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# COLORADO

## MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM

### *FISCAL YEAR 2003-04 ANNUAL REPORT*

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

# STATE OF COLORADO

## DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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Bill Owens  
Governor

Karen Reinertson  
Executive Director

February 1, 2005

The Honorable Bob Hagedorn, Chairman  
Senate Health and Human Services Committee  
State Capitol  
200 E. Colfax Avenue, Room 346  
Denver, CO 80203

Dear Senator Hagedorn:

Enclosed please find the *Medically Indigent and Colorado Indigent Care Program FY 2003-04 Annual Report*. The Department of Health Care Policy and Financing prepared this annual report pursuant to Section 26-15-105, C.R.S. and it provides background information, statistics, patterns and an overview of medically indigent financing and utilization.

Major outcomes identified and discussed in this report include:

- Total reimbursement to health care providers of indigent care equaled \$156,009,300 in FY 2003-04. General Fund accounted for 10.0%, or \$15,606,526, of this reimbursement, while 3.2% was from the Tobacco Settlement Trust and the remainder was federal funds. Over recent years, the General Fund portion of this reimbursement has continued to decrease while the total reimbursement has increased.
- The number of individuals who received care under the Colorado Indigent Care Program grew by 8.8% to 175,080. The number children served by the program increased by 5.5% and they represented 7.8% of the total population served.
- The Department implemented a more simplified and efficient reimbursement model to distribute the available funds to providers who participated in the CICP during FY 2003-04. Overall, the Department estimates that the new methodology increased federal funds to public-owned hospital providers by \$30.1 million. The average provider reimbursement on costs for providing care to the indigent population under the Colorado Indigent Care Program was 42.85% for participating hospitals.

Questions regarding this report can be addressed to Christopher Underwood, Manager, Safety Net Financing Section, at 303-866-5177.

Sincerely,

Karen Reinertson  
Executive Director

**"The mission of the Department of Health Care Policy & Financing is to purchase cost effective health care for qualified, low-income Coloradans"**

<http://www.chcpf.state.co.us>

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February 1, 2005

The Honorable Betty Boyd, Chairman  
House Health and Human Services Committee  
State Capitol  
200 E. Colfax Avenue, Room 271  
Denver, CO 80203

Dear Representative Boyd:

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## 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. (2004). Total payments made to providers of indigent care equaled \$156,009,300 in FY 2003-04 and were distributed as follows:

❑ Low-Income Payments	\$83,053,008
❑ High-Volume Payments	\$59,514,906
❑ Bad Debt Payments	\$2,295,940
❑ CICP Clinic Payments	\$6,059,760
❑ Comprehensive Primary and Preventive Care Grants	\$5,018,980
❑ Medicaid Shortfall Payments	\$66,706

General Fund was used for approximately 10.0% or \$15,606,526 of these payments, while 3.2% was from the Tobacco Settlement Trust and the remainder was federal funds. In recent years, the General Fund portion of these payments has continued to decrease while the payments have increased overall. This is possible by using certification of public expenditures for provider costs related to Medicaid eligible and low-income individuals, which receives a federal match.

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.” After receiving approvals from the General Assembly and the Centers for Medicare and Medicaid Services, the Department implemented a more simplified and efficient reimbursement model to distribute the available funds to providers who participated in the CICP during FY 2003-04. Overall, The Department estimates that for the FY 2003-04 payments the new methodology increased federal funds to public-owned hospital providers by \$30.1 million.

The number of individuals served under the CICP increased by 8.8% to 175,080 in FY 2003-04. Overall, the number of total inpatient hospital admissions grew by 15.0% while the CICP Clinic providers posted an increase in visits of 25.5%. Children, age 0-18, represented 7.8% of the population served. Since FY 1998-99 the number of children receiving care under the CICP has fallen 52.6%, but in FY 2003-04 this trend was reversed as the Children’s Basic Health Plan suspended new enrollment on November 1, 2003 through June 30, 2004. The number of children served by the program grew by 5.5% in FY 2003-04.

In fiscal year 2003-04, the Comprehensive Primary and Preventive Care (CPPC) Grant Program provided funding to 21 different projects, more than in either of the previous two years. 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. These projects served patients across a wide geographic area that included a total of 12 different counties in the Denver metro area, along the Front Range, on the Western Slope and in the San Luis Valley.



## DEFINITIONS

**Bad Debt** – Amounts, including deductibles and copayment amounts, which are acquired by a CICP Hospital provider in providing medical services and considered uncollectible from low-income clients.

**Certified Public Expenditure** – An uncompensated cost by a public (State or local government) entity incurred in association with providing a qualified medical service to an eligible Medicaid or indigent client.

**Colorado Indigent Care Program (CICP)** - Is a financing mechanism through which the State reimburses participating providers for a portion of the costs incurred in treating eligible individuals. In turn, providers must adhere to State-established limits for amounts charged to eligible individuals. The program promotes access to health care services for low-income individuals by helping to defray the provider costs of furnishing uncompensated care and by limiting the amount that low-income patients must pay. The Colorado Indigent Care Program is not an insurance plan under State law, because it does not provide individuals with a policy that defines a list of benefits to which they are entitled. Colorado statute limits the program's expenditures to available appropriations and the individual provider's physical, financial, and staff resources.

**CICP Clinic** – Any “General Provider” that is a general hospital licensed or certified by the Department of Public Health and Environment pursuant to C.R.S. § 25-1.5-103, which operates community clinics (outpatient facilities) with a principal focus on comprehensive primary care and participates in the Colorado Indigent Care Program.

**CICP Hospital** – Any “General Provider” that is a general hospital licensed or certified by the Department of Public Health and Environment pursuant to C.R.S. § 25-1.5-103, which operates inpatient facilities and participates in the Colorado Indigent Care Program. The following classifications are used throughout this report:

- State-owned hospital is any “CICP Hospital” that is either owned or operated by the State.
- Local-owned hospital is any “CICP Hospital” that is either owned or operated by a government entity other than the State or federal government.
- Private-owned hospital is any “CICP Hospital” that is privately owned and operated.
- Public-owned hospital is any “state-owned hospital” or “local-owned hospital.”

**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.

**Comprehensive Primary Care** – The basic, entry-level health care provided by health care practitioners or non-physician health care practitioners that is generally provided in an outpatient setting. ‘Comprehensive primary care’, at a minimum, includes providing or arranging for the provision of the following services on a year-round basis: Primary health care; maternity care, including prenatal care; preventive, developmental, and diagnostic services for infants and

children; adult preventive services, diagnostic laboratory and radiology services; emergency care for minor trauma; pharmaceutical services; and coordination and follow-up for hospital care.” 26-4-1003, C.R.S.

**Covered Services** – All medically necessary services that a provider customarily furnishes to and can lawfully offer to patients. These covered services include medical services furnished by participating physicians. The responsible physician must deem the 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 Medical Center (Denver Indigent Care Program)** – Under the CICP, Denver Health Medical Center serves primarily eligible patients who reside in the City and County of Denver. These facilities include Denver Health Medical Center 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 uninsured and low-income patients. DSH payments assist in securing the hospitals’ financial viability, preserving access to care for the Medicaid and low-income clients, while reducing cost shifting onto private payers. There are two distinct provider groups described throughout this report:

1. **Medicaid Disproportionate Share Hospitals** – Federal regulations allow hospitals that provide services to a disproportionate share of Medicaid recipients to 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%. Because of the high volume of Medicaid and low-income recipients, these providers typically receive a higher reimbursement than Outstate Disproportionate Share Hospitals under the Colorado Indigent Care Program.
2. **Outstate Disproportionate Share Hospitals** – The disproportionate share payment to these providers is based on Medicaid inpatient days utilizing a minimum of one percent of the hospital services. In addition, hospitals must participate in the Colorado Indigent Care Program to receive this reimbursement adjustment.

**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.

**Federal Match Rate or Federal Financial Participation (FFP)** – The portion of the total Medicaid or Disproportionate Share Hospital payments that consist of federal funds. For example, if the federal match rate is 50%, then for every qualified payment of \$100, \$50 is federal funds while the remaining \$50 is State General Fund or other public dollars from the local level.

**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 25-1.5-103(1)(a)(I) or (1)(a)(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.

**High-Volume Payment** – A reimbursement to a CICP Hospital provider, which consists of federal funds from the Medicare Upper Payment Limit for inpatient hospital services, for providing covered services.

**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). For the Comprehensive Primary and Preventive Care Grant Program, the individual must have income and assets combined at or below 200% 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 the Colorado Indigent Care Program, 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 interim 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 26-15-104.3, C. R. S.

**Low-Income Payment** – A reimbursement to a CICP Hospital provider, which consists of federal funds from the Disproportionate Share Hospital Allotment, for providing covered services.

**Major Teaching Hospital** – A Colorado hospital qualifies as a Major Teaching Hospital when its Medicaid days combined with indigent care days (days of care provided under the Colorado Indigent Care Program) equal or exceed 30% of its total patient days for the prior state fiscal year, or the most recent year for which data are available. In addition, a Major Teaching Hospital must fulfill the following criteria:

1. Maintains a minimum of 110 total Intern and Resident Full Time Equivalent (FTEs).
2. Maintains a minimum ratio of .30 Intern and Resident FTEs per licensed bed.
3. Meets the Department's eligibility requirement for Medicaid Disproportionate Share Hospital payment.

**Medicare Upper Payment Limit** – The Medicare Upper Payment Limit is the maximum amount Medicaid can reimburse a provider and still receive the federal match rate (or federal financial participation). The Medicare Upper Payment Limit is calculated for three distinct service categories: Inpatient Hospital, Outpatient Hospital and Nursing Home payments. The three unique Medicare Upper Payment Limits are calculated by the Department such that each must be a reasonable estimate of the amount Medicare would reimburse providers for providing Medicaid services.

**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** – General providers in the CICP 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 there from, 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 provider is due reimbursement for amounts paid by the CICP for services rendered to the patient. The provider is then responsible to notify the CICP of subsequent insurance 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 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 that is not available or not contracted for in Denver and the remaining areas of the state.

## MEDICAID DISPROPORTIONATE SHARE HOSPITALS

### I. INTRODUCTION

#### FEDERAL LAW AND REGULATIONS

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 Hospital (DSH) payments are 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 Hospital plans.

As states exercised this flexibility to finance 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 for this purpose. These regulations placed caps on the amount of DSH payments states can utilize. Since January 1991, the Colorado Medicaid Program has developed and implemented several measures, using DSH 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 (CICP).

#### FEDERAL MATCH RATES

Payments for medical services covered under the Medicaid Program, including DSH payments, earn a federal match (or federal financial participation). The federal match rate is the portion of the total payments that consists of federal funds. For example, if the federal match rate is 50%, then for every qualified payment of \$100, \$50 is federal funds while the remaining \$50 is General Fund or other public dollars from the local level. The federal match rate is based on the state median income level relative to the national average.

Colorado’s federal match rate was 51.76% in FY 1989-90, and then the match peaked at 54.59% in FY 1991-92 and then in FY 2000-01 fell to 50.00%, the lowest any state can receive. In Federal Fiscal Year 2002-03, the federal match rate was held level as it was for twelve other states also receiving the lowest federal match rate, while Mississippi had the highest federal match rate at 77.08%. Chart 1 lists the federal match rates for Colorado since 1989-90.

On May 28, 2003, President Bush enacted legislation (P.L. 108-27, subsection 401(a)), through the Jobs and Growth Tax Relief Reconciliation Act, which temporarily increased the states’ federal match rate. The legislation allowed an additional 2.95% federal match rate to be distributed to the states for the last two quarters of Federal Fiscal Year 2003 and the first three quarters of Federal Fiscal Year 2004 (April 1, 2003 – June 30, 2004). This amount is not shown on Chart 1, since these additional federal funds were specified to offset the State’s General Fund and not directed to increase provider payments.



**Chart 1 - Colorado's Federal Match Rates**

<b>Federal Fiscal Year (October – September)</b>	<b>Match Rate</b>	<b>State Fiscal Year (July – June)</b>	<b>Calculated Match Rate for State Fiscal Year*</b>
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%
2003-04	50.00%	2003-04	50.00%

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

**FEDERAL DISPROPORTIONATE SHARE PAYMENT ALLOTMENT**

The federal Balanced Budget Act of 1997 (BBA97) established declining limits on the amount of federal funds available to states for DSH payments. These limits were established as allotments (or caps) for each state starting in Federal Fiscal Year 1997-98. The allotment for Colorado in Federal Fiscal Year 2000-01 was to be \$74 million. However, federal legislation was enacted in December 2000 that provided temporary relief from the BBA97 allotments by maintaining the Federal Fiscal Year 1999-00 allotment of \$79 million for Federal Fiscal Years 2000-01 and 2001-02, plus increases tied to the Consumer Price Index for All Urban Consumers (CPI-U) for those years.

For Federal Fiscal Year 2002-03, the Disproportionate Share Hospital Allotment reverted to the Balanced Budget Act of 1997 allotment of \$74 million plus an inflationary increase for Colorado. Using an inflationary increase (based on the CPI-U) of 1.5%, the Federal Fiscal Year 2002-03 allotment for Colorado was \$75,110,000. Due to the \$8,780,890 decrease in the allotment, DSH provider payments in FY 2002-03 were substantially lower than the previous State fiscal year.

Then, due to a provision in the Medicare Prescription Drug, Improvement and Modernization Act of 2003, the DSH Allocation for Colorado in Federal Fiscal Year 2003-04 increased to \$87,127,600. The formula in this federal law allows the allotment to remain at this level until approximately Federal Fiscal Year 2009-10. It is possible that additional federal legislation could be implemented to change current or future allotments.

For Colorado, the federal fund DSH Allotments were as follows:

**Chart 2 - Colorado DSH Allotments**

<b>Federal Fiscal Year</b>	<b>Disproportionate Share Hospital Allotments (Federal Funds)</b>
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
2003-04	\$87,127,600

All of the federal shares of the following payment methodologies are covered under the DSH Allotment:

- Low-Income Payments
- Bad Debt Payments
- Medicaid Shortfall Payment

**II. DISPROPORTIONATE SHARE HOSPITAL PAYMENTS**

**MEDICAID SHORTFALL PAYMENTS**

To fulfill the federal requirement that states make enhanced payments for those “safety net” hospitals that provide services to a disproportionate share of Medicaid and low-income patients, Colorado made DSH payments called Medicaid Shortfall payments. These payments are funded with General Fund and federal funds, subject to the federal match rates. Medicaid Shortfall payments are made to any Colorado Medicaid hospital that meets 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. Have at least two obstetricians with staff privileges at the hospital that agree to provide obstetric services to individuals entitled to such services under the State Plan; and
3. Do not participate in the Colorado Indigent Care Program.

Federal Medicaid regulations require that states provide additional DSH payments to hospitals meeting the first two minimum criteria. The requirements on the amount of payments a state can make are not specified by the federal regulations, allowing the Department to establish a distribution formula based on the number of low-income individuals served. Prior to July 1, 2003 qualified providers received a payment called “Pre-Component 1.” After July 1, 2003, providers who meet the first two criteria and do participate in the CICP receive a Low-Income payment instead of a Medicaid Shortfall.<sup>1</sup> Chart 3 lists the providers who have qualified for the Medicaid Shortfall payment and the amount each received for FY 2003-04.

**Chart 3 – Medicaid Shortfall Payments**

Provider	State Fiscal Year 2003-04 Payment
Cleo Wallace Center	\$20,254
Mediplex Rehabilitation	\$46,300
Rangely District Hospital	\$152
<b>Total</b>	<b>\$66,706</b>

<sup>1</sup> For a list of qualified providers, please see Chart 10 under the section titled “Providers” under the “Colorado Indigent Care Program.”

## **COMPONENT 1A PAYMENTS**

Effective July 1, 2003 Component 1A payments were suspended and combined with Outstate Indigent Care Program payments to create the Low-Income payment. Please see the section titled “Reimbursement Methodology for CICP Hospitals” under the “Colorado Indigent Care Program” for more information concerning this transition.

## **BAD DEBT PAYMENTS**

Bad debt payments can be made to any Colorado Medicaid hospital that meets 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. Have at least two obstetricians with staff privileges at the hospital who agree to provide obstetric services to individuals entitled to such services under the State Plan;
3. Participate in the Colorado Indigent Care Program (CICP);
4. Be classified as a state-owned entity; and
5. Reports bad debt to the Colorado Health and Hospital Association’s Annual Report.

A payment is made only if there are funds remaining under the DSH Allotment after all other payments covered under this allotment have been made. The goal of 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 public 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 Medical Center and University Hospital, which then voluntarily distribute some of the funding to other hospitals. This distribution is necessary since certification of public expenditures is strictly limited to public-owned facilities and Denver Health Medical Center and University Hospital wish to maintain equality between the other providers who qualify as a High Medicaid Utilization Hospital provider.

Chart 4, Chart 5 and Chart 6 show the Bad Debt payments made in FY 2003-04, FY 2002-03, FY 2001-02 respectively. Any payments made under Bad Debt are considered reimbursement on costs associated with providing care under the CICP, although the payment is not based on medically indigent write-off costs. Instead, payments are based on the hospital’s bad debt costs.

**Chart 4 – Bad Debt Payments State Fiscal Year 2003-04**

<b>Provider</b>	<b>Federal Fiscal Year 2002-03 Bad Debt Payment</b>	<b>Federal Fiscal Year 2003-04 Bad Debt Payment</b>	<b>Total State Fiscal Year 2003-04 Payment</b>
Arkansas Valley Regional Medical Center	\$2,944	\$25,168	\$28,112
Denver Health	\$162,124	\$1,385,998	\$1,548,122
Huerfano Medical Center	\$1,679	\$14,354	\$16,033
National Jewish Medical and Research Center	\$2,401	\$20,523	\$22,924
Parkview Medical Center	\$8,501	\$72,680	\$81,181
Platte Valley Medical Center	\$5,810	\$49,666	\$55,476
San Luis Valley Regional Medical Center	\$4,738	\$40,503	\$45,241
Southeast Colorado Hospital	\$480	\$4,105	\$4,585
The Children's Hospital	\$11,328	\$96,842	\$108,170
University Hospital	\$30,016	\$256,603	\$286,619
Valley View Hospital	\$10,417	\$89,060	\$99,477
<b>Total</b>	<b>\$240,438</b>	<b>\$2,055,502</b>	<b>\$2,295,940</b>

**Chart 5 – Bad Debt Payments State Fiscal Year 2002-03**

<b>Provider</b>	<b>Federal Fiscal Year 2002-03 Bad Debt Payment</b>	<b>Total State Fiscal Year 2002-03 Payment</b>
Denver Health	\$3,010,791	\$3,010,791
National Jewish Medical and Research Center	\$40,183	\$40,183
Platte Valley Medical Center	\$93,777	\$93,777
Prowers Medical Center	\$35,986	\$35,986
San Luis Valley Regional Medical Center	\$60,389	\$60,389
St. Vincent General Hospital	\$38,408	\$38,408
The Children's Hospital	\$174,181	\$174,181
University Hospital	\$452,593	\$452,593
Valley View Hospital	\$169,004	\$169,004
<b>Total</b>	<b>\$4,075,312</b>	<b>\$4,075,312</b>

**Chart 6 – Bad Debt Payments State Fiscal Year 2001-02**

<b>Provider</b>	<b>Federal Fiscal Year 2001-02 Bad Debt Payment</b>	<b>Total State Fiscal Year 2001-02 Payment</b>
Denver Health	\$2,238,691	\$2,238,691
National Jewish Medical and Research Center	\$34,958	\$34,958
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 Children's Hospital	\$135,022	\$135,022
The Springs Center for Women	\$0	\$0
University Hospital	\$578,641	\$578,641
Valley View Hospital	\$93,635	\$93,635
<b>Total</b>	<b>\$3,275,332</b>	<b>\$3,275,332</b>

## MEDICARE UPPER PAYMENT LIMIT

### I. INTRODUCTION

The Medicare Upper Payment Limit is the maximum amount Medicaid can reimbursement a provider and still receive the federal match rate (or federal financial participation). The three unique Medicare Upper Payment Limits are calculated by the Department such that each must be a reasonable estimate of the amount Medicare would reimburse providers for providing Medicaid services. The Medicare Upper Payment Limit is relevant to three distinct provider payments: Inpatient Hospital, Outpatient Hospital and Nursing Home payments.

Medicaid fee-for-service rates reimburse providers below all three Medicare Upper Payment Limits. This provides an opportunity for the Department to gain a federal match on the difference between the Medicaid fee-for-service reimbursement and the Medicare Upper Payment Limits. State-owned and local-owned providers use certification of public expenditures, which generate a federal match without a General Fund expenditure for the difference.

Colorado Indigent Care Program (CICP) payments to public-owned providers are partially funded using certification of public expenditures under the Medicare Upper Payment Limit for inpatient hospital services (Inpatient UPL). For FY 2001-02 and FY 2002-03, a total of \$2,645,000 in federal funds had been generated for these Colorado Indigent Care Program payments, which eliminated the need for General Fund to support these payments. In FY 2003-04, the federal fund payment stood at \$3,516,553 and is called a High-Volume payment.<sup>2</sup>

Since FY 1989-90, Colorado Indigent Care Program payment to Denver Health Medical Center and University Hospital have been partially funded under the Inpatient UPL through a payment commonly known as the “Major Teaching Payment.” Starting in FY 1999-00 certification of public expenditures for inpatient hospital services eliminated the General Fund portion of the payment. Over the three fiscal years from FY 2000-01 to FY 2002-03, \$64,667,000 in federal funds had been generated for these provider payments. In FY 2003-04, the federal fund payment to these two providers stood at \$33,465,379 and is called a High-Volume payment.

In FY 2003-04 the distinct Major Teaching Hospital payments to Denver Health Medical Center and University Hospital was eliminated and combined with the payment to all other CICP providers to create the High-Volume payment. Please see the section titled “Reimbursement Methodology for CICP Hospitals” under the “Colorado Indigent Care Program” for more information concerning this transition. In addition, during this restructuring of payments, the revised methodology utilizes the Inpatient UPL for private-owned facilities, which allowed the Department to shift payments from the DSH Allotment to the Inpatient UPL and increase the reimbursement to public-owned providers by \$6.1 million.

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<sup>2</sup> These figures are the federal funds paid to public-owned providers and exclude payments made to Denver Health Medical Center and University Hospital for comparison analysis.

**II. MAJOR TEACHING HOSPITAL**

Following the implementation of S.B. 90-204 in FY 1990-91, a portion of the General Fund appropriation to the CICIP was reduced. Denver Health Medical Center and University Hospital received enhanced Medicaid reimbursement to make up for the General Fund reduction in the CICIP payments. Denver Health Medical Center and University Hospital, by virtue of their status as teaching hospitals and the unequal (i.e. disproportionate ) share of care they provide to low-income patients, were eligible for these enhanced Medicaid payments. The federal funds portions of expenditures are not counted against the DSH Allotment, but rather the Medicare Upper Payment Limit for inpatient hospital services (Inpatient UPL). Although the Major Teaching Hospital Payments are technically a Medicaid reimbursement, the calculation of the payments were based on the CICIP write-off costs and considered a reimbursement for providing medical care under the CICIP.

In FY 1999-00 all General Fund was removed from the payment by using the certification of public expenditures of uncompensated Medicaid costs at each facility. In FY 2003-04 the distinct Major Teaching Hospital payment to Denver Health Medical Center and University Hospital was eliminated and combined with the payment to all other CICIP providers to create the High-Volume payment. Please see the section titled “Reimbursement Methodology for CICIP Hospitals” under the “Colorado Indigent Care Program” for more information concerning this transition. Chart 1 displays the Major Teaching Payment and High-Volume payments to Denver Health Medical Center and University Hospital. Between FY 1995-96 and FY 1998-99, the payments to each provider remained constant.

**Chart 1 – Denver Health and University Hospital Inpatient UPL Payments  
(Millions of Dollars)**

**Major Teaching Payments by Provider**

	<b>FY 1998-99</b>	<b>FY 1999-00</b>	<b>FY 2000-01</b>	<b>FY 2001-02</b>	<b>FY 2002-03</b>
Denver Health	\$9.68	\$10.31	\$10.58	\$11.14	\$11.14
University Hospital	\$10.08	\$10.31	\$10.58	\$10.62	\$10.62
<b>Total Payments</b>	<b>\$19.76</b>	<b>\$20.62</b>	<b>\$21.16</b>	<b>\$21.76</b>	<b>\$21.76</b>

**High-Volume Payments by Provider**

	<b>FY 2003-04</b>
Denver Health	\$20.60
University Hospital	\$12.86
<b>Total Payments</b>	<b>\$33.46</b>

### **III. THE CHILDREN'S HOSPITAL CLINIC PAYMENT**

Effective July 1, 2002 The Children's Hospital became eligible to receive a Major Teaching Hospital Payment. The payment under the Medicare Upper Payment Limit for inpatient hospital services for FY 2002-03 was \$6,119,760 and is called a Pediatric Major Teaching Hospital Payment. Since The Children's Hospital is a private-owned facility, the certification of public expenditures for uncompensated Medicaid costs at the facility is not allowed as in the Major Teaching Hospital payments to Denver Health Medical Center and University Hospital. Instead, General Fund is required as the State's share of the payment to receive the federal funds match.

