



COLORADO

MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM

FISCAL YEAR 2004-05 ANNUAL REPORT

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
Stephen C. Tool, Executive Director

STATE OF COLORADO

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

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Bill Owens
Governor

Stephen C. Tool
Executive Director

February 7, 2006

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 2004-05 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 \$143,133,256 in FY 2004-05. General Fund accounted for approximately 8.7% or \$12,462,364 of these payments and the remainder was federal funds.
- The number of individuals who received care under the Colorado Indigent Care Program grew by 2.3% to 179,129. The number of children served by the program decreased by 1.9% and they represented 7.5% of the total population served. Since FY 1998-99, the number of children receiving care under the CICP has fallen 53.5%.
- In FY 2003-04 the Colorado Indigent Care Program implemented a new reimbursement methodology that increased federal funding by \$30.1 million to public-owned providers, which was sustained in FY 2004-05. However, net reimbursements to private-owned providers fell in FY 2004-05 due to a decrease of \$3,144,162 in the General Fund appropriation, which caused a corresponding decrease in federal funds. On average, the participating clinic providers were reimbursed at 21.36% of indigent care costs, while participating hospital providers stood at 19.40%.

Questions regarding this report can be addressed to Christopher Underwood, Acting Manager, Safety Net Financing Section, at 303-866-4766.

Sincerely,

Stephen C. Tool
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 7, 2006

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. (2005). Total payments made to providers of indigent care equaled \$143,133,256 in FY 2004-05 and were distributed as follows:

□ Low-Income Payments	\$87,678,142
□ High-Volume Payments	\$48,353,319
□ Bad Debt Payments	\$928,723
□ CICP Clinic Payments	\$6,059,760
□ Medicaid Shortfall Payments	\$113,312

General Fund accounted for approximately 8.7% or \$12,462,364 of these payments and the remainder was federal funds.

The primary focus of this report is the Colorado Indigent Care Program (CICP), established in 1983 by the “Reform Act for the Provision of Health Care for the Medically Indigent.” The number of individuals served under the CICP increased by 2.3% to 179,129 in FY 2004-05. Overall, the number of total inpatient hospital admissions grew by 4.5% while the number of outpatient visits increased by 2.3%. Children, age 0-18, represented 7.5% of the population served and the number of children served under the program was 1.9% lower than the previous fiscal year. The number of children served by the program continues to decline as enrollment in the Children’s Basic Health Plan increases. Since FY 1998-99, the number of children receiving care under the CICP has fallen 53.5%.

In FY 2003-04 the CICP implemented a new payment methodology that increased federal funding by \$30.1 million to public-owned providers, which was sustained in FY 2004-05. However, net payments to private-owned providers fell in FY 2004-05 due to a decrease of \$3,144,162 in the General Fund appropriation, which caused a corresponding decrease in federal funds. The CICP Clinic providers received payments that in average covered 21.36% of indigent care costs, while the percentage for CICP hospital providers stood at 19.40%. Denver Health Medical Center received a payment that covered 55.04% of indigent care costs and University Hospital reached 57.73%. When examining all CICP hospital providers, public-owned hospitals (24 providers) received payments that in average covered 46.5% of indigent care costs, while private-owned hospitals (23 providers) received 18.4%.

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) - 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 200% 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 – 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 payment 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 payment 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 payment to a CICP Hospital provider for providing covered services, which consists of federal funds from the Medicare Upper Payment Limit for inpatient hospital 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 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 payment to a CICP Hospital provider for providing covered services, which consists of federal funds from the Disproportionate Share Hospital Allotment.

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 Covered Services not included in the emergency care definition.

Outstate Indigent Care Program – General providers in the CICP 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 medical 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 payment 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. The federal matching rate varies from state to state, but is never less than 50% and not more than 78%.

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 2004-05, the federal match rate was at 50.00% which is unchanged since FY 2000-01. The federal match rates for Colorado since 1989-90 are listed in Chart 1.

