assets at 0 to 40% 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 2001-02. Clients with a CICP N rating accounted for 22.0% of outpatient visits, while persons rated below 100% of the Federal Poverty Level (CICP ratings N, A, B, or C) accounted for 61.1% of outpatient visits. The following graph shows outpatient utilization by CICP rating for FY 2001-02.

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 2001-02 Annual Report, the CICP providers are identified in the following categories by funding appropriation:

1. Outstate 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 within 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 Disproportionate Share Hospitals – 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 Disproportionate Share Specialty Hospitals – 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 a Medicaid Disproportionate Share Hospital (DSH) on a state fiscal year basis. Participation is determined by the Medicaid inpatient utilization rate. The following chart details which hospitals have qualified as a Medicaid DSH over the past seven fiscal years:

Chart 12 – Medicaid Disproportionate Share Hospitals Providers

FY 1995-96 National Jewish Medical and Research Center Parkview Platte Valley Medical Center San Luis Valley Regional Medical Center The Children's Hospital	**FY 1996-97** Platte Valley Medical Center The Children's Hospital
FY 1997-98 National Jewish Medical and Research Center Platte Valley Medical Center San Luis Valley Regional Medical Center The Children's Hospital	**FY 1998-99** National Jewish Medical and Research Center Platte Valley Medical Center San Luis Valley Regional Medical Center The Children's Hospital Valley View Hospital
FY 1999-00 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	**FY 2000-01** 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
FY 2001-02 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	

FY 2001-02 PROVIDER PARTICIPATION

A total of 67 contract providers participated in the CICP. This included 50 hospitals and 17 clinics. Most of the contracted clinic providers and several of the contracted hospital providers have multiple sites. Any site other than the main contracted facility is considered a satellite facility. There were 77 satellite CICP facilities throughout the state, including one hospital facility classified as a satellite facility.

Chart 13 - FY 2001-02 CICP Clinics and Hospitals by County

COUNTY	CLINICS	HOSPITALS	TOTALS	COUNTY	CLINICS	HOSPITALS	TOTALS
Adams	4	1	5	La Plata	0	1	1
Alamosa	4	1	5	Lake	0	1	1
Arapahoe	6	2	8	Larimer	5	3	8
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	3	3	6	Mesa	1	1	2
Chaffee	1	1	2	Mineral	0	0	0
Cheyenne	0	0	0	Moffat	0	1	1
Clear Creek	1	0	1	Montezuma	1	1	2
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	8	4	12	Rio Blanco	0	0	0
Elbert	0	0	0	Rio Grande	2	1	3
Fremont	2	1	3	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	3	0	3
Jackson	0	0	0	Washington	1	0	1
Jefferson	4	1	5	Weld	5	1	6
Kiowa	0	0	0	Yuma	1	2	3
Kit Carson	2	1	3	**Totals**	**93**	**51**	**144**

Chart 14 lists CICP providers by the city in which the main contracting provider is located. Because 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 14 - FY 2001-02 CICP Clinics and Hospitals by City

Provider Name	City
Outstate Clinic Providers	
Children's Clinic	Fort Collins
Clinica Campesina	Lafayette
Colorado Coalition for the Homeless	Denver
Columbine Family Health Center	Nederland
Commerce City Community Health Center	Commerce City
Community Health Center, Inc.	Colorado Springs
Community Health Clinic	Dove Creek
Family Medicine Center	Colorado Springs
High Plains Community Health Center	Lamar
La Clinica, Inc.	Gardner
Metropolitan Denver Provider Network (MCPN)	Aurora
Monfort Children's Clinic	Greeley
People's Clinic	Boulder
Pueblo Community Health Center	Pueblo
Salud Family Health Centers	Fort Lupton
Sunrise Community Health Center	Greeley
Uncompahgre Combined Clinics	Norwood
Valley-Wide Health Services	Alamosa
Outstate Hospital Providers	
Arkansas Valley Regional Medical Center	La Junta
Aspen Valley Hospital	Aspen
Avista Hospital	Louisville
Boulder Community Hospital	Boulder
Clagett Memorial Hospital	Rifle
Colorado Plains Medical Center	Fort Morgan
Conejos County Hospital	La Jara
Craig Rehabilitation Hospital	Englewood
Delta County Memorial Hospital	Delta
East Morgan County Hospital	Brush
Estes Park Medical Center	Estes Park
Exempla Lutheran Medical Center	Wheat Ridge
Gunnison Valley Hospital	Gunnison
HealthOne Medical Center of Aurora	Aurora
Heart of the Rockies Regional Medical Center	Salida
Kit Carson County Memorial Hospital	Burlington
Longmont United Hospital	Longmont

Provider Name	City
Outstate Hospital Providers (cont.)	
McKee Medical Center	Loveland
Melissa Memorial	Holyoke
Memorial Hospital	Colorado Springs
Mercy Medical Center	Durango
Montrose Memorial Hospital	Montrose
Mount San Rafael Hospital	Trinidad
North Colorado Medical Center	Greeley
Parkview Medical Center	Pueblo
Penrose-St. Francis HealthCare Systems	Colorado Springs
Poudre Valley Hospital	Fort Collins
Prowers Medical Center	Lamar
Rio Grande Hospital	Del Norte
Sedgwick County Health Center	Julesburg
Southeast Colorado Hospital	Springfield
Southwest Memorial Hospital	Cortez
Spanish Peaks Regional Health Center	Walsenburg
SSHCA-Yampa Valley Medical Center	Steamboat Springs
St. Mary-Corwin Hospital	Pueblo
St. Mary's Hospital and Medical Center, Inc.	Grand Junction
St. Thomas More Hospital	Canon City
Sterling Regional Medical Center	Sterling
The Memorial Hospital	Craig
Wray Community District Hospital	Wray
Yuma District Hospital	Yuma
Medicaid Disproportionate Share Hospitals	
Platte Valley Medical Center	Brighton
San Luis Valley Regional Medical Center	Alamosa
St. Vincent General Hospital	Leadville
The Springs Center for Women	Colorado Springs
Valley View Hospital	Glenwood Springs
Denver Health and Hospital	Denver
University Hospital	Denver
Medicaid Disproportionate Share Specialty Hospitals	
National Jewish Medical and Research Center	Denver
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 Program (CICP) Outstate providers. In the FY 2001-02 Long Bill, these appropriations included the following line items:

Department of Health Care Policy and Financing
(4) Indigent Care Program

- Out-state Indigent Care Program
- Clinic Based Indigent Care

Prior to FY 2001-02, at the beginning of each fiscal year, providers submitted estimated total annual charges for providing care to eligible CICP patients. Throughout the fiscal year, providers submitted actual utilization data to the CICP administration. Estimated payments were then reconciled to actual utilization, and provider payments were adjusted to reflect actual utilization at the end of the year. This methodology guaranteed that each provider was reimbursed the same percentage on costs for the actual utilization in that given fiscal year. Unfortunately, the methodology also generated uncertainly for the providers, who may be required to refund a portion of estimated payments once actual utilization was finalized. In addition, the reconciliation of estimated payments to the actual utilization data was not completed until at least six months after the close of the state fiscal year, causing accounting difficulties for the Department and providers.

Effective July 1, 2001, payments to Outstate providers are based on historic costs. Reimbursement to general providers is limited by the annual legislative appropriation and funds were proportionately allocated to providers based on the anticipated utilization of services. The basis for the FY 2001-02 reimbursement calculation was the write-off cost data published in the CICP FY 1999-00 Annual Report. The write-off cost data was inflated forward using the CPI-W, Medical Care for Denver, through June 30 of the fiscal year payment period, which was 5.3%. The Outstate appropriation divided by the sum of all providers' estimated write-off costs determined the CICP reimbursement percentage. This percentage was applied to each provider's costs to determine the annual reimbursement. The CICP paid providers 1/12 of this amount each month. This methodology eliminated the financial uncertainty for providers, since they received a fixed reimbursement throughout the year. Increases in utilization are compensated through future reimbursement.

To generate Write-Off Costs, the following procedure was followed: Providers submitted Total Charges, Third Party Liability amounts and Patient Liability amounts to the Department. Total Charges reduced by Third Party Liability and Patient Liability determined Write-Off Charges. Write-off Charges were converted to Write-Off Costs by applying each provider's cost-to-charge ratio to Write-Off Charges. The provider's cost-to-charge ratios for this report were provided by the Colorado Medicaid Audit Contractor and were calculated from the most recently audited Medicare Cost Report for each provider.

REIMBURSEMENT FOR OUTSTATE CLINICS AND HOSPITALS

Prior to FY 1994-95, all reimbursement to Outstate CICP providers was completely General Fund. Beginning in FY 1994-95, Outstate hospitals qualified to receive a Disproportionate Share Hospital (DSH) payment allowing the providers to receive federal matching funds. For FY 2001-02 the federal matching funds rate was at 50.00% of total funds spent reimbursing providers for indigent care. In FY 2001-02, Government-owned Outstate hospitals became eligible to receive an additional Medicare Upper Payment Limit payment, which allowed their CICP reimbursement to consist entirely of federal funds. Privately-owned Outstate hospitals were not eligible for this payment. Therefore, the CICP reimbursement to privately-owned Outstate hospitals was completely a DSH payment, eligible for a federal match. Outstate clinics continue to be reimbursed using 100% General Fund.

In FY 2001-02, the Colorado General Assembly originally appropriated $18,718,067 in total funds (General Fund $5,088,378, Federal Funds $9,359,033 and Cash Funds Exempt $4,270,656) to reimburse Outstate hospital providers. This was modified by a supplemental appropriation of $18,162,000 (General Fund $4,991,246, Federal Funds $9,081,000 and Cash Funds Exempt $4,089,754). The FY 2001-02 appropriation for Outstate clinics was $5,595,482 General Fund.

The inflated write-off costs based on the CICP FY 1999-00 Annual Report was $46,907,488 for Outstate hospitals. The actual write-off costs were $77,671,355 (see Table 1). Since the FY 2001-02 reimbursement to Outstate hospital providers was calculated at 30% of the inflated write-off costs and the actual write-off costs were $30.8 million higher, Outstate hospital providers were not actually reimbursed the expected 30% on FY 2001-02 costs. Instead, the average reimbursement was 18.12%. The low reimbursement rate is due to the fact that Outstate hospital costs have unexpectedly and dramatically increased over recent years. As shown in Chart 18, costs increased by 83.6% since FY 1999-01, growing by 31.7% and 39.4% in previous two fiscal years. Because the reimbursement methodology is based on historic write-off costs, the large increase in write-off costs in FY 2001-02 will be incorporated into the reimbursement rate for FY 2003-04.

The inflated write-off costs based on the CICP FY 1999-00 Annual Report was $20,498,464 for Outstate clinics. The actual write-off costs were $19,443,758 (see Table 1). The FY 2001-02 reimbursement to Outstate clinic providers was calculated at 28.8% of the inflated write-off costs. The actual average reimbursement was 28.16%. The initial appropriation was reduced by a bad debt of $120,312.50 for a FY 2000-01 reconciliation payment, so providers were actually reimbursed less that the initial calculation, even though actual write-off costs were lower than inflated write-off costs used in the reimbursement setting process.

On average, Outstate providers were reimbursed 20.13% of actual FY 2001-02 write-off costs. This follows a 26.966% reimbursement rate for write-off costs in FY 2000-01 and 24.045% of write-off costs in FY 1999-00. In FY 1998-99, FY 1997-98 and FY 1996-97 the reimbursement level was 30% of write-off costs. This compares to 29.50% of write-off costs in FY 1995-96 and 21.05% of write-off costs in FY 1994-95. See Chart 17 for historical reimbursement rates.

REIMBURSEMENT CHRONOLOGY 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' write-off 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 Medical and Research 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 write-off costs.