An agreement was reached with The Children's Hospital and the Department, such that the hospital would administer the payments to the CICP Clinics and in return the Department would use a portion of the General Fund available under the CICP Clinic payment as The Children's Hospital Pediatric Major Teaching Hospital payment. Of the \$5,595,482 General Fund available for CICP Clinic payments in FY 2001-02, \$3,059,880 General Fund was paid as The Children's Hospital Major Teaching Hospital payment in FY 2002-03. Total funds were \$6,119,760, since the federal funds match rate was 50% in FY 2002-03. This effectively saved \$2,535,602 General Fund<sup>3</sup>, while increasing the total available funds for provider payments by \$524,278. Of the \$6,119,760 paid to Children's Hospital, \$6,059,760 was paid by the facility to the CICP Clinics as reimbursement for services provided under the Colorado Indigent Care Program. The remaining \$60,000 was retained by The Children's Hospital to administer the payments to and contracts with the CICP Clinics. In FY 2003-04 the funding to The Children's Hospital and the CICP Clinics remained constant to the FY 2002-03 payments.

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<sup>3</sup> The FY 2001-02 amount of \$5,595,482 General Fund minus the FY 2002-03 amount of \$3,059,880 General Fund.





## 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 annual report is delivered each February 1 to the Health, Environment, Welfare and Institutions Committees of the Senate and the House of Representatives concerning the status of the medically indigent program. The report is prepared following consultation with providers in the program, other State agencies, organizations, or individuals as the Executive Director deems appropriate in order to obtain comprehensive and objective information about the program.

This report addresses:

- Program definitions
- Eligibility requirements, including residency, income and assets, and the necessity of medical treatment
- A standardized ability-to-pay schedule and establishment of copayment requirements
- Methods for allocation and disbursement of funds
- Sources of funding
- Medical services provided to medically indigent clients during FY 2003-04
- 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. The CICIP is not an insurance program, but rather a financial vehicle for providers to recoup some of their medical costs provided to the medically indigent. 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 (CICIP). By statute, CICIP 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 CICIP 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 General Assembly concerning affordable health insurance coverage for the constituents of Colorado.

Issues the Task Force examines include:

- Identifying 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 on 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.

The CICP administration appeared before the Task Force in August 2003 concerning the indigent care program and the financing methodologies that fund the provider payments.

## **CICP PROVIDER MEETING**

The CICP administration convenes an annual provider meeting to obtain provider input on various topics related to the program. All CICP providers and interested parties were invited to attend the CICP provider meetings to discuss potential program policy changes. The Department held one meeting during FY 2003-04 with CICP providers in January 2004. Among the issues discussed were:

- ❑ Changes to the CICP manual and provider reimbursement for FY 2003-04. This included changes to the rate setting methodology for providers, and combining all safety net appropriations into a single line within the Long Bill starting in FY 2003-04. All providers were encouraged to provide comments and suggestions for the new reimbursement method.
- ❑ Provider flexibility in administering the CICP for their facilities. Each provider was encouraged to establish policies and procedures for their facility, as long as they did not conflict with the CICP regulations. This became effective July 1, 2003.
- ❑ Modifications to the CICP Copayment tables. Providers offered several suggestions to increase the client copayments required under the program, but there was uniform consensus that a change was necessary.

Other topics included annual review of budgetary issues, legislative bills and additional matters influencing the services delivered to the medically indigent population.

## II. 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 medical services to be discounted 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). In addition, a person cannot be eligible for Medicaid or, effective July 1, 2002, the Children's Basic Health Plan. There are no age limitations for CICP eligibility. Clients can have third party insurance, but these funds must be exhausted prior to the CICP reimbursing providers.

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

- 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.

Starting in FY 2002-03, homeless clients who are at or below 40% of the Federal Poverty Level (formerly qualifying as an N rating) receive a "Z" rating. These clients are exempt from copayments, income verification requirements, verification of denied Medicaid benefits and providing proof of residency when completing the CICP application.

**Chart 1 - Annual Income Ranges for Each Ability-To-Pay Rate  
Effective April 1, 2003 - March 31, 2004**

Family Size	N	A	B	C
1	\$0 - \$3,592	\$3,593 - \$5,568	\$5,569 - \$7,274	\$7,275 - \$8,980
2	\$0 - \$4,848	\$4,849 - \$7,514	\$7,515 - \$9,817	\$9,818 - \$12,120
3	\$0 - \$6,104	\$6,105 - \$9,461	\$9,462 - \$12,361	\$12,362 - \$15,260
4	\$0 - \$7,360	\$7,361 - \$11,408	\$11,409 - \$14,904	\$14,905 - \$18,400
5	\$0 - \$8,616	\$8,617 - \$13,355	\$13,356 - \$17,447	\$17,448 - \$21,540
6	\$0 - \$9,872	\$9,873 - \$15,302	\$15,303 - \$19,991	\$19,992 - \$24,680
7	\$0 - \$11,128	\$11,129 - \$17,248	\$17,249 - \$22,534	\$22,535 - \$27,820
8	\$0 - \$12,384	\$12,385 - \$19,195	\$19,196 - \$25,078	\$25,079 - \$30,960
<b>Poverty Level *</b>	<b>40%</b>	<b>62%</b>	<b>81%</b>	<b>100%</b>
<hr/>				
Family Size	D	E	F	G
1	\$8,981 - \$10,507	\$10,508 - \$11,943	\$11,944 - \$14,278	\$14,279 - \$16,613
2	\$12,121 - \$14,180	\$14,181 - \$16,120	\$16,121 - \$19,271	\$19,272 - \$22,422
3	\$15,261 - \$17,854	\$17,855 - \$20,296	\$20,297 - \$24,263	\$24,264 - \$28,231
4	\$18,401 - \$21,528	\$21,529 - \$24,472	\$24,473 - \$29,256	\$29,257 - \$34,040
5	\$21,541 - \$25,202	\$25,203 - \$28,648	\$28,649 - \$34,249	\$34,250 - \$39,849
6	\$24,681 - \$28,876	\$28,877 - \$32,824	\$32,825 - \$39,241	\$39,242 - \$45,658
7	\$27,821 - \$32,549	\$32,550 - \$37,001	\$37,002 - \$44,234	\$44,235 - \$51,467
8	\$30,961 - \$36,223	\$36,224 - \$41,177	\$41,178 - \$49,226	\$49,227 - \$57,276
<b>Poverty Level *</b>	<b>117%</b>	<b>133%</b>	<b>159%</b>	<b>185%</b>
* 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 Ferderal 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

The patient must pay the lower of the copayment listed or actual charges. Clients are notified at or before the time of services rendered of their copayment responsibility.

Notes:

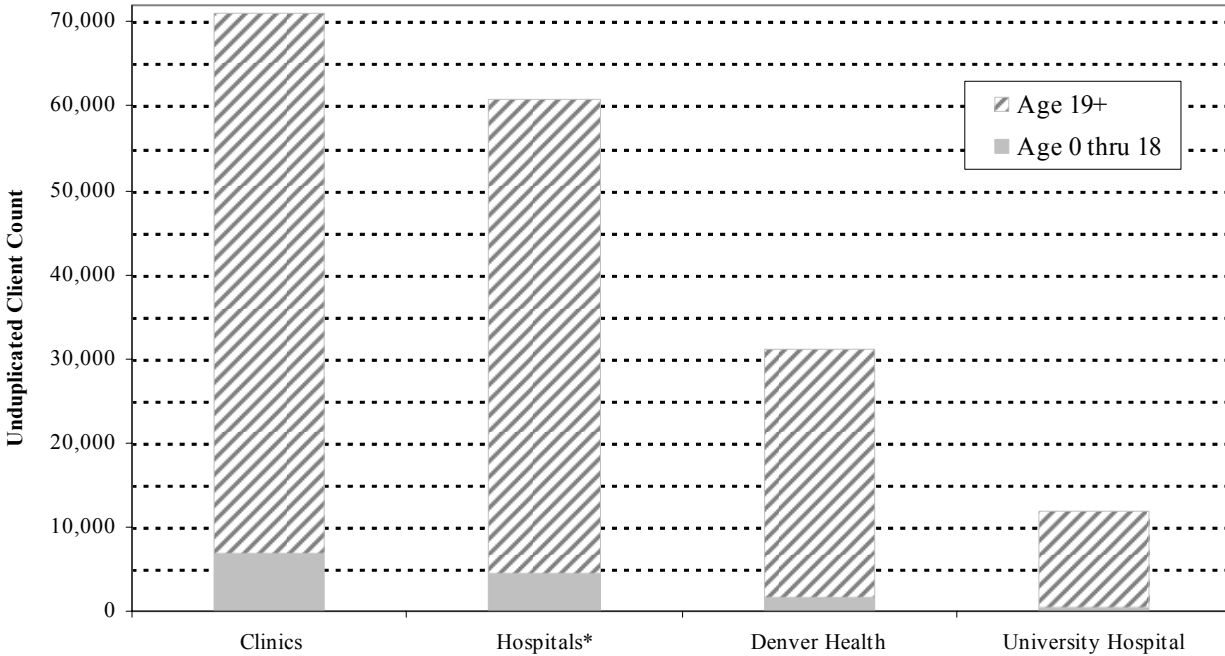
- (1) The annual copayment cap amount for “N” rated clients is \$120 per year. This rating includes “Z” rated clients who are exempt from co-payments.
- (2) “P” rated clients are pregnant women receiving outpatient prenatal care. The \$50 copayment covers various outpatient care as determined by the provider.
- (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 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 any participating physician copayment.

**CLIENTS SERVED**

During FY 2003-04, 175,080 unique individuals received services through the Colorado Indigent Care Program (CICP). This represents an 8.8% increase over the 160,989 unique individuals assisted in FY 2002-03. Overall the program provided 14,071 unique individuals with inpatient care, while 167,068 received outpatient services in FY 2003-04<sup>4</sup>.

**Figure 1 - Total Unduplicated Client Count by Provider and Age Group**



Source: Table 9B. \*Includes CICP Specialty Hospital providers.

Tables 9A and 9B provide a detailed overview by provider of the total number of unique individuals served by site. The provider group which served the greatest number of unique individuals was CICP Clinics (40.6%), while Denver Health Medical Center was the largest individual provider. Denver Health Medical Center provided care to 31,247 or 17.8% of all unique individuals receiving discounted medical care under the CICP.

Children represented 7.8% of the total unique population receiving services. Children represented 8.0% of the total unique population in FY 2002-03 and 10.5% in FY 2001-02. Since the total number of unique adults grew significantly higher at 9.0% than the number of unique children, the percentage that children represent of the total population decreased slightly in FY 2003-04.

Between FY 1999-00 and FY 2002-03 the total unique children (age 0-18) receiving services posted yearly decreases. In FY 2001-02 and FY 2002-03 the decline was 32.5% and 21.1% respectively. The decline in unique children receiving care under the CICP was primarily due to increased enrollment in the Children’s Basic Health Plan. During FY 2003-04, this trend was reversed as the Children’s Basic Health Plan suspended new enrollment on November 1, 2003 through June 30, 2004. In FY 2003-04 the total unique children receiving services under the CICP increased by 5.5%, but since FY 1998-99 the figure has fallen 52.6%.

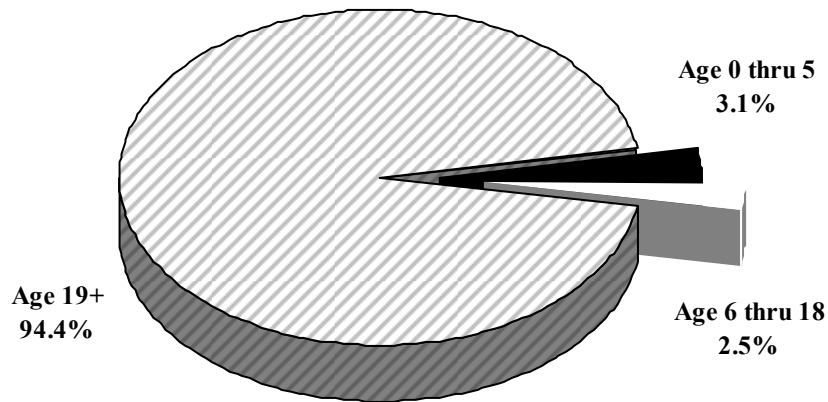
<sup>4</sup> See Section VII. DATA MANAGEMENT TECHNIQUES for data collection measures and limitation.



**Inpatient Admissions**

Providers reported that 14,071 unique individuals received inpatient care through the CICP in FY 2003-04. This represented a 14.5% increase from the previous fiscal year figure of 12,269. CICP Hospitals provided 62.6% of total unique client admissions statewide, while Denver Health Medical Center provided 26.7% of total unique client admissions, and the remaining 10.7% was provided by University Hospital. As seen in Figure 2, children represented 5.6% of unique individuals who received inpatient care.

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

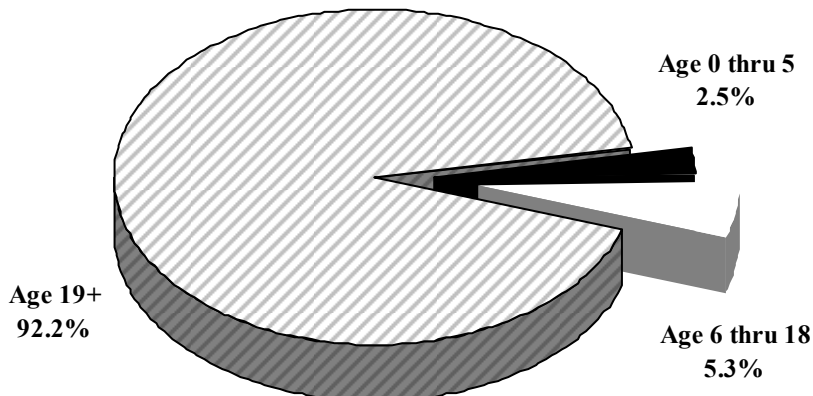


Source: Table 9A.

**Outpatient Visits**

Providers reported that 167,068 unique individuals received outpatient care through the CICP in FY 2003-04. This represented a 9.1% increase from the previous fiscal year figure of 153,171. CICP Clinic providers saw 42.6% of the unique outpatient visits compared to the hospital providers at 32.4%, Denver Health Medical Center at 18.2% and University Hospital at 6.8%. CICP Clinics provided 9.6% of unique outpatient visits to children (age 0-18) compared to the CICP Hospitals at 7.4%. As seen in Figure 3, children represented 7.8% of unique individuals who received outpatient care.

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



Source: Table 9A.

**CLIENT UTILIZATION**

**Inpatient Admissions**

In FY 2003-04, there were 19,026 reported admissions to CICP Hospital providers or an increase of 15% over the 16,538 admissions recorded in the previous year.

- ❑ During FY 2003-04, 18,277 or 96.1% of all inpatient services were provided to persons aged 18 or older.
- ❑ Total inpatient days increased to 95,594 in FY 2003-04, a 27.5% increase from the FY 2002-03 count of 74,974.
- ❑ Inpatient charges accounted for 58.9% of all charges in FY 2003-04.
- ❑ Inpatient services were distributed in the following manner:
  - CICP Hospitals – 62.5%
  - Denver Health Medical Center – 26.7%
  - University Hospital – 10.8%

Chart 3 demonstrates that the total number of inpatient admissions rose by 15.0% in FY 2003-04, 9.5% in the previous fiscal year and 21.7% in FY 2001-02. Since FY 2001-02, the number of inpatient admissions for CICP Hospitals have increased by 47.6%. Inpatient admissions rose by 10.9% at Denver Health Medical Center after declining by 13.5% in the previous fiscal year. University Hospital increased admissions by 5.0%, after posting an 11.8% increase in the FY 2002-03 and no significant change in the previous year.

**Chart 3 - Comparison of Inpatient Admissions**

CICP Provider	FY 2001-02 Inpatient Admissions	Percent Change	FY 2002-03 Inpatient Admissions	Percent Change	FY 2003-04 Inpatient Admissions	Percent Change
Hospital Providers*	8,062	22.4%	10,005	24.1%	11,896	18.9%
Denver Health	5,288	29.8%	4,574	-13.5%	5,074	10.9%
University Hospital	1,753	0.1%	1,959	11.8%	2,056	5.0%
<b>TOTAL</b>	<b>15,103</b>	<b>21.7%</b>	<b>16,538</b>	<b>9.5%</b>	<b>19,026</b>	<b>15.0%</b>

Source: Analysis of Table 8 FY 2001-02 and FY 2002-03 CICP Annual Reports.

\*Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.

As shown in Chart 4, the number of inpatient days steadily increased over time climbing to 95,594 in FY 2003-04. The total number of days grew by 27.5% in FY 2003-04 after showing a 7.9% increase in the previous fiscal year. CICIP Hospital providers posted a large increase, growing by 29.2% in FY 2002-03, which followed increases of 13.0% and 35.6% in the two prior fiscal years. Denver Health Medical Center posted an increase of 32.0% FY 2003-04 reversing last years decline of 3.7% in total inpatient days. University Hospital posted the smallest increase, climbing a modest 9.2% in FY 2003-04, however their total inpatient days have increased 33.6% since FY 2001-02.

**Chart 4 - Comparison of Inpatient Days**

<b>CICP Provider</b>	<b>FY 2001-02 Inpatient Days</b>	<b>Percent Change</b>	<b>FY 2002-03 Inpatient Days</b>	<b>Percent Change</b>	<b>FY 2003-04 Inpatient Days</b>	<b>Percent Change</b>
Hospital Providers*	35,774	35.6%	40,420	13.0%	52,209	29.2%
Denver Health	25,738	25.3%	24,781	-3.7%	32,708	32.0%
University Hospital	7,993	6.9%	9,773	22.3%	10,677	9.2%
<b>TOTAL</b>	<b>69,505</b>	<b>27.8%</b>	<b>74,974</b>	<b>7.9%</b>	<b>95,594</b>	<b>27.5%</b>
Source: Analysis of Table 8 FY 2001-02 and FY 2002-03 CICP Annual Reports.						
*Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.						

The following two charts identify the top ten diagnoses at the Denver Health Medical Center and University Hospital for FY 2003-04. Denver Health Medical Center is one of few hospital providers that accept patients with acute mental disorders and a significant number of these patients qualify for CICP. In total psychoses and psychotic conditions, which includes the diagnosis of schizophrenic disorders, manic-depressive disorder, bipolar affective disorder, paranoid states depression, dementia, and drug psychoses account for over a quarter of the top ten diagnoses. Typically, these patients are admitted with complex physical health problems and the mental health disorder is noted at the time of the visit. The mental health disorder often contributes to the deterioration of their physical health. These top ten diagnoses at Denver Health Medical Center accounted for 46.6% of all the inpatient admissions at the facility.

**Chart 5 - Top 10 Inpatient Diagnoses At Denver Health Medical Center**

	<b>Diagnosis Description</b>	<b>Claim Count</b>
1	<b>Other Psychoses</b> (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	440
2	<b>Symptoms</b> (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	362
3	<b>Other Diseases of Digestive System</b> (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	266
4	<b>Other Forms of Heart Disease</b> (Acute Pericarditis, Acute Myocarditis, Heart Failure)	236
5	<b>Infections of Skin and Subcutaneous Tissue</b> (Includes: Carbuncle and Furuncle, Cellulitis and Abscess, Impetigo, Local Infections of the Skin)	227
6	<b>Organic Psychotic Conditions</b> (Including: Senile and Presenile Organic Psychotic Conditions, Dementia, Alcoholic and Drug Psychoses)	173
7	<b>Pneumonia and Influenza</b> (Includes: Viral and Bacterial Pneumonia)	168
8	<b>Complications of Surgical and Medical Care, Not Elsewhere Classified</b> (Includes: Mechanical Complication of Cardiac Device, Genitourinary Device or Orthopedic Device; Infection Due to Internal Prosthetic Device; Complication of Transplanted Organ)	167
9	<b>Fracture of Lower Limb</b> (Includes: Fracture of Femur, Fracture of Tibula and Fibula, Fracture of Ankle)	165
10	<b>Chronic Obstructive Pulmonary Disease and Allied Conditions</b> (Includes: Bronchitis, Emphysema, Asthma)	163
<b>Total Top Ten Inpatient Diagnoses Admission Count</b>		<b>2,367</b>
<b>Percent of All Denver Health Medical Center Inpatient Admissions</b>		<b>46.6%</b>

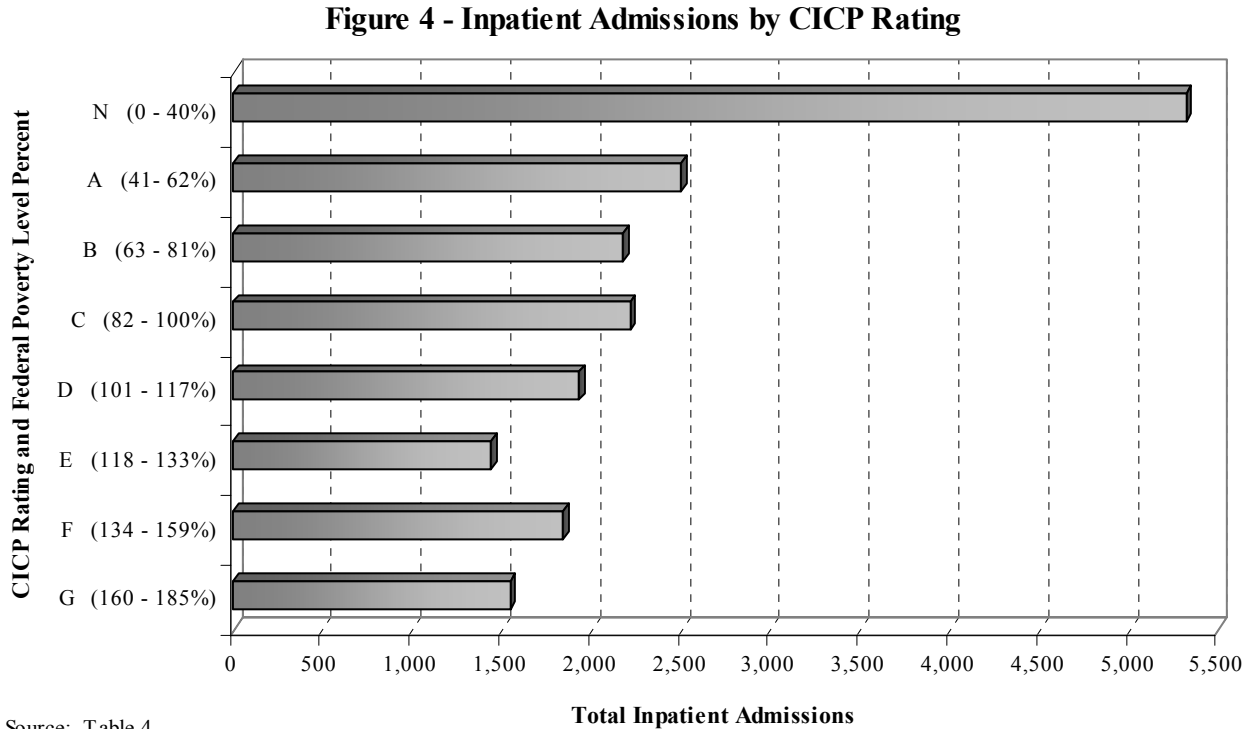
At University Hospital we also observe that Other Psychoses is the number one reported diagnosis in FY 2003-04. Last year, University Hospital's top diagnosis for inpatient admission was categorized under Symptoms, which includes symptoms in alteration of consciousness, nervous system, skin, metabolism, head and neck, cardiovascular system, respiratory system, digestive system and urinary system. Symptoms fell to the second position this fiscal year followed by other diseases of digestive system.