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).

Chart 1 - Colorado's Federal Match Rates

Federal Fiscal Year (October – September)	Match Rate
1989-90	52.11%
1990-91	53.59%
1991-92	54.79%
1992-93	54.42%
1993-94	54.30%
1994-95	53.10%
1995-96	52.44%
1996-97	52.32%
1997-98	51.97%
1998-99	50.59%
1999-00	50.00%
2000-01	50.00%
2001-02	50.00%
2002-03	
(October 1, 2002 – March 31, 2003)	50.00%
(April 1, 2003 – September 30, 2003)	52.95%
2003-04	
(October 1, 2003 – June 30, 2004)	52.95%
(July 1, 2004 – September 30, 2004)	50.00%
2004-05	50.00%

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.

Chart 2 - Colorado DSH Allotments

Federal Fiscal Year	Disproportionate Share Hospital Allotments (Federal Funds)
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
2004-05	\$87,127,600

The DSH Allotment covers all of the federal shares of the following payment methodologies:

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

II. DISPROPORTIONATE SHARE HOSPITAL PAYMENTS

LOW-INCOME PAYMENTS

The Low-Income payment is used to distribute available funds under the Disproportionate Share Hospital (DSH) Allotment to those hospitals that participate in the CICP. Payments to public-owned providers are partially funded using certification of public expenditures under the DSH Allotment for inpatient and outpatient services to low-income individuals. Payments to private-owned providers require General Fund to earn a federal match. The federal fund portion of the payment stood at \$81,776,202 in FY 2003-04 and \$86,142,221 in FY 2004-05.

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 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 the allotment have been made. The goal of the payment is to maximize federal dollars, while minimizing General Fund expenditures. A percentage of Bad Debt is reimbursed each year. All payments are made directly to Denver Health Medical Center and University Hospital, who 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.¹

Chart 3, Chart 4 and Chart 5 show the Bad Debt payments made in FY 2004-05, FY 2003-04, FY 2002-03 respectively. Payments are based on the hospital's bad debt costs.

¹ For a list of qualified providers, please see Chart 10 under the section titled "Providers" under the "Colorado Indigent Care Program."

Chart 3 – Bad Debt Payments State Fiscal Year 2004-05

Provider	Federal Fiscal Year 2003-04 Bad Debt Payment	Federal Fiscal Year 2004-05 Bad Debt Payment	Total State Fiscal Year 2004-05 Payment
Arkansas Valley Regional Medical Center	\$2,193	\$6,578	\$8,771
Conejos County Hospital	\$769	\$2,308	\$3,077
Denver Health	\$153,675	\$461,027	\$614,702
National Jewish Medical and Research Center	\$1,994	\$5,983	\$7,977
Parkview Medical Center	\$6,764	\$20,291	\$27,055
Platte Valley Medical Center	\$4,787	\$14,360	\$19,147
San Luis Valley Regional Medical Center	\$4,474	\$13,422	\$17,896
Southeast Colorado Hospital	\$250	\$749	\$999
Spanish Peaks Regional Health Center	\$1,737	\$5,212	\$6,949
The Children's Hospital	\$10,587	\$31,762	\$42,349
University Hospital	\$37,207	\$111,621	\$148,828
Valley View Hospital	\$7,743	\$23,230	\$30,973
Total	\$232,180	\$696,543	\$928,723

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

Provider	Federal Fiscal Year 2002-03 Bad Debt Payment	Federal Fiscal Year 2003-04 Bad Debt Payment	Total State Fiscal Year 2003-04 Payment
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
Total	\$240,438	\$2,055,502	\$2,295,940

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

Provider	Federal Fiscal Year 2002-03 Bad Debt Payment	Total State Fiscal Year 2002-03 Payment
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
Total	\$4,075,312	\$4,075,312

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 (CICP).