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

FY 2001-02 Funding –The Colorado General Assembly originally appropriated $18,718,067 in total funds (General Fund $5,088,378, Federal Funds $9,359,033 and Cash Funds Exempt $4,270,656) to reimburse Outstate hospital providers. This was modified by a supplemental appropriation to $18,162,000 (General Fund $4,991,246, Federal Funds $9,081,000 and Cash Funds Exempt $4,089,754). The FY 2001-02 appropriation for Outstate clinics was separated from the Outstate hospital appropriation and was set at $5,595,482 General Fund. The large

increase in the Outstate hospital appropriation was 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. The average reimbursement for all Outstate providers was 20.13%, with Outstate hospitals averaging 18.12% and Outstate clinics averaging 28.16%.

FY 2002-03 Funding –The Colorado General Assembly appropriated $23,812,224 in total funds (General Fund $6,658,608, Federal Funds $11,906,112 and Cash Funds Exempt $5,247,504) to reimburse Outstate hospital providers. The FY 2002-03 appropriation for Outstate clinics was $6,119,760 ($3,059,880 General Fund and $3,059,880 Federal Funds). The Outstate clinic reimbursement was refinanced as a Major Teach hospital Payment to the Children's Hospital, which was eligible for a federal match. These appropriations were calculated to reimburse 30% of write-off costs based on FY 2000-01 inflated write-off costs.

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 that provide services to a disproportionate share of Medicaid recipients shall receive an additional payment amount. The minimum criterion is having a Medicaid inpatient utilization rate of at least one standard deviation above the mean for hospitals receiving Medicaid payments in the state, or a low-income utilization rate that exceeds 25%. The disproportionate share payment to the Outstate hospitals is based on the Medicaid inpatient days utilizing a minimum of one percent of the hospital services. These hospitals must have at least two obstetricians with staff privileges. The hospitals must participate in the CICP program to receive this reimbursement adjustment.

DSH providers receive payments to help offset the uncompensated costs of providing services to uninsured or underinsured patients. The funding for these payments comes from State General Funds and certification of funds which are then matched with federal funds. 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.

A more detailed description of DSH reimbursement is described in Section I, Disproportionate Share Hospitals.

REIMBURSEMENT TRENDS FOR CICP PROVIDERS

Chart 15 - FY 2001-02 CICP Reimbursement

	State General Funds	Cash Funds Exempt	Federal Funds	Total Funds	Payments to Providers (5)
Outstate Clinics (1)	**$5,475,170**	**$0**	**$0**	**$5,475,170**	**$5,475,170**
Outstate Hospitals	**$4,991,246**	**$4,089,748**	**$9,080,994**	**$18,161,988**	**$14,072,240**
DSH Payment	$4,991,246	$2,956,496	$7,947,742	$15,895,485	$12,938,988
UPL Payment	$0	$1,133,252	$1,133,252	$2,266,503	$1,133,252
Total Outstate Providers	**$10,466,416**	**$4,089,748**	**$9,080,994**	**$23,637,158**	**$19,547,410**
Medicaid DSH*	**$3,915,428**	**$458,000**	**$4,373,428**	**$8,746,856**	$8,288,856
DSH Payment (2)	$3,915,428	$0	$3,915,428	$7,830,856	$7,830,856
Bad Debt Payment	$0	$458,000	$458,000	$916,000	$458,000
Denver Health	**$0**	**$56,151,768**	**$56,151,768**	**$112,303,536**	**$56,151,768**
DSH Payment	$0	$42,776,228	$42,776,228	$85,552,456	$42,776,228
Bad Debt Payment	$0	$2,238,691	$2,238,691	$4,477,382	$2,238,691
Major Teaching Payment (3)	$0	$11,136,849	$11,136,849	$22,273,698	$11,136,849
University Hospital	**$0**	**$34,247,524**	**$34,247,524**	**$68,495,048**	**$34,247,524**
DSH Payment	$0	$23,052,037	$23,052,037	$46,104,074	$23,052,037
Bad Debt Payment	$0	$578,641	$578,641	$1,157,282	$578,641
Major Teaching Payment (4)	$0	$10,616,846	$10,616,846	$21,233,692	$10,616,846
Total CICP Reimbursement	**$14,381,844**	**$94,947,040**	**$103,853,714**	**$213,182,598**	**$118,235,558**
Clinic Payment	$5,475,170	$0	$0	$5,475,170	$5,475,170
DSH Payment	$8,906,674	$68,784,761	$77,691,435	$155,382,871	$86,598,109
UPL Payment	$0	$1,133,252	$1,133,252	$2,266,503	$1,133,252
Bad Debt Payment	$0	$3,275,332	$3,275,332	$6,550,664	$3,275,332
Major Teaching Payment	$0	$21,753,695	$21,753,695	$43,507,390	$21,753,695

Source: Table 1.

*For a list of Medicaid DSH providers see Chart 12.

(1) The FY 2001-02 General Fund appropriation for Outstate clinics was $5,595,482. A bad debt of $120,312.50 for a FY 2000-01 reconciliation payment was spent from this appropriation.

(2) The FY 2001-02 General Fund appropriation for Disproportionate Share Payments to Hospitals was $3,922,216. The Springs Center for Women ceased operations on 10/12/01. This caused a General Fund reversion of $6,788.

(3) An additional $5,672,766 in Major Teaching was paid to Denver Health, which was contributed back to the State.

(4) An additional $5,498,592 in Major Teaching was paid to University Hospital, which was contributed back to the State.

(5) Payments to Providers is actual cash payment and is the sum of State General Funds and federal funds.

Chart 15 shows the total reimbursement to the CICP providers in FY 2001-02 by State General Fund and federal funds splits. The Cash Fund Exempt section of the table is an accounting record to document the public expenditures on Medicaid and indigent populations that have not previously been compensated at publicly-owned hospitals, which is eligible for a federal match.

Chart 16 calculates the reimbursement rate relative to write-off costs for all CICP provider groups. The Outstate providers were reimbursed at 20.13% of write-off costs, while the Disproportionate Share Hospital providers received a much higher reimbursement rate. Denver Health received a 60.39% and University Hospital stood at 64.54%. The Medicaid DSH group received the largest reimbursement rate, 111.17%.

Chart 16 - FY 2001-02 CICP Reimbursement Rates

	Reimbursement	Write-Off Costs	Reimbursement Rate
Outstate Clinics	$5,475,170	**$19,443,758**	**28.16%**
Outstate Hospitals	$14,072,240	**$77,671,355**	**18.12%**
Total Outstate Providers	**$19,547,410**	**$97,115,113**	**20.13%**
Medicaid DSH*	$8,288,856	**$7,456,097**	**111.17%**
Denver Health	$56,151,768	**$92,989,560**	**60.39%**
University Hospital	$34,247,524	**$53,066,076**	**64.54%**
Total CICP Providers	**$118,235,558**	**$250,626,846**	**47.18%**

Source: Table 1.

*For a list of Medicaid DSH providers see Chart 12.

The reimbursement percentage to all CICP providers on actual costs fell to 47.18% in FY 2001-02 as shown in Chart 17. In FY 2000-01 the rate increased from 52.49% to 63.28%, which was slightly lower that 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, but then fell to 64.54% in FY 2001-02.

Chart 17 - Historical CICP Reimbursement Rates

Reimbursement Rate On CICP Write-Off Costs							
	FY 1995-96	FY 1996-97	FY 1997-98	FY 1998-99	FY 1999-00	FY 2000-01	FY 2001-02
Outstate Clinics	29.51%	30.00%	30.00%	30.00%	24.04%	26.97%	28.16%
Outstate Hospitals	29.51%	30.00%	30.00%	30.00%	24.04%	26.97%	18.12%
Total Outstate Providers	**29.51%**	**30.00%**	**30.00%**	**30.00%**	**24.04%**	**26.97%**	**20.13%**
Medicaid DSH*	37.77%	42.88%	85.74%	145.69%	95.23%	135.59%	111.17%
Denver Health	49.65%	49.09%	61.16%	74.47%	59.34%	76.29%	60.39%
University Hospital	54.86%	63.89%	82.33%	65.48%	66.76%	83.32%	64.54%
Average CICP Providers	**44.46%**	**45.91%**	**56.61%**	**61.58%**	**51.22%**	**62.68%**	**47.18%**

Source: Analysis of CICP Annual Reports.

*For a list of Medicaid DSH providers see Chart 12.

As shown in Chart 18, Outstate hospital write-off costs have increased by 83.6% since FY 1999-00, growing by 31.7% and 39.4% in FY 2000-01 and FY 2001-02 respectively. The reimbursement to these same providers has increased by 38.3% over the FY 1999-00 level. The opposite has occurred for Outstate clinic providers, whose write-off costs have increased 5.2% over the previous two fiscal years, but their reimbursement has grown by 23.2%. Write-off costs at Denver Health have increased by 16.3% and by 21.8% at University hospital since FY 1999-00. The reimbursement to these facilities has increased by 18.3% and 17.7%, respectively, over the same period.

Chart 18 - Historical CICP Charges, Costs and Reimbursements

	Charges			Write-Off Costs			Net Reimbursement		
	FY 1999-00	FY 2000-01	FY 2001-02	FY 1999-00	FY 2000-01	FY 2001-02	FY 1999-00	FY 2000-01	FY 2001-02
Outstate Clinics	$20,811,227	$21,318,773	$22,650,884	$18,486,921	$18,217,007	$19,443,758	$4,445,179	$4,912,464	$5,475,170
Percent Change	17.0%	2.4%	6.2%	14.8%	-1.5%	6.7%	-8.0%	10.5%	11.5%
Outstate Hospitals	$103,419,845	$136,990,893	$195,351,197	$42,315,181	$55,709,729	$77,671,355	$10,172,489	$15,022,896	$14,072,240
Percent Change	30.6%	32.5%	42.6%	15.3%	31.7%	39.4%	-7.6%	47.7%	-6.3%
Total Outstate Providers	**$124,231,072**	**$158,309,666**	**$218,002,081**	**$60,802,102**	**$73,926,736**	**$97,115,113**	**$14,617,668**	**$19,935,360**	**$19,547,410**
Percent Change	28.1%	27.4%	37.7%	15.2%	21.6%	31.4%	-7.7%	36.4%	-1.9%
Medicaid DSH*	$13,515,345	$15,053,914	$14,675,946	$7,417,566	$8,117,838	$7,456,097	$7,063,772	$11,007,214	$8,288,856
Percent Change	17.5%	11.4%	-2.5%	19.4%	9.4%	-8.2%	-21.9%	55.8%	-24.7%
Denver Health	$119,756,263	$130,875,256	$147,780,952	$79,960,651	$85,152,277	$92,989,560	$47,451,344	$64,962,873	$56,151,768
Percent Change	0.1%	9.3%	12.9%	6.2%	6.5%	9.2%	-15.4%	36.9%	-13.6%
University Hospital	$79,669,879	$79,361,923	$96,313,575	$43,585,709	$43,147,496	$53,066,076	$29,097,932	$35,948,849	$34,247,524
Percent Change	-3.3%	-0.4%	21.4%	-2.7%	-1.0%	23.0%	-0.9%	23.5%	-4.7%
Total Medicaid DSH	**$212,941,487**	**$225,291,093**	**$258,770,473**	**$130,963,926**	**$136,417,611**	**$153,511,733**	**$83,613,048**	**$111,918,936**	**$98,688,148**
Percent Change	-0.3%	5.8%	14.9%	3.7%	4.2%	12.5%	-11.5%	33.9%	-11.8%
Total CICP Providers	**$337,172,559**	**$383,600,759**	**$476,772,554**	**$191,766,028**	**$210,344,347**	**$250,626,846**	**$98,230,716**	**$131,854,296**	**$118,235,558**
Percent Change	**8.6%**	**13.8%**	**24.3%**	**7.1%**	**9.7%**	**19.2%**	**-10.9%**	**34.2%**	**-10.3%**

Source: CICP Analysis of Table 8 FY 1999-00 Annual Report, Table 1 FY 2000-01 and FY 2001-02 Annual Reports. Includes updated information.

*For a list of Medicaid DSH providers see Chart 12.

REIMBURSEMENT PER INPATIENT DAY

Chart 19 reports the reimbursement per inpatient day by provider group for FY 2001-02. The reimbursement per inpatient day at Outstate hospitals was $256.92, compared to Denver Health at $1,252.06 and University Hospital at $2,021.05.