**Chart 6 - Top 10 Inpatient Diagnoses At University Hospital**

	<b>Diagnosis Description</b>	<b>Claim Count</b>
1	<b>Other Psychoses</b> (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	245
2	<b>Symptoms</b> (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	132
3	<b>Other Diseases of Digestive System</b> (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	120
4	<b>Other Forms of Heart Disease</b> (Acute Pericarditis, Acute Myocarditis, Heart Failure)	103
5	<b>Complications of Surgical and Medical Care, Not Elsewhere Classified</b> (Includes: Mechanical Complication of Cardiac Device, Genitourinary Device or Orthopedic Device; Infection Due to Internal Prosthetic Device; Complication of Transplanted Organ)	94
6	<b>Ischemic Heart Disease</b> (Includes: Acute Myocardial Infarction, Angina Pectoris, Coronary Atherosclerosis)	89
7	<b>Diseases of Other Endocrine Glands</b> (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	76
8	<b>Chronic Obstructive Pulmonary Disease and Allied Conditions</b> (Includes: Bronchitis, Emphysema, Asthma)	64
9	<b>Pneumonia and Influenza</b> (Includes: Viral and Bacterial Pneumonia)	59
10	<b>Infections of Skin and Subcutaneous Tissue</b> (Includes: Carbuncle and Furuncle, Cellulitis and Abscess, Impetigo, Local Infections of the Skin)	48
<b>Total Top Ten Inpatient Diagnoses Admission Count</b>		<b>1,030</b>
<b>Percent of All University Hospital Inpatient Admissions</b>		<b>50.1%</b>

Denver Health Medical Center and University Hospital had eight of the top ten inpatient diagnosis in common.

Figure 4 shows the total inpatient admissions by CICP rating and Federal Poverty Level percentage for FY 2003-04. Sixty-four percent of inpatient services were rendered to individuals living under or at the federal poverty level (CICP N/Z, A, B, or C ratings). These services were provided to CICP N rating (5,319), which also consists of the CICP Z rating for the homeless, followed by the CICP A rating (2,498), CICP C rating (2,217) and the CICP B rating (2,173).



Source: Table 4.

In FY 2002-03 the distribution of inpatient services was nearly identical to FY 2003-04 with 64.0% of inpatient services rendered to individuals living under or at the federal poverty level. Inpatient services were provided to CICP N rating (4,493), which also consists of the CICP Z rating for the homeless, followed by the CICP A rating (2,240), CICP B rating (1,886) and the CICP C rating (1,973).

**Outpatient Visits**

Of the 167,068 clients who received outpatient services in FY 2003-04, there were 546,511 visits to a CICP provider.

- Total outpatient activity grew by 9.4% from the FY 2002-03 figure of 499,580.
- Outpatient visits accounted for 41.1% of total charges.
- 524,795 or 96.0% of all outpatient visits were provided to persons age 18 or older.
- Outpatient services were distributed in the following manner:
  - CICP Clinics – 42.6%
  - CICP Hospitals – 25.6%
  - Denver Health Medical Center – 24.8%
  - University Hospital – 7.0%

Chart 7 demonstrates that the number of outpatient visits rose by 4.8% in FY 2003-04 after falling 4.7% in the previous fiscal year. The 9.4% increase in FY 2003-04 was due to the significant increase in CICP Clinics (25.5%) and at CICP Hospitals (9.8%). Denver Health Medical Center and University Hospital posted declines in the previous three years. Since FY 2001-02, visits at CICP Clinics and CICP Hospitals have increased by 32.7% and 24.0%, respectively, while visits at Denver Health Medical Center and University Hospital have decreased by 8.3% and 6.2%, respectively.

**Chart 7 - Comparison of Outpatient Visits**

<b>CICP Provider</b>	<b>FY 2001-02 Outpatient Visits</b>	<b>Percent Change</b>	<b>FY 2002-03 Outpatient Visits</b>	<b>Percent Change</b>	<b>FY 2003-04 Outpatient Visits</b>	<b>Percent Change</b>
CICP Clinics	175,504	-12.8%	185,619	5.8%	232,920	25.5%
CICP Hospitals*	112,609	18.8%	127,232	13.0%	139,660	9.8%
Denver Health	147,930	-7.9%	147,048	-0.6%	135,656	-7.7%
University Hospital	40,794	-7.2%	39,681	-2.7%	38,275	-3.5%
<b>TOTALS</b>	<b>476,837</b>	<b>-4.7%</b>	<b>499,580</b>	<b>4.8%</b>	<b>546,511</b>	<b>9.4%</b>

Source: Analysis of Table 8 FY 2001-02 and FY 2002-03 CICP Annual Reports.

\*Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.

The top most common diagnosis at Denver Health Medical Center for an outpatient visit was categorized under Symptoms, followed by Diseases of Other Endocrine Glands. The top ten outpatient diagnoses at Denver Health Medical Center accounted for 52.4% of all outpatient visits at the facility.

**Chart 8 - Top 10 Outpatient Diagnoses At Denver Health Medical Center**

	<b>Diagnosis Description</b>	<b>Claim Count</b>
1	<b>Symptoms</b> (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	11,864
2	<b>Diseases of Other Endocrine Glands</b> (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	9,872
3	<b>Persons Without Reported Diagnosis Encountered During Examination</b> (Includes: General Medical Examination, Screenings for Infectious Diseases, Screening for Mental Disorders)	9,816
4	<b>Diseases of Oral Cavity, Salivary Glands, and Jaws</b> (Includes: Disorder of Tooth Development, Gingival Disease, Dentofacial Anomalies, Diseases of the Salivary Glands)	7,646
5	<b>Hypertensive Disease</b> (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	6,785
6	<b>Arthropathies and Related Disorders</b> (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	5,836
7	<b>Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders</b> (Includes: Hysteria, Anxiety States, Phobic Disorders, Schizoid Personality Disorder, Alcohol and Drug Dependence, Eating)	5,125
8	<b>Dorsopathies</b> (Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	5,040
9	<b>Persons Encountering Health Services in Circumstances Related to Reproduction and Development</b> (Includes: Pregnancy, Postpartum Care, Procreative Management, Observation of Newborns)	4,603
10	<b>Human Immunodeficiency Virus (HIV) Infection</b> (Includes: Acquired Immune Deficiency Syndrome and Related Complex)	4,434
<b>Total Top Ten Outpatient Diagnoses Visit Count</b>		<b>71,021</b>
<b>Percent of All Denver Health Medical Center Outpatient Visits</b>		<b>52.4%</b>



Chart 9 lists the top ten diagnosis codes at University Hospital, which accounted for 39.9% of all outpatient visits. The top most common diagnosis at University Hospital for an outpatient visit was categorized under Symptoms, followed by Arthropathies and Related Disorders.

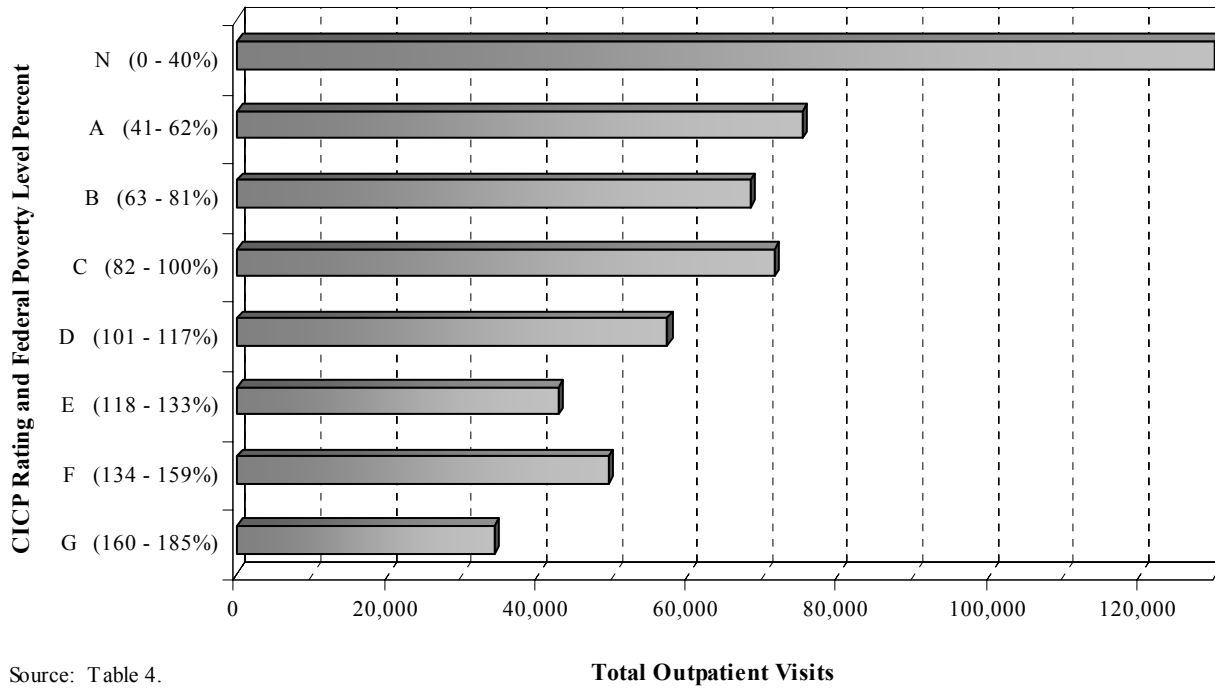
**Chart 9 - Top 10 Outpatient Diagnoses At University Hospital**

	<b>Diagnosis Description</b>	<b>Claim Count</b>
1	<b>Symptoms</b> (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	4,683
2	<b>Arthropathies and Related Disorders</b> (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	1,659
3	<b>Human Immunodeficiency Virus (HIV) Infection</b> (Includes: Acquired Immune Deficiency Syndrome and Related Complex)	1,507
4	<b>Dorsopathies</b> (Includes: Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	1,333
5	<b>Disorders of the Eye and Adnexa</b> (Includes: Retinal Disorders, Choroids Disorders, Glaucoma, Cataract)	1,213
6	<b>Persons With Need for Isolation, Other Potential Health Hazards and Prophylactic Measures</b> (Includes: Desensitization to Allergens, Asymptomatic Human Immunodeficiency Virus, Infections with Drug-Resistant Microorganisms )	1,127
7	<b>Other Forms of Heart Disease</b> (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	1,078
8	<b>Diseases of Other Endocrine Glands</b> (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	1,072
9	<b>Hypertensive Disease</b> (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	846
10	<b>Other Diseases of Urinary System</b> (Includes: Infections of Kidney, Hydronephrosis, Calculus of Kidney and Ureter, Cystitis, Other Disorders of Bladder, Urethritis and Urethral Syndrome)	763
<b>Total Top Ten Outpatient Diagnoses Visit Count</b>		<b>15,281</b>
<b>Percent of All University Hospital Outpatient Visits</b>		<b>39.9%</b>

At both Denver Health Medical Center and University Hospital, the most common Outpatient Diagnosis was Symptoms (which includes symptoms affectionin alteration of consciousness, nervous system, skin, respiratory digestive and urinary systems). Diseases of Other Endocrine Glands, Hypertensive Disease, and Arthropathies and Related Diseases were within the top ten diagnosis codes. As well, Dorsopathies (which include spondylitis, intervertebral disc disorders, and other disorders of the cervical region) showed up on both lists of commonly used diagnosis codes.

In FY 2003-04 persons rated below 100% of the Federal Poverty Level (CICP N, A, B, or C ratings) accounted for 63.2% of outpatient visits. The following graph shows outpatient utilization by CICP rating for FY 2003-04. Persons with income and assets at 0 to 40% of the Federal Poverty Level (CICP N rating), accounted for 23.9% of outpatient visits and followed by individuals with a CICP A rating (13.7%) and CICP C rating (13%).

**Figure 5 - Outpatient Visits by CICP Rating**



Source: Table 4.

### III. 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 2003-04 Annual Report, the CICP providers are identified in the following categories by funding appropriation:

- CICP 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 a CICP Clinic.
- CICP Hospitals – hospitals located throughout the state, outside the City and County of Denver.
- CICP Specialty Hospitals – this includes The Children’s Hospital and National Jewish Medical and Research Center.
- Denver Health Medical Center – Denver Health Medical Center, including 10 neighborhood outpatient clinics.
- University Hospital – University Hospital.

In prior CICP Annual Reports, most clinic and hospital providers were classified as Outstate providers. The term “Outstate” specified that the provider was located outside the City and County of Denver and did not have Medicaid eligible days that exceeded or equaled one standard deviation of the mean for all Colorado Medicaid hospital providers. To reduce confusion and provide uniform statistics, the term was eliminated, when possible, in this report.

Further, in prior CICP Annual Reports, providers were classified based upon their ability to qualify as a Medicaid Disproportionate Share Hospital (DSH). This was confusing, since, all hospitals that participate in the CICP, receive a DSH payment under state regulations. Technically, providers previously classified as Medicaid DSH qualified to receive an additional payment under the DSH Allotment, since their Medicaid eligible days exceeded or equal one standard deviation of the mean for all Colorado Medicaid hospital providers. Federal law specifies, at a minimum, providers who meet this standard, must receive a payment from the state’s DSH Allotment on an annual basis. Effective July 1, 2003 these providers received additional compensation under the Low-Income and High-Volume payments.

**Throughout this report, any provider who participates in CICP and their Medicaid eligible days exceeded one standard deviation of the mean for all Colorado Medicaid hospital providers, is classified as a High Medicaid Utilization Hospital Provider, but the reporting**

**statistics will not draw historical comparisons based on this classification since the grouping does not contain the same providers over time.** Chart 10 details the hospitals that have qualified as High Medicaid Utilization Hospital Provider over the past nine fiscal years.

**Chart 10 – High Medicaid Utilization Hospital Providers**

<b>FY 2003-04</b>	
Arkansas Valley Regional Medical Center Denver Health Medical Center National Jewish Medical and Research Center Parkview Medical Center Platte Valley Medical Center San Luis Valley Regional Medical Center	Southeast Colorado Hospital Spanish Peaks Regional Health Center The Children's Hospital University Hospital Valley View Hospital
<b>FY 2002-03</b>	<b>FY 2001-02</b>
Denver Health Medical Center National Jewish Medical and Research Center Platte Valley Medical Center Prowers Medical Center San Luis Valley Regional Medical Center St. Vincent General Hospital The Children's Hospital University Hospital Valley View Hospital	Denver Health Medical Center 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 University Hospital Valley View Hospital
<b>FY 2000-01</b>	<b>FY 1999-00</b>
Denver Health Medical Center 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 University Hospital Valley View Hospital	Denver Health Medical Center 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 University Hospital Valley View Hospital
<b>FY 1998-99</b>	<b>FY 1997-98</b>
Denver Health Medical Center National Jewish Medical and Research Center Platte Valley Medical Center San Luis Valley Regional Medical Center The Children's Hospital University Hospital Valley View Hospital	Denver Health Medical Center National Jewish Medical and Research Center Platte Valley Medical Center San Luis Valley Regional Medical Center The Children's Hospital University Hospital
<b>FY 1996-97</b>	<b>FY 1995-96</b>
Denver Health Medical Center Platte Valley Medical Center The Children's Hospital University Hospital	Denver Health Medical Center National Jewish Medical and Research Center Parkview Medical Center Platte Valley Medical Center San Luis Valley Regional Medical Center The Children's Hospital University Hospital

Effective July 1, 2003 the program implemented another classification called High CICIP Utilization Hospital Providers. Under state regulations, these CICIP providers receive additional compensation under the Low-Income and High-Volume payments. Chart 11 listed the providers who qualified as High CICIP Utilization Hospital Providers by having CICIP days above the mean

of all participating providers. As with the High Medicaid Utilization Hospital Provider classification, reporting statistics will not draw historical comparisons based on this classification since the grouping does not contain the same providers over time.

**Chart 11 – High CICP Utilization Hospital Providers**

<b>FY 2003-04</b>	
Arkansas Valley Regional Medical Center	Prowers Medical Center
Aspen Valley Hospital	Rio Grande Hospital
Colorado Plains Medical Center	San Luis Valley Regional Medical Center
Denver Health Medical Center	Southwest Memorial Hospital
East Morgan County Hospital	Spanish Peaks Regional Health Center
McKee Medical Center	St. Mary-Corwin Hospital
Melissa Memorial	University Hospital
Memorial Hospital	Yampa Valley Medical Center
North Colorado Medical Center	Yuma District Hospital
Parkview Medical Center	

**FY 2003-04 PROVIDER PARTICIPATION**

A total of 63 contract providers participated in the CICIP. This included 48 hospitals and 15 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 82 satellite CICIP facilities throughout the state, including one hospital facility classified as a satellite facility.

**Chart 12 - FY 2003-04 CICIP Clinics and Hospitals by County**

County	Clinics	Hospitals	Totals	County	Clinics	Hospitals	Totals
Adams	4	2	6	La Plata	2	1	3
Alamosa	4	1	5	Lake	0	1	1
Arapahoe	6	0	6	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	2	1	3
Boulder	4	3	7	Mesa	1	1	2
Chaffee	2	1	3	Mineral	0	0	0
Cheyenne	0	0	0	Moffat	0	1	1
Clear Creek	1	0	1	Montezuma	2	1	3
Conejos	1	1	2	Montrose	2	1	3
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	5	17	Phillips	1	1	2
Dolores	1	0	1	Pitkin	1	1	2
Douglas	0	0	0	Prowers	2	1	3
Eagle	1	0	1	Pueblo	6	2	8
El Paso	6	3	9	Rio Blanco	0	0	0
Elbert	0	0	0	Rio Grande	1	1	2
Fremont	1	1	2	Routt	0	1	1
Garfield	1	1	2	Saguache	2	0	2
Gilpin	1	0	1	San Juan	0	0	0
Grand	0	0	0	San Miguel	1	0	1
Gunnison	0	1	1	Sedgwick	1	1	2
Hinsdale	0	0	0	Summit	0	0	0
Huerfano	2	1	3	Teller	2	0	2
Jackson	0	0	0	Washington	1	0	1
Jefferson	6	1	7	Weld	4	1	5
Kiowa	0	0	0	Yuma	1	2	3
Kit Carson	2	1	3	<b>Totals</b>	<b>96</b>	<b>49</b>	<b>145</b>

Chart 13 lists CICIP providers by the city in which the main contracting provider is located. A list of all current CICIP providers, including satellite facilities, and the services they offer can be found on the Department of Health Care Policy and Financing's website.

Chart 13 - FY 2003-04 CICP Clinics and Hospitals by City

Provider Name	City	Provider Name	City
<b>CICP Clinics</b>		<b>CICP Hospitals (cont.)</b>	
Clinica Campesina Family Helath Services	Lafayette	Memorial Hospital	Colorado Springs
Colorado Coalition for the Homeless	Denver	Mercy Medical Center	Durango
Community Health Clinic	Dove Creek	Montrose Memorial Hospital	Montrose
High Plains Community Health Center	Lamar	Mount San Rafael Hospital	Trinidad
La Clinica	Gardner	North Colorado Medical Center	Greeley
Marillac Clinic	Grand Junction	Parkview Medical Center	Pueblo
Metropolitan Denver Provider Network	Aurora	Penrose-St. Francis Health Services	Colorado Springs
Mountain Family Health Centers	Nederland	Platte Valley Medical Center	Brighton
Peak Vista Community Health Centers	Colorado Springs	Poudre Valley Hospital	Fort Collins
People's Clinic	Boulder	Prowers Medical Center	Lamar
Pueblo Community Health Center	Pueblo	Rio Grande Hospital	Del Norte
Salud Family Health Centers	Fort Lupton	San Luis Valley Regional Medical Center	Alamosa
Sunrise Community Health Center	Greeley	Sedgwick County Health Center	Julesburg
Uncompahgre Medical Center	Norwood	Southeast Colorado Hospital	Springfield
Valley-Wide Health Services	Alamosa	Southwest Memorial Hospital	Cortez
<b>CICP Hospitals</b>		Spanish Peaks Regional Health Center	Walsenburg
Arkansas Valley Regional Medical Center	La Junta	St. Anthony Central Hospital	Denver
Aspen Valley Hospital	Aspen	St. Anthony North Hospital	Westminster
Avista Adventist Hospital	Louisville	St. Mary-Corwin Hospital	Pueblo
Boulder Community Hospital	Boulder	St. Mary's Hospital and Medical Center	Grand Junction
Colorado Plains Medical Center	Fort Morgan	St. Thomas More Hospital	Canon City
Conejos County Hospital	La Jara	St. Vincent General Hospital	Leadville
Delta County Memorial Hospital	Delta	Sterling Regional MedCenter	Sterling
Denver Health Medical Center	Denver	The Memorial Hospital	Craig
East Morgan County Hospital	Brush	University Hospital	Denver
Estes Park Medical Center	Estes Park	Valley View Hospital	Glenwood Springs
Exempla Lutheran Medical Center	Wheat Ridge	Wray Community District Hospital	Wray
Gunnison Valley Hospital	Gunnison	Yampa Valley Medical Center	Steamboat Springs
Heart of the Rockies Regional Medical Center	Salida	Yuma District Hospital	Yuma
Kit Carson County Memorial Hospital	Burlington	<b>CICP Specialty Hospitals</b>	
Longmont United Hospital	Longmont	National Jewish Medical and Research Center	Denver
McKee Medical Center	Loveland	The Children's Hospital	Denver
Melissa Memorial	Holyoke		

## IV. REIMBURSEMENT

### BACKGROUND

Prior to FY 1994-95, all reimbursement to Outstate CICIP providers<sup>5</sup> 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<sup>6</sup>. In FY 2001-02, continuing in FY 2003-04, public-owned hospitals became eligible to receive additional Medicaid funds (High-Volume Payment), under the Medicare Upper Payment Limit for inpatient services. This allowed their CICIP reimbursement to consist entirely of federal funds. Private-owned CICIP hospitals were not eligible for this payment, until FY 2003-04. Therefore, prior to FY 2003-04, the CICIP reimbursement to private-owned CICIP hospitals was completely a DSH payment, eligible for a federal match. CICIP clinics continued to be reimbursed using 100% General Fund until FY 2002-03 when their reimbursement was financed as a Major Teaching Hospital Payment to the Children's Hospital, which was eligible for a federal match<sup>7</sup>.

Before FY 2001-02, at the beginning of each fiscal year, providers submitted estimated total annual charges for providing care to eligible CICIP patients. Throughout the fiscal year, providers submitted actual utilization data to the CICIP 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 based on costs for the actual utilization in that given fiscal year. Unfortunately, the methodology also generated uncertainty for the providers, who may have been 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.

To eliminate the retroactive reconciliation, beginning July 1, 2001, payments to providers were based on historic costs. Reimbursement to general providers was 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 2003-04 reimbursement calculation was the write-off cost data published in the CICIP FY 2001-02 Annual Report. The write-off cost data was inflated forward using the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W), Medical Care for Denver, through June 30 of the fiscal year payment period, which was 4.69%. The available appropriation divided by the sum of all providers' estimated write-off costs determined the CICIP reimbursement percentage. This percentage was applied to each provider's costs to determine the annual reimbursement. This methodology eliminated the financial uncertainty for providers, since they received a fixed reimbursement throughout the year. Increases in utilization are compensated through future reimbursements.

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

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<sup>5</sup> In previous annual reports the term "Outstate" specified that the provider was located outside the City and County of Denver and did not have Medicaid eligible days that exceeded or equal one standard deviation of the mean for all Colorado Medicaid hospital providers.

<sup>6</sup> For more detail, please see the subsection titled "Federal Match Rates."

<sup>7</sup> For more detail, please see the section titled "Medicare Upper Payment Limit."



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 METHODOLOGY FOR CICP HOSPITALS**

To simplify the reimbursement model for hospital providers, based on Decision Item 6 from the FY 2003-04 Budget Request submitted by the Department on November 1, 2002, a change in the methodology was approved by the General Assembly. This request combined the methodologies for rate setting for the Major Teaching Hospital payment, Out-state Indigent Care Program payments, Component 1A Disproportionate Share Hospital payments, Pre-Component 1 Disproportionate Share Hospital payments and Bad Debt payments. In addition, under this new methodology, Denver Indigent Care Program, University Hospital Indigent Care Program, Out-state Indigent Care Program, Disproportionate Share Payments to Hospitals and Pre-Component 1 Disproportionate Share Payments to Hospitals separate line items were all discontinued, and are now consolidated into the new Long Bill line item, Safety-Net Provider Payments.

Within the new line item, there would be four separate calculations or payments: Low-Income payment, High-Volume payment, Bad Debt payment and the Medicaid Shortfall payment. The Low-Income payment and the High-Volume payment utilize the same formula to distribute different pools of funds. The Low-Income payment is used to distribute available funds under the DSH Allotment, while the High-Volume payment is used to distribute funds under the Medicare Upper Payment Limit for inpatient hospital services (Inpatient UPL)<sup>8</sup>. The Bad Debt payment is used as a balancing mechanism to maximize the federal funds available under the DSH Allotment. A Bad Debt payments is made if federal funds remain after the Low-Income payment has been distributed. If the Low-Income payment utilizes the entire DSH Allotment, the Bad Debt payment will be zero. The Medicaid Shortfall payment is a simplified payment to providers who qualify for a DSH payment under the federal guidelines, but do not participate in the Colorado Indigent Care Program.