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. Each year the number of providers who qualify for this payment change as their Medicaid inpatient utilization changes. Chart 6 lists the providers who have qualified for the Medicaid Shortfall payment and the amount each received for FY 2003-04 and FY 2004-05.

Chart 6 – Medicaid Shortfall Payments

Provider	State Fiscal Year 2004-05 Payment	State Fiscal Year 2003-04 Payment
Cleo Wallace Center	-	\$20,254
Mediplex Rehabilitation	-	\$46,300
Rangely District Hospital	-	\$152
Presbyterian/St. Luke's Medical Center	\$113,312	-
Total	\$113,312	\$66,706

MEDICARE UPPER PAYMENT LIMIT

I. INTRODUCTION

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 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 payment 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). In FY 2003-04, this payment was named a High-Volume payment and the federal fund payment stood at \$3,516,553 in FY 2003-04 and \$2,821,546 in FY 2004-05.²

Since FY 1989-90, the CICP payments 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.” In FY 2003-04 the distinct Major Teaching Hospital payments to Denver Health Medical Center and University Hospital were eliminated and combined with the payment to all other CICP providers to create the High-Volume payment. In FY 2003-04, this federal fund payment to these two providers stood at \$33,465,379 in FY 2003-04 and \$29,851,959 in FY 2004-05.

² 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. 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 2004-05 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 to receive a federal match 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 CICIP payments to the CICIP Clinics and in return, the Department would use a portion of the General Fund available under the CICIP Clinic payment to fund The Children's Hospital Pediatric Major Teaching Hospital payment. Of the \$5,595,482 General Fund available for CICIP 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 Fund³, 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 CICIP Clinics as payment 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 CICIP Clinics. In FY 2004-05 the funding to The Children's Hospital and the CICIP Clinics remained constant to the FY 2002-03 payments.

³ 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 and other organizations, individuals or State agencies deemed appropriate by the Executive Director 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 2004-05
- 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 CICP is not an insurance program, but rather a financial vehicle for providers to recoup some of their costs for providing medical services 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 (CICP). By statute, providers participating in the CICP are required to prioritize care in the following order:

1. Emergency care for the full year,
2. Additional medical care for those conditions determined to be the most serious threat to the health of indigent persons, and
3. Any other medical care.

The CICP includes these requirements in its contracts with providers to assure that indigent persons have access to emergency care throughout the year.

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 2004-05 with CICP providers in January 2005. Among the issues discussed were:

- ❑ Changes to the CICP manual and provider audit requirements. In FY 2004-05, any provider who receives more than \$500,000 in payment from the CICP must submit an annual audit compliance statement, which must be conducted by an independent auditor. The audit compliance statement attests to the provider's compliance with the CICP's contract and related manuals. Any provider who receives less than \$500,000 from the CICP must also submit an annual audit compliance statement, but the audit may be conducted by an auditor internal to the provider. By increasing the payment requirement to \$1,000,000 from \$500,000 in FY 2005-06, the goal was to reduce the administrative burden and cost on several providers, while maintaining that those providers who receive a majority of the funding under the program still hired an independent auditor to conduct the annual audit compliance statement.
- ❑ Increasing the financial eligibility requirement for the program to 200% of the Federal Poverty Level (FPL). A majority of providers agreed that increasing the financial eligibility of the program from 185% of the FPL to 200% in the future was necessary to remain consistent with a similar change in the Children's Basic Health Plan. The financial eligibility requirement for the CICP was increased to 200% of the FPL effective February 1, 2006.
- ❑ Modifications to the CICP Copayment tables. Providers offered several suggestions to increase the client copayments required under the program, but there was no uniform consensus that a change was necessary. Effective February 1, 2006 the following CICP Copayment tables changes were implemented:
 - Hospital Inpatient Copayments were not significantly changed.
 - Outpatient Clinic Copayments were increased based on the recommendations from the representatives from the Colorado Community Health Network (CCHN), which represents Colorado's Community Health Centers the primary source of outpatient care. Outpatient copayments for clinic-based services were increased by \$2 for the CICP N Rating and between \$5 to \$10 for all other CICP ratings.
 - Except for the CICP N rating, Physician Copayments were set equal to half the Hospital Inpatient Copayment rounded up to the nearest \$5 increment, which caused the copayment to increase between \$8 to \$40. For the CICP N rating, the copayment increased to \$7.
 - The categories of Hospital Emergency Room and Specialty Outpatient Clinic Copayment were created and equal to \$10 over the Outpatient Clinic Copayments. Previously the outpatient copayment for clinic-based service was used for all emergency room visits and specialty outpatient clinic services. Emergency Room copayments were increased, which a majority of providers recommended in an attempt to reduce the use of the emergency room for non-emergency purposes.