Chart 19 - FY 2001-02 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	33,893	$8,707,806	$256.92
Total Outstate	**33,893**	**$8,707,806**	**$256.92**
Medicaid DSH**	1,881	$3,866,473	$2,055.54
Denver Health	25,738	$32,225,420	$1,252.06
University Hospital	7,993	$16,154,264	$2,021.05

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 12.

Chart 20 shows that from FY 1999-00 to FY 2001-02 the number of inpatient days for Outstate hospitals grew 66.5%, while net CICP reimbursement per inpatient day fell 22.0% to $256.92. Similar comparisons can be made for all CICP provider groups. University Hospital received their highest reimbursement per day in FY 2000-01. In FY 2001-02, reimbursement per inpatient day fell by 10.8% to $2,021.05, while the number of days decreased by 13.3% over the past two fiscal years.

Chart 20 - Historical Reimbursement per Inpatient Day

CICP PROVIDER	FY 1999-00 NET CICP REIMBURSEMENT PER INPATIENT	FY 2000-01 NET CICP REIMBURSEMENT PER INPATIENT DAY*	FY 2001-02 NET CICP REIMBURSEMENT PER INPATIENT DAY*
Outstate Providers			
Clinics	N/A	N/A	N/A
Hospitals	$313.37	$383.77	$256.92
Total Outstate	**$313.37**	**$383.77**	**$256.92**
Medicaid DSH**	$1,564.94	$2,544.94	$2,055.54
Denver Health	$987.29	$1,495.06	$1,252.06
University Hospital	$1,803.02	$2,514.54	$2,021.05

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 12.

REIMBURSEMENT PER OUTPATIENT VISIT

Chart 21 reports outpatient visits and reimbursement payments by CICP provider group during FY 2000-01. The reimbursement per outpatient visit at Outstate clinics was $31.20, compared to the Outstate hospitals, which provide more outpatient emergency care at $53.70.

Chart 21 - FY 2001-02 Reimbursement per Outpatient Visit

CICP PROVIDER	OUTPATIENT VISITS	TOTAL CICP OUTPATIENT REIMBURSEMENT	CICP REIMBURSEMENT PER OUTPATIENT VISIT*
Outstate			
Clinics	175,504	$5,475,170	$31.20
Hospitals	99,897	$5,364,434	$53.70
Total Outstate	**275,401**	**$10,839,604**	**$39.36**
Medicaid DSH**	12,712	$3,703,283	$291.32
Denver Health	147,930	$23,926,348	$161.74
University Hospital	40,794	$13,424,797	$329.09

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 12.

From FY 1999-00 the number of outpatient visits at Outstate clinics declined by 17.3%, while the reimbursement per visit grew by 49.0%, As shown in Chart 22. Over the same two fiscal year period, Outstate hospital visits increased by 56.8% and the reimbursement by visit fell 9.8%. The numbers of outpatient visits have decreased 24.8%, while the average reimbursement per visit has increased 43.2% since FY 1999-00.

Chart 22 - Historical Reimbursement per Outpatient Visit

CICP PROVIDER	FY 1999-00 CICP REIMBURSEMENT PER OUTPATIENT VISIT*	FY 2000-01 CICP REIMBURSEMENT PER OUTPATIENT VISIT*	FY 2001-02 CICP REIMBURSEMENT PER OUTPATIENT VISIT*
Outstate Providers			
Clinics	$20.94	$24.41	$31.20
Hospitals	$59.53	$70.95	$53.70
Total Outstate	**$29.84**	**$37.83**	**$39.36**
Medicaid DSH**	$264.01	$385.33	$291.32
Denver Health	$164.05	$213.38	$161.74
University Hospital	$229.89	$389.98	$329.09

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 12.

VI. PROGRAM ADMINISTRATION

REPORTING REQUIREMENTS AND PREVENTION OF FRAUD BY PROVIDERS

The Colorado Indigent Care Program (CICP) Provider Audit Guidelines for FY 2001-02 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.

Any client reporting false information on a CICP application should be reported to the local county District Attorney’s office or the local police by the provider. In accordance with 26-15-122, C.R.S., any person who represents that any medical service is reimbursable or subject to payment under this article when he knows that it is not and any person who represents that he is eligible for assistance under this article when he knows that he is not commits a class 2 misdemeanor and shall be punished as provided in section 18-1-106, C.R.S.

In addition, 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. 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 CICP guidelines for FY 2001-02 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 liability 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 CICP. This requirement is described in the CICP 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 CICP program are secondary in this situation.
- If patients receive coverage under the CICP, and their insurance subsequently pays for services, or if the patient is awarded a settlement, the CICP is due reimbursement for amounts paid by CICP to the provider for services rendered to the patient. The provider is then responsible to reimburse CICP for payments it received for care so reimbursed.
- Providers shall identify and shall collect payments from third-party payment sources before billing the CICP program.

In the contract between the Department and the CICP 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 CICP by the very nature of the reimbursement level and providers are contracted to prioritize their services to emergent/urgent care to CICP patients. Most Outstate hospital providers have limited services to provide 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.

A major Department effort has been to inform families about the Child Health Plan Plus (CHP+), 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 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+ were no longer 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 CHP+ 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 was added to the CHP+ benefit package.

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

The goal of the Colorado Benefits Management System (CBMS) 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 October 2003.

PROPOSED REIMBURSEMENT METHODOLOGY

In the Department's FY 2003-04 budget request to the General Assembly, the Department requested a change to the reimbursement methodology for Disproportionate Share Hospitals and CICP providers. This request combines the methodologies for rate setting for the Major Teaching Hospitals, Out-state Indigent Care Program, Disproportionate Share Payments to Hospitals, Pre-Component 1 Disproportionate Share Payments to Hospitals and Bad Debt. The primary goal in combining the methodologies was to create a more simplified system that can be generally understood by Department staff and the providers. Another goal was to make the calculation dependent on information available for the November 1 budget submission to reduce the number of Supplemental and Budget Request Amendments associated with these payments. Further, the rate setting process was optimized to maximize the federal funds and minimize the General Fund available to the system, while equitably distributing the pool of money to providers who served a disproportionate number of Medicaid and low-income clients.

In addition, this methodology utilizes the Medicare Upper Payment Limit for privately-owned facilities. This allows the Department to shift payments from the Disproportionate Share Hospital Limit to the Medicare Upper Payment Limit and increase the reimbursement to publicly owned providers. Since certification of public expenditures is available to match federal funds for publicly-owned providers, their reimbursement will increase and no increase in General Fund is required. The new reimbursement methodology for Outstate hospital providers increases reimbursements beyond the 30% of costs that was regarded as a cap, with no extra General Fund expenditure.

The initial calculations under the proposed reimbursement methodology demonstrate a more equitable distribution of funds. A privately owned hospital, which provides 14.5% of total days to Medicaid and 5.1% of total days to indigent care, receives approximately 48.2% reimbursement on indigent care costs. A publicly owned hospital, which provides 14.4% of total days to Medicaid and 2.8% of total days to indigent care, receives a slightly lower reimbursement (approximately 47.8%) on indigent care costs, since they provide fewer total days to the medically indigent population. Under the current methodology, both these providers would have received 30% reimbursement on indigent care costs. The proposed methodology allows Denver Health and University Hospital to receive the highest reimbursement on indigent care costs (approximately 60.4%), since they provide the largest percentage of Medicaid and indigent care days. These figures are only estimates based on the data used to set the FY 2002-03 provider reimbursement. The percentage of indigent care costs reimbursed for each provider will change for FY 2003-04.

COLORADO INDIGENT CARE PROGRAM PERFORMANCE AUDIT

An audit of the Colorado Indigent Care Program (CICP) was conducted under the authority of Section 2-3-103, C.R.S., which authorizes the Office of the State Auditor to conduct performance audits of all departments, institutions, and agencies of state government. The audit was performed in accordance with generally accepted auditing standards. The purpose of the audit was to review the Department of Health Care Policy and Financing's controls over the administration of CICP and reimbursements paid to participating providers for services to CICP-eligible individuals. The Office of the State Auditor also examined policy issues related to provider reimbursement under CICP and the program's relationship with the Medicaid program.

They interviewed Department staff, reviewed documentation and analyzed information. In addition, they tested a sample of CICP charges submitted by providers and conducted a survey of CICP providers. Audit work was performed between July 2001 and February 2002. The results of this audit titled, *February 2002 Colorado Indigent Care Program Performance Audit* and the Department's report *Colorado Indigent Care Program Report in Response to the February 2002 Colorado Indigent Care Program Performance Audit Concerning the Equity and Calculation Methodology of Provider Payments* can both be located on the Department's website, under CICP Reports.

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 electronically using the Automated Medical Payment (AMP) DOS-based software 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 from BCBS and to Consultec, Inc. the Department acknowledges that not all claims were received for the entire fiscal year. Many providers chose not to submit any of their FY 1998-99 claims to BCBS and decided to wait until Consultec was accepting them. A level of frustration occurred when providers learned that they only had six months or less to submit an entire year of claims. Similar to FY 1997-98, providers were allowed an additional 30 days to submit FY 1998-99 claims (through October 29). In the event FY 1998-99 claims were not billed, providers were allowed to submit them to the fiscal agent during FY 1999-00. The lists of reasons for errors and slow start-ups range from incompatibility of equipment and software specifications, to limited qualified electronic information staff, especially in rural Colorado. The Department received a number of FY 1998-99 claims during the FY 1999-00. These FY 1998-99 claim data 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 Medicaid Management Information System (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 publish 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. Data collection under this format was used to write this annual report and reimburse providers. Overall, the CICP administration and providers are 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 Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Net Reimbursement
Outstate Clinic Providers						
Children's Clinic	$9,226	$0	$1,504	$7,722	$7,722	$2,570
Clinica Campesina	$1,111,855	$0	$168,061	$943,794	$943,794	$182,222
Colorado Coalition for the Homeless (2)	$2,332,252	$26,032	$0	$2,306,220	$2,306,220	$755,757
Columbine Family Health Center	$526,694	$0	$69,397	$457,297	$457,297	$54,726
Community Health Center, Inc. (2)	$4,875,937	$73,811	$775,436	$4,026,690	$4,026,690	$1,569,269
Community Health Clinic	$54,600	$2,135	$10,509	$41,956	$41,956	$6,788
Family Medicine Center (7)	$112,742	$228	$26,010	$86,504	$86,504	$56,162
High Plains Community Health Center (2)	$399,930	$10,103	$43,775	$346,052	$346,052	$64,918
La Clinica, Inc.	$15,811	$277	$2,646	$12,888	$12,888	$2,568
Metropolitan Denver Provider Network	$2,577,184	$0	$324,778	$2,252,406	$2,252,406	$399,636
Monfort Children's Clinic (7)	$2,494	$151	$300	$2,043	$2,043	$1,393
People's Clinic	$789,958	$0	$91,305	$698,653	$698,653	$244,958
Pueblo Community Health Center (2)	$3,207,949	$155	$473,975	$2,733,819	$2,733,819	$489,354
Salud Family Health Centers	$3,092,483	$0	$569,325	$2,523,158	$2,523,158	$852,416
Sunrise Community Health Center	$1,618,163	$0	$241,489	$1,376,674	$1,376,674	$402,345
Uncompahgre Combined Clinics	$45,302	$3,520	$5,920	$35,862	$35,862	$8,768
Valley-Wide Health Services	$1,878,304	$0	$286,284	$1,592,020	$1,592,020	$381,320
TOTAL OUTSTATE CLINICS	**$22,650,884**	**$116,412**	**$3,090,714**	**$19,443,758**	**$19,443,758**	**$5,475,170**
Outstate Hospital Providers						
Arkansas Valley Regional Medical Center	$3,750,955	$607,163	$61,512	$3,082,280	$1,677,069	$279,236
Aspen Valley Hospital	$1,152,954	$3,335	$21,373	$1,128,246	$811,660	$117,460
Avista Hospital	$1,424,004	$55,882	$21,469	$1,346,653	$661,207	$131,284
Boulder Community Hospital (1)	$4,677,391	$121,130	$75,618	$4,480,643	$2,436,126	$317,732
Clagett Memorial Hospital	$156,470	$0	$5,218	$151,252	$109,915	$35,632
Colorado Plains Medical Center	$3,037,183	$559,215	$50,785	$2,427,183	$1,163,349	$98,900
Conejos County Hospital	$245,263	$0	$11,510	$233,753	$134,946	$14,980
Craig Rehabilitation Hospital	$17,591	$3,694	$45	$13,852	$8,761	$3,292
Delta County Memorial Hospital	$1,202,759	$33,147	$53,172	$1,116,440	$655,573	$97,860
East Morgan County Hospital	$214,004	$75,259	$9,163	$129,582	$116,610	$33,264
Estes Park Medical Center	$399,832	$13,239	$13,958	$372,635	$282,644	$40,932
Exempla Lutheran Medical Center	$8,441,680	$572,154	$133,465	$7,736,061	$3,039,498	$400,888