Given that the Safety Net Provider Payments utilize federal funds, the payment methodologies must also be approved by the Centers for Medicare and Medicaid Services (CMS) prior to the distribution of funds. Until the CMS approved the Safety Net Provider Payments methodology the Department determined interim payments to providers using the previous payment methodologies. On June 3, 2003, the Department submitted two State Plan Amendments to the National Institutional Reimbursement Team (NIRT), which is responsible for reviewing State Plan Amendments dealing with inpatient hospital services. Under the direction of the NIRT, the Department has made considerable effort to revise the two State Plan Amendments necessary for the finalization of the Safety Net Provider Payments. On January 22, 2004, the Department received a notice that the CMS Medicaid Director had approved the State Plan Amendments and official written notice was delivered to the Department on February 2, 2004. Following this approval and the official publication of the Federal Fiscal Year 2003-04 DSH Allotment, providers were notified of their rate for FY 2003-04 under this approved payment methodology on April 9, 2004.

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<sup>8</sup> Technically, the High-Volume Payment is a Supplemental Medicaid payment available to those hospital providers who participate in the CICP. For more detail, please see the section titled "Medicare Upper Payment Limit."

In addition to the approval of the two State Plan Amendments, the Department had asked the NIRT to review a revised calculation for the Inpatient UPL. The revised Inpatient UPL calculations were based on Medicare payment per discharge instead of the Medicare hospital base rates utilized in the current calculation. On May 27, 2004, CMS officially approved a revised Inpatient UPL calculation, which allowed more federal funds to be dispensed than previously calculated for the FY 2003-04 CICIP reimbursements. Through a State Plan Amendment submitted on August 10, 2004, CMS officially approved the total dispersal of funds, under the new reimbursement formula using the revised Inpatient UPL calculation for FY 2003-04 on December 15, 2004. Retroactive FY 2003-04 payments adjustments were released to all CICIP providers on December 28, 2004.

A primary goal in combining the methodologies was to create a more simplified system that could be more readily understood by Department staff, the General Assembly and providers. This goal has been accomplished as the payment methodology is computed within a single model using consistent variables. Provider reimbursements between one current fiscal year and the next are modified by changing a limited number of variables, such as the DSH Allotment, Inpatient UPL, Colorado Indigent Care Program costs, and hospital utilization statistics. In addition, various provider reimbursements are no longer calculated by different individuals working independently. Instead, all provider reimbursements are set by a single individual, which are then reviewed and audited by accounting and budget staff in the Department.

Further, the rate setting process was changed 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. This revised methodology utilizes the Inpatient UPL for private-owned facilities. This allowed the Department to shift payments from the DSH Allotment to the Inpatient UPL and increase the reimbursement to public-owned providers. Since certification of public expenditures is available to match federal funds for public-owned providers, their reimbursement was increased and no increase in General Fund was required.

Another goal in combining the methodologies was to create a system that distributed the available funds in a more equitable manner. Prior to the new methodology, several providers were allowed to receive a reimbursement that exceeded their indigent medical care costs, while other providers' costs were reimbursed at 30% or less. Providers who were deemed to be a High Medicaid Utilization Hospital Providers, since their Medicaid eligible days exceeded or equal one standard deviation of the mean for all Colorado Medicaid hospital providers, received a significant increase in their reimbursement rate. Those providers were commonly referred to as Component 1A providers in previous CICIP Annual Reports.

High Medicaid Utilization Hospital Providers were eligible to receive a Pre-Component 1, a Component 1A and a Bad Debt payment. All of these payments were made under the DSH Allotment. Under the new methodology, these providers receive additional compensation under the Low-Income and High-Volume payments, while the Pre-Component 1 and Component 1A payments are discontinued. In addition, the program implemented another classification called High CICIP Utilization Hospital Providers. Under state regulations, these CICIP providers receive additional compensation under the Low-Income and High-Volume payments since their CICIP days are above the mean of all participating providers.

For providers previously receiving an Outstate CICIP payment, all public-owned providers would have received reimbursement for 30.0% of their CICIP Costs while the public-owned providers would have received approximately 28.0%. Under the new reimbursement methodology, all providers (Outstate and Component 1A providers) with the relatively same CICIP and Medicaid utilization receive the same reimbursement percentage.

In addition, all reimbursements to public providers were allowed to increase since payments made under either the DSH Allotment or Inpatient UPL to public-owned (State or local government) providers consist entirely of federal funds. This is accomplished by the utilization of certification of public expenditures. Certification of public expenditures document a portion of uncompensated costs incurred by public-owned providers in association with providing a qualified medical service to an eligible Medicaid or indigent client, which are eligible for a federal match. The same cannot be said for the private-owned providers, since payments to private-owned providers must be 50% General Fund.

Overall, the Department estimates that for the FY 2003-04 payments, the new methodology increased federal funds to public-owned providers by \$6.1 million and the revised Inpatient UPL calculation generated another \$24.0 million, for a total of \$30.1 million new federal funds paid to public-owned providers.

#### **FY 2003-04 REIMBURSEMENT FOR CLINICS AND HOSPITALS**

In FY 2003-04, the Colorado General Assembly appropriated \$255,976,646 in total funds (General Fund \$12,576,646, federal funds \$128,000,000 and Cash Funds Exempt \$115,400,000) to reimburse CICIP providers. The FY 2002-03 appropriation for CICIP clinics was \$6,119,760 in total funds (General Fund \$3,059,880, and federal funds \$3,059,880). In the FY 2003-04 Long Bill, these appropriations included the following line items:

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

- Safety Net Provider Payments
- The Children's Hospital, Clinic Based Indigent Care

The CICIP reimbursement model utilized the FY 2003-04 inflated write-off costs based on the CICIP FY 2001-02 Annual Report. The total inflated write-off costs for CICIP Hospital providers equaled \$234,743,259 and generated an average reimbursement rate of 61.6%. The actual write-off costs were \$338,072,607 (see Table 1) and 44.0% higher than the FY 2003-04 inflated write-off costs. The large difference between the inflated write-off hospital costs and actual costs caused the actual average reimbursement rate of CICIP Hospitals to equal 42.5%. Charts 15 through 19 provide detailed reimbursement rates by various provider classifications.

The total inflated write-off costs for CICIP Clinic providers equaled \$22,069,378 and generated an average reimbursement rate of 27.46%. The actual write-off costs were \$29,180,137 (see Table 1) and 32.2% higher than the FY 2003-04 inflated write-off costs. The large difference between the inflated write-off clinic costs and actual costs caused the actual average reimbursement rate of CICIP Clinics to equal 20.77%.

## REIMBURSEMENT CHRONOLOGY FOR CICP CLINICS AND HOSPITALS

FY 1994-95 Funding – The Department received approval from the federal Health Care Financing Administration (HCFA) to refinance 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 DSH 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 \$20,064,310. This included the additional appropriation of \$414,648 as authorized in S.B. 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 1999-00 Funding – The Indigent Care Program appropriation for the year was \$16,294,325 (General Fund \$9,681,862 and federal funds \$6,612,463). The lower appropriation compared to the previous year was due to savings from the estimated number of children that would move from the Medically Indigent Program to the Child Health Plan Plus program. Based on the available General Fund appropriation, providers were reimbursed at 24.045% of 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 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 DSH 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 DSH appropriation and was set at \$5,595,482 General Fund. The large increase in the Outstate DSH appropriation was due to a change in reimbursement methodology using certification of

public expenditures as the state match on DSH Allotment and Medicare Upper Payment Limit for inpatient hospital services to receive federal funds for public-owned hospitals. The average reimbursement for all Outstate providers was 20.13%, with Outstate DSH averaging 18.12% and Outstate clinics averaging 28.16%.

FY 2002-03 Funding – The 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 DSH 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 financed as a Major Teaching Hospital Payment to the Children’s Hospital, which was eligible for a federal match<sup>9</sup>. In addition, the average reimbursement for all Outstate providers was 18.22%, with Outstate DSH averaging 16.46% and Outstate clinics averaging 26.93%. Due to the decrease in Disproportionate Share Hospital Allotment, Disproportionate Share Hospital payments in SFY 2002-03 were substantially lower than the previous year.

FY 2003-04 Funding – In FY 2003-04, the Colorado General Assembly appropriated \$255,976,646 in total funds (General Fund \$12,576,646, federal funds \$128,000,000 and Cash Funds Exempt \$115,400,000) to reimburse CICP providers. In addition, approval was received to utilize an additional \$7,380,441 federal funds and \$4,377,268 to complete the FY 2003-04 payments to hospital providers. The FY 2003-04 appropriation for CICP clinics was \$6,119,760 in total funds (General Fund \$3,059,880, and federal funds \$3,059,880)<sup>2</sup>. The average reimbursement rate to CICP Hospital providers was 42.5%, while the average reimbursement rate to CICP Clinic providers was 20.77%. The Department estimates that for the FY 2003-04 payments, the new methodology increased federal funds to public-owned hospital providers by \$6.1 million and the revised Inpatient UPL calculation generated another \$24.0 million, for a total of \$30.1 million new federal funds paid to public-owned providers.

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<sup>9</sup> For more detail, please see the section titled “Medicare Upper Payment Limit”.

REIMBURSEMENT TRENDS FOR CICP PROVIDERS

Chart 14 - FY 2003-04 CICP Reimbursement

	State General Fund	Cash Funds Exempt (1)	Federal Funds	Total Funds	Payments to Providers (2)
<b>CICP Clinics</b>	<b>\$3,029,880</b>	<b>\$0</b>	<b>\$3,029,880</b>	<b>\$6,059,760</b>	<b>\$6,059,760</b>
<b>CICP Hospitals*</b>	<b>\$12,543,293</b>	<b>\$17,035,878</b>	<b>\$29,579,171</b>	<b>\$59,158,342</b>	<b>\$42,122,464</b>
High-Volume Payment	\$11,266,487	\$3,516,553	\$14,783,040	\$29,566,080	\$26,049,527
Low-Income Payment	\$1,276,806	\$13,058,126	\$14,334,932	\$28,669,864	\$15,611,738
Bad Debt Payment	\$0	\$461,199	\$461,199	\$922,398	\$461,199
<b>Denver Health</b>	<b>\$0</b>	<b>\$64,704,089</b>	<b>\$64,704,089</b>	<b>\$129,408,178</b>	<b>\$64,704,089</b>
High-Volume Payment	\$0	\$20,600,542	\$20,600,542	\$41,201,084	\$20,600,542
Low-Income Payment	\$0	\$42,555,425	\$42,555,425	\$85,110,850	\$42,555,425
Bad Debt Payment	\$0	\$1,548,122	\$1,548,122	\$3,096,244	\$1,548,122
<b>University Hospital</b>	<b>\$0</b>	<b>\$38,037,301</b>	<b>\$38,037,301</b>	<b>\$76,074,602</b>	<b>\$38,037,301</b>
High-Volume Payment	\$0	\$12,864,837	\$12,864,837	\$25,729,674	\$12,864,837
Low-Income Payment	\$0	\$24,885,845	\$24,885,845	\$49,771,690	\$24,885,845
Bad Debt Payment	\$0	\$286,619	\$286,619	\$573,238	\$286,619
<b>Total CICP Reimbursement</b>	<b>\$15,573,173</b>	<b>\$119,777,268</b>	<b>\$135,350,441</b>	<b>\$270,700,882</b>	<b>\$150,923,614</b>
Clinic Payment (3)(4)	\$3,029,880	\$0	\$3,029,880	\$6,059,760	\$6,059,760
High-Volume Payment (4)	\$11,266,487	\$36,981,932	\$48,248,419	\$96,496,838	\$59,514,906
Low-Income Payment (5)	\$1,276,806	\$80,499,396	\$81,776,202	\$163,552,404	\$83,053,008
Bad Debt Payment (5)	\$0	\$2,295,940	\$2,295,940	\$4,591,880	\$2,295,940

Source: Table 1.

\*Includes CICP Specialty Hospital providers.

(1) This amount represents public funds certified as representing expenditures incurred by public-owned hospitals that are eligible for federal financial participation under the Upper Payment Limit or Disproportionate Share Hospital Allotment.

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

(3) \$6,119,760 was paid to The Children's Hospital, which administers the CICP Clinic Payment. \$60,000 of total funds were retained by The Children's Hospital for the administration of this payment, which are not reported in any statistics or diagrams in this annual report.

(4) Payments classified under CICP Clinic Payment and High-Volume Payment are accounted for under the Medicare Upper Payment Limit for inpatient hospital services.

(5) Payments classified under Low-Income Payment and Bad Debt Payment are accounted for under the Disproportionate Share Hospital Allotment.

Chart 14 shows the total reimbursement to the CICIP providers in FY 2003-04 by State General Fund, Cash Funds Exempt and federal funds splits. The Cash Funds Exempt section of the table is an accounting record to document the certification of public expenditures on Medicaid and indigent populations that have not previously been compensated at public-owned hospitals, which are eligible for a federal match and do not represent a cash payment by the state.

Chart 15 calculates the reimbursement rate relative to write-off costs for all CICIP provider groups. The CICIP Clinic providers were reimbursed at 20.77% of write-off costs, while CICIP Hospital providers stood at 26.07%. Denver Health Medical Center received a 58.71% reimbursement rate and University Hospital reached 57.38%.

**Chart 15 - FY 2003-04 CICIP Reimbursement Rates**

	Reimbursement	Write-Off Costs	Reimbursement Rate
CICIP Clinics	\$6,059,760	\$29,180,137	20.77%
CICIP Hospitals*	\$42,122,464	\$161,587,738	26.07%
<b>Sub-Total CICIP Providers</b>	<b>\$48,182,224</b>	<b>\$190,767,875</b>	<b>25.26%</b>
Denver Health	\$64,704,089	\$110,200,363	58.71%
University Hospital	\$38,037,301	\$66,284,506	57.38%
<b>CICIP Hospital Providers</b>	<b>\$144,863,854</b>	<b>\$338,072,607</b>	<b>42.85%</b>
<b>Total CICIP Providers</b>	<b>\$150,923,614</b>	<b>\$367,252,744</b>	<b>41.10%</b>
Source: Table 1.			
*Includes CICIP Specialty Hospital providers.			

The reimbursement percentage to all CICIP providers on actual costs rose to 41.10% in FY 2003-04 as shown in Chart 16. The reimbursement rate decreased from 62.68% in FY 2000-01 to 47.18% in FY 2002-03. The reimbursement to University Hospital increased from 48.85% in FY 2002-03 to 57.38% in FY 2003-04 and the rate to Denver Health Medical Center increased slightly to 58.71%. The reimbursement to CICIP Clinics fell to 20.77% down from 26.93% in the previous fiscal year.

**Chart 16 - Historical CICIP Reimbursement Rates**

	Reimbursement Rate On CICIP Write-Off Costs					
	<u>FY 1998-99</u>	<u>FY 1999-00</u>	<u>FY 2000-01</u>	<u>FY 2001-02</u>	<u>FY 2002-03</u>	<u>FY 2003-04</u>
CICIP Clinics	30.00%	24.04%	26.97%	28.16%	26.93%	20.77%
CICIP Hospitals*	46.74%	34.66%	40.78%	26.27%	21.32%	26.07%
<b>Sub-Total CICIP Providers</b>	<b>42.18%</b>	<b>31.78%</b>	<b>37.71%</b>	<b>26.62%</b>	<b>22.20%</b>	<b>25.26%</b>
Denver Health	74.47%	59.34%	76.29%	60.39%	57.81%	58.71%
University Hospital	65.48%	66.76%	83.32%	64.54%	48.85%	57.38%
<b>CICIP Hospital Providers</b>	<b>64.70%</b>	<b>54.12%</b>	<b>66.07%</b>	<b>48.78%</b>	<b>39.17%</b>	<b>42.85%</b>
<b>Average CICIP Providers</b>	<b>61.58%</b>	<b>51.22%</b>	<b>62.68%</b>	<b>47.18%</b>	<b>38.22%</b>	<b>41.10%</b>
Source: Analysis of CICIP Annual Reports.						
*Includes CICIP Specialty Hospital providers and Medicaid DSH providers listed in previous CICIP Annual Reports.						

As shown in Chart 17, CICIP Hospital write-off costs have increased by 89.9% since FY 2001-02, growing by 43.5% and 32.3.6% in FY 2002-03 and FY 2003-04, respectively. The reimbursement to these same providers has increased by 88.4% over the FY 2001-02 level. CICIP Clinic write-off costs have increased 50.1% over the previous two fiscal years, while their reimbursement has grown by 10.7% and was unchanged in FY 2003-04. Write-off costs at Denver Health Medical Center have increased by 18.5% compared to 24.9% at University Hospital since FY 2001-02.

Due to the decrease in DSH Allotment by \$8.8 million, payments in FY 2002-03 were substantially lower than the previous year, which was reversed in FY 2003-04 as the DSH Allotment was increased by \$12 million federal funds between Federal Fiscal Year 2002-03 and Federal Fiscal Year 2003-04. Approximately \$9 million of this increase was realized in the FY 2003-04 provider payments, since the Federal Fiscal Year 2003-04 began on October 1, 2003 and the FY 2003-04 provider payments started a quarter earlier on July 1, 2004. Overall, the program estimates that for the FY 2003-04 payments, the new methodology increased federal funds to public-owned providers by \$6.1 million and the revised Inpatient UPL calculation generated another \$24.0 million, for a total of \$30.1 million new federal funds paid to public-owned providers in FY 2003-04. The combination of the increase in the Federal Fiscal Year 2003-04 DSH Allotment, with the implementation of the new methodology and revised Inpatient UPL calculation explain the jump in the provider reimbursement from \$110,881,892 in FY 2002-03 to \$150,923,614 in FY 2003-04.

**Chart 17 - Historical CICIP Charges, Costs and Reimbursements**

	Charges			Write-Off Costs			Net Reimbursements		
	FY 2001-02	FY 2002-03	FY 2003-04	FY 2001-02	FY 2002-03	FY 2003-04	FY 2001-02	FY 2002-03	FY 2003-04
CICIP Clinics	\$22,650,884	\$26,259,085	\$33,937,024	\$19,443,758	\$22,502,544	\$29,180,137	\$5,475,170	\$6,059,760	\$6,059,760
Percent Change	6.2%	15.9%	29.2%	6.7%	15.7%	29.7%	11.5%	10.7%	0.0%
CICIP Hospitals	\$210,027,143	\$295,662,228	\$411,189,949	\$85,127,452	\$122,133,779	\$161,587,738	\$22,361,096	\$26,042,601	\$42,122,464
Percent Change	38.1%	40.8%	39.1%	33.4%	43.5%	32.3%	-14.1%	16.5%	61.7%
Denver Health	\$147,780,952	\$165,558,750	\$192,131,380	\$92,989,560	\$86,205,611	\$110,200,363	\$56,151,768	\$49,833,221	\$64,704,089
Percent Change	12.9%	12.0%	16.1%	9.2%	-7.3%	27.8%	-13.6%	-11.3%	29.8%
University Hospital	\$96,313,575	\$119,036,083	\$139,892,930	\$53,066,076	\$59,256,585	\$66,284,506	\$34,247,524	\$28,946,310	\$38,037,301
Percent Change	21.4%	23.6%	17.5%	23.0%	11.7%	11.9%	-4.7%	-15.5%	31.4%
<b>All CICIP Hospitals</b>	<b>\$454,121,670</b>	<b>\$580,257,061</b>	<b>\$743,214,259</b>	<b>\$231,183,088</b>	<b>\$267,595,975</b>	<b>\$338,072,607</b>	<b>\$112,760,388</b>	<b>\$104,822,132</b>	<b>\$144,863,854</b>
Percent Change	125.4%	127.8%	128.1%	20.3%	15.8%	26.3%	-11.2%	-7.0%	38.2%
<b>Total CICIP Providers</b>	<b>\$476,772,554</b>	<b>\$606,516,146</b>	<b>\$777,151,283</b>	<b>\$250,626,846</b>	<b>\$290,098,519</b>	<b>\$367,252,744</b>	<b>\$118,235,558</b>	<b>\$110,881,892</b>	<b>\$150,923,614</b>
Percent Change	24.3%	27.2%	28.1%	19.2%	15.7%	26.6%	-10.3%	-6.2%	36.1%

Source: CICIP Analysis of Table 1 FY 2000-01, FY 2001-02 and FY 2002-03 Annual Reports. Includes updated information.

\*Includes CICIP Specialty Hospital providers and Medicaid DSH providers listed in previous CICIP Annual Reports.



**REIMBURSEMENT PER HOSPITAL PROVIDER CLASSIFICATION**

Chart 18 demonstrates that providers who are designated as High Utilization Medicaid Hospital and High Utilization CICIP Hospital providers receive a higher reimbursement rate. All reimbursement rates are relative to write-off costs as detailed in Table 1. Providers who were classified as High Medicaid Utilization Hospital Providers, since their Medicaid eligible days exceeded or equal one standard deviation of the mean for all Colorado Medicaid hospital providers, receive an increased High-Volume and Low-Income payment. Providers also receive increased payments if their CICIP days are above the mean of all participating providers, and are classified as High CICIP Utilization Hospital providers. A provider can be classified as a High Medicaid Utilization Hospital and a High CICIP Utilization Hospital provider. A list of providers who qualified in each category can be found in Chart 10 and Chart 11.

The highest average reimbursement rate, 56.9%, went to those providers who qualified as both a High Medicaid Utilization Hospital and High CICIP Utilization Hospital provider (6 providers in total, which included Denver Health Medical Center and University Hospital). Excluding providers who qualified in both categories, those providers who qualified as a High Medicaid Utilization Hospital provider (5 providers) averaged a 38.9% reimbursement rate, while those who qualified as a High CICIP Utilization Hospital provider (13 providers) received an average 24.0%. Providers who did not qualify in either category (24 providers) were reimbursed an average of 21.6%.

**Chart 18 - FY 2003-04 CICIP Reimbursement Rates by High Utilization Classification**

Provider Classification	Reimbursement	Write-Off Costs	Reimbursement Rate
High Medicaid Utilization Hospitals Only	\$3,733,942	\$9,596,403	38.9%
High CICIP Utilization Hospitals Only	\$12,913,405	\$53,699,998	24.0%
Both High Medicaid Utilization & High CICIP Utilization Hospitals Only	\$110,620,328	\$194,462,063	56.9%
All Other Hospital Providers	\$23,655,939	\$109,494,280	21.6%
<b>All Hospital Providers</b>	<b>\$150,923,614</b>	<b>\$367,252,744</b>	<b>41.1%</b>

Source: Table 1.

In another analysis, Chart 19 demonstrates that the public-owned hospitals receive a higher reimbursement rate than private-owned hospitals. All reimbursements to public-owned hospitals made under either the DSH Allotment or Inpatient UPL consist entirely of federal funds. This is accomplished by the utilization of certification of public expenditures. Certification of public expenditures document a portion of uncompensated costs incurred by a public-owned provider in association with providing a qualified medical service to an eligible Medicaid or indigent client, which are eligible for a federal match. The same cannot be said for the private-owned hospitals, since payments to these providers must be 50% General Fund. Thus, public-owned hospital payments are higher since the effective limit on the reimbursement amount is federal funds availability, which is significantly higher than the General Fund availability that limits the payments to private-owned hospitals.

When examining all CICIP hospital providers, public-owned hospitals (24 providers) received an average 50.1% reimbursement rate, while private-owned hospitals (24 providers) received 24.4%. All reimbursement rates are relative to write-off costs as detailed in Table 1. When the effects of higher payments received by High Utilization Medicaid Hospital and High Utilization CICIP Hospital providers are excluded, public-owned hospitals (11 providers) received an average reimbursement of 24.5%, while private-owned hospitals (13 providers) received 20.5%.

**Chart 19 - FY 2003-04 CICIP Reimbursement Rates by Public and Private**

<b>Provider Classification</b>	<b>Reimbursement</b>	<b>Write-Off Costs</b>	<b>Reimbursement Rate</b>
<b><u>Including All Hospital Providers</u></b>			
Public-Owned Hospitals	\$119,352,552	\$238,057,935	50.1%
Private-Owned Hospitals	\$31,571,062	\$129,194,809	24.4%
<b>All Hospital Providers</b>	<b>\$150,923,614</b>	<b>\$367,252,744</b>	<b>41.10%</b>
<b><u>Excluding All High Medicaid Utilization or High CICIP Utilization Hospital Providers</u></b>			
Public-Owned Hospitals	\$3,640,666	\$14,848,767	24.5%
Private-Owned Hospitals	\$12,932,337	\$63,220,471	20.5%
<b>All Hospital Providers</b>	<b>\$16,573,003</b>	<b>\$78,069,238</b>	<b>21.23%</b>

Source: Table 1.