- Specialty Outpatient Clinic Copayments were created to maintain and encourage more specialty care under the program. The copayment amount was set at \$10 over the Outpatient Clinic Copayment.
- The Laboratory Services Copayment for all laboratory tests received by a client not associated with an inpatient facility or hospital outpatient charge during the same period was created and set \$5 less than the Outpatient Clinic Copayment for all CICIP ratings, except for the CICIP N Rating, which was set at \$5. Previously the outpatient copayment for clinic-based service was used for laboratory services.
- Prescription Copayments were increased by \$2 for the CICIP N Rating and between \$0-\$10 for all other CICIP ratings.

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 locations complete the client applications. Providers determine eligibility for the program using the criteria published in regulation. To be eligible for medical services 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 immigrant or 2) a migrant farm worker and a U.S. citizen or legal Immigrant.

Effective February 1, 2006, to qualify, a person must have income and assets combined at or below 200% of the Federal Poverty Level (FPL). In addition, a person cannot be eligible for Medicaid or the Children's Basic Health Plan. There are no age limitations for CICP eligibility. Clients can have third party insurance, however the primary insurance funds must be exhausted prior to the providers receiving any payment from the CICP.

Providers assign a "rate" to the applicant based on their total income and assets (see Chart 1). The rating process takes a "snapshot" of an applicant's 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 medical charges that have already been incurred. Based on the client's income and assets, a rate is assigned on the client's ability to pay (see Chart 2). The fee schedule has nine levels up to a maximum of 200% of the FPL based on income and family size. The income scale is determined from 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.

Homeless clients who are at or below 40% of the FPL (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 February 1, 2006 - March 31, 2006**

Family Size	Z	N	A	B	C
1	\$0 - \$3,828	\$0 - \$3,828	\$3,829 - \$5,933	\$5,934 - \$7,752	\$7,753 - \$9,570
2	\$0 - \$5,132	\$0 - \$5,132	\$5,133 - \$7,955	\$7,956 - \$10,392	\$10,393 - \$12,830
3	\$0 - \$6,436	\$0 - \$6,436	\$6,437 - \$9,976	\$9,977 - \$13,033	\$13,034 - \$16,090
4	\$0 - \$7,740	\$0 - \$7,740	\$7,741 - \$11,997	\$11,998 - \$15,674	\$15,675 - \$19,350
5	\$0 - \$9,044	\$0 - \$9,044	\$9,045 - \$14,018	\$14,019 - \$18,314	\$18,315 - \$22,610
6	\$0 - \$10,348	\$0 - \$10,348	\$10,349 - \$16,039	\$16,040 - \$20,955	\$20,956 - \$25,870
7	\$0 - \$11,652	\$0 - \$11,652	\$11,653 - \$18,061	\$18,062 - \$23,595	\$23,596 - \$29,130
8	\$0 - \$12,956	\$0 - \$12,956	\$12,957 - \$20,082	\$20,083 - \$26,236	\$26,237 - \$32,390
Poverty Level*	40% & Homeless	40%	62%	81%	100%