Table 1 - Total Financial Activity and CICP Reimbursement

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Reimbursement
Gunnison Valley Hospital	$68,075	$1,401	$855	$65,819	$42,835	$15,120
HealthOne Medical Center of Aurora	$7,717,784	$439,408	$40,518	$7,237,858	$2,262,555	$281,104
Heart of the Rockies Regional Medical Center	$1,107,639	$199,105	$52,584	$855,950	$520,589	$104,568
Kit Carson County Memorial Hospital	$33,830	$7,441	$2,922	$23,467	$15,876	$33,264
Longmont United Hospital	$3,071,602	$105,109	$47,594	$2,918,899	$1,590,800	$268,052
McKee Medical Center	$5,628,465	$2,251,361	$96,082	$3,281,022	$1,769,783	$187,616
Melissa Memorial	$201,263	$28,800	$8,321	$164,142	$126,652	$24,536
Memorial Hospital (1)	$40,441,424	$4,149,556	$690,881	$35,600,987	$13,357,490	$2,928,900
Mercy Medical Center	$3,525,812	$265,610	$106,801	$3,153,401	$1,762,751	$337,164
Montrose Memorial Hospital	$3,381,989	$828,240	$61,160	$2,492,589	$1,282,188	$225,052
Mount San Rafael Hospital (1)	$1,394,272	$135,284	$27,737	$1,231,251	$579,796	$36,348
North Colorado Medical Center	$12,787,434	$3,317,214	$658,811	$8,811,409	$4,760,804	$693,236
Parkview Medical Center (1)	$19,047,694	$1,706,662	$187,768	$17,153,264	$7,005,393	$1,135,072
Penrose-St. Francis HealthCare Systems (1)	$18,360,553	$990,923	$250,613	$17,119,017	$7,056,459	$1,602,340
Poudre Valley Hospital (1)	$8,614,554	$482,566	$251,158	$7,880,830	$4,755,293	$1,282,340
Prowers Medical Center	$1,782,324	$386,056	$50,191	$1,346,077	$707,363	$96,988
Rio Grande Hospital	$304,963	$35,326	$11,804	$257,833	$195,669	$43,808
Sedgwick County Health Center	$82,804	$4,560	$2,665	$75,579	$59,836	$10,216
Southeast Colorado Hospital	$148,427	$29,177	$8,432	$110,818	$86,239	$18,700
Southwest Memorial Hospital (1)	$2,542,047	$45,887	$49,535	$2,446,625	$1,568,776	$131,140
Spanish Peaks Regional Health Center	$617,080	$94,176	$13,882	$509,022	$340,434	$86,400
SSHCA-Yampa Valley Medical Center (1)	$1,024,478	$40,687	$52,918	$930,873	$659,430	$96,004
St. Mary-Corwin Hospital (1)	$25,142,548	$1,008,466	$335,844	$23,798,238	$10,145,189	$1,419,400
St. Mary's Hospital and Medical Center, Inc. (1)(2)	$8,815,216	$264,196	$356,430	$8,194,590	$3,712,969	$864,204
St. Thomas More Hospital (1)	$1,974,579	$241,979	$60,344	$1,672,256	$865,895	$183,672
Sterling Regional Medical Center	$1,632,002	$582,502	$58,369	$991,131	$604,391	$156,396
The Memorial Hospital (1)	$571,109	$42,256	$26,020	$502,833	$381,701	$153,780
Wray Community District Hospital	$233,612	$9,444	$10,729	$213,439	$157,219	$41,580
Yuma District Hospital	$377,532	$73,184	$14,326	$290,022	$199,622	$43,780
TOTAL OUTSTATE HOSPITALS	**$195,351,197**	**$19,810,794**	**$3,992,582**	**$171,547,821**	**$77,671,355**	**$14,072,240**
TOTAL OUTSTATE PROVIDERS	**$218,002,081**	**$19,927,206**	**$7,083,296**	**$190,991,579**	**$97,115,113**	**$19,547,410**

Table 1 - Total Financial Activity and CICP Reimbursement

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Reimbursement
Medicaid Disproportionate Share Hospitals						
Platte Valley Medical Center (5)	$1,992,473	$330,627	$37,041	$1,624,805	$757,809	$931,289
San Luis Valley Regional Medical Center (5)	$2,833,770	$474,763	$107,616	$2,251,391	$1,212,374	$1,125,502
St. Vincent General Hospital (5)	$310,832	$18,149	$25,925	$266,758	$188,252	$145,794
The Springs Center for Women (5)(7)	$195,080	$0	$16,514	$178,566	$160,352	$78,432
Valley View Hospital (5)	$736,265	$90,796	$11,579	$633,890	$429,587	$847,054
Medicaid Disproportionate Share Specialty Hospitals						
National Jewish Medical and Research Center (2)(5)	$1,733,333	$176,482	$52,775	$1,504,076	$1,395,181	$1,481,811
The Children's Hospital (1)(2)(3)(5)	$6,874,193	$215,782	$131,235	$6,527,176	$3,312,542	$3,678,974
The Children's Hospital	$5,665,858	$176,133	$121,124	$5,368,601	$2,724,565	$2,959,874
University Physicians, Inc.	$1,208,335	$39,649	$10,111	$1,158,575	$587,977	$719,100
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	**$14,675,946**	**$1,306,599**	**$382,685**	**$12,986,662**	**$7,456,097**	**$8,288,856**
Denver Health and Hospital (1)(2)(4)(5)(6)	**$147,780,952**	**$10,724,734**	**$4,100,027**	**$132,956,191**	**$92,989,560**	**$56,151,768**
University Hospital (1)(2)(3)(5)(6)	**$96,313,575**	**$10,047,838**	**$1,522,722**	**$84,743,015**	**$53,066,076**	**$34,247,524**
University Hospital	$81,358,460	$9,235,963	$1,435,433	$70,687,064	$44,264,239	$29,579,061
University Physicians, Inc.	$14,955,115	$811,875	$87,289	$14,055,951	$8,801,837	$4,668,463
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	**$258,770,473**	**$22,079,171**	**$6,005,434**	**$230,685,868**	**$153,511,733**	**$98,688,148**
TOTAL ALL CICP PROVIDERS	**$476,772,554**	**$42,006,377**	**$13,088,730**	**$421,677,447**	**$250,626,846**	**$118,235,558**

Notes:

(1) Includes physician charges, third party liabilities and patient liabilities.

(2) Includes outpatient pharmacy charges, third party liabilities and patient liabilities.

(3) Includes University Physicians, Inc. charges, third party liabilities and patient liabilities.

(4) Includes ambulance charges, third party liabilities and patient liabilities.

(5) Total Reimbursement Includes Component 1A Payment and Bad Debt.

(6) Total Reimbursement Includes Major Teaching Payment.

(7) Facility only participated for part of the fiscal year. Children's Clinic participated until 3/31/02, Monfort's Children's Clinic participated until 10/1/01, and the Springs Center for Women ceased operations in 10/12/01.

Table 1A - Medicaid Disproportionate Share Hospitals Reimbursement Detail

	FFY 2001-02 Bad Debt	Component 1A	Major Teaching	Net CICP Reimbursement
Platte Valley Medical Center	$96,356	$834,933	$0	$931,289
San Luis Valley Regional Medical Center	$43,424	$1,082,078	$0	$1,125,502
St. Vincent General Hospital	$54,605	$91,189	$0	$145,794
The Springs Center for Women (1)	$0	$78,432	$0	$78,432
Valley View Hospital	$93,635	$753,419	$0	$847,054
National Jewish Medical and Research Center	$34,958	$1,446,853	$0	$1,481,811
The Children's Hospital	$135,022	$2,824,852	$0	$2,959,874
University Physicians, Inc.	$0	$719,100	$0	$719,100
Denver Health and Hospital (2)	$2,238,691	$42,776,228	$11,136,849	$56,151,768
University Hospital (3)	$578,641	$18,383,574	$10,616,846	$29,579,061
University Physicians, Inc.	$0	$4,668,463	$0	$4,668,463
Total	**$3,275,332**	**$73,659,121**	**$21,753,695**	**$98,688,148**

Notes:

(1) An additional $5,672,766 in Major Teaching was paid to Denver Health, which was contributed back to the State.

(2) An additional $5,498,592 in Major Teaching was paid to University Hospital, which was contributed back to the State.

(3) The Springs Center for Women ceased operations on 10/12/01. This caused a reversion of a Component 1A payment of $6,788.

Table 1B - Physician Detail

	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Hospital	$83,865	$0	$0	$83,865
Memorial Hospital	$6,451,678	$275,694	$215,970	$5,960,014
Mount San Rafael Hospital	$255,426	$17,833	$3,844	$233,749
Parkview Medical Center	$871,523	$0	$0	$871,523
Penrose-St. Francis HealthCare Systems	$2,782,187	$0	$0	$2,782,187
Poudre Valley Hospital	$69,261	$1,586	$2,890	$64,785
Southwest Memorial Hospital	$9,801	$0	$0	$9,801
SSHCA-Yampa Valley Medical Center	$169,862	$0	$18,196	$151,666
St. Mary-Corwin Hospital	$2,627,536	$0	$0	$2,627,536
St. Mary's Hospital and Medical Center, Inc.	$2,803,833	$251,611	$282,461	$2,269,761
St. Thomas More Hospital	$208,322	$0	$0	$208,322
The Memorial Hospital	$62,569	$1,476	$1,669	$59,424
University Physicians, Inc.	$16,163,450	$851,524	$97,400	$15,214,526
The Children's Hospital	$1,208,335	$39,649	$10,111	$1,158,575
University Hospital	$14,955,115	$811,875	$87,289	$14,055,951
Total	**$32,559,313**	**$1,399,724**	**$622,430**	**$30,537,159**

Table 1C - Outpatient Pharmacy Detail

	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Colorado Coalition for the Homeless	$572,777	$0	$0	$572,777
Community Health Center, Inc.	$1,239,884	$0	$438,045	$801,839
High Plains Community Health Center	$63,156	$0	$12,050	$51,106
Pueblo Community Health Center	$1,274,483	$0	$280,464	$994,019
St. Mary's Hospital and Medical Center, Inc.	$72,228	$45	$5,558	$66,625
National Jewish Medical and Research Center	$165,809	$769	$16,682	$148,358
The Children's Hospital	$302,882	$0	$23,768	$279,114
University Hospital	$4,100,977	$1,782,582	$424,742	$1,893,653
Total	**$7,792,196**	**$1,783,396**	**$1,201,309**	**$4,807,491**

Table 1D - Denver Health Detail

	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	$131,738,584	$10,713,250	$2,578,860	$118,446,474
Physician Services	$6,811,944	$3,641	$0	$6,808,303
Ambulance Services	$2,635,701	$7,843	$37,170	$2,590,688
Stout Street Lab Services	$1,001,458	$0	$0	$1,001,458
Outpatient Pharmacy	$5,593,265	$0	$1,483,997	$4,109,268
Total	**$147,780,952**	**$10,724,734**	**$4,100,027**	**$132,956,191**