**REIMBURSEMENT PER INPATIENT DAY**

Chart 20 reports the reimbursement per inpatient day by provider group for FY 2003-04. The reimbursement per inpatient day at CICIP Hospitals was \$491.69, compared to Denver Health Medical Center at \$1,249.23 and University Hospital at \$1,737.79.

**Chart 20 - FY 2003-04 Reimbursement per Inpatient Day**

<b>CICIP Provider</b>	<b>Inpatient Days</b>	<b>Total CICIP Inpatient Reimbursement</b>	<b>CICIP Reimbursement Per Inpatient Day*</b>
CICIP Clinics	N/A	N/A	N/A
CICIP Hospitals**	52,209	\$25,670,904	\$491.69
Denver Health	32,708	\$40,859,918	\$1,249.23
University Hospital	10,677	\$18,554,431	\$1,737.79

Source: Analysis of Tables 1, 2 and 8.  
 \*Percentage of inpatient charges times estimated inpatient reimbursement divided by the number of inpatient days.  
 \*\*Includes CICIP Specialty Hospital providers and Medicaid DSH providers listed in previous CICIP Annual Reports.

From FY 2001-02 to FY 2003-04 the number of inpatient days for CICIP Hospitals grew 45.9%, while net CICIP reimbursement per inpatient day grew 39.9% to \$491.69. Over the same period, reimbursement per inpatient day at Denver Health Medical Center fell slightly by 0.2% and by 14.0% at University Hospital, while the number of inpatient days increased by 27.1% and 33.6% respectively. Overall, CICIP hospital providers have reported an increase in the ailment or acuity

level of the clients served under the program, which increased the average number of days and the average cost per inpatient day. Historical reimbursement per inpatient day is shown in Chart 21.

**Chart 21 - Historical Reimbursement per Inpatient Day**

<b>CICP Provider</b>	<b>FY 2001-02 CICP Reimbursement Per Inpatient Day*</b>	<b>FY 2002-03 CICP Reimbursement Per Inpatient Day*</b>	<b>FY 2003-04 CICP Reimbursement Per Inpatient Day*</b>
CICP Clinics	N/A	N/A	N/A
CICP Hospitals**	\$351.49	\$372.88	\$491.69
Denver Health	\$1,252.06	\$1,211.78	\$1,249.23
University Hospital	\$2,021.05	\$1,463.74	\$1,737.79
Source: Analysis of CICP Annual Reports.			
*Percentage of inpatient charges times estimated inpatient reimbursement divided by the number of inpatient days.			
**Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.			

**REIMBURSEMENT PER OUTPATIENT VISIT**

Chart 22 reports outpatient visits and reimbursement payments by CICP provider group during FY 2003-04. The reimbursement per outpatient visit at CICP Clinics was \$26.02, compared to CICP Hospitals, which provided more outpatient emergency care at \$114.48.

**Chart 22 - FY 2003-04 Reimbursement per Outpatient Visit**

<b>CICP Provider</b>	<b>Outpatient Visits</b>	<b>Total CICP Outpatient Reimbursement</b>	<b>CICP Reimbursement Per Outpatient Visit*</b>
CICP Clinics	232,920	\$6,059,760	\$26.02
CICP Hospitals**	139,660	\$15,987,586	\$114.48
Denver Health	135,656	\$23,844,171	\$175.77
University Hospital	38,275	\$13,201,331	\$344.91
Source: Analysis of Tables 1, 2 and 8.			
*Percentage of outpatient charges times estimated outpatient reimbursement divided by the number of outpatient visits.			
**Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.			

From FY 2001-02 the number of outpatient visits at CICP Clinics increased by 32.7%, while the reimbursement per visit declined by 16.6%, as demonstrated in Chart 23. Over the same two fiscal year periods, CICP Hospital visits increased by 24.0% and the reimbursement by visit rose by 42.2%. The numbers of outpatient visits at Denver Health Medical Center and University Hospital have decreased 8.3% and 6.2%, while the average reimbursement per visit has increased 8.7% and 4.8%, respectively, since FY 2001-02.

**Chart 23 - Historical Reimbursement per Outpatient Visit**

<b>CICP Provider</b>	<b>FY 2001-02 CICP Reimbursement Per Outpatient Visit*</b>	<b>FY 2002-03 CICP Reimbursement Per Outpatient Visit*</b>	<b>FY 2003-04 CICP Reimbursement Per Outpatient Visit*</b>
CICP Clinics	\$31.20	\$32.65	\$26.02
CICP Hospitals**	\$80.52	\$81.36	\$114.48
Denver Health	\$161.74	\$134.68	\$175.77
University Hospital	\$329.09	\$290.93	\$344.91

Source: Analysis of CICP Annual Reports.

\*Percentage of outpatient charges times estimated outpatient reimbursement divided by the number of outpatient visits.

\*\*Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.

## **V. PROGRAM ADMINISTRATION**

### **REPORTING REQUIREMENTS AND PREVENTION OF FRAUD BY PROVIDERS**

The Colorado Indigent Care Program (CICP) Provider Audit Guidelines for FY 2003-04 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 reimbursement received under the CICP:

External Audit: If a provider received over \$500,000 in reimbursement from CICP, an independent auditor must perform an annual audit and submit a formal audit statement of compliance to the CICP administration.

Internal Audit: If a provider received under \$500,000 in reimbursement from CICP, the provider may elect to conduct the annual compliance audit internally, rather than an external audit. If the provider elects to perform an internal audit, the provider administrator must submit an internal audit statement following the same Provider Compliance Audit guidelines as the External Audit. An internal audit should be conducted by the facility's auditor. If the facility does not have an auditor on staff, then personnel who do not directly determine client CICP eligibility or handle CICP billing records should be chosen.

The provider contract contains remedies to be taken by the Department 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 prosecution by local authorities. 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**

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 CICIP guidelines for FY 2003-04 require providers to collect all available payments from third party resources. Providers are required to seek third party reimbursement before the account is charged to the CICIP. This requirement is described in the CICIP Manual and regulations, as follows:

- ❑ If patients receive coverage under the CICIP, and their insurance subsequently pays for services, or if the patient is awarded a settlement, the CICIP is due reimbursement for amounts paid by CICIP to the provider for services rendered to the patient. The provider is then responsible to notify the CICIP for payments it received for care so reimbursed.
- ❑ Providers shall identify and shall collect payments from third-party payment sources before billing the CICIP.

To reinforce these requirements, the contract between the Department and the CICIP provider states that the provider 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.

### **INCENTIVES FOR UTILIZATION CONTROL**

Incentives for efficient utilization of resources are built into the CICIP by the very nature of the reimbursement level and providers are contracted to prioritize their services to emergency and urgent care to CICIP patients. Most CICIP Hospital providers have limited services to provide only emergency and urgent care.

## **VI. FUTURE DIRECTION**

### **COORDINATION WITH OTHER MEDICAL PROGRAMS**

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 State Children's Health Insurance Program (SCHIP). 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 and then on October 8, 2002, the program expanded prenatal care to eligible pregnant women.

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 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.

### **CENTRAL REGISTRY OF 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 was included in the initial design of this system and 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 can automatically verify that a client is not eligible for Medicaid and CBHP before enrollment into CICP, but will not contain a central registry for CICP clients since CICP eligibility determination is performed at the provider level and not at the State or County level as Medicaid and CBHP. The system became active on September 1, 2004 and serves as a central registry for Medicaid and CBHP enrollment. At this time, no date has been set to include the CICP eligibility rules into CBMS.



## VII. 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 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 CICIP claim process would be fully integrated into the Medicaid Management Information System (MMIS). Due to the increase in administrative costs associated with processing CICIP claims, the Department reversed this decision on February 1, 2001.

**CICIP Data Collection System:** Effective July 1, 2001, the CICIP administration began receiving summary information from each provider that allowed 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. The goal of the CICIP 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 CICIP administration and providers are pleased with this system.

**Potential CICIP Data Issues:** 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 may count as only one visit in this report. Providers are requested to report 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 CICIP 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 CICIP.

**VIII. FINANCIAL TABLES**

**Table 1 - Total Financial Activity and CICP Reimbursement**

<b>Providers</b>	<b>Charges</b>	<b>Third Party Liability</b>	<b>Patient Liability</b>	<b>Write-Off Charges</b>	<b>Write-Off Costs</b>	<b>Reimbursement</b>
<b>CICP Clinic Providers</b>						
Clinica Campesina Family Health Services	\$2,104,973	\$0	\$245,846	\$1,859,127	\$1,859,127	\$284,076
Colorado Coalition for the Homeless (2)	\$3,492,250	\$34,911	\$0	\$3,457,339	\$3,457,339	\$694,160
Community Health Clinic (2)	\$78,375	\$1,549	\$13,957	\$62,869	\$62,869	\$12,628
High Plains Community Health Center (2)	\$724,120	\$12,158	\$84,832	\$627,130	\$627,130	\$104,160
La Clinica (7)	\$9,372	\$0	\$1,089	\$8,283	\$8,283	\$1,616
Marillac Clinic (7)	\$650,618	\$44,694	\$131,747	\$474,177	\$474,177	\$94,524
Metro Community Provider Network (2)	\$4,441,216	\$0	\$762,979	\$3,678,237	\$3,678,237	\$677,960
Mountain Family Health Centers	\$655,538	\$0	\$72,597	\$582,941	\$582,941	\$137,644
Peak Vista Community Health Centers (2)	\$7,306,281	\$348,237	\$917,156	\$6,040,888	\$6,040,888	\$1,353,084
People's Clinic	\$1,476,652	\$0	\$137,530	\$1,339,122	\$1,339,122	\$210,292
Pueblo Community Health Center (2)	\$3,444,805	\$835	\$512,164	\$2,931,806	\$2,931,806	\$822,864
Salud Family Health Centers	\$5,329,558	\$0	\$938,635	\$4,390,923	\$4,390,923	\$761,780
Sunrise Community Health Center	\$1,957,369	\$0	\$183,255	\$1,774,114	\$1,774,114	\$414,988
Uncompahgre Medical Center	\$89,130	\$7,458	\$10,120	\$71,552	\$71,552	\$10,796
Valley-Wide Health Systems	\$2,176,767	\$0	\$295,138	\$1,881,629	\$1,881,629	\$479,188
<b>Total CICP Clinic Providers</b>	<b>\$33,937,024</b>	<b>\$449,842</b>	<b>\$4,307,045</b>	<b>\$29,180,137</b>	<b>\$29,180,137</b>	<b>\$6,059,760</b>
<b>CICP Hospital Providers</b>						
Arkansas Valley Regional Medical Center (5)(6)	\$4,168,219	\$347,196	\$58,554	\$3,762,469	\$2,078,764	\$1,379,660
Aspen Valley Hospital (6)	\$1,563,639	\$37,521	\$19,008	\$1,507,110	\$1,016,546	\$335,696
Avista Adventist Hospital	\$4,157,324	\$69,469	\$75,012	\$4,012,843	\$1,589,423	\$193,622
Boulder Community Hospital (1)	\$10,086,189	\$328,388	\$113,847	\$9,643,954	\$4,182,583	\$707,120
Colorado Plains Medical Center (6)	\$2,024,199	\$450,346	\$26,926	\$1,546,927	\$819,562	\$463,534
Conejos County Hospital	\$475,589	\$54,145	\$19,294	\$402,150	\$232,161	\$94,793
Delta County Memorial Hospital	\$2,238,940	\$17,134	\$82,281	\$2,139,525	\$1,299,333	\$316,321
East Morgan County Hospital (6)	\$366,698	\$42,172	\$13,528	\$310,998	\$253,805	\$52,243
Estes Park Medical Center	\$950,184	\$70,936	\$30,042	\$849,206	\$691,424	\$110,708
Exempla Lutheran Medical Center	\$28,827,102	\$2,972,872	\$241,774	\$25,612,456	\$8,201,108	\$916,634
Gunnison Valley Hospital	\$100,829	\$804	\$1,140	\$98,885	\$70,287	\$17,431
Heart of the Rockies Regional Medical Center	\$1,289,039	\$175,089	\$29,979	\$1,083,971	\$628,920	\$218,632
Kit Carson County Memorial Hospital	\$330,220	\$28,833	\$16,578	\$284,809	\$179,230	\$6,989
Longmont United Hospital	\$8,395,688	\$235,538	\$90,055	\$8,070,095	\$4,072,170	\$480,872

**Table 1 - Total Financial Activity and CICP Reimbursement**

<b>Providers</b>	<b>Charges</b>	<b>Third Party Liability</b>	<b>Patient Liability</b>	<b>Write-Off Charges</b>	<b>Write-Off Costs</b>	<b>Reimbursement</b>
McKee Medical Center (6)	\$13,381,396	\$2,281,442	\$350,348	\$10,749,606	\$5,479,074	\$619,016
Melissa Memorial (6)	\$140,948	\$28,950	\$9,620	\$102,378	\$76,845	\$54,197
Memorial Hospital (1)(6)	\$80,965,003	\$4,568,117	\$899,254	\$75,497,632	\$28,326,712	\$7,166,687
Mercy Medical Center	\$4,829,670	\$225,888	\$121,300	\$4,482,482	\$2,505,707	\$589,526
Montrose Memorial Hospital	\$4,358,474	\$1,009,058	\$154,008	\$3,195,408	\$1,670,240	\$585,471
Mount San Rafael Hospital	\$1,154,764	\$165,686	\$21,639	\$967,439	\$455,567	\$175,930
North Colorado Medical Center (6)	\$26,264,466	\$4,318,842	\$1,178,119	\$20,767,505	\$11,604,882	\$2,318,207
Parkview Medical Center (1)(5)(6)	\$37,862,172	\$2,102,950	\$263,984	\$35,495,238	\$13,016,104	\$5,166,739
Penrose-St. Francis Health Services (1)	\$33,018,921	\$1,229,506	\$271,769	\$31,517,646	\$10,000,549	\$2,178,132
Platte Valley Medical Center (1)(5)	\$8,647,700	\$883,851	\$153,516	\$7,610,333	\$3,491,621	\$514,308
Poudre Valley Hospital (1)	\$17,745,525	\$1,023,075	\$1,291,820	\$15,430,630	\$9,443,545	\$2,038,367
Prowers Medical Center (6)	\$2,677,180	\$787,334	\$51,018	\$1,838,828	\$966,304	\$374,462
Rio Grande Hospital (6)	\$476,189	\$66,778	\$22,062	\$387,349	\$244,727	\$70,160
San Luis Valley Regional Medical Center (5)(6)	\$3,493,209	\$20,296	\$151,164	\$3,321,749	\$1,862,505	\$1,050,323
Sedgwick County Health Center	\$143,663	\$31,652	\$8,122	\$103,889	\$82,155	\$26,021
Southeast Colorado Hospital (5)	\$230,898	\$40,684	\$18,325	\$171,889	\$171,889	\$96,531
Southwest Memorial Hospital (1)(6)	\$2,910,502	\$1,106,650	\$48,518	\$1,755,334	\$918,917	\$792,022
Spanish Peaks Regional Health Center (5)(6)	\$1,409,456	\$99,237	\$26,133	\$1,284,086	\$1,019,821	\$282,216
St. Anthony Central Hospital (7)	\$19,444,582	\$63,699	\$88,847	\$19,292,036	\$7,219,080	\$1,498,450
St. Anthony North Hospital (7)	\$7,296,541	\$76,288	\$34,026	\$7,186,227	\$2,393,732	\$485,962
St. Mary-Corwin Hospital (1)(6)	\$45,296,929	\$1,920,483	\$470,042	\$42,906,404	\$17,982,074	\$4,200,128
St. Mary's Hospital and Medical Center (1)	\$6,157,926	\$8,495	\$119,541	\$6,029,890	\$2,885,303	\$1,227,736
St. Thomas More Hospital (1)	\$7,029,857	\$916,409	\$187,023	\$5,926,425	\$3,053,887	\$298,158
St. Vincent General Hospital	\$232,200	\$23,247	\$17,428	\$191,525	\$134,757	\$91,147
Sterling Regional MedCenter	\$2,946,669	\$372,222	\$112,961	\$2,461,486	\$1,501,014	\$183,432
The Memorial Hospital (1)	\$697,850	\$89,572	\$25,235	\$583,043	\$449,584	\$166,076
Valley View Hospital (5)	\$1,720,549	\$162,931	\$37,538	\$1,520,080	\$976,499	\$400,997
Wray Community District Hospital	\$265,136	\$28,299	\$8,579	\$228,258	\$199,292	\$63,503
Yampa Valley Medical Center (1)(6)	\$971,890	\$126,417	\$25,919	\$819,554	\$648,923	\$250,448
Yuma District Hospital (6)	\$457,032	\$66,951	\$19,428	\$370,653	\$289,814	\$118,575
<b>Sub-Total CICP Hospital Providers</b>	<b>\$397,201,156</b>	<b>\$28,675,452</b>	<b>\$7,005,304</b>	<b>\$361,520,400</b>	<b>\$154,386,439</b>	<b>\$38,377,182</b>

**Table 1 - Total Financial Activity and CICIP Reimbursement**

<b>Providers</b>	<b>Charges</b>	<b>Third Party Liability</b>	<b>Patient Liability</b>	<b>Write-Off Charges</b>	<b>Write-Off Costs</b>	<b>Reimbursement</b>
<b>CICP Specialty Hospital Providers</b>						
National Jewish Medical and Research Center (2)(5)	\$2,944,321	\$339,656	\$57,978	\$2,546,687	\$2,244,905	\$1,023,176
The Children's Hospital (2)(3)(5)	\$11,044,472	\$1,320,702	\$103,440	\$9,620,330	\$4,956,394	\$2,722,106
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>\$13,988,793</b>	<b>\$1,660,358</b>	<b>\$161,418</b>	<b>\$12,167,017</b>	<b>\$7,201,299</b>	<b>\$3,745,282</b>
<b>Denver Health Medical Center (1)(2)(4)(5)(6)</b>	<b>\$192,131,380</b>	<b>\$16,641,635</b>	<b>\$3,757,840</b>	<b>\$171,731,905</b>	<b>\$110,200,363</b>	<b>\$64,704,089</b>
<b>University Hospital (2)(3)(5)(6)</b>	<b>\$139,892,930</b>	<b>\$14,241,147</b>	<b>\$1,453,720</b>	<b>\$124,198,063</b>	<b>\$66,284,506</b>	<b>\$38,037,301</b>
<b>Total CICP Hospital Providers</b>	<b>\$743,214,259</b>	<b>\$61,218,592</b>	<b>\$12,378,282</b>	<b>\$669,617,385</b>	<b>\$338,072,607</b>	<b>\$144,863,854</b>
<b>Total All CICP Providers</b>	<b>\$777,151,283</b>	<b>\$61,668,434</b>	<b>\$16,685,327</b>	<b>\$698,797,522</b>	<b>\$367,252,744</b>	<b>\$150,923,614</b>

Notes:

- (1) Includes physician charges, third party payments and patient liabilities.
- (2) Includes outpatient pharmacy charges, third party payments and patient liabilities.
- (3) Includes physician charges, third party payments and patient liabilities provided through University Physicians, Inc.
- (4) Includes ambulance charges, third party payments and patient liabilities.
- (5) Qualifies as a High Medicaid Utilization Hospital Provider.
- (6) Qualifies as a High CICIP Utilization Hospital Provider.
- (7) Facility only participated for part of the fiscal year. La Clinica participated until 11/30/03. Marillac Clinic, St. Anthony Central Hospital and St. Anthony North Hospital joined on 10/1/03.

Table 1A - Hospital Provider Reimbursement Detail

Providers	High-Volume Payment	Low-Income Payment	FFY 2002-03 Bad Debt Payment	FFY 2003-04 Bad Debt Payment	Total Reimbursement
<b>CICP Hospital Providers</b>					
Arkansas Valley Regional Medical Center	\$7,007	\$1,344,541	\$2,944	\$25,168	\$1,379,660
Aspen Valley Hospital	\$77,858	\$257,838	\$0	\$0	\$335,696
Avista Adventist Hospital	\$192,312	\$1,310	\$0	\$0	\$193,622
Boulder Community Hospital	\$702,342	\$4,778	\$0	\$0	\$707,120
Colorado Plains Medical Center	\$460,400	\$3,134	\$0	\$0	\$463,534
Conejos County Hospital	\$21,723	\$73,070	\$0	\$0	\$94,793
Delta County Memorial Hospital	\$48,376	\$267,945	\$0	\$0	\$316,321
East Morgan County Hospital	\$0	\$52,243	\$0	\$0	\$52,243
Estes Park Medical Center	\$25,676	\$85,032	\$0	\$0	\$110,708
Exempla Lutheran Medical Center	\$910,440	\$6,194	\$0	\$0	\$916,634
Gunnison Valley Hospital	\$4,043	\$13,388	\$0	\$0	\$17,431
Heart of the Rockies Regional Medical Center	\$50,707	\$167,925	\$0	\$0	\$218,632
Kit Carson County Memorial Hospital	\$1,621	\$5,368	\$0	\$0	\$6,989
Longmont United Hospital	\$477,622	\$3,250	\$0	\$0	\$480,872
McKee Medical Center	\$614,832	\$4,184	\$0	\$0	\$619,016
Melissa Memorial	\$10,941	\$43,256	\$0	\$0	\$54,197
Memorial Hospital	\$1,662,164	\$5,504,523	\$0	\$0	\$7,166,687
Mercy Medical Center	\$585,542	\$3,984	\$0	\$0	\$589,526
Montrose Memorial Hospital	\$126,713	\$458,758	\$0	\$0	\$585,471
Mount San Rafael Hospital	\$126,674	\$49,256	\$0	\$0	\$175,930
North Colorado Medical Center	\$537,660	\$1,780,547	\$0	\$0	\$2,318,207
Parkview Medical Center	\$5,051,188	\$34,370	\$8,501	\$72,680	\$5,166,739
Penrose-St. Francis Health Services	\$2,163,412	\$14,720	\$0	\$0	\$2,178,132
Platte Valley Medical Center	\$455,730	\$3,102	\$5,810	\$49,666	\$514,308
Poudre Valley Hospital	\$472,757	\$1,565,610	\$0	\$0	\$2,038,367
Prowers Medical Center	\$86,849	\$287,613	\$0	\$0	\$374,462
Rio Grande Hospital	\$6,074	\$64,086	\$0	\$0	\$70,160
San Luis Valley Regional Medical Center	\$206,244	\$798,838	\$4,738	\$40,503	\$1,050,323
Sedgwick County Health Center	\$4,484	\$21,537	\$0	\$0	\$26,021
Southeast Colorado Hospital	\$482	\$91,464	\$480	\$4,105	\$96,531
Southwest Memorial Hospital	\$258,346	\$533,676	\$0	\$0	\$792,022
Spanish Peaks Regional Health Center	\$35,879	\$230,304	\$1,679	\$14,354	\$282,216
St. Anthony Central Hospital	\$1,488,322	\$10,128	\$0	\$0	\$1,498,450

Table 1A - Hospital Provider Reimbursement Detail

Providers	High-Volume Payment	Low-Income Payment	FFY 2002-03 Bad Debt Payment	FFY 2003-04 Bad Debt Payment	Total Reimbursement
St. Anthony North Hospital	\$482,676	\$3,286	\$0	\$0	\$485,962
St. Mary-Corwin Hospital	\$3,654,056	\$546,072	\$0	\$0	\$4,200,128
St. Mary's Hospital and Medical Center	\$1,219,438	\$8,298	\$0	\$0	\$1,227,736
St. Thomas More Hospital	\$296,142	\$2,016	\$0	\$0	\$298,158
St. Vincent General Hospital	\$21,140	\$70,007	\$0	\$0	\$91,147
Sterling Regional MedCenter	\$182,192	\$1,240	\$0	\$0	\$183,432
The Memorial Hospital	\$38,518	\$127,558	\$0	\$0	\$166,076
Valley View Hospital	\$299,482	\$2,038	\$10,417	\$89,060	\$400,997
Wray Community District Hospital	\$14,728	\$48,775	\$0	\$0	\$63,503
Yampa Valley Medical Center	\$248,754	\$1,694	\$0	\$0	\$250,448
Yuma District Hospital	\$27,501	\$91,074	\$0	\$0	\$118,575
<b>Sub-Total CICP Hospital Providers</b>	<b>\$23,359,047</b>	<b>\$14,688,030</b>	<b>\$34,569</b>	<b>\$295,536</b>	<b>\$38,377,182</b>
<b>CICP Specialty Hospital Providers</b>					
National Jewish Medical and Research Center	\$94,196	\$906,056	\$2,401	\$20,523	\$1,023,176
The Children's Hospital(1)	\$2,596,284	\$17,652	\$11,328	\$96,842	\$2,722,106
University Physicians, Inc.	\$460,841	\$3,133	\$0	\$0	\$463,974
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>\$2,690,480</b>	<b>\$923,708</b>	<b>\$13,729</b>	<b>\$117,365</b>	<b>\$3,745,282</b>
<b>Denver Health Medical Center</b>	<b>\$20,600,542</b>	<b>\$42,555,425</b>	<b>\$162,124</b>	<b>\$1,385,998</b>	<b>\$64,704,089</b>
<b>University Hospital (1)</b>	<b>\$12,864,837</b>	<b>\$24,885,845</b>	<b>\$30,016</b>	<b>\$256,603</b>	<b>\$38,037,301</b>
University Physicians, Inc.	\$2,133,834	\$4,127,706	\$0	\$0	\$6,261,539
<b>Total CICP Hospital Providers</b>	<b>\$59,514,906</b>	<b>\$83,053,008</b>	<b>\$240,438</b>	<b>\$2,055,502</b>	<b>\$144,863,854</b>

Notes:

(1) Includes University Physicians, Inc.