Family Size	D	E	F	G	H
1	\$9,571 - \$11,197	\$11,198 - \$12,728	\$12,729 - \$15,216	\$15,217 - \$17,705	\$17,706 - \$19,140
2	\$12,831 - \$15,011	\$15,012 - \$17,064	\$17,065 - \$20,400	\$20,401 - \$23,736	\$23,737 - \$25,660
3	\$16,091 - \$18,825	\$18,826 - \$21,400	\$21,401 - \$25,583	\$25,584 - \$29,767	\$29,768 - \$32,180
4	\$19,351 - \$22,640	\$22,641 - \$25,736	\$25,737 - \$30,767	\$30,768 - \$35,798	\$35,799 - \$38,700
5	\$22,611 - \$26,454	\$26,455 - \$30,071	\$30,072 - \$35,950	\$35,951 - \$41,829	\$41,830 - \$45,220
6	\$25,871 - \$30,268	\$30,269 - \$34,407	\$34,408 - \$41,133	\$41,134 - \$47,860	\$47,861 - \$51,740
7	\$29,131 - \$34,082	\$34,083 - \$38,743	\$38,744 - \$46,317	\$46,318 - \$53,891	\$53,892 - \$58,260
8	\$32,391 - \$37,896	\$37,897 - \$43,079	\$43,080 - \$51,500	\$51,501 - \$59,922	\$59,923 - \$64,780
Poverty Level*	117%	133%	159%	185%	200%

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

Chart 2 - Client Copayment Table Effective February 1, 2006

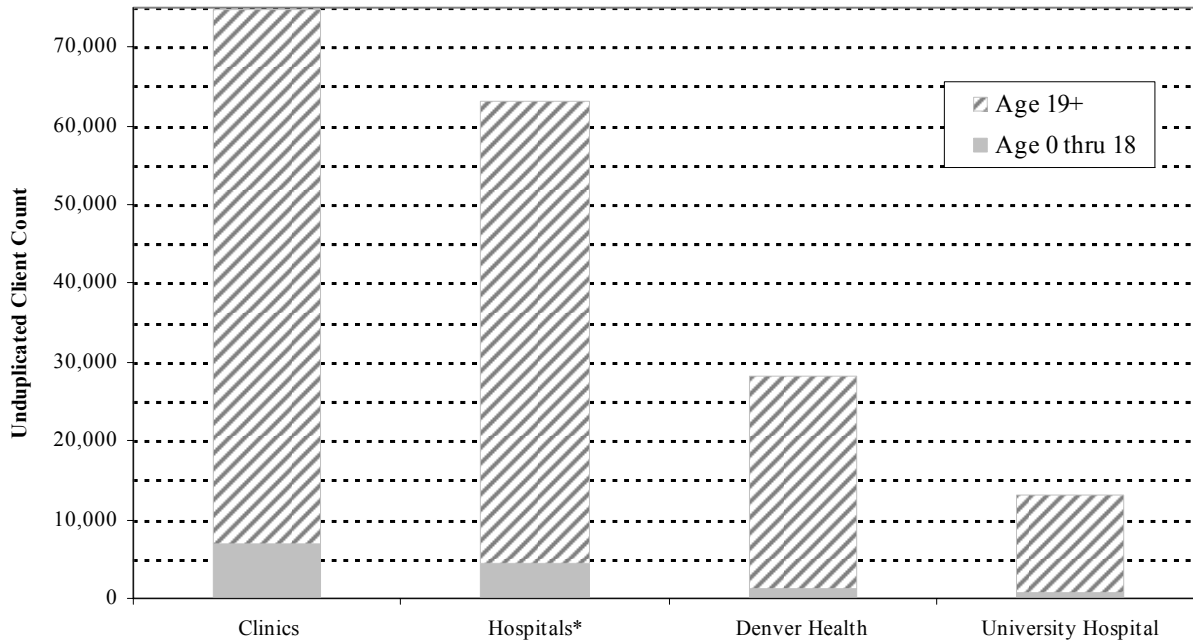
CICP Rating	Percent of Federal Poverty Level	Inpatient Hospital Copayment	Hospital Emergency Room	Physician Copayment	Outpatient Clinic Copayment	Specialty Outpatient Clinic Copayment	Prescription and Lab Copayment
Z	40%	\$0	\$0	\$0	\$0	\$0	\$0
N	40%	\$15	\$15	\$7	\$7	\$15	\$5
A	62%	\$65	\$25	\$35	\$15	\$25	\$10
B	81%	\$105	\$25	\$55	\$15	\$25	\$10
C	100%	\$155	\$30	\$80	\$20	\$30	\$15
D	117%	\$220	\$30	\$110	\$20	\$30	\$15
E	133%	\$300	\$35	\$150	\$25	\$35	\$20
F	159%	\$390	\$35	\$195	\$25	\$35	\$20
G	185%	\$535	\$45	\$270	\$35	\$45	\$30
H	200%	\$600	\$45	\$300	\$35	\$45	\$30