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	$9,226	$0	$0	$9,226
Clinica Campesina	$0	$1,111,855	$0	$0	$1,111,855
Colorado Coalition for the Homeless	$0	$1,759,475	$0	$0	$1,759,475
Columbine Family Health Center	$10,534	$516,160	$0	$0	$526,694
Community Health Center, Inc.	$246,027	$3,390,026	$0	$0	$3,636,053
Community Health Clinic	$475	$54,125	$0	$0	$54,600
Family Medicine Center	$0	$112,742	$0	$0	$112,742
High Plains Community Health Center	$317,003	$19,771	$0	$0	$336,774
La Clinica, Inc.	$1,104	$14,707	$0	$0	$15,811
Metropolitan Denver Provider Network	$0	$2,577,184	$0	$0	$2,577,184
Monfort Children's Clinic	$0	$2,494	$0	$0	$2,494
People's Clinic	$77,933	$712,025	$0	$0	$789,958
Pueblo Community Health Center	$9,489	$1,923,977	$0	$0	$1,933,466
Salud Family Health Centers	$3,092,483	$0	$0	$0	$3,092,483
Sunrise Community Health Center	$0	$1,618,163	$0	$0	$1,618,163
Uncompahgre Combined Clinics	$37,212	$8,090	$0	$0	$45,302
Valley-Wide Health Services	$1,878,304	$0	$0	$0	$1,878,304
TOTAL OUTSTATE CLINICS	**$5,670,564**	**$13,830,020**	**$0**	**$0**	**$19,500,584**
Outstate Hospital Providers					
Arkansas Valley Regional Medical Center	$1,077,965	$1,221,908	$1,218,263	$232,819	$3,750,955
Aspen Valley Hospital	$246,003	$0	$906,951	$0	$1,152,954
Avista Hospital	$131,046	$418,895	$505,311	$368,752	$1,424,004
Boulder Community Hospital	$801,251	$1,050,986	$1,501,223	$1,240,066	$4,593,526
Clagett Memorial Hospital	$51,681	$42,251	$62,538	$0	$156,470
Colorado Plains Medical Center	$405,369	$521,820	$1,268,595	$841,399	$3,037,183
Conejos County Hospital	$44,663	$71,160	$82,382	$47,058	$245,263
Craig Rehabilitation Hospital	$0	$17,591	$0	$0	$17,591
Delta County Memorial Hospital	$353,372	$362,652	$361,628	$125,107	$1,202,759
East Morgan County Hospital	$34,358	$93,156	$43,603	$42,887	$214,004
Estes Park Medical Center	$132,710	$184,424	$42,453	$40,245	$399,832
Exempla Lutheran Medical Center	$1,180,360	$995,919	$4,088,556	$2,176,845	$8,441,680

Table 2A - Inpatient and Outpatient Charges (Details)

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
Gunnison Valley Hospital	$68,075	$0	$0	$0	$68,075
HealthOne Medical Center of Aurora	$439,885	$852,046	$3,879,911	$2,545,942	$7,717,784
Heart of the Rockies Regional Medical Center	$731,580	$1,352	$374,707	$0	$1,107,639
Kit Carson County Memorial Hospital	$4,144	$17,051	$12,635	$0	$33,830
Longmont United Hospital	$280,064	$374,665	$1,884,018	$532,855	$3,071,602
McKee Medical Center	$558,409	$1,179,768	$2,082,537	$1,807,751	$5,628,465
Melissa Memorial	$82,836	$53,271	$65,156	$0	$201,263
Memorial Hospital	$6,225,891	$6,986,852	$17,491,036	$3,285,967	$33,989,746
Mercy Medical Center	$686,415	$853,323	$1,605,549	$380,525	$3,525,812
Montrose Memorial Hospital	$182,280	$1,636,530	$51,306	$1,511,873	$3,381,989
Mount San Rafael Hospital	$571,233	$66,409	$396,070	$105,134	$1,138,846
North Colorado Medical Center	$1,332,919	$2,172,559	$5,729,167	$3,552,789	$12,787,434
Parkview Medical Center	$4,303,981	$1,904,157	$9,559,650	$2,408,383	$18,176,171
Penrose-St. Francis HealthCare Systems	$2,669,894	$1,482,260	$8,483,535	$2,942,677	$15,578,366
Poudre Valley Hospital	$1,116,331	$2,800,706	$3,996,344	$631,912	$8,545,293
Prowers Medical Center	$471,986	$409,438	$900,900	$0	$1,782,324
Rio Grande Hospital	$113,244	$91,418	$100,301	$0	$304,963
Sedgwick County Health Center	$990	$44,591	$0	$37,223	$82,804
Southeast Colorado Hospital	$41,434	$47,997	$58,996	$0	$148,427
Southwest Memorial Hospital	$483,696	$671,705	$1,041,326	$335,519	$2,532,246
Spanish Peaks Regional Health Center	$484,573	$0	$132,507	$0	$617,080
SSHCA-Yampa Valley Medical Center	$285,513	$0	$569,103	$0	$854,616
St. Mary-Corwin Hospital	$5,762,984	$5,341,292	$8,998,909	$2,411,827	$22,515,012
St. Mary's Hospital and Medical Center, Inc.	$564,588	$1,417,816	$3,033,184	$923,567	$5,939,155
St. Thomas More Hospital	$483,867	$574,978	$707,412	$0	$1,766,257
Sterling Regional Medical Center	$1,662	$1,041,748	$0	$588,592	$1,632,002
The Memorial Hospital	$218,980	$158,126	$131,434	$0	$508,540
Wray Community District Hospital	$25,075	$113,681	$94,856	$0	$233,612
Yuma District Hospital	$39,995	$225,655	$111,882	$0	$377,532
TOTAL OUTSTATE HOSPITALS	**$32,691,302**	**$35,500,156**	**$81,573,934**	**$29,117,714**	**$178,883,106**
TOTAL OUTSTATE PROVIDERS	**$38,361,866**	**$49,330,176**	**$81,573,934**	**$29,117,714**	**$198,383,690**

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	$430,255	$529,080	$767,162	$265,976	$1,992,473
San Luis Valley Regional Medical Center	$625,096	$1,068,736	$1,139,938	$0	$2,833,770
St. Vincent General Hospital	$90,097	$0	$220,735	$0	$310,832
The Springs Center for Women	$880	$44,224	$0	$149,976	$195,080
Valley View Hospital	$195,538	$73,369	$331,822	$135,536	$736,265
Medicaid Disproportionate Share Specialty Hospitals					
National Jewish Medical and Research Center	$3,537	$1,536,694	$27,293	$0	$1,567,524
The Children's Hospital	$764,826	$997,012	$3,601,138	$0	$5,362,976
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	**$2,110,229**	**$4,249,115**	**$6,088,088**	**$551,488**	**$12,998,920**
Denver Health and Hospital	**$38,527,868**	**$17,606,129**	**$66,005,358**	**$9,599,229**	**$131,738,584**
University Hospital	**$13,363,285**	**$21,700,913**	**$35,383,668**	**$6,809,617**	**$77,257,483**
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	**$54,001,382**	**$43,556,157**	**$107,477,114**	**$16,960,334**	**$221,994,987**
TOTAL ALL CICP PROVIDERS	**$92,363,248**	**$92,886,333**	**$189,051,048**	**$46,078,048**	**$420,378,677**

Notes:

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

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	$9,226	$9,226	$9,226	$0	$9,226
Clinica Campesina	$0	$1,111,855	$1,111,855	$1,111,855	$0	$1,111,855
Colorado Coalition for the Homeless	$0	$1,759,475	$1,759,475	$1,759,475	$0	$1,759,475
Columbine Family Health Center	$10,534	$516,160	$526,694	$526,694	$0	$526,694
Community Health Center, Inc.	$246,027	$3,390,026	$3,636,053	$3,636,053	$0	$3,636,053
Community Health Clinic	$475	$54,125	$54,600	$54,600	$0	$54,600
Family Medicine Center	$0	$112,742	$112,742	$112,742	$0	$112,742
High Plains Community Health Center	$317,003	$19,771	$336,774	$336,774	$0	$336,774
La Clinica, Inc.	$1,104	$14,707	$15,811	$15,811	$0	$15,811
Metropolitan Denver Provider Network	$0	$2,577,184	$2,577,184	$2,577,184	$0	$2,577,184
Monfort Children's Clinic	$0	$2,494	$2,494	$2,494	$0	$2,494
People's Clinic	$77,933	$712,025	$789,958	$789,958	$0	$789,958
Pueblo Community Health Center	$9,489	$1,923,977	$1,933,466	$1,933,466	$0	$1,933,466
Salud Family Health Centers	$3,092,483	$0	$3,092,483	$3,092,483	$0	$3,092,483
Sunrise Community Health Center	$0	$1,618,163	$1,618,163	$1,618,163	$0	$1,618,163
Uncompahgre Combined Clinics	$37,212	$8,090	$45,302	$45,302	$0	$45,302
Valley-Wide Health Services	$1,878,304	$0	$1,878,304	$1,878,304	$0	$1,878,304
TOTAL OUTSTATE CLINICS	**$5,670,564**	**$13,830,020**	**$19,500,584**	**$19,500,584**	**$0**	**$19,500,584**
Outstate Hospital Providers						
Arkansas Valley Regional Medical Center	$2,296,228	$1,454,727	$3,750,955	$2,299,873	$1,451,082	$3,750,955
Aspen Valley Hospital	$1,152,954	$0	$1,152,954	$246,003	$906,951	$1,152,954
Avista Hospital	$636,357	$787,647	$1,424,004	$549,941	$874,063	$1,424,004
Boulder Community Hospital	$2,302,474	$2,291,052	$4,593,526	$1,852,237	$2,741,289	$4,593,526
Clagett Memorial Hospital	$114,219	$42,251	$156,470	$93,932	$62,538	$156,470
Colorado Plains Medical Center	$1,673,964	$1,363,219	$3,037,183	$927,189	$2,109,994	$3,037,183
Conejos County Hospital	$127,045	$118,218	$245,263	$115,823	$129,440	$245,263
Craig Rehabilitation Hospital	$0	$17,591	$17,591	$17,591	$0	$17,591
Delta County Memorial Hospital	$715,000	$487,759	$1,202,759	$716,024	$486,735	$1,202,759
East Morgan County Hospital	$77,961	$136,043	$214,004	$127,514	$86,490	$214,004
Estes Park Medical Center	$175,163	$224,669	$399,832	$317,134	$82,698	$399,832
Exempla Lutheran Medical Center	$5,268,916	$3,172,764	$8,441,680	$2,176,279	$6,265,401	$8,441,680