Table 1B - Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Hospital	\$333,930	\$0	\$0	\$333,930
Denver Health Medical Center	\$19,423,873	\$906,384	\$0	\$18,517,489
Memorial Hospital	\$11,904,125	\$785,713	\$295,364	\$10,823,048
Parkview Medical Center	\$2,368,751	\$0	\$0	\$2,368,751
Penrose-St. Francis Health Services	\$5,087,228	\$0	\$0	\$5,087,228
Platte Valley Medical Center	\$252,093	\$0	\$0	\$252,093
Poudre Valley Hospital	\$63,869	\$28,425	\$2,530	\$32,914
Southwest Memorial Hospital	\$66,330	\$0	\$0	\$66,330
St. Mary-Corwin Hospital	\$4,589,619	\$0	\$0	\$4,589,619
St. Mary's Hospital and Medical Center	\$380,009	\$8,396	\$39,748	\$331,865
St. Thomas More Hospital	\$1,638,551	\$408,204	\$93,511	\$1,136,836
The Memorial Hospital	\$77,232	\$1,830	\$3,081	\$72,321
University Physicians Inc. (1)				
The Children's Hospital	\$1,719,535	\$82,809	\$7,598	\$1,629,128
University Hospital	\$18,833,719	\$1,014,348	\$70,731	\$17,748,640
Yampa Valley Medical Center	\$34,197	\$0	\$0	\$34,197
<b>Total</b>	<b>\$66,773,061</b>	<b>\$3,236,109</b>	<b>\$512,563</b>	<b>\$63,024,389</b>

Notes:

(1) University Physicians, Inc. provides services to The Children's Hospital and University Hospital.

Table 1C - Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Colorado Coalition for the Homeless	\$899,038	\$0	\$0	\$899,038
Community Health Clinic	\$5,623	\$0	\$3,521	\$2,102
Denver Health Medical Center	\$4,368,324	\$0	\$1,281,980	\$3,086,344
High Plains Community Health Center	\$116,201	\$0	\$32,927	\$83,274
Metro Community Provider Network	\$1,334,884	\$0	\$495,060	\$839,824
National Jewish Medical and Research Center	\$170,490	\$21	\$18,260	\$152,209
Peak Vista Community Health Centers	\$1,493,841	\$0	\$600,923	\$892,918
Pueblo Community Health Center	\$1,077,182	\$0	\$309,594	\$767,588
The Children's Hospital	\$438,814	\$0	\$12,873	\$425,941
University Hospital	\$4,991,878	\$2,156,764	\$422,340	\$2,412,774
<b>Total</b>	<b>\$14,896,275</b>	<b>\$2,156,785</b>	<b>\$3,177,478</b>	<b>\$9,562,012</b>

Table 1D - Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$164,030,845	\$15,506,528	\$2,451,555	\$146,072,762
Physician Services	\$19,423,873	\$906,384	\$0	\$18,517,489
Ambulance Services	\$3,330,539	\$101,610	\$24,305	\$3,204,624
Stout Street Lab Services	\$977,799	\$127,113	\$0	\$850,686
Outpatient Pharmacy	\$4,368,324	\$0	\$1,281,980	\$3,086,344
<b>Total</b>	<b>\$192,131,380</b>	<b>\$16,641,635</b>	<b>\$3,757,840</b>	<b>\$171,731,905</b>

**Table 2A - Inpatient and Outpatient Charges (Details)**

<b>Providers</b>	<b>Urgent Outpatient Charges</b>	<b>Non-Urgent Outpatient Charges</b>	<b>Urgent Inpatient Charges</b>	<b>Non-Urgent Inpatient Charges</b>	<b>Total Charges</b>
<b>CICP Clinic Providers</b>					
Clinica Campesina Family Health Services	\$0	\$2,104,973	\$0	\$0	\$2,104,973
Colorado Coalition for the Homeless	\$2,593,212	\$0	\$0	\$0	\$2,593,212
Community Health Clinic	\$6,605	\$66,147	\$0	\$0	\$72,752
High Plains Community Health Center	\$572,235	\$35,684	\$0	\$0	\$607,919
La Clinica	\$432	\$8,940	\$0	\$0	\$9,372
Marillac Clinic	\$0	\$650,618	\$0	\$0	\$650,618
Metro Community Provider Network	\$0	\$3,106,332	\$0	\$0	\$3,106,332
Mountain Family Health Centers	\$364,010	\$291,528	\$0	\$0	\$655,538
Peak Vista Community Health Centers	\$575,514	\$5,236,926	\$0	\$0	\$5,812,440
People's Clinic	\$0	\$1,476,652	\$0	\$0	\$1,476,652
Pueblo Community Health Center	\$913	\$2,366,710	\$0	\$0	\$2,367,623
Salud Family Health Centers	\$5,329,558	\$0	\$0	\$0	\$5,329,558
Sunrise Community Health Center	\$0	\$1,957,369	\$0	\$0	\$1,957,369
Uncompahgre Medical Center	\$79,720	\$9,410	\$0	\$0	\$89,130
Valley-Wide Health Systems	\$2,176,767	\$0	\$0	\$0	\$2,176,767
<b>Total CICP Clinic Providers</b>	<b>\$11,698,966</b>	<b>\$17,311,289</b>	<b>\$0</b>	<b>\$0</b>	<b>\$29,010,255</b>
<b>CICP Hospital Providers</b>					
Arkansas Valley Regional Medical Center	\$1,265,339	\$1,399,407	\$1,154,854	\$348,619	\$4,168,219
Aspen Valley Hospital	\$224,535	\$247,108	\$1,021,746	\$70,250	\$1,563,639
Avista Adventist Hospital	\$634,291	\$1,420,428	\$996,720	\$1,105,885	\$4,157,324
Boulder Community Hospital	\$1,634,834	\$2,581,204	\$3,665,177	\$1,871,044	\$9,752,259
Colorado Plains Medical Center	\$580,033	\$52,416	\$1,047,069	\$344,681	\$2,024,199
Conejos County Hospital	\$196,151	\$57,583	\$116,977	\$104,878	\$475,589
Delta County Memorial Hospital	\$559,069	\$790,075	\$332,414	\$557,382	\$2,238,940
East Morgan County Hospital	\$104,372	\$236,975	\$0	\$25,351	\$366,698
Estes Park Medical Center	\$181,009	\$493,353	\$143,539	\$132,283	\$950,184
Exempla Lutheran Medical Center	\$4,190,101	\$3,879,476	\$17,318,583	\$3,438,942	\$28,827,102
Gunnison Valley Hospital	\$100,829	\$0	\$0	\$0	\$100,829
Heart of the Rockies Regional Medical Center	\$712,863	\$0	\$576,176	\$0	\$1,289,039
Kit Carson County Memorial Hospital	\$55,321	\$169,313	\$105,027	\$559	\$330,220
Longmont United Hospital	\$1,178,895	\$1,199,682	\$4,547,407	\$1,469,704	\$8,395,688

**Table 2A - Inpatient and Outpatient Charges (Details)**

<b>Providers</b>	<b>Urgent Outpatient Charges</b>	<b>Non-Urgent Outpatient Charges</b>	<b>Urgent Inpatient Charges</b>	<b>Non-Urgent Inpatient Charges</b>	<b>Total Charges</b>
McKee Medical Center	\$1,596,183	\$3,761,915	\$4,407,775	\$3,615,523	\$13,381,396
Melissa Memorial	\$34,884	\$67,596	\$38,468	\$0	\$140,948
Memorial Hospital	\$12,685,328	\$11,585,334	\$38,687,089	\$6,103,127	\$69,060,878
Mercy Medical Center	\$1,238,403	\$1,272,369	\$1,833,672	\$485,226	\$4,829,670
Montrose Memorial Hospital	\$633,925	\$1,585,845	\$1,681,546	\$457,158	\$4,358,474
Mount San Rafael Hospital	\$531,743	\$224,137	\$328,309	\$70,575	\$1,154,764
North Colorado Medical Center	\$3,385,705	\$4,305,128	\$10,082,120	\$8,491,513	\$26,264,466
Parkview Medical Center	\$11,047,350	\$4,063,893	\$15,550,654	\$4,831,524	\$35,493,421
Penrose-St. Francis Health Services	\$4,103,326	\$3,637,076	\$15,131,559	\$5,059,732	\$27,931,693
Platte Valley Medical Center	\$1,779,227	\$1,868,141	\$3,835,520	\$912,719	\$8,395,607
Poudre Valley Hospital	\$2,376,785	\$4,481,901	\$9,116,940	\$1,706,030	\$17,681,656
Prowers Medical Center	\$390,682	\$974,374	\$1,312,124	\$0	\$2,677,180
Rio Grande Hospital	\$215,510	\$141,552	\$119,127	\$0	\$476,189
San Luis Valley Regional Medical Center	\$776,613	\$1,362,498	\$1,354,098	\$0	\$3,493,209
Sedgwick County Health Center	\$2,694	\$119,529	\$0	\$21,440	\$143,663
Southeast Colorado Hospital	\$41,737	\$114,894	\$74,267	\$0	\$230,898
Southwest Memorial Hospital	\$710,754	\$814,556	\$0	\$1,318,862	\$2,844,172
Spanish Peaks Regional Health Center	\$404,361	\$502,971	\$502,124	\$0	\$1,409,456
St. Anthony Central Hospital	\$2,322,235	\$1,176,309	\$10,704,699	\$5,241,339	\$19,444,582
St. Anthony North Hospital	\$1,381,629	\$431,902	\$4,868,634	\$614,376	\$7,296,541
St. Mary-Corwin Hospital	\$4,609,888	\$16,767,962	\$11,055,440	\$8,274,020	\$40,707,310
St. Mary's Hospital and Medical Center	\$1,022,001	\$0	\$4,755,916	\$0	\$5,777,917
St. Thomas More Hospital	\$1,798,059	\$1,551,190	\$1,775,856	\$266,201	\$5,391,306
St. Vincent General Hospital	\$139,124	\$0	\$93,076	\$0	\$232,200
Sterling Regional MedCenter	\$394	\$1,877,760	\$0	\$1,068,515	\$2,946,669
The Memorial Hospital	\$177,366	\$150,190	\$293,062	\$0	\$620,618
Valley View Hospital	\$922,695	\$0	\$796,562	\$1,292	\$1,720,549
Wray Community District Hospital	\$0	\$196,331	\$2,100	\$66,705	\$265,136
Yampa Valley Medical Center	\$126,922	\$0	\$810,771	\$0	\$937,693
Yuma District Hospital	\$70,580	\$281,281	\$105,171	\$0	\$457,032
<b>Sub-Total CICP Hospital Providers</b>	<b>\$66,143,745</b>	<b>\$75,843,654</b>	<b>\$170,342,368</b>	<b>\$58,075,455</b>	<b>\$370,405,222</b>

**Table 2A - Inpatient and Outpatient Charges (Details)**

<b>Providers</b>	<b>Urgent Outpatient Charges</b>	<b>Non-Urgent Outpatient Charges</b>	<b>Urgent Inpatient Charges</b>	<b>Non-Urgent Inpatient Charges</b>	<b>Total Charges</b>
<b>CICP Specialty Hospital Providers</b>					
National Jewish Medical and Research Center	\$200	\$2,732,877	\$36,205	\$4,549	\$2,773,831
The Children's Hospital	\$769,210	\$1,138,286	\$6,978,627	\$0	\$8,886,123
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>\$769,410</b>	<b>\$3,871,163</b>	<b>\$7,014,832</b>	<b>\$4,549</b>	<b>\$11,659,954</b>
<b>Denver Health Medical Center</b>	<b>\$29,745,239</b>	<b>\$30,701,937</b>	<b>\$93,699,325</b>	<b>\$9,884,344</b>	<b>\$164,030,845</b>
<b>University Hospital</b>	<b>\$21,842,139</b>	<b>\$26,408,734</b>	<b>\$57,594,698</b>	<b>\$10,221,762</b>	<b>\$116,067,333</b>
<b>Total CICP Hospital Providers</b>	<b>\$118,500,533</b>	<b>\$136,825,488</b>	<b>\$328,651,223</b>	<b>\$78,186,110</b>	<b>\$662,163,354</b>
<b>Total All CICP Providers</b>	<b>\$130,199,499</b>	<b>\$154,136,777</b>	<b>\$328,651,223</b>	<b>\$78,186,110</b>	<b>\$691,173,609</b>

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 charges from Table 1C, and Denver Health Medical Center detail charges for Ambulance and Stout Street Lab Services from Table 1D.

**Table 2B - Inpatient and Outpatient Charges (Totals)**

<b>Providers</b>	<b>Total Urgent Charges</b>	<b>Total Non-Urgent Charges</b>	<b>Total Charges</b>	<b>Total Outpatient Charges</b>	<b>Total Inpatient Charges</b>	<b>Total Charges</b>
<b>CICP Clinic Providers</b>						
Clinica Campesina Family Health Services	\$0	\$2,104,973	\$2,104,973	\$2,104,973	\$0	\$2,104,973
Colorado Coalition for the Homeless	\$2,593,212	\$0	\$2,593,212	\$2,593,212	\$0	\$2,593,212
Community Health Clinic	\$6,605	\$66,147	\$72,752	\$72,752	\$0	\$72,752
High Plains Community Health Center	\$572,235	\$35,684	\$607,919	\$607,919	\$0	\$607,919
La Clinica	\$432	\$8,940	\$9,372	\$9,372	\$0	\$9,372
Marillac Clinic	\$0	\$650,618	\$650,618	\$650,618	\$0	\$650,618
Metro Community Provider Network	\$0	\$3,106,332	\$3,106,332	\$3,106,332	\$0	\$3,106,332
Mountain Family Health Centers	\$364,010	\$291,528	\$655,538	\$655,538	\$0	\$655,538
Peak Vista Community Health Centers	\$575,514	\$5,236,926	\$5,812,440	\$5,812,440	\$0	\$5,812,440
People's Clinic	\$0	\$1,476,652	\$1,476,652	\$1,476,652	\$0	\$1,476,652
Pueblo Community Health Center	\$913	\$2,366,710	\$2,367,623	\$2,367,623	\$0	\$2,367,623
Salud Family Health Centers	\$5,329,558	\$0	\$5,329,558	\$5,329,558	\$0	\$5,329,558
Sunrise Community Health Center	\$0	\$1,957,369	\$1,957,369	\$1,957,369	\$0	\$1,957,369
Uncompahgre Medical Center	\$79,720	\$9,410	\$89,130	\$89,130	\$0	\$89,130
Valley-Wide Health Systems	\$2,176,767	\$0	\$2,176,767	\$2,176,767	\$0	\$2,176,767
<b>Total CICP Clinic Providers</b>	<b>\$11,698,966</b>	<b>\$17,311,289</b>	<b>\$29,010,255</b>	<b>\$29,010,255</b>	<b>\$0</b>	<b>\$29,010,255</b>
<b>CICP Hospital Providers</b>						
Arkansas Valley Regional Medical Center	\$2,420,193	\$1,748,026	\$4,168,219	\$2,664,746	\$1,503,473	\$4,168,219
Aspen Valley Hospital	\$1,246,281	\$317,358	\$1,563,639	\$471,643	\$1,091,996	\$1,563,639
Avista Adventist Hospital	\$1,631,011	\$2,526,313	\$4,157,324	\$2,054,719	\$2,102,605	\$4,157,324
Boulder Community Hospital	\$5,300,011	\$4,452,248	\$9,752,259	\$4,216,038	\$5,536,221	\$9,752,259
Colorado Plains Medical Center	\$1,627,102	\$397,097	\$2,024,199	\$632,449	\$1,391,750	\$2,024,199
Conejos County Hospital	\$313,128	\$162,461	\$475,589	\$253,734	\$221,855	\$475,589
Delta County Memorial Hospital	\$891,483	\$1,347,457	\$2,238,940	\$1,349,144	\$889,796	\$2,238,940
East Morgan County Hospital	\$104,372	\$262,326	\$366,698	\$341,347	\$25,351	\$366,698
Estes Park Medical Center	\$324,548	\$625,636	\$950,184	\$674,362	\$275,822	\$950,184
Exempla Lutheran Medical Center	\$21,508,684	\$7,318,418	\$28,827,102	\$8,069,577	\$20,757,525	\$28,827,102
Gunnison Valley Hospital	\$100,829	\$0	\$100,829	\$100,829	\$0	\$100,829
Heart of the Rockies Regional Medical Center	\$1,289,039	\$0	\$1,289,039	\$712,863	\$576,176	\$1,289,039
Kit Carson County Memorial Hospital	\$160,348	\$169,872	\$330,220	\$224,634	\$105,586	\$330,220
Longmont United Hospital	\$5,726,302	\$2,669,386	\$8,395,688	\$2,378,577	\$6,017,111	\$8,395,688

**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
McKee Medical Center	\$6,003,958	\$7,377,438	\$13,381,396	\$5,358,098	\$8,023,298	\$13,381,396
Melissa Memorial	\$73,352	\$67,596	\$140,948	\$102,480	\$38,468	\$140,948
Memorial Hospital	\$51,372,417	\$17,688,461	\$69,060,878	\$24,270,662	\$44,790,216	\$69,060,878
Mercy Medical Center	\$3,072,075	\$1,757,595	\$4,829,670	\$2,510,772	\$2,318,898	\$4,829,670
Montrose Memorial Hospital	\$2,315,471	\$2,043,003	\$4,358,474	\$2,219,770	\$2,138,704	\$4,358,474
Mount San Rafael Hospital	\$860,052	\$294,712	\$1,154,764	\$755,880	\$398,884	\$1,154,764
North Colorado Medical Center	\$13,467,825	\$12,796,641	\$26,264,466	\$7,690,833	\$18,573,633	\$26,264,466
Parkview Medical Center	\$26,598,004	\$8,895,417	\$35,493,421	\$15,111,243	\$20,382,178	\$35,493,421
Penrose-St. Francis Health Services	\$19,234,885	\$8,696,808	\$27,931,693	\$7,740,402	\$20,191,291	\$27,931,693
Platte Valley Medical Center	\$5,614,747	\$2,780,860	\$8,395,607	\$3,647,368	\$4,748,239	\$8,395,607
Poudre Valley Hospital	\$11,493,725	\$6,187,931	\$17,681,656	\$6,858,686	\$10,822,970	\$17,681,656
Prowers Medical Center	\$1,702,806	\$974,374	\$2,677,180	\$1,365,056	\$1,312,124	\$2,677,180
Rio Grande Hospital	\$334,637	\$141,552	\$476,189	\$357,062	\$119,127	\$476,189
San Luis Valley Regional Medical Center	\$2,130,711	\$1,362,498	\$3,493,209	\$2,139,111	\$1,354,098	\$3,493,209
Sedgwick County Health Center	\$2,694	\$140,969	\$143,663	\$122,223	\$21,440	\$143,663
Southeast Colorado Hospital	\$116,004	\$114,894	\$230,898	\$156,631	\$74,267	\$230,898
Southwest Memorial Hospital	\$710,754	\$2,133,418	\$2,844,172	\$1,525,310	\$1,318,862	\$2,844,172
Spanish Peaks Regional Health Center	\$906,485	\$502,971	\$1,409,456	\$907,332	\$502,124	\$1,409,456
St. Anthony Central Hospital	\$3,573,915	\$1,817,391	\$5,391,306	\$3,349,249	\$2,042,057	\$5,391,306
St. Anthony North Hospital	\$232,200	\$0	\$232,200	\$139,124	\$93,076	\$232,200
St. Mary-Corwin Hospital	\$13,026,934	\$6,417,648	\$19,444,582	\$3,498,544	\$15,946,038	\$19,444,582
St. Mary's Hospital and Medical Center	\$6,250,263	\$1,046,278	\$7,296,541	\$1,813,531	\$5,483,010	\$7,296,541
St. Thomas More Hospital	\$15,665,328	\$25,041,982	\$40,707,310	\$21,377,850	\$19,329,460	\$40,707,310
St. Vincent General Hospital	\$5,777,917	\$0	\$5,777,917	\$1,022,001	\$4,755,916	\$5,777,917
Sterling Regional MedCenter	\$394	\$2,946,275	\$2,946,669	\$1,878,154	\$1,068,515	\$2,946,669
The Memorial Hospital	\$470,428	\$150,190	\$620,618	\$327,556	\$293,062	\$620,618
Valley View Hospital	\$1,719,257	\$1,292	\$1,720,549	\$922,695	\$797,854	\$1,720,549
Wray Community District Hospital	\$2,100	\$263,036	\$265,136	\$196,331	\$68,805	\$265,136
Yampa Valley Medical Center	\$937,693	\$0	\$937,693	\$126,922	\$810,771	\$937,693
Yuma District Hospital	\$175,751	\$281,281	\$457,032	\$351,861	\$105,171	\$457,032
<b>Sub-Total CICP Hospital Providers</b>	<b>\$236,486,113</b>	<b>\$133,919,109</b>	<b>\$370,405,222</b>	<b>\$141,987,399</b>	<b>\$228,417,823</b>	<b>\$370,405,222</b>

**Table 2B - Inpatient and Outpatient Charges (Totals)**

<b>Providers</b>	<b>Total Urgent Charges</b>	<b>Total Non-Urgent Charges</b>	<b>Total Charges</b>	<b>Total Outpatient Charges</b>	<b>Total Inpatient Charges</b>	<b>Total Charges</b>
<b>CICP Specialty Hospital Providers</b>						
National Jewish Medical and Research Center	\$36,405	\$2,737,426	\$2,773,831	\$2,733,077	\$40,754	\$2,773,831
The Children's Hospital	\$7,747,837	\$1,138,286	\$8,886,123	\$1,907,496	\$6,978,627	\$8,886,123
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>\$7,784,242</b>	<b>\$3,875,712</b>	<b>\$11,659,954</b>	<b>\$4,640,573</b>	<b>\$7,019,381</b>	<b>\$11,659,954</b>
<b>Denver Health Medical Center</b>	<b>\$123,444,564</b>	<b>\$40,586,281</b>	<b>\$164,030,845</b>	<b>\$60,447,176</b>	<b>\$103,583,669</b>	<b>\$164,030,845</b>
<b>University Hospital</b>	<b>\$79,436,837</b>	<b>\$36,630,496</b>	<b>\$116,067,333</b>	<b>\$48,250,873</b>	<b>\$67,816,460</b>	<b>\$116,067,333</b>
<b>Total CICP Hospital Providers</b>	<b>\$447,151,756</b>	<b>\$215,011,598</b>	<b>\$662,163,354</b>	<b>\$255,326,021</b>	<b>\$406,837,333</b>	<b>\$662,163,354</b>
<b>Total All CICP Providers</b>	<b>\$458,850,722</b>	<b>\$232,322,887</b>	<b>\$691,173,609</b>	<b>\$284,336,276</b>	<b>\$406,837,333</b>	<b>\$691,173,609</b>

Notes: Same as Table 2A.