The client 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.

CLIENTS SERVED

During FY 2004-05, 179,129 unique individuals received services through the CICP. This represents a 2.3% increase over the 175,080 unique individuals assisted in FY 2003-04. Overall the program provided 14,546 unique individuals with inpatient care, while 170,675 received outpatient services in FY 2004-05⁴.

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



Source: Table 9B, Section IX. Utilization Data. *Includes CICP Specialty Hospital providers.

Tables 9A and 9B⁵ 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 (41.7%), while Denver Health Medical Center was the largest individual provider. Denver Health Medical Center provided care to 28,161 or 15.7% of all unique individuals receiving discounted medical care under the CICP.

Children represented 7.5% of the total unique population receiving services. Between FY 1999-00 and FY 2002-03 the total unique children (age 0-18) receiving services decreased yearly. 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 effective November 1, 2003 through June 30, 2004. This caused the total number of unique children receiving services under the CICP in FY 2003-04 to increase by 5.5%. The downward trend resumed in FY 2004-05 as the total number of unique children receiving services under the CICP fell by 1.9%. The number of unique children receiving care under the CICP has fallen by 53.5% from FY 1998-99 to FY 2004-05.

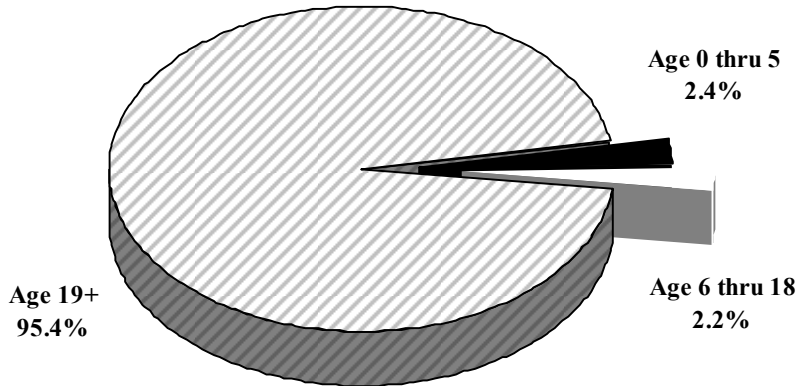
⁴ Since this count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

⁵ Section IX. Utilization Data

Inpatient Care

Providers reported that 14,546 unique individuals received inpatient care through the CICP in FY 2004-05. This represented a 3.4% increase from the previous fiscal year figure of 14,071. CICP Hospitals provided 63.8% of total unique client admissions statewide, while Denver Health Medical Center provided 24.3% of total unique client admissions, and the remaining 11.9% was provided by University Hospital. As seen in Figure 2, children (age 0-18) represented 4.6% of the unique individuals who received inpatient care.