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
Gunnison Valley Hospital	$68,075	$0	$68,075	$68,075	$0	$68,075
HealthOne Medical Center of Aurora	$4,319,796	$3,397,988	$7,717,784	$1,291,931	$6,425,853	$7,717,784
Heart of the Rockies Regional Medical Center	$1,106,287	$1,352	$1,107,639	$732,932	$374,707	$1,107,639
Kit Carson County Memorial Hospital	$16,779	$17,051	$33,830	$21,195	$12,635	$33,830
Longmont United Hospital	$2,164,082	$907,520	$3,071,602	$654,729	$2,416,873	$3,071,602
McKee Medical Center	$2,640,946	$2,987,519	$5,628,465	$1,738,177	$3,890,288	$5,628,465
Melissa Memorial	$147,992	$53,271	$201,263	$136,107	$65,156	$201,263
Memorial Hospital	$23,716,927	$10,272,819	$33,989,746	$13,212,743	$20,777,003	$33,989,746
Mercy Medical Center	$2,291,964	$1,233,848	$3,525,812	$1,539,738	$1,986,074	$3,525,812
Montrose Memorial Hospital	$233,586	$3,148,403	$3,381,989	$1,818,810	$1,563,179	$3,381,989
Mount San Rafael Hospital	$967,303	$171,543	$1,138,846	$637,642	$501,204	$1,138,846
North Colorado Medical Center	$7,062,086	$5,725,348	$12,787,434	$3,505,478	$9,281,956	$12,787,434
Parkview Medical Center	$13,863,631	$4,312,540	$18,176,171	$6,208,138	$11,968,033	$18,176,171
Penrose-St. Francis HealthCare Systems	$11,153,429	$4,424,937	$15,578,366	$4,152,154	$11,426,212	$15,578,366
Poudre Valley Hospital	$5,112,675	$3,432,618	$8,545,293	$3,917,037	$4,628,256	$8,545,293
Prowers Medical Center	$1,372,886	$409,438	$1,782,324	$881,424	$900,900	$1,782,324
Rio Grande Hospital	$213,545	$91,418	$304,963	$204,662	$100,301	$304,963
Sedgwick County Health Center	$990	$81,814	$82,804	$45,581	$37,223	$82,804
Southeast Colorado Hospital	$100,430	$47,997	$148,427	$89,431	$58,996	$148,427
Southwest Memorial Hospital	$1,525,022	$1,007,224	$2,532,246	$1,155,401	$1,376,845	$2,532,246
Spanish Peaks Regional Health Center	$617,080	$0	$617,080	$484,573	$132,507	$617,080
SSHCA-Yampa Valley Medical Center	$854,616	$0	$854,616	$285,513	$569,103	$854,616
St. Mary-Corwin Hospital	$14,761,893	$7,753,119	$22,515,012	$11,104,276	$11,410,736	$22,515,012
St. Mary's Hospital and Medical Center, Inc.	$3,597,772	$2,341,383	$5,939,155	$1,982,404	$3,956,751	$5,939,155
St. Thomas More Hospital	$1,191,279	$574,978	$1,766,257	$1,058,845	$707,412	$1,766,257
Sterling Regional Medical Center	$1,662	$1,630,340	$1,632,002	$1,043,410	$588,592	$1,632,002
The Memorial Hospital	$350,414	$158,126	$508,540	$377,106	$131,434	$508,540
Wray Community District Hospital	$119,931	$113,681	$233,612	$138,756	$94,856	$233,612
Yuma District Hospital	$151,877	$225,655	$377,532	$265,650	$111,882	$377,532
TOTAL OUTSTATE HOSPITALS	**$114,265,236**	**$64,617,870**	**$178,883,106**	**$68,191,458**	**$110,691,648**	**$178,883,106**
TOTAL OUTSTATE PROVIDERS	**$119,935,800**	**$78,447,890**	**$198,383,690**	**$87,692,042**	**$110,691,648**	**$198,383,690**

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	$1,197,417	$795,056	$1,992,473	$959,335	$1,033,138	$1,992,473
San Luis Valley Regional Medical Center	$1,765,034	$1,068,736	$2,833,770	$1,693,832	$1,139,938	$2,833,770
St. Vincent General Hospital	$310,832	$0	$310,832	$90,097	$220,735	$310,832
The Springs Center for Women	$880	$194,200	$195,080	$45,104	$149,976	$195,080
Valley View Hospital	$527,360	$208,905	$736,265	$268,907	$467,358	$736,265
Medicaid Disproportionate Share Specialty Hospitals						
National Jewish Medical and Research Center	$30,830	$1,536,694	$1,567,524	$1,540,231	$27,293	$1,567,524
The Children's Hospital	$4,365,964	$997,012	$5,362,976	$1,761,838	$3,601,138	$5,362,976
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	**$8,198,317**	**$4,800,603**	**$12,998,920**	**$6,359,344**	**$6,639,576**	**$12,998,920**
Denver Health and Hospital	**$104,533,226**	**$27,205,358**	**$131,738,584**	**$56,133,997**	**$75,604,587**	**$131,738,584**
University Hospital	**$48,746,953**	**$28,510,530**	**$77,257,483**	**$35,064,198**	**$42,193,285**	**$77,257,483**
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	**$161,478,496**	**$60,516,491**	**$221,994,987**	**$97,557,539**	**$124,437,448**	**$221,994,987**
TOTAL ALL CICP PROVIDERS	**$281,414,296**	**$138,964,381**	**$420,378,677**	**$185,249,581**	**$235,129,096**	**$420,378,677**

Notes: Same as Table 2A.

X. UTILIZATION DATA

Table 3 - Utilization by County*

COUNTY	OUTSTATE CLINICS	OUTSTATE HOSPITALS	MEDICAID DSH**	DENVER HEALTH	UNIVERSITY HOSPITAL	TOTAL
Adams	20,488	269	1,884	2,285	8,221	33,147
Alamosa	3,172	89	1,357	7	37	4,662
Arapahoe	8,818	681	1,825	2,595	10,423	24,342
Archuleta	54	211	1	-	20	286
Baca	66	306	4	1	15	392
Bent	803	552	1	22	-	1,378
Boulder	15,013	3,194	156	62	785	19,210
Broomfield***	632	63	58	31	-	784
Chaffee	24	1,180	2	-	31	1,237
Cheyenne	32	23	2	-	-	57
Clear Creek	1,091	74	21	6	187	1,379
Conejos	2,208	285	813	2	36	3,344
Costilla	1,710	1,418	637	6	23	3,794
Crowley	434	364	2	5	-	805
Custer	10	212	1	11	-	234
Delta	4	2,225	-	5	8	2,242
Denver	18,355	803	1,962	144,495	13,249	178,864
Dolores	553	346	1	1	-	901
Douglas	581	63	36	107	511	1,298
Eagle	41	24	9	29	90	193
Elbert	95	26	15	7	173	316
El Paso	29,019	19,532	168	16	331	49,066
Fremont	1,303	3,025	40	2	89	4,459
Garfield	895	384	340	-	30	1,649
Gilpin	938	13	11	1	53	1,016
Grand	9	29	2	2	108	150
Gunnison	-	136	7	2	14	159
Hindsdale	12	10	89	-	-	111
Huerfano	191	1,120	2	2	-	1,315
Jackson	-	16	5	-	6	27
Jefferson	7,769	1,874	668	2,406	5,342	18,059
Kiowa	70	34	38	-	-	142
Kit Carson	29	141	4	27	54	255
Lake	-	16	9	6	24	55
La Plata	982	2,019	3	1	-	3,005
Larimer	6,806	14,291	82	19	402	21,600
Las Animas	62	1,297	10	-	50	1,419
Lincoln	61	21	3	-	89	174
Logan	666	1,409	10	2	42	2,129
Mesa	12	3,545	35	6	45	3,643
Mineral	64	90	16	-	-	170
Moffat	4	459	4	-	-	467
Montezuma	210	1,608	-	-	-	1,818
Montrose	228	2,288	6	2	-	2,524
Morgan	2,795	306	24	8	122	3,255
Otero	3,216	3,776	3	1	71	7,067
Ouray	-	41	-	4	-	45
Park	149	47	31	2	111	340

Table 3 - Utilization by County*

COUNTY	OUTSTATE CLINICS	OUTSTATE HOSPITALS	MEDICAID DSH*	DENVER HEALTH	UNIVERSITY HOSPITAL	TOTAL
Phillips	6	633	1	6	-	646
Pitkin	27	201	5	-	-	233
Prowers	2,187	1,401	28	1	38	3,655
Pueblo	20,690	25,666	21	22	216	46,615
Rio Blanco	-	24	9	-	-	33
Rio Grande	3,270	734	1,166	3	-	5,173
Routt	-	209	3	-	-	212
Saguaghe	2,375	207	765	-	6	3,353
San Juan	5	60	-	-	-	65
San Miguel	264	55	-	-	-	319
Sedgwick	-	336	1	-	-	337
Summit	23	7	26	6	51	113
Teller	1,509	463	19	1	27	2,019
Washington	45	56	10	-	39	150
Weld	13,232	4,443	211	10	799	18,695
Yuma	47	1,498	2	3	32	1,582
Unknown	2,150	1,494	585	980	547	5,756
TOTAL	**175,504**	**107,422**	**13,249**	**153,218**	**42,547**	**491,940**

Notes:

*Total admit and visit count by reported patient residency.

**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 officially recognized on November 15, 2001.

Table 4 - Outpatient Visits and Inpatient Admissions by CICP Rating

Outpatient Visits

CICP Rating	OUTSTATE CLINICS Visits	OUTSTATE CLINICS % of Total	OUTSTATE HOSPITALS Visits	OUTSTATE HOSPITALS % of Total	MEDICAID DSH* Visits	MEDICAID DSH* % of Total	DENVER HEALTH Visits	DENVER HEALTH % of Total	UNIVERSITY HOSPITAL Visits	UNIVERSITY HOSPITAL % of Total	ALL PROVIDERS Visits	ALL PROVIDERS % of Total
A	26,879	15.3%	10,722	10.7%	1,888	14.9%	22,056	14.9%	5,727	14.0%	67,272	14.1%
B	20,391	11.6%	9,925	9.9%	1,695	13.3%	19,442	13.1%	5,419	13.3%	56,872	11.9%
C	22,006	12.5%	11,263	11.3%	1,954	15.4%	20,713	14.0%	6,702	16.4%	62,638	13.1%
D	18,432	10.5%	11,665	11.7%	1,627	12.8%	16,440	11.1%	5,860	14.4%	54,024	11.3%
E	13,198	7.5%	8,415	8.4%	1,457	11.5%	10,410	7.0%	3,764	9.2%	37,244	7.8%
F	15,148	8.6%	9,255	9.3%	1,549	12.2%	12,121	8.2%	4,933	12.1%	43,006	9.0%
G	10,515	6.0%	9,006	9.0%	1,270	10.0%	8,476	5.7%	3,422	8.4%	32,689	6.9%
N	46,159	26.3%	14,157	14.2%	1,264	9.9%	38,272	25.9%	4,927	12.1%	104,779	22.0%
P	1,935	1.1%	14,471	14.5%	-	-	-	-	40	0.1%	16,446	3.4%
UNKNOWN	841	0.5%	1,018	1.0%	8	0.1%	-	-	-	-	1,867	0.4%
TOTAL**	**175,504**	**100%**	**99,897**	**100%**	**12,712**	**100%**	**147,930**	**100%**	**40,794**	**100%**	**476,837**	**100%**

Inpatient Admissions

CICP Rating	OUTSTATE CLINICS Visits	OUTSTATE CLINICS % of Total	OUTSTATE HOSPITALS Admits	OUTSTATE HOSPITALS % of Total	MEDICAID DSH* Admits	MEDICAID DSH* % of Total	DENVER HEALTH Admits	DENVER HEALTH % of Total	UNIVERSITY HOSPITAL Admits	UNIVERSITY HOSPITAL % of Total	ALL PROVIDERS Admits	ALL PROVIDERS % of Total
A	-	-	978	13.0%	65	12.1%	695	13.1%	229	13.1%	1,967	13.0%
B	-	-	835	11.1%	43	8.0%	565	10.7%	211	12.0%	1,654	11.0%
C	-	-	878	11.7%	74	13.8%	669	12.7%	269	15.3%	1,890	12.5%
D	-	-	746	9.9%	62	11.5%	410	7.8%	219	12.5%	1,437	9.5%
E	-	-	640	8.5%	70	13.0%	277	5.2%	180	10.3%	1,167	7.7%
F	-	-	847	11.3%	106	19.7%	342	6.5%	236	13.5%	1,531	10.1%
G	-	-	833	11.1%	77	14.3%	301	5.7%	156	8.9%	1,367	9.1%
N	-	-	1,731	23.0%	40	7.4%	2,029	38.4%	253	14.4%	4,053	26.8%
P	-	-	33	0.4%	-	-	-	-	-	-	33	0.2%
UNKNOWN	-	-	4	0.1%	-	-	-	-	-	-	4	-
TOTAL**	-	-	**7,525**	**100%**	**537**	**100%**	**5,288**	**100%**	**1,753**	**100%**	**15,103**	**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 by CICP Rating