**IX. UTILIZATION DATA**

**Table 3 - Utilization by County\***

County	CICP Clinics	CICP Hospitals**	Denver Health	University Hospital	Total
Adams	26,112	3,606	965	8,455	39,138
Alamosa	3,884	1,920	4	34	5,842
Arapahoe	10,198	1,600	919	9,587	22,304
Archuleta	239	454	1	6	700
Baca	137	553	-	7	697
Bent	970	541	8	13	1,532
Boulder	20,575	6,929	28	862	28,394
Broomfield	1,069	180	11	367	1,627
Chaffee	22	71	-	64	157
Cheyenne	83	55	-	20	158
Clear Creek	795	179	5	170	1,149
Conejos	1,880	1,209	7	15	3,111
Costilla	1,349	504	6	7	1,866
Crowley	468	351	5	11	835
Custer	21	131	3	11	166
Delta	7	2,244	9	23	2,283
Denver	24,332	5,386	137,487	10,145	177,350
Dolores	786	270	3	2	1,061
Douglas	967	131	25	763	1,886
Eagle	112	121	17	55	305
Elbert	76	54	6	137	273
El Paso	34,818	25,617	10	506	60,951
Fremont	1,996	5,619	1	89	7,705
Garfield	1,676	1,357	4	36	3,073
Gilpin	821	73	-	45	939
Grand	40	77	2	107	226
Gunnison	3	125	1	16	145
Hindsdale	-	4	-	-	4
Huerfano	138	1,835	1	25	1,999
Jackson	1	22	-	21	44
Jefferson	8,207	6,125	734	6,080	21,146
Kiowa	87	67	1	2	157
Kit Carson	72	1,216	2	120	1,410
Lake	5	97	-	46	148
La Plata	958	2,817	1	31	3,807
Larimer	12,208	16,876	10	284	29,378
Las Animas	45	1,347	-	39	1,431
Lincoln	49	28	-	27	104
Logan	2,501	1,883	6	64	4,454
Mesa	10,798	1,084	-	73	11,955
Mineral	24	281	-	-	305
Moffat	8	378	1	4	391
Montezuma	485	2,347	1	31	2,864
Montrose	367	3,432	1	19	3,819
Morgan	3,436	1,076	6	84	4,602
Otero	2,965	3,360	3	52	6,380
Ouray	-	83	-	14	97
Park	453	108	1	140	702

**Table 3 - Utilization by County\***

<b>County</b>	<b>CICP Clinics</b>	<b>CICP Hospitals**</b>	<b>Denver Health</b>	<b>University Hospital</b>	<b>Total</b>
Phillips	2	486	-	21	509
Pitkin	46	561	1	9	617
Prowers	3,654	1,616	2	29	5,301
Pueblo	23,298	28,499	9	250	52,056
Rio Blanco	-	16	-	4	20
Rio Grande	3,292	2,259	-	41	5,592
Routt	6	152	5	31	194
Saguache	2,479	902	-	6	3,387
San Juan	10	69	-	1	80
San Miguel	387	185	-	-	572
Sedgwick	-	444	3	5	452
Summit	30	58	3	71	162
Teller	4,193	692	3	24	4,912
Washington	108	334	-	29	471
Weld	16,728	8,167	17	769	25,681
Yuma	51	1,184	-	26	1,261
Unknown	2,393	2,109	392	306	5,200
<b>Total</b>	<b>232,920</b>	<b>151,556</b>	<b>140,730</b>	<b>40,331</b>	<b>565,537</b>

Notes:

\*Utilization by County is the sum of admissions and visits by reported patient residency.

\*\*Includes CICP Specialty Hospital providers.

**Table 4 - Outpatient Visits and Inpatient Admissions by CICP Rating**

**Outpatient Visits**

CICP Rating	CICP Clinics		CICP Hospitals*		Denver Health		University Hospital		All Providers	
	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total
A	34,434	14.8%	18,651	13.4%	16,785	12.4%	5,207	13.6%	75,077	13.7%
B	29,566	12.7%	15,182	10.9%	18,118	13.4%	5,330	13.9%	68,196	12.5%
C	29,468	12.7%	15,989	11.4%	19,316	14.2%	6,536	17.1%	71,309	13.0%
D	23,573	10.1%	14,268	10.2%	14,458	10.7%	4,836	12.6%	57,135	10.5%
E	17,275	7.4%	11,746	8.4%	10,048	7.4%	3,649	9.5%	42,718	7.8%
F	21,150	9.1%	14,284	10.2%	9,744	7.2%	4,064	10.6%	49,242	9.0%
G	13,459	5.8%	11,144	8.0%	6,799	5.0%	2,807	7.3%	34,209	6.3%
N	30,431	13.0%	19,898	14.0%	17,752	13.0%	4,782	12.6%	72,863	13.3%
P	2,145	0.9%	11,414	8.3%	-	-	412	1.1%	13,971	2.6%
Z	29,023	12.5%	5,743	4.2%	22,636	16.7%	490	1.3%	57,892	10.6%
Unknown	2,396	1.0%	1,341	1.0%	-	-	162	0.4%	3,899	0.7%
<b>Total</b>	<b>232,920</b>	<b>100.0%</b>	<b>139,660</b>	<b>100.0%</b>	<b>135,656</b>	<b>100.0%</b>	<b>38,275</b>	<b>100.0%</b>	<b>546,511</b>	<b>100.0%</b>

**Inpatient Admissions**

CICP Rating	CICP Clinics		CICP Hospitals*		Denver Health		University Hospital		All Providers	
	Visits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total
A	-	-	1,673	14.1%	559	11.0%	266	12.9%	2,498	13.1%
B	-	-	1,324	11.1%	563	11.1%	286	13.9%	2,173	11.4%
C	-	-	1,341	11.3%	601	11.8%	275	13.4%	2,217	11.7%
D	-	-	1,229	10.3%	444	8.8%	257	12.5%	1,930	10.1%
E	-	-	936	7.9%	323	6.4%	182	8.9%	1,441	7.6%
F	-	-	1,314	11.0%	312	6.1%	213	10.4%	1,839	9.7%
G	-	-	1,124	9.4%	243	4.8%	177	8.6%	1,544	8.1%
N	-	-	1,714	14.5%	582	11.5%	225	10.9%	2,521	13.3%
P	-	-	20	0.2%	-	-	-	-	20	0.1%
Z	-	-	1,180	9.9%	1,447	28.5%	171	8.3%	2,798	14.7%
Unknown	-	-	41	0.3%	-	-	4	0.2%	45	0.2%
<b>Total</b>	<b>-</b>	<b>-</b>	<b>11,896</b>	<b>100.0%</b>	<b>5,074</b>	<b>100.0%</b>	<b>2,056</b>	<b>100.0%</b>	<b>19,026</b>	<b>100.0%</b>

Notes:

\*Includes CICP Specialty Hospital providers.

**Table 5 - Inpatient Days by CICP Rating**

<b>CICP Rating</b>	<b>CICP Hospitals*</b>	<b>Denver Health</b>	<b>University Hospital</b>	<b>Total</b>
A	7,554	3,407	1,272	12,233
B	6,198	3,462	1,619	11,279
C	5,919	3,890	1,515	11,324
D	5,340	2,750	1,106	9,196
E	3,941	1,834	982	6,757
F	5,089	1,965	865	7,919
G	4,299	1,561	895	6,755
N	7,755	3,137	1,356	12,248
P	104	-	-	104
Z	5,795	10,702	1,057	17,554
Unknown	215	-	10	225
<b>Total</b>	<b>52,209</b>	<b>32,708</b>	<b>10,677</b>	<b>95,594</b>

Note:

\*Includes CICP Specialty Hospital providers.

**Table 6 - Inpatient Admissions by Age and Sex**

**CICP Hospitals\***

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Inpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	183	\$2,761,756	194	\$1,941,244	377	3.2%	\$4,703,000
06-17	118	\$2,480,507	125	\$2,557,557	243	2.0%	\$5,038,064
18-24	600	\$7,131,545	585	\$9,971,364	1,185	10.0%	\$17,102,909
25-54	3,470	\$57,057,921	3,850	\$81,171,178	7,320	61.5%	\$138,229,099
55-64	978	\$23,850,485	944	\$26,509,757	1,922	16.2%	\$50,360,242
65+	472	\$10,794,453	377	\$9,209,437	849	7.1%	\$20,003,890
<b>TOTAL</b>	<b>5,821</b>	<b>\$104,076,667</b>	<b>6,075</b>	<b>\$131,360,537</b>	<b>11,896</b>	<b>100.0%</b>	<b>\$235,437,204</b>

**Denver Health**

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Inpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	16	\$39,822	27	\$120,138	43	0.8%	\$159,960
06-17	10	\$105,446	23	\$282,178	33	0.7%	\$387,624
18-24	114	\$2,466,903	198	\$5,366,057	312	6.1%	\$7,832,960
25-54	1,115	\$19,257,594	2,165	\$43,628,493	3,280	64.7%	\$62,886,087
55-64	380	\$7,512,318	520	\$12,793,450	900	17.7%	\$20,305,768
65+	253	\$5,837,941	253	\$6,173,329	506	10.0%	\$12,011,270
<b>TOTAL</b>	<b>1,888</b>	<b>\$35,220,024</b>	<b>3,186</b>	<b>\$68,363,645</b>	<b>5,074</b>	<b>100.0%</b>	<b>\$103,583,669</b>

**University Hospital**

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Inpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	29	\$108,266	18	\$97,407	47	2.3%	\$205,673
06-17	4	\$36,851	2	\$19,085	6	0.3%	\$55,936
18-24	80	\$1,375,356	72	\$1,769,791	152	7.4%	\$3,145,147
25-54	568	\$17,909,507	736	\$25,252,284	1,304	63.4%	\$43,161,791
55-64	160	\$5,899,375	187	\$8,035,516	347	16.9%	\$13,934,891
65+	120	\$3,986,677	80	\$3,326,345	200	9.7%	\$7,313,022
<b>TOTAL</b>	<b>961</b>	<b>\$29,316,032</b>	<b>1,095</b>	<b>\$38,500,428</b>	<b>2,056</b>	<b>100.0%</b>	<b>\$67,816,460</b>

**Table 6 - Inpatient Admissions by Age and Sex**

**All CICP Providers**

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Inpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	228	\$2,909,844	239	\$2,158,789	467	2.5%	\$5,068,633
06-17	132	\$2,622,804	150	\$2,858,820	282	1.5%	\$5,481,624
18-24	794	\$10,973,804	855	\$17,107,212	1,649	8.7%	\$28,081,016
25-54	5,153	\$94,225,022	6,751	\$150,051,955	11,904	62.4%	\$244,276,977
55-64	1,518	\$37,262,178	1,651	\$47,338,723	3,169	16.7%	\$84,600,901
65+	845	\$20,619,071	710	\$18,709,111	1,555	8.2%	\$39,328,182
<b>TOTAL</b>	<b>8,670</b>	<b>\$168,612,723</b>	<b>10,356</b>	<b>\$238,224,610</b>	<b>19,026</b>	<b>100.0%</b>	<b>\$406,837,333</b>

Notes:

\*Includes CICP Specialty Hospital providers.

Charges reported in this table are from Table 2B.

Table 7 - Outpatient Activity by Age and Sex

CICP Clinics

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	2,449	\$288,342	2,556	\$299,332	5,005	2.1%	\$587,674
06-17	4,059	\$474,300	3,339	\$379,820	7,398	3.2%	\$854,120
18-24	17,087	\$2,249,480	6,174	\$703,400	23,261	10.0%	\$2,952,880
25-54	96,942	\$12,566,908	56,842	\$6,830,644	153,784	66.1%	\$19,397,552
55-64	23,505	\$2,846,890	12,478	\$1,540,140	35,983	15.4%	\$4,387,030
65+	4,747	\$515,378	2,742	\$315,621	7,489	3.2%	\$830,999
<b>TOTAL</b>	<b>148,789</b>	<b>\$18,941,298</b>	<b>84,131</b>	<b>\$10,068,957</b>	<b>232,920</b>	<b>100.0%</b>	<b>\$29,010,255</b>

CICP Hospitals\*

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	947	\$514,412	1,155	\$668,583	2,102	1.5%	\$1,182,995
06-17	2,180	\$1,653,060	1,886	\$1,849,892	4,066	2.9%	\$3,502,952
18-24	10,167	\$9,218,820	6,522	\$8,525,583	16,689	11.9%	\$17,744,403
25-54	53,043	\$49,595,508	34,553	\$41,563,403	87,596	62.8%	\$91,158,911
55-64	14,238	\$13,465,226	8,177	\$10,467,030	22,415	16.0%	\$23,932,256
65+	3,863	\$4,816,299	2,929	\$4,290,156	6,792	4.9%	\$9,106,455
<b>TOTAL</b>	<b>84,438</b>	<b>\$79,263,325</b>	<b>55,222</b>	<b>\$67,364,647</b>	<b>139,660</b>	<b>100.0%</b>	<b>\$146,627,972</b>

Denver Health

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	403	\$83,529	513	\$91,227	916	0.7%	\$174,756
06-17	889	\$235,355	831	\$211,922	1,720	1.3%	\$447,277
18-24	5,791	\$2,461,082	3,064	\$1,795,360	8,855	6.5%	\$4,256,442
25-54	43,381	\$18,205,104	42,321	\$21,831,600	85,702	63.1%	\$40,036,704
55-64	14,500	\$5,676,263	10,687	\$4,658,699	25,187	18.6%	\$10,334,962
65+	7,697	\$2,808,646	5,579	\$2,388,389	13,276	9.8%	\$5,197,035
<b>TOTAL</b>	<b>72,661</b>	<b>\$29,469,979</b>	<b>62,995</b>	<b>\$30,977,197</b>	<b>135,656</b>	<b>100.0%</b>	<b>\$60,447,176</b>



**Table 7 - Outpatient Activity by Age and Sex**

**University Hospital**

<u>Age Group</u>	<b>Female</b>		<b>Male</b>		<b>Total Outpatient</b>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	70	\$43,765	77	\$68,632	147	0.4%	\$112,397
06-17	195	\$281,265	167	\$182,835	362	0.9%	\$464,100
18-24	1,813	\$2,652,206	1,295	\$1,867,060	3,108	8.1%	\$4,519,266
25-54	11,036	\$13,694,609	11,756	\$16,071,049	22,792	59.6%	\$29,765,658
55-64	4,075	\$4,805,739	3,109	\$3,896,070	7,184	18.8%	\$8,701,809
65+	2,947	\$2,653,676	1,735	\$2,033,967	4,682	12.2%	\$4,687,643
<b>TOTAL</b>	<b>20,136</b>	<b>\$24,131,260</b>	<b>18,139</b>	<b>\$24,119,613</b>	<b>38,275</b>	<b>100.0%</b>	<b>\$48,250,873</b>

**All CICIP Providers**

<u>Age Group</u>	<b>Female</b>		<b>Male</b>		<b>Total Outpatient</b>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	3,869	\$930,048	4301	\$1,127,774	8,170	1.5%	\$2,057,822
06-17	7,323	\$2,643,980	6223	\$2,624,469	13,546	2.5%	\$5,268,449
18-24	34,858	\$16,581,588	17055	\$12,891,403	51,913	9.5%	\$29,472,991
25-54	204,402	\$94,062,129	145472	\$86,296,696	349,874	64.0%	\$180,358,825
55-64	56,318	\$26,794,118	34451	\$20,561,939	90,769	16.6%	\$47,356,057
65+	19,254	\$10,793,999	12985	\$9,028,133	32,239	5.9%	\$19,822,132
<b>TOTAL</b>	<b>326,024</b>	<b>\$151,805,862</b>	<b>220,487</b>	<b>\$132,530,414</b>	<b>546,511</b>	<b>100.0%</b>	<b>\$284,336,276</b>

Notes: Same as Table 6.

**Table 8 - Utilization by Provider**

<b>Provider Name</b>	<b>Visits</b>	<b>Admissions</b>	<b>Days</b>	<b>ALOS*</b>
<b>CICP Clinic Providers</b>				
Clinica Campesina Family Health Services	16,124	-	-	-
Colorado Coalition for the Homeless	21,558	-	-	-
Community Health Clinic	1,068	-	-	-
High Plains Community Health Center	4,237	-	-	-
La Clinica	126	-	-	-
Marillac Clinic	10,782	-	-	-
Metro Community Provider Network	22,400	-	-	-
Mountain Family Health Centers	4,500	-	-	-
Peak Vista Community Health Centers	39,948	-	-	-
People's Clinic	12,150	-	-	-
Pueblo Community Health Center	23,178	-	-	-
Salud Family Health Centers	38,974	-	-	-
Sunrise Community Health Center	16,163	-	-	-
Uncompahgre Medical Center	669	-	-	-
Valley-Wide Health Systems	21,043	-	-	-
<b>Total CICP Clinic Providers</b>	<b>232,920</b>	-	-	-
<b>CICP Hospital Providers</b>				
Arkansas Valley Regional Medical Center	3,532	177	445	2.51
Aspen Valley Hospital	646	46	227	4.93
Avista Adventist Hospital	1,714	158	510	3.23
Boulder Community Hospital	3,381	247	1,190	4.82
Colorado Plains Medical Center	356	110	295	2.68
Conejos County Hospital	572	33	109	3.30
Delta County Memorial Hospital	1,898	147	371	2.52
East Morgan County Hospital	367	6	9	1.50
Estes Park Medical Center	1,205	21	56	2.67
Exempla Lutheran Medical Center	5,181	756	3,223	4.26
Gunnison Valley Hospital	96	-	-	-
Heart of the Rockies Regional Medical Center	1,044	58	195	3.36
Kit Carson County Memorial Hospital	1,124	22	55	2.50
Longmont United Hospital	1,944	359	1,439	4.01
McKee Medical Center	5,790	449	1,979	4.41
Melissa Memorial	419	5	12	2.40
Memorial Hospital	17,488	1,785	10,290	5.76
Mercy Medical Center	3,511	154	520	3.38
Montrose Memorial Hospital	3,543	183	828	4.52
Mount San Rafael Hospital	1,011	54	139	2.57
North Colorado Medical Center	5,821	1,033	4,458	4.32
Parkview Medical Center	7,133	861	3,703	4.30
Penrose-St. Francis Health Services	6,570	1,096	5,015	4.58
Platte Valley Medical Center	2,354	294	1,079	3.67
Poudre Valley Hospital	9,572	742	3,194	4.30
Prowers Medical Center	1,456	145	370	2.55
Rio Grande Hospital	1,380	20	81	4.05
San Luis Valley Regional Medical Center	4,448	189	482	2.55
Sedgwick County Health Center	410	10	28	2.80
Southeast Colorado Hospital	410	18	38	2.11

**Table 8 - Utilization by Provider**

<b>Provider Name</b>	<b>Visits</b>	<b>Admissions</b>	<b>Days</b>	<b>ALOS*</b>
Southwest Memorial Hospital	2,194	133	423	3.18
Spanish Peaks Regional Health Center	1,405	36	172	4.78
St. Anthony Central Hospital	1,640	564	3,061	5.43
St. Anthony North Hospital	1,060	179	955	5.34
St. Mary-Corwin Hospital	22,765	799	3,133	3.92
St. Mary's Hospital and Medical Center	833	332	1,554	4.68
St. Thomas More Hospital	4,197	187	564	3.02
St. Vincent General Hospital	51	9	15	1.67
Sterling Regional MedCenter	1,819	101	299	2.96
The Memorial Hospital	333	28	74	2.64
Valley View Hospital	1,285	67	168	2.51
Wray Community District Hospital	494	12	40	3.33
Yampa Valley Medical Center	89	85	247	2.91
Yuma District Hospital	848	13	25	1.92
<b>Sub-Total CICP Hospital Providers</b>	<b>133,389</b>	<b>11,723</b>	<b>51,070</b>	<b>4.36</b>
<b>CICP Specialty Hospital Providers</b>				
National Jewish Medical and Research Center	3,924	7	24	3.43
The Children's Hospital	2,347	166	1,115	6.72
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>6,271</b>	<b>173</b>	<b>1,139</b>	<b>6.58</b>
<b>Denver Health Medical Center</b>	<b>135,656</b>	<b>5,074</b>	<b>32,708</b>	<b>6.45</b>
<b>University Hospital</b>	<b>38,275</b>	<b>2,056</b>	<b>10,677</b>	<b>5.19</b>
<b>Total CICP Hospital Providers</b>	<b>313,591</b>	<b>19,026</b>	<b>95,594</b>	<b>5.02</b>
<b>Total All CICP Providers</b>	<b>546,511</b>	<b>19,026</b>	<b>95,594</b>	<b>5.02</b>

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
<b>CICP Clinic Providers</b>								
Clinica Campesina Family Health Services	-	-	-	-	352	463	3,620	4,435
Colorado Coalition for the Homeless	-	-	-	-	122	148	4,675	4,945
Community Health Clinic	-	-	-	-	18	44	466	528
High Plains Community Health Center	-	-	-	-	28	75	1,203	1,306
La Clinica	-	-	-	-	-	3	51	54
Marillac Clinic	-	-	-	-	12	98	3,343	3,453
Metro Community Provider Network	-	-	-	-	130	298	5,903	6,331
Mountain Family Health Centers	-	-	-	-	37	90	2,072	2,199
Peak Vista Community Health Centers	-	-	-	-	629	811	10,007	11,447
People's Clinic	-	-	-	-	122	186	2,977	3,285
Pueblo Community Health Center	-	-	-	-	92	315	5,402	5,809
Salud Family Health Centers	-	-	-	-	530	1,155	13,057	14,742
Sunrise Community Health Center	-	-	-	-	199	478	5,158	5,835
Uncompahgre Medical Center	-	-	-	-	6	22	226	254
Valley-Wide Health Systems	-	-	-	-	94	291	6,127	6,512
<b>Total CICP Clinic Providers</b>	-	-	-	-	<b>2,371</b>	<b>4,477</b>	<b>64,287</b>	<b>71,135</b>
<b>CICP Hospital Providers</b>								
Arkansas Valley Regional Medical Center	5	2	67	74	17	72	1,250	1,339
Aspen Valley Hospital	1	-	36	37	6	3	111	120
Avista Adventist Hospital	24	2	117	143	17	40	791	848
Boulder Community Hospital	2	2	182	186	21	53	1,467	1,541
Colorado Plains Medical Center	2	1	47	50	5	7	142	154
Conejos County Hospital	1	1	29	31	6	19	213	238
Delta County Memorial Hospital	3	11	107	121	15	28	680	723
East Morgan County Hospital	-	1	5	6	4	9	166	179
Estes Park Medical Center	-	-	5	5	4	16	540	560
Exempla Lutheran Medical Center	6	24	643	673	34	85	3,896	4,015
Gunnison Valley Hospital	-	-	-	-	-	1	91	92
Heart of the Rockies Regional Medical Center	-	-	36	36	4	17	340	361
Kit Carson County Memorial Hospital	3	1	18	22	9	12	155	176
Longmont United Hospital	17	4	260	281	51	65	913	1,029

**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
McKee Medical Center	13	8	285	306	46	118	2,003	2,167
Melissa Memorial	-	-	5	5	2	12	72	86
Memorial Hospital	43	29	1,291	1,363	137	304	6,527	6,968
Mercy Medical Center	5	5	130	140	10	46	995	1,051
Montrose Memorial Hospital	6	4	136	146	22	79	983	1,084
Mount San Rafael Hospital	3	-	-	3	5	35	204	244
North Colorado Medical Center	37	22	703	762	89	169	2,305	2,563
Parkview Medical Center	6	12	725	743	49	191	3,316	3,556
Penrose-St. Francis Health Services	32	17	715	764	62	124	2,034	2,220
Platte Valley Medical Center	22	4	119	145	55	100	1,127	1,282
Poudre Valley Hospital	21	16	669	706	62	106	3,954	4,122
Prowers Medical Center	2	-	64	66	14	17	377	408
Rio Grande Hospital	1	-	10	11	5	18	371	394
San Luis Valley Regional Medical Center	5	1	78	84	9	64	1,929	2,002
Sedgwick County Health Center	2	-	8	10	13	3	104	120
Southeast Colorado Hospital	1	1	14	16	2	2	134	138
Southwest Memorial Hospital	2	2	54	58	19	69	773	861
Spanish Peaks Regional Health Center	-	-	23	23	8	37	762	807
St. Anthony Central Hospital	3	7	441	451	28	55	953	1,036
St. Anthony North Hospital	-	1	146	147	4	39	618	661
St. Mary-Corwin Hospital	7	9	334	350	53	286	6,479	6,818
St. Mary's Hospital and Medical Center	3	5	278	286	3	7	441	451
St. Thomas More Hospital	9	10	157	176	10	15	218	243
St. Vincent General Hospital	-	-	6	6	2	-	18	20
Sterling Regional MedCenter	7	3	76	86	25	72	594	691
The Memorial Hospital	-	3	25	28	1	16	174	191
Valley View Hospital	4	1	24	29	6	16	421	443
Wray Community District Hospital	-	-	9	9	2	10	221	233
Yampa Valley Medical Center	-	2	69	71	1	5	71	77
Yuma District Hospital	-	-	10	10	10	21	265	296
<b>Sub-Total CICIP Hospital Providers</b>	<b>298</b>	<b>211</b>	<b>8,156</b>	<b>8,665</b>	<b>947</b>	<b>2,463</b>	<b>49,198</b>	<b>52,608</b>