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

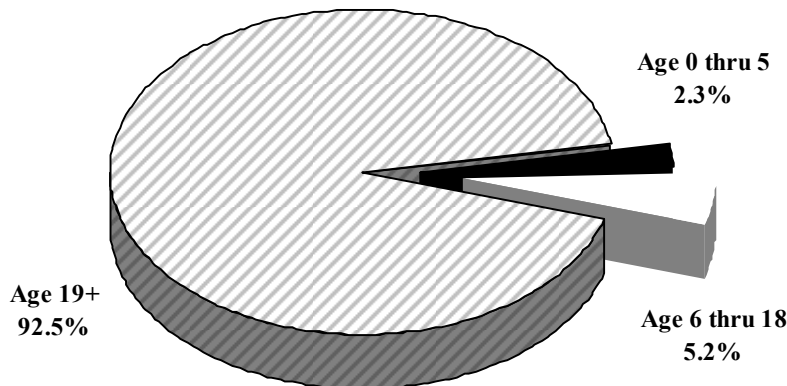


Source: Table 9A, Section IX. Utilization Data

Outpatient Care

Providers reported that 170,675 unique individuals received outpatient care through the CICP in FY 2004-05. This represented a 2.2% increase from the previous fiscal year figure of 167,068. CICP Clinics provided 43.7% of the total outpatient care compared to the hospital providers at 32.8%, Denver Health Medical Center at 16.1% and University Hospital at 7.4%. As seen in Figure 3, children (age 0-18) represented 7.5% of the total unique individuals who received outpatient care. Of the outpatient care administered by CICP Clinics, 9.3% was provided to children compared to 7.3% by hospital providers, 4.3% by Denver Health Medical Center and 5.0% by University Hospital.

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



Source: Table 9A, Section IX. Utilization Data

CLIENT UTILIZATION

Inpatient Admissions

In FY 2004-05, there were 19,878 admissions reported by CICIP Hospital providers or an increase of 4.5% over the 19,026 admissions recorded in the previous year.

- ❑ During FY 2004-05, 19,190 or 96.5% of all inpatient services were provided to persons aged 18 or older.
- ❑ Total inpatient days decreased to 92,996 in FY 2004-05, a 2.7% decrease from the FY 2003-04 count of 95,594.
- ❑ Inpatient charges accounted for 58.0% of all charges in FY 2004-05.
- ❑ Inpatient services were distributed in the following manner:
 - CICIP Hospitals – 61.9%
 - Denver Health Medical Center – 26.4%
 - University Hospital – 11.7%

Illustrated in Chart 3 is the total number of inpatient admissions that rose by 4.5% in FY 2004-05, 15.0% in the previous fiscal year, and 9.5% in FY 2002-03. Since FY 2002-03, the number of inpatient admissions for CICIP Hospitals have increased by 23.0%. Inpatient admissions rose by 3.5% at Denver Health Medical Center after rising by 10.9% in the previous fiscal year. University Hospital increased admissions by 12.8%, after posting a 5.0% increase in FY 2003-04 and an 11.8% increase in the previous year.

Chart 3 - Comparison of Inpatient Admissions

CICP Provider	FY 2002-03 Inpatient Admissions	Percent Change	FY 2003-04 Inpatient Admissions	Percent Change	FY 2004-05 Inpatient Admissions	Percent Change
Hospital Providers*	10,005	24.1%	11,896	18.9%	12,307	3.5%
Denver Health	4,574	-13.5%	5,074	10.9%	5,252	3.5%
University Hospital	1,959	11.8%	2,056	5.0%	2,319	12.8%
TOTAL	16,538	9.5%	19,026	15.0%	19,878	4.5%
Source: Analysis of Table 8, Section IX. Utilization Data FY 2002-03, FY 2003-04 CICIP and FY 2004-05 Annual Reports.						
*Includes CICIP Specialty Hospital providers and Medicaid DSH providers listed in previous CICIP Annual Reports.						