CICP Rating	OUTSTATE HOSPITALS	MEDICAID DSH*	DENVER HEALTH	UNIVERSITY HOSPITAL	TOTAL
A	4,390	198	3,256	1,014	8,858
B	3,625	177	2,838	1,111	7,751
C	3,873	230	2,998	1,036	8,137
D	3,265	244	1,845	1,090	6,444
E	2,761	217	1,152	834	4,964
F	3,182	327	1,331	1,052	5,892
G	3,805	358	1,200	644	6,007
N	8,825	130	11,118	1,212	21,285
P	148	-	-	-	148
UNKNOWN	19	-	-	-	19
TOTAL	**33,893**	**1,881**	**25,738**	**7,993**	**69,505**

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

	Female		Male		Total Inpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	79	$276,949	125	$732,888	204	2.7%	$1,009,837
06-17	98	$971,149	91	$898,519	189	2.5%	$1,869,668
18-24	466	$5,814,186	478	$8,088,052	944	12.5%	$13,902,238
25-54	2,191	$26,504,447	2,369	$37,356,233	4,560	60.6%	$63,860,680
55-64	561	$8,919,545	587	$11,874,849	1,148	15.3%	$20,794,394
65+	261	$5,610,162	219	$3,644,669	480	6.4%	$9,254,831
TOTAL	**3,656**	**$48,096,438**	**3,869**	**$62,595,210**	**7,525**	**100%**	**$110,691,648**

MEDICAID DSH*

	Female		Male		Total Inpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	43	$466,727	42	$769,906	85	15.8%	$1,236,633
06-17	45	$1,124,206	45	$663,244	90	16.8%	$1,787,450
18-24	37	$546,817	15	$298,257	52	9.7%	$845,074
25-54	129	$989,100	96	$953,096	225	41.9%	$1,942,196
55-64	20	$212,852	26	$264,282	46	8.6%	$477,134
65+	22	$193,272	17	$157,817	39	7.3%	$351,089
TOTAL	**296**	**$3,532,974**	**241**	**$3,106,602**	**537**	**100%**	**$6,639,576**

DENVER HEALTH

	Female		Male		Total Inpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	35	$88,647	45	$113,700	80	1.5%	$202,347
06-17	41	$198,379	24	$240,991	65	1.2%	$439,370
18-24	254	$2,097,818	200	$3,000,945	454	8.6%	$5,098,763
25-54	1,423	$17,463,113	2,167	$32,189,929	3,590	67.9%	$49,653,042
55-64	309	$4,667,287	406	$7,365,899	715	13.5%	$12,033,186
65+	205	$3,941,871	179	$4,236,008	384	7.3%	$8,177,879
TOTAL	**2,267**	**$28,457,115**	**3,021**	**$47,147,472**	**5,288**	**100%**	**$75,604,587**

Table 6 - Inpatient Admissions by Age and Sex

UNIVERSITY HOSPITAL

	Female		Male		Total Inpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	38	$340,080	50	$149,417	88	5.0%	$489,497
06-17	7	$88,788	1	$11,749	8	0.5%	$100,537
18-24	71	$760,022	43	$1,014,002	114	6.5%	$1,774,024
25-54	461	$10,572,480	557	$15,105,858	1,018	58.1%	$25,678,338
55-64	162	$4,213,789	198	$5,436,558	360	20.5%	$9,650,347
65+	90	$1,990,240	75	$2,510,302	165	9.4%	$4,500,542
TOTAL	**829**	**$17,965,399**	**924**	**$24,227,886**	**1,753**	**100%**	**$42,193,285**

ALL PROVIDERS

	Female		Male		Total Inpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	195	$1,172,403	262	$1,765,911	457	3.0%	$2,938,314
06-17	191	$2,382,522	161	$1,814,503	352	2.3%	$4,197,025
18-24	828	$9,218,843	736	$12,401,256	1,564	10.4%	$21,620,099
25-54	4,204	$55,529,140	5,189	$85,605,116	9,393	62.2%	$141,134,256
55-64	1,052	$18,013,473	1,217	$24,941,588	2,269	15.0%	$42,955,061
65+	578	$11,735,545	490	$10,548,796	1,068	7.1%	$22,284,341
TOTAL	**7,048**	**$98,051,926**	**8,055**	**$137,077,170**	**15,103**	**100%**	**$235,129,096**

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

	Female		Male		Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	2,305	$209,901	2,515	$230,781	4,820	2.7%	$440,682
06-17	4,075	$397,063	3,278	$309,107	7,353	4.2%	$706,170
18-24	13,474	$1,563,781	4,617	$477,641	18,091	10.3%	$2,041,422
25-54	73,602	$8,554,661	40,446	$4,330,234	114,048	65.0%	$12,884,895
55-64	17,483	$1,949,723	9,171	$1,001,303	26,654	15.2%	$2,951,026
65+	2,711	$279,096	1,827	$197,293	4,538	2.6%	$476,389
TOTAL	**113,650**	**$12,954,225**	**61,854**	**$6,546,359**	**175,504**	**100%**	**$19,500,584**

OUTSTATE HOSPITALS

	Female		Male		Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	562	$257,001	821	$320,914	1,383	1.4%	$577,915
06-17	1,687	$913,759	1,520	$1,005,576	3,207	3.2%	$1,919,335
18-24	8,218	$5,187,198	4,867	$4,238,012	13,085	13.1%	$9,425,210
25-54	38,343	$22,798,753	24,596	$18,554,469	62,939	63.0%	$41,353,222
55-64	9,898	$6,464,588	5,781	$4,796,081	15,679	15.7%	$11,260,669
65+	2,080	$1,991,811	1,524	$1,663,296	3,604	3.6%	$3,655,107
TOTAL	**60,788**	**$37,613,110**	**39,109**	**$30,578,348**	**99,897**	**100%**	**$68,191,458**

MEDICAID DSH*

	Female		Male		Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	472	$220,630	734	$378,595	1,206	9.5%	$599,225
06-17	937	$360,881	1,389	$715,144	2,326	18.3%	$1,076,025
18-24	859	$395,635	461	$311,964	1,320	10.4%	$707,599
25-54	3,725	$1,710,306	1,948	$1,105,020	5,673	44.6%	$2,815,326
55-64	1,134	$449,267	447	$302,361	1,581	12.4%	$751,628
65+	412	$209,109	194	$200,432	606	4.8%	$409,541
TOTAL	**7,539**	**$3,345,828**	**5,173**	**$3,013,516**	**12,712**	**100%**	**$6,359,344**

Table 7 - Outpatient Activity by Age and Sex

DENVER HEALTH AND HOSPITAL

	Female		Male		Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	986	$202,350	990	$189,271	1,976	1.3%	$391,621
06-17	2,111	$553,521	1,321	$385,591	3,432	2.3%	$939,112
18-24	9,996	$3,443,282	3,920	$1,864,880	13,916	9.4%	$5,308,162
25-54	50,339	$17,553,852	41,960	$18,771,077	92,299	62.3%	$36,324,929
55-64	14,062	$4,606,411	10,043	$4,124,940	24,105	16.3%	$8,731,351
65+	7,513	$2,647,086	4,689	$1,791,736	12,202	8.2%	$4,438,822
TOTAL	**85,007**	**$29,006,502**	**62,923**	**$27,127,495**	**147,930**	**100%**	**$56,133,997**

UNIVERSITY HOSPITAL

	Female		Male		Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	85	$34,080	94	$32,659	179	0.4%	$66,739
06-17	276	$166,204	245	$178,821	521	1.3%	$345,025
18-24	2,195	$1,781,497	1467	$1,055,797	3,662	9.0%	$2,837,294
25-54	12,479	$10,062,662	11583	$10,835,842	24,062	59.0%	$20,898,504
55-64	4,238	$3,480,133	3204	$3,355,975	7,442	18.2%	$6,836,108
65+	3,034	$2,239,571	1894	$1,840,957	4,928	12.1%	$4,080,528
TOTAL	**22,307**	**$17,764,147**	**18,487**	**$17,300,051**	**40,794**	**100%**	**$35,064,198**

ALL CICP PROVIDERS

	Female		Male		Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	4,410	$923,962	5,154	$1,152,220	9,564	2.0%	$2,076,182
06-17	9,086	$2,391,428	7,753	$2,594,239	16,839	3.5%	$4,985,667
18-24	34,742	$12,371,393	15,332	$7,948,294	50,074	10.5%	$20,319,687
25-54	178,488	$60,680,234	120,533	$53,596,642	299,021	62.8%	$114,276,876
55-64	46,815	$16,950,122	28,646	$13,580,660	75,461	15.8%	$30,530,782
65+	15,750	$7,366,673	10,128	$5,693,714	25,878	5.4%	$13,060,387
TOTAL	**289,291**	**$100,683,812**	**187,546**	**$84,565,769**	**476,837**	**100%**	**$185,249,581**

Notes: Same as Table 6.

Table 8 - Utilization by Provider

Provider Name	Visits	Admissions	Days	LOS*
Outstate Clinic Providers				
Children's Clinic	93	-	-	-
Clinica Campesina	10,254	-	-	-
Colorado Coalition for the Homeless	16,423	-	-	-
Columbine Family Health Center	4,043	-	-	-
Community Health Center, Inc.	29,295	-	-	-
Community Health Clinic	754	-	-	-
Family Medicine Center	1,682	-	-	-
High Plains Community Health Center	2,455	-	-	-
La Clinica, Inc.	183	-	-	-
Metropolitan Denver Provider Network	20,494	-	-	-
Monfort Children's Clinic	23	-	-	-
People's Clinic	8,899	-	-	-
Pueblo Community Health Center	20,637	-	-	-
Salud Family Health Centers	27,249	-	-	-
Sunrise Community Health Center	12,689	-	-	-
Uncompahgre Combined Clinics	448	-	-	-
Valley-Wide Health Services	19,883	-	-	-
TOTAL OUTSTATE CLINICS	**175,504**	-	-	-
Outstate Hospital Providers				
Arkansas Valley Regional Medical Center	3,938	177	636	3.59
Aspen Valley Hospital	216	56	288	5.14
Avista Hospital	588	83	242	2.92
Boulder Community Hospital	2,125	162	636	3.93
Clagett Memorial Hospital	165	7	19	2.71
Colorado Plains Medical Center	1,174	162	546	3.37
Conejos County Hospital	340	26	72	2.77
Craig Rehabilitation Hospital	12	-	-	-
Delta County Memorial Hospital	1,561	93	281	3.02
East Morgan County Hospital	155	11	48	4.36
Estes Park Medical Center	1,129	12	18	1.50
Exempla Lutheran Medical Center	2,053	436	1,959	4.49
Gunnison Valley Hospital	83	-	-	-
HealthOne Medical Center of Aurora	601	212	1,056	4.98
Heart of the Rockies Regional Medical Center	1,194	49	178	3.63
Kit Carson County Memorial Hospital	128	3	7	2.33
Longmont United Hospital	774	197	780	3.96
McKee Medical Center	2,268	290	1,142	3.94
Melissa Memorial	697	9	37	4.11
Memorial Hospital	14,667	1,260	6,851	5.44
Mercy Medical Center	2,294	160	568	3.55
Montrose Memorial Hospital	2,456	139	486	3.50
Mount San Rafael Hospital	1,021	60	151	2.52
North Colorado Medical Center	3,720	626	2,783	4.45
Parkview Medical Center	4,807	708	3,406	4.81
Penrose-St. Francis HealthCare Systems	3,977	588	2,748	4.67
Poudre Valley Hospital	11,261	448	1,717	3.83
Prowers Medical Center	1,179	138	366	2.65