**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
<b>CICP Specialty Hospital Providers</b>								
National Jewish Medical and Research Center	-	3	2	5	4	13	782	799
The Children's Hospital	48	78	18	144	216	366	131	713
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>48</b>	<b>81</b>	<b>20</b>	<b>149</b>	<b>220</b>	<b>379</b>	<b>913</b>	<b>1,512</b>
<b>Denver Health Medical Center</b>	<b>41</b>	<b>41</b>	<b>3,667</b>	<b>3,749</b>	<b>475</b>	<b>1,183</b>	<b>28,850</b>	<b>30,508</b>
<b>University Hospital</b>	<b>47</b>	<b>14</b>	<b>1,447</b>	<b>1,508</b>	<b>130</b>	<b>410</b>	<b>10,765</b>	<b>11,305</b>
<b>Total CICP Hospital Providers</b>	<b>434</b>	<b>347</b>	<b>13,290</b>	<b>14,071</b>	<b>1,772</b>	<b>4,435</b>	<b>89,726</b>	<b>95,933</b>
<b>Total All CICP Providers</b>	<b>434</b>	<b>347</b>	<b>13,290</b>	<b>14,071</b>	<b>4,143</b>	<b>8,912</b>	<b>154,013</b>	<b>167,068</b>

**Table 9B - Unduplicated Total Count by Age Group**

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
<b>CICP Clinic Providers</b>				
Clinica Campesina Family Health Services	352	463	3,620	4,435
Colorado Coalition for the Homeless	122	148	4,675	4,945
Community Health Clinic	18	44	466	528
High Plains Community Health Center	28	75	1,203	1,306
La Clinica	-	3	51	54
Marillac Clinic	12	98	3,343	3,453
Metro Community Provider Network	130	298	5,903	6,331
Mountain Family Health Centers	37	90	2,072	2,199
Peak Vista Community Health Centers	629	811	10,007	11,447
People's Clinic	122	186	2,977	3,285
Pueblo Community Health Center	92	315	5,402	5,809
Salud Family Health Centers	530	1,155	13,057	14,742
Sunrise Community Health Center	199	478	5,158	5,835
Uncompahgre Medical Center	6	22	226	254
Valley-Wide Health Systems	94	291	6,127	6,512
<b>Total CICP Clinic Providers</b>	<b>2,371</b>	<b>4,477</b>	<b>64,287</b>	<b>71,135</b>
<b>CICP Hospital Providers</b>				
Arkansas Valley Regional Medical Center	22	56	1,335	1,413
Aspen Valley Hospital	6	3	146	155
Avista Adventist Hospital	41	42	908	991
Boulder Community Hospital	22	54	1,522	1,598
Colorado Plains Medical Center	6	7	191	204
Conejos County Hospital	7	20	233	260
Delta County Memorial Hospital	17	34	587	638
East Morgan County Hospital	4	10	171	185
Estes Park Medical Center	4	16	545	565
Exempla Lutheran Medical Center	40	109	4,539	4,688
Gunnison Valley Hospital	-	1	91	92
Heart of the Rockies Regional Medical Center	3	17	377	397
Kit Carson County Memorial Hospital	12	13	173	198
Longmont United Hospital	43	34	1,173	1,250

**Table 9B - Unduplicated Total Count by Age Group**

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
McKee Medical Center	59	126	2,288	2,473
Melissa Memorial	2	12	77	91
Memorial Hospital	161	317	6,968	7,446
Mercy Medical Center	14	48	1,019	1,081
Montrose Memorial Hospital	26	79	1,009	1,114
Mount San Rafael Hospital	8	35	204	247
North Colorado Medical Center	126	191	3,008	3,325
Parkview Medical Center	53	201	3,608	3,862
Penrose-St. Francis Health Services	94	141	2,749	2,984
Platte Valley Medical Center	77	104	1,246	1,427
Poudre Valley Hospital	83	122	4,623	4,828
Prowers Medical Center	16	17	441	474
Rio Grande Hospital	6	18	381	405
San Luis Valley Regional Medical Center	14	65	2,007	2,086
Sedgwick County Health Center	15	3	112	130
Southeast Colorado Hospital	3	3	148	154
Southwest Memorial Hospital	21	71	827	919
Spanish Peaks Regional Health Center	8	38	784	830
St. Anthony Central Hospital	31	62	1,394	1,487
St. Anthony North Hospital	4	40	764	808
St. Mary-Corwin Hospital	60	295	6,813	7,168
St. Mary's Hospital and Medical Center	5	11	635	651
St. Thomas More Hospital	19	25	375	419
St. Vincent General Hospital	2	-	24	26
Sterling Regional MedCenter	32	75	670	777
The Memorial Hospital	1	17	183	201
Valley View Hospital	10	17	445	472
Wray Community District Hospital	2	10	230	242
Yampa Valley Medical Center	-	5	131	136
Yuma District Hospital	10	21	275	306
<b>Sub-Total CICP Hospital Providers</b>	<b>1,189</b>	<b>2,585</b>	<b>55,429</b>	<b>59,203</b>



**Table 9B - Unduplicated Total Count by Age Group**

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
<b>CICP Specialty Hospital Providers</b>				
National Jewish Medical and Research Center	4	16	784	804
The Children's Hospital	264	444	149	857
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>268</b>	<b>460</b>	<b>933</b>	<b>1,661</b>
<b>Denver Health Medical Center</b>	<b>485</b>	<b>1,204</b>	<b>29,558</b>	<b>31,247</b>
<b>University Hospital</b>	<b>173</b>	<b>415</b>	<b>11,246</b>	<b>11,834</b>
<b>Total CICP Hospital Providers</b>	<b>2,115</b>	<b>4,664</b>	<b>97,166</b>	<b>103,945</b>
<b>Total All CICP Providers</b>	<b>4,486</b>	<b>9,141</b>	<b>161,453</b>	<b>175,080</b>

## **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.

Beginning with the 2000-01 fiscal year, the General Assembly appropriated to the CPPC Grant Program fund six percent of the total amount of moneys received by the state from the Master Settlement Agreement (not including attorney fees and costs) not to exceed \$6 million in any fiscal year. The Department of Health Care Policy and Financing (the Department) was permitted up to one percent of the amount annually appropriated for actual costs incurred in implementing the provisions of this grant program. In May 2004, the General Assembly passed House Bill 04-1421, which permanently reduced CPPC grant funding from the original 6 percent of the money received by the state through the tobacco settlement funds to 3 percent of these funds, or a maximum of \$5 million per year. For FY 2004-05, total available funding for CPPC Grant Program will be approximately \$2.6 million.

Because primary and preventive care are two of the most cost effective means of keeping people healthy, the CPPC Grant Program is intended to expand these services to Colorado's uninsured or medically indigent populations. However, it is not intended to supplant or expand state Medicaid, the Children's Basic Health Plan (CBHP), or the Colorado Indigent Care Program (CICP).

The goals of the CPPC Grant Program are to efficiently use available funding 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.

For a complete report, the Comprehensive Primary and Preventive Care Grant Program FY 2003-04 Annual Report is available on the Department's website.

## II. ADMINISTRATION

The Department became responsible for the CPPC Grant Program on July 1, 2000. Prior to awarding grants, the Medical Services Board established rules, The Department appointed an Advisory Committee and issue a Request for Proposal (RFP) to distribute the awards. 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.

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 legislation changed the eligibility of patients to be served in the program from 185% of the federal poverty level and below to 200% of the federal poverty level and below. In addition, statute was changed to allow qualified health care providers to practice in an area in which 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, new legislation required that the qualified health care providers perform an initial screening for Medicaid, the Children's Basic Health Plan (CBHP) and Colorado Indigent Care Program (CICP). The Department modified the rules, and the revisions to the rules were approved and became effective January 1, 2002.

A revised Request for Proposal (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. A pre-bid meeting was held at the beginning of the following month to discuss the RFP and answer questions from any interested bidder. Proposals were due in 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 originally appropriated to the CPPC Grant Program for FY 2002-03.

Awards were made for FY 2002-03 totaling \$5,854,153, which was distributed in 18 contracts to 14 different health care providers. Of the 18 contracts, 10 were structured to provide funding over multiple years. Those who received awards for FY 2002-03 and also requested funding for multiple years were awarded funding for the additional years they had requested. After the publication of the RFP, the grant administration team decided that the funding awarded for

multiple years would be distributed at decreasing intervals in order to allow for adequate funding of new grants in subsequent years. Therefore, the funding for additional years was pledged at amounts lower than what was requested.

The awards for FY 2002-03 were reduced to accommodate a 10-month contract period spanning September 1, 2002 through June 30, 2003 and most awards were decreased by a corresponding percentage. This action was necessary because approval for the grant awards was delayed. Although some health care providers did not receive the full amount requested, it is noteworthy that the decreased award amounts allowed for two additional proposals to receive grant monies for the September 2002 through June 2003 contract period.

In January 2003, the General Assembly redirected some of the resources from the tobacco settlement funds to the General Fund in an effort to partially relieve the budget deficit experienced by the State of Colorado. This resulted in a decrease in appropriations to tobacco settlement-funded programs. The FY 2002-03 CPPC Grant Program's funding was reduced by approximately 11.5% to \$5,259,917. All CPPC grant awards were decreased by that same percentage to total \$4,965,304. Grantees' contract deliverables were renegotiated to coincide with the lower award amount and contract amendments were issued for all grantees.

With assistance from the Office of the Attorney General and the Office of the State Controller it was determined that the CPPC Grant Program was not required to issue a Request for Proposal (RFP) to award grants for FY 2003-04. The Department proceeded to establish a streamlined application process for use in disbursement of CPPC Grant Program funds. In addition, the provision for grant monies to be used for maintaining increased access, capacity or services previously funded by CPPC grants was listed explicitly in program regulations.

The application process was managed by the CPPC Grant Program administration team, including publication of the application; advertisement of the application to possible applicants; providing materials through a website or other means, as requested; responding to all questions or comments from the applicants; issuing all communications pertaining to the grant program and application process; acknowledging receipt of applications; managing the evaluation process; notification of applicants' rankings; negotiation of contract terms; and issuing contract documents.

An application was developed from the previous RFP and was released mid-January 2003. The information requested in the application remained fundamentally the same from the previous year's RFP; however, utilizing the recommendations of the Advisory Council and previous experience with the CPPC Grant Program, the application included the following changes:

- ❑ The program would fund a maximum of \$2,000,000 in capital construction projects for FY 2003-04
- ❑ The grant distribution categories were, once again, changed in order to simplify the application process. The previous 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 new categories became: 1) Capital with a maximum funding request of \$500,000 for FY 2003-04, \$250,000 for FY 2004-05 and

\$150,000 for FY 2005-06 and 2) Operations with a maximum funding request of \$250,000 for FY 2003-04, \$150,000 for FY 2004-05 and \$100,000 for FY 2005-06

Senate Bill 03-013, which was signed into law in April 2003, made the following modifications to the Comprehensive Primary and Preventive Care Grant Program Act:

- ❑ The definition of “comprehensive primary care” was clarified and now states that such care must be available on a “year-round basis.”
- ❑ The definition of “arranging for” comprehensive care services was defined as “demonstrating established referral relationships with health care providers for any of the comprehensive primary care services not directly provided by an entity.”
- ❑ Language was added concerning rural providers stating, “An entity in a rural area may be exempt from this requirement if they can demonstrate that there are no providers in the community to provide one or more of the comprehensive primary care services.” The CPPC Grant Program began awarding from one to five extra points to rural applications according to the population of the area to be served, with the least inhabited areas receiving the highest number of points.
- ❑ Also related to funding for urban and rural areas, the bill stated, “...Department shall consider geographic distribution of funds among urban and rural areas in the state when making funding decisions.”

In addition, two administrative changes were made to the financial reporting requirements. To increase financial accountability, CPPC Grant Program contractors are reimbursed on an expenditure basis only, for up to a maximum of 25 percent of the contracted annual budget at the end of the first quarter, a total of 50 percent at the end of the second quarter, etc. (Previously, contractors were reimbursed 25 percent each quarter, regardless of expenditures.) Also, a certain degree of flexibility has been built into contractors’ accounting and billing processes, allowing them to shift up to 10 percent of expenditures between “major budget categories” without the need for time-consuming contract amendments.

After the release of the application and prior to the application due date, the CPPC Grant Program administration team handled all communications personally from possible applicants. The administration team explained the new requirements to prospective CPPC grant applicants during application workshops and pre-bid conferences and answered questions about possible ways providers could ensure compliance with the legislation. All applicants were invited to bring all questions or comments directly to the CPPC Grant Program administration team and to attend the conferences or workshop in person or via conference call. These events were held to address questions from the applicants, to discuss format requirements for the response to the CPPC Grant Program application and to review general steps for planning and preparing a response to an application or RFP.

Applications were due in late February 2003 and a total of 18 applications were received from 15 different health care providers. The 18 applications requested funding totaling \$4,490,365, including \$2,104,707 for capital construction projects and \$2,385,658 for operations projects.

Although \$5,419,045 was allocated for the CPPC Grant Program for FY 2003-04, \$2,166,500 had been pre-awarded to grantees during the FY 2002-03 RFP process, leaving approximately \$2,852,500 available for awards for FY 2003-04.

### 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 2,293 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 12.5 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.
- ❑ Plan de Salud del Valle, Inc. in the amount of \$900,000 to fund building a new clinic in Frederick.
- ❑ 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 care 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; providing expanded clinic services to 11,000 patients.
- ❑ Denver Health Medical Center 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 226 new patients to program.
- ❑ Marillac Clinic, Inc. in the amount of \$870,000 to fund hiring 8.15 FTEs in Mesa County; providing 4,463 patient visits; expanding dental clinic; providing 578 reduced-cost eyeglasses; developing a 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 \$4,965,304 for a 10-month grant period. Services were provided in Boulder, Glenwood Springs, Grand Junction, Greeley, Lafayette, Longmont, Norwood, Pueblo and the Denver metro area. Final reports from the grantees showed that almost all grantees exceeded their original goals. It was reported that 12,607 patients received medical services and 33,094 encounters were provided for those patients. In addition, 3,000 patients received dental care and 8,369 encounters were provided for those patients. Further, diabetes education classes and dental information sessions were held, eye exams were given, eyeglasses were distributed to 265 patients and at least 2,669 pharmaceuticals were dispensed. The following projects were funded:

- ❑ Catholic Health Initiatives, St. Anthony Foundation in the amount of \$266,890 to fund hiring a patient advocate, diabetic educator and prenatal nurse, and to provide health care to 1,376 uninsured patients in Denver.
- ❑ Catholic Health Initiatives, St. Mary-Corwin in the amount of \$442,600 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 \$442,600 to fund the construction and equipping of 9 new exam rooms and to provide health care to at least 65 uninsured patients in Lafayette.
- ❑ Colorado Coalition for the Homeless in the amount of \$389,488 to fund 8 FTEs and add 0.5 FTE patient educator and to provide health care to 1,447 uninsured patients in Denver.
- ❑ Columbine Family Health Center in the amount of \$120,861 to provide health care to at least 1,372 uninsured patients in Glenwood Springs.
- ❑ Columbine Family Health Center in the amount of \$88,039 to fund the initial phases of construction of a medical facility in Nederland.
- ❑ Inner City Health Center in the amount of \$158,219 to fund hiring a dental director, completing the remodeling of the laboratory and providing dental services to at least 993 uninsured patients at the Inner City Health Center in Denver.
- ❑ Inner City Health Center in the amount of \$68,065 to fund maintaining 0.5 FTE diabetic care coordinator, enrolling at least 76 additional patients in diabetic program and conducting at least 12 diabetic education classes in Denver.



- ❑ Inner City Health Center in the amount of \$159,551 to fund a dental director; the installation of cabinets, countertops and new handpieces; and to provide dental services for at least 786 uninsured patients at the New Hope Dental clinic in Denver.
- ❑ Marillac Clinic in the amount of \$131,120 to complete construction and relocation of 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 1,452 uninsured patients in Grand Junction.
- ❑ Metro Community Provider Network in the amount of \$442,600 to fund the completion of the remodeling of space into a dental clinic, the hiring of a dentist and dental hygienist and to provide dental services to at least 920 uninsured patients in Denver.
- ❑ People's Clinic in the amount of \$218,578 to hire a family practice team (including at least 1 FTE family physician) and to provide health care to at least 1,297 uninsured patients in Boulder.
- ❑ Plan de Salud del Valle in the amount of \$442,600 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 \$376,137 to provide health care services to at least 1,850 uninsured patients and to fill at least 4,164 pharmaceutical prescriptions for uninsured patients in Pueblo.
- ❑ Sunrise Community Health Center in the amount of \$367,358 to fund 5 FTEs among three clinics and to provide health care to at least 3,037 uninsured patients in Greeley.
- ❑ Uncompahgre Medical Center in the amount of \$154,910 to fund the beginning phases of construction that will expand the facility in Norwood.
- ❑ University of Colorado Hospital in the amount of \$295,688 to provide prenatal, postpartum, newborn care, hospital-based outpatient services and delivery services for at least 3,859 patient visits by uninsured patients in Denver.

FY 2003-04 was the first year the CPPC Grant Program administered contracts for awards granted during two different procurement processes. The contracts had two different effective dates: July 1, 2003 for the awards made during the FY 2002-03 RFP process and August 1, 2003 for the awards made during the FY 2003-04 application process. CPPC grant funding was used to support 21 grant programs to 14 different health care providers in FY 2003-04, 11 of which were multi-year grants continued from FY 2002-03, and 10 of which were new starts.

All CPPC grants are awarded to providers who serve designated medically underserved areas or populations. In FY 2003-04, 14 out of the 21 funded programs served counties with poverty levels exceeding the statewide average. At the same time, 16 out of these 21 programs were located in some of the most densely populated counties in the state: Denver, El Paso, Arapahoe, Adams, Boulder, Weld and Pueblo. Funding projects in areas with a low availability of medical services, high poverty level and large population base allowed the CPPC Grant Program to reach a significant number of Colorado residents who are most in need of medical services. At the same time, FY 2003-04 CPPC grant funds also were used to reach mid-size Western Slope

communities in Mesa and Garfield counties as well as more remote rural areas of Alamosa, Montrose and San Miguel counties, where medical services for uninsured, low-income individuals are especially limited.

The allocation of CPPC grant funds by service/project type in FY 2003-04 was similar to previous years, with a somewhat larger percent going to dental programs. In summary, 10 projects were for medical care, six were for construction/renovation and five were for dental care, with one dental project including a limited amount of construction. The breakdown included 46.4% (approximately \$2.3 million) for medical services, 36.8% (\$1.8 million) for construction and remodeling projects and 16.8% (\$841,000) for dental care. The following projects were funded for FY 2003-04:

- ❑ Catholic Health Initiatives, St. Anthony Foundation, in the amount of \$282,836 to maintain 3 medical positions and provide medical services to 522 new patients as well as maintaining 209 patients from a previous grant.
- ❑ Catholic Health Initiatives, St. Anthony Foundation, in the amount of \$205,940 to create 1.5 additional medical FTE's, contract with Spanish-speaking "douglas" to assist in 408 deliveries, and purchase additional medical and office equipment.
- ❑ Catholic Health Initiatives, St. Mary-Corwin Foundation, in the amount of \$150,000 to complete the renovation of a building expanding the space of the Southern Colorado Family Medicine clinic, and create two additional medical FTE's.
- ❑ Clinica Campesina in the amount of \$500,000 to partially purchase a building in Lafayette and renovate 21 exam rooms.
- ❑ Colorado Coalition for the Homeless/Stout Street Clinic in the amount of \$250,000 to maintain 4 medical FTE positions. This is a three-year grant continuing into FY 2005-06.
- ❑ Community Health Centers, Inc., in the amount of \$168,207 to complete remodeling of the Family Health Clinic.
- ❑ Community Health Centers, Inc., in the amount of \$229,250 to create 9 additional medical FTE's which will decrease total patient visit time.
- ❑ Inner City Health Center in the amount of \$83,662 to maintain 1 part-time FTE in the Diabetic Program. This is a continuing grant into FY 2004-05.
- ❑ Inner City Health Center in the amount of \$150,000 to maintain 1 FTE dental director in the New Hope Dental Services. This is a continuing grant into FY 2004-05.
- ❑ Inner City Health Center in the amount of \$150,000 to maintain 2 FTE dental director in the Inner City Dental Services. This is a continuing grant into FY 2004-05.
- ❑ Marillac Clinic in the amount of \$250,000 to provide dental services to 1,119 patients. This is a continuing grant into FY 2004-05.
- ❑ Marillac Clinic in the amount of \$250,000 to provide continuing services to 849 patients who were maintained from a previous CPPC grant award. These services included medical, vision and pharmaceutical visits. This is a continuing grant into FY 2004-05.

- ❑ Metro Community Provider Network in the amount of \$250,000 to complete construction of 1 additional dental operatory, and 1 full-time dental hygienist. This is a continuing grant into FY 2004-05.
- ❑ Metro Community Provider Network in the amount of \$300,000 to renovate an existing facility in Englewood which enhances services.
- ❑ Mountain Family Health Centers in the amount of \$141,585 to create 2.5 full-time medical positions.
- ❑ Plan De Salud del Valle in the amount of \$250,000 to complete construction of a new medical/dental facility in Longmont. This is a continuing grant into FY 2004-05.
- ❑ Pueblo Community Health Center in the amount of \$229,250 to complete construction of the lower level of the Park Hill Clinic.
- ❑ Pueblo Community Health Center in the amount of \$250,000 to maintain medical services from a previous CPPC grant award. This is a continuing grant into FY 2005-06.
- ❑ Sunrise Community Health Center in the amount of \$229,250 to maintain 2 full-time FTE at the Sunrise Community Health Center in Greeley and Monfort Children's Clinic in Greeley.
- ❑ Uncompahgre Medical Center in the amount of \$136,500 to complete construction of the new facility in Norwood.
- ❑ Valley-Wide Health Services, Inc. in the amount of \$500,000 to complete remodeling of the Alamosa Dental Clinic expansion.

#### **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 S.B. 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. The initial appropriation for FY 2002-03 was \$5,939,047, which was then reduced to \$5,259,917 under S.B. 03-190. For FY 2003-04 the initial appropriation stood at \$5,939,047, which was then reduced to \$5,414,045 by S.B. 03-019 (allocation of the State Auditor's fees), S.B. 03-282 (Tobacco Reallocation) and H.B. 04-1331 (Department of Public Health and Environment Supplemental Appropriation)

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 was required to fund the Office of the State Auditor, which is required by statute to audit all the Tobacco Settlement Trust funded programs. Therefore, in FY 2001-02, a payment of \$7,805 was made to the Department of Public Health and Environment and \$4,671 was paid to the Office of the State Auditor. In addition, a one-time payment of \$2,040 was made to the Stroke Prevention Board, as required by statute. In FY 2002-03, \$9,632 was paid to the Department of Public Health and Environment and \$5,590 was paid to the Office of the State Auditor. Starting in FY 2003-04, the direct payment from the Department to the Office of the State Auditor was terminated and replaced by permanent appropriation under S.B. 03-019, therefore the only required payment was to the Department of Public Health and Environment for \$7,674.

The Department cannot exceed a maximum of 1% of total funds appropriated for the direct administrative costs associated with the CPPC Grant Program. The total direct administrative costs for FY 2000-01 and FY 2001-02 were \$15,262. For FY 2002-03, the direct administration costs grew to \$40,057 as it was determined that a full-time program coordinator was needed to administer the program. The full-time program coordinator position continued through FY 2003-04 and the direct administrative cost equaled \$37,685. As required by statute, any funds not used at the end of the fiscal year are reverted to the Tobacco Settlement Trust. For FY 2000-01, \$147,861 in appropriated funds was reverted to the Tobacco Settlement Trust, while in FY 2002-03 that amount was \$239,334 and \$354,706 in FY 2003-04.

**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
<b>Total</b>	<b>\$9,908,020</b>
<b>Provider Awards</b>	<b>\$9,730,381</b>
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
<b>Total Appropriations</b>	<b>\$9,908,020</b>

**Chart 2 - CPPC Financial Summary FY 2002-03**

<b>Provider Awards</b>	<b>\$4,965,304</b>
Department Administration Costs	\$40,057
Department of Public Health and Environment Payment	\$9,632
Office of the State Auditor Payment	\$5,590
Tobacco Settlement Trust Reversion	\$239,334
<b>Total Appropriation</b>	<b>\$5,259,917</b>

**Chart 3 - CPPC Financial Summary FY 2003-04**

<b>Provider Awards</b>	<b>\$5,018,980</b>
Department Administration Costs	\$37,685
Department of Public Health and Environment Payment	\$7,674
Tobacco Settlement Trust Reversion	\$354,706
<b>Total Appropriation</b>	<b>\$5,419,045</b>