Table 8 - Utilization by Provider

Provider Name	Visits	Admissions	Days	LOS*
Rio Grande Hospital	775	26	71	2.73
Sedgwick County Health Center	313	6	17	2.83
Southeast Colorado Hospital	228	16	38	2.38
Southwest Memorial Hospital	1,672	148	2,316	15.65
Spanish Peaks Regional Health Center	755	23	71	3.09
SSHCA-Yampa Valley Medical Center	184	68	224	3.29
St. Mary-Corwin Hospital	22,083	547	2,170	3.97
St. Mary's Hospital and Medical Center, Inc.	3,855	355	1,345	3.79
St. Thomas More Hospital	2,253	102	269	2.64
Sterling Regional Medical Center	1,408	67	177	2.64
The Memorial Hospital	399	18	64	3.56
Wray Community District Hospital	591	14	28	2.00
Yuma District Hospital	798	23	82	3.57
TOTAL OUTSTATE HOSPITALS	**99,897**	**7,525**	**33,893**	**4.50**
TOTAL OUTSTATE PROVIDERS	**275,401**	**7,525**	**33,893**	**4.50**
Medicaid Disproportionate Share Hospitals				
Platte Valley Medical Center	921	87	241	2.77
San Luis Valley Regional Medical Center	4,575	195	511	2.62
St. Vincent General Hospital	70	23	88	3.83
The Springs Center for Women	26	29	59	2.03
Valley View Hospital	330	38	135	3.55
Medicaid Disproportionate Share Specialty Hospitals				
National Jewish Medical and Research Center	3,256	3	15	5.00
The Children's Hospital	3,534	162	832	5.14
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	**12,712**	**537**	**1,881**	**3.50**
Denver Health and Hospital	**147,930**	**5,288**	**25,738**	**4.87**
University Hospital	**40,794**	**1,753**	**7,993**	**4.56**
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	**201,436**	**7,578**	**35,612**	**4.70**
TOTAL ALL CICP PROVIDERS	**476,837**	**15,103**	**69,505**	**4.60**

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	-	-	-	-	11	16	20	47
Clinica Campesina	-	-	-	-	236	259	2,353	2,848
Colorado Coalition for the Homeless	-	-	-	-	86	139	3,203	3,428
Columbine Family Health Center	-	-	-	-	152	234	1,082	1,468
Community Health Center, Inc.	-	-	-	-	621	1,041	7,400	9,062
Community Health Clinic	-	-	-	-	8	45	333	386
Family Medicine Center	-	-	-	-	21	62	250	333
High Plains Community Health Center	-	-	-	-	11	44	769	824
La Clinica, Inc.	-	-	-	-	4	10	83	97
Metropolitan Denver Provider Network	-	-	-	-	90	238	3,278	3,606
Monfort Children's Clinic	-	-	-	-	7	9	-	16
People's Clinic	-	-	-	-	65	122	2,335	2,522
Pueblo Community Health Center	-	-	-	-	102	238	5,740	6,080
Salud Family Health Centers	-	-	-	-	767	1,581	8,793	11,141
Sunrise Community Health Center	-	-	-	-	238	450	3,861	4,549
Uncompahgre Combined Clinics	-	-	-	-	-	13	147	160
Valley-Wide Health Services	-	-	-	-	62	305	5,509	5,876
TOTAL OUTSTATE CLINICS	**-**	**-**	**-**	**-**	**2,481**	**4,806**	**45,156**	**52,443**
Outstate Hospital Providers								
Arkansas Valley Regional Medical Center	4	9	162	175	24	132	1,619	1,775
Aspen Valley Hospital	2	1	38	41	-	-	90	90
Avista Hospital	9	2	59	70	15	18	276	309
Boulder Community Hospital	4	1	115	120	14	49	928	991
Clagett Memorial Hospital	-	-	5	5	7	2	57	66
Colorado Plains Medical Center	4	3	154	161	24	55	802	881
Conejos County Hospital	1	-	18	19	1	8	133	142
Craig Rehabilitation Hospital	-	-	-	-	-	2	1	3
Delta County Memorial Hospital	3	1	72	76	15	47	559	621
East Morgan County Hospital	-	-	7	7	3	3	63	69
Estes Park Medical Center	-	-	11	11	9	14	321	344
Exempla Lutheran Medical Center	3	14	357	374	27	60	1,219	1,306

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
Gunnison Valley Hospital	-	-	-	-	-	4	47	51
HealthOne Medical Center of Aurora	4	7	174	185	22	30	353	405
Heart of the Rockies Regional Medical Center	4	2	43	49	4	11	339	354
Kit Carson County Memorial Hospital	-	-	3	3	3	4	31	38
Longmont United Hospital	7	7	130	144	12	11	298	321
McKee Medical Center	2	3	77	82	21	50	789	860
Melissa Memorial	-	-	3	3	2	12	68	82
Memorial Hospital	46	31	944	1,021	187	420	5,637	6,244
Mercy Medical Center	6	6	125	137	9	39	758	806
Montrose Memorial Hospital	-	7	121	128	17	97	1,377	1,491
Mount San Rafael Hospital	-	2	39	41	9	40	344	393
North Colorado Medical Center	22	14	219	255	58	151	1,334	1,543
Parkview Medical Center	4	22	570	596	59	198	2,305	2,562
Penrose-St. Francis HealthCare Systems	15	12	433	460	31	84	1,251	1,366
Poudre Valley Hospital	8	11	334	353	51	141	5,823	6,015
Prowers Medical Center	2	3	117	122	8	43	439	490
Rio Grande Hospital	-	-	10	10	6	22	215	243
Sedgwick County Health Center	1	-	5	6	-	-	43	43
Southeast Colorado Hospital	-	1	15	16	2	7	63	72
Southwest Memorial Hospital	2	3	125	130	12	61	623	696
Spanish Peaks Regional Health Center	-	1	18	19	16	43	312	371
SSHCA-Yampa Valley Medical Center	-	6	56	62	1	8	80	89
St. Mary-Corwin Hospital	11	4	431	446	68	319	6,428	6,815
St. Mary's Hospital and Medical Center, Inc.	3	10	342	355	16	70	2,674	2,760
St. Thomas More Hospital	1	1	39	41	3	26	585	614
Sterling Regional Medical Center	6	1	51	58	16	42	408	466
The Memorial Hospital	3	-	12	15	5	8	263	276
Wray Community District Hospital	-	-	13	13	1	9	237	247
Yuma District Hospital	-	-	10	10	7	23	129	159
TOTAL OUTSTATE HOSPITALS	**177**	**185**	**5,457**	**5,819**	**785**	**2,363**	**39,321**	**42,469**
TOTAL OUTSTATE PROVIDERS	**177**	**185**	**5,457**	**5,819**	**3,266**	**7,169**	**84,477**	**94,912**

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	4	1	63	68	26	66	527	619
San Luis Valley Regional Medical Center	7	-	91	98	17	58	1,941	2,016
St. Vincent General Hospital	-	-	18	18	-	-	25	25
The Springs Center for Women	11	-	17	28	-	-	22	22
Valley View Hospital	1	-	24	25	4	9	126	139
Medicaid Disproportionate Share Specialty Hospitals								
National Jewish Medical and Research Center	-	3	-	3	5	37	545	587
The Children's Hospital	51	77	8	136	405	770	85	1,260
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	**74**	**81**	**221**	**376**	**457**	**940**	**3,271**	**4,668**
Denver Health and Hospital	**79**	**85**	**3,952**	**4,116**	**1,059**	**2,340**	**32,644**	**36,043**
University Hospital	**88**	**11**	**1,333**	**1,432**	**173**	**464**	**13,697**	**14,334**
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	**241**	**177**	**5,506**	**5,924**	**1,689**	**3,744**	**49,612**	**55,045**
TOTAL ALL CICP PROVIDERS	**418**	**362**	**10,963**	**11,743**	**4,955**	**10,913**	**134,089**	**149,957**

Table 9B - Unduplicated Total Count by Age Group

Provider Name	Total Age 0 thru 5	Total Age 6 thru 18	Total Age 19+	Total Total
Outstate Clinic Providers				
Children's Clinic	11	16	20	47
Clinica Campesina	236	259	2,353	2,848
Colorado Coalition for the Homeless	86	139	3,203	3,428
Columbine Family Health Center	152	234	1,082	1,468
Community Health Center, Inc.	621	1,041	7,400	9,062
Community Health Clinic	8	45	333	386
Family Medicine Center	21	62	250	333
High Plains Community Health Center	11	44	769	824
La Clinica, Inc.	4	10	83	97
Metropolitan Denver Provider Network	90	238	3,278	3,606
Monfort Children's Clinic	7	9	-	16
People's Clinic	65	122	2,335	2,522
Pueblo Community Health Center	102	238	5,740	6,080
Salud Family Health Centers	767	1,581	8,793	11,141
Sunrise Community Health Center	238	450	3,861	4,549
Uncompahgre Combined Clinics	-	13	147	160
Valley-Wide Health Services	62	305	5,509	5,876
TOTAL OUTSTATE CLINICS	**2,481**	**4,806**	**45,156**	**52,443**
Outstate Hospital Providers				
Arkansas Valley Regional Medical Center	28	141	1,781	1,950
Aspen Valley Hospital	2	1	120	123
Avista Hospital	23	18	309	350
Boulder Community Hospital	18	50	1,043	1,111
Clagett Memorial Hospital	7	2	62	71
Colorado Plains Medical Center	28	58	956	1,042
Conejos County Hospital	2	8	149	159
Craig Rehabilitation Hospital	-	2	1	3
Delta County Memorial Hospital	15	48	586	649
East Morgan County Hospital	3	3	70	76
Estes Park Medical Center	9	14	332	355
Exempla Lutheran Medical Center	30	74	1,576	1,680

Table 9B - Unduplicated Total Count by Age Group

Provider Name	Total Age 0 thru 5	Total Age 6 thru 18	Total Age 19+	Total Total
Gunnison Valley Hospital	-	4	47	51
HealthOne Medical Center of Aurora	22	35	472	529
Heart of the Rockies Regional Medical Center	8	10	352	370
Kit Carson County Memorial Hospital	3	4	34	41
Longmont United Hospital	19	18	428	465
McKee Medical Center	23	53	866	942
Melissa Memorial	2	14	69	85
Memorial Hospital	221	437	5,944	6,602
Mercy Medical Center	15	41	792	848
Montrose Memorial Hospital	17	104	1,498	1,619
Mount San Rafael Hospital	9	41	360	410
North Colorado Medical Center	80	165	1,553	1,798
Parkview Medical Center	61	219	2,712	2,992
Penrose-St. Francis HealthCare Systems	46	96	1,684	1,826
Poudre Valley Hospital	52	145	5,818	6,015
Prowers Medical Center	10	46	556	612
Rio Grande Hospital	6	22	225	253
Sedgwick County Health Center	1	-	48	49
Southeast Colorado Hospital	2	7	79	88
Southwest Memorial Hospital	14	64	748	826
Spanish Peaks Regional Health Center	16	44	330	390
SSHCA-Yampa Valley Medical Center	-	12	139	151
St. Mary-Corwin Hospital	79	323	6,859	7,261
St. Mary's Hospital and Medical Center, Inc.	19	80	3,016	3,115
St. Thomas More Hospital	4	27	593	624
Sterling Regional Medical Center	22	43	459	524
The Memorial Hospital	5	9	277	291
Wray Community District Hospital	1	9	248	258
Yuma District Hospital	7	23	139	169
TOTAL OUTSTATE HOSPITALS	**929**	**2,514**	**43,330**	**46,773**
TOTAL OUTSTATE PROVIDERS	**3,410**	**7,320**	**88,486**	**99,216**

Table 9B - Unduplicated Total Count by Age Group

Provider Name	Total Age 0 thru 5	Total Age 6 thru 18	Total Age 19+	Total Total
Medicaid Disproportionate Share Hospitals				
Platte Valley Medical Center	30	67	590	687
San Luis Valley Regional Medical Center	24	58	2,032	2,114
St. Vincent General Hospital	-	-	43	43
The Springs Center for Women	11	-	39	50
Valley View Hospital	5	9	150	164
Medicaid Disproportionate Share Specialty Hospitals				
National Jewish Medical and Research Center	5	40	545	590
The Children's Hospital	428	788	88	1,304
SUB-TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	**503**	**962**	**3,487**	**4,952**
Denver Health and Hospital	**1,080**	**2,376**	**33,540**	**36,996**
University Hospital	**256**	**468**	**14,040**	**14,764**
TOTAL MEDICAID DISPROPORTIONATE SHARE PROVIDERS	**1,839**	**3,806**	**51,067**	**56,712**
TOTAL ALL CICP PROVIDERS	**5,249**	**11,126**	**139,553**	**155,928**