Medically Indigent and Colorado Indigent Care Program Fiscal Year 2004-05 Annual Report

As shown in Chart 4, the number of inpatient days decreased from 95,594 in FY 2003-04 to 92,996 in FY 2004-05. The FY 2004-05 total of inpatient days represents an overall decrease of 2.7% after showing a 27.5% increase in the previous fiscal year. CICIP Hospital providers showed a slight increase, growing by 0.7% in FY 2004-05, which follows increases of 29.2% and 13.0% in the two prior fiscal years. Denver Health Medical Center posted a decrease of 16.0% in FY 2004-05 after posting a 32.0% increase in total inpatient days in FY 2003-04. University Hospital noted an increase of 21.3% in FY 2004-05, which follows increases of 9.2% and 22.3% in the two prior fiscal years. Since FY 2002-03, the total number inpatient days has increased by 24.0%.

Chart 4 - Comparison of Inpatient Days

CICP Provider	FY 2002-03 Inpatient Days	Percent Change	FY 2003-04 Inpatient Days	Percent Change	FY 2004-05 Inpatient Days	Percent Change
Hospital Providers*	40,420	13.0%	52,209	29.2%	52,564	0.7%
Denver Health	24,781	-3.7%	32,708	32.0%	27,483	-16.0%
University Hospital	9,773	22.3%	10,677	9.2%	12,949	21.3%
TOTAL	74,974	7.9%	95,594	27.5%	92,996	-2.7%

Source: Analysis of Table 8, Section IX. Utilization Data FY 2002-03, FY 2003-04 CICIP and FY 2004-05 Annual Reports.
 *Includes CICIP Specialty Hospital providers and Medicaid DSH providers listed in previous CICIP Annual Reports.

The following two charts identify the top ten diagnoses at the Denver Health Medical Center and University Hospital for FY 2004-05. 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. Psychoses and psychotic conditions, which include 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. The top ten diagnoses at Denver Health Medical Center accounted for 46.9% of all the inpatient admissions at the facility.

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

	Diagnosis Description	Claim Count
1	Other Psychoses (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	451
2	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	316
3	Persons Encountering Health Services for Specific Procedures and Aftercare (Includes: Fitting Prosthetic Device, Implant or Other Device; Other Orthopedic Aftercare; Attention to Artificial Openings; Encounter for Dialysis; Donors)	282
4	Infections of Skin and Subcutaneous Tissue (Includes: Carbuncle and Furuncle, Cellulitis and Abscess, Impetigo, Local Infections of the Skin)	277
5	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	262
6	Other Forms of Heart Disease (Acute Pericarditis, Acute Myocarditis, Heart Failure)	223
7	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	193
8	Complications of Surgical and Medical Care, Not Elsewhere Classified (Includes: Mechanical Complication of Cardiac Device, Genitourinary Device or Orthopedic Device; Infection Due to Internal Prosthetic Device; Complication of Transplanted Organ)	174
9	Fracture of Lower Limb (Includes: Fracture of Femur, Fracture of Tibula and Fibula, Fracture of Ankle)	146
10	Pneumonia and Influenza (Includes: Viral and Bacterial Pneumonia)	139
Total Top Ten Inpatient Diagnoses Admission Count		2,463
Percent of All Denver Health Medical Center Inpatient Admissions		46.9%

At University Hospital, Other Psychoses was the number one reported diagnosis in FY 2004-05 as it was in the previous fiscal year. Symptoms, which include alteration of consciousness, nervous system, skin, metabolism, head and neck, cardiovascular system, respiratory system, digestive system and urinary system fell to the third position this fiscal year followed by other diseases of digestive system. Other Forms of Heart Disease which include, acute pericarditis, acute myocarditis and heart failure, moved up to the second highest inpatient diagnosis from the fourth last fiscal year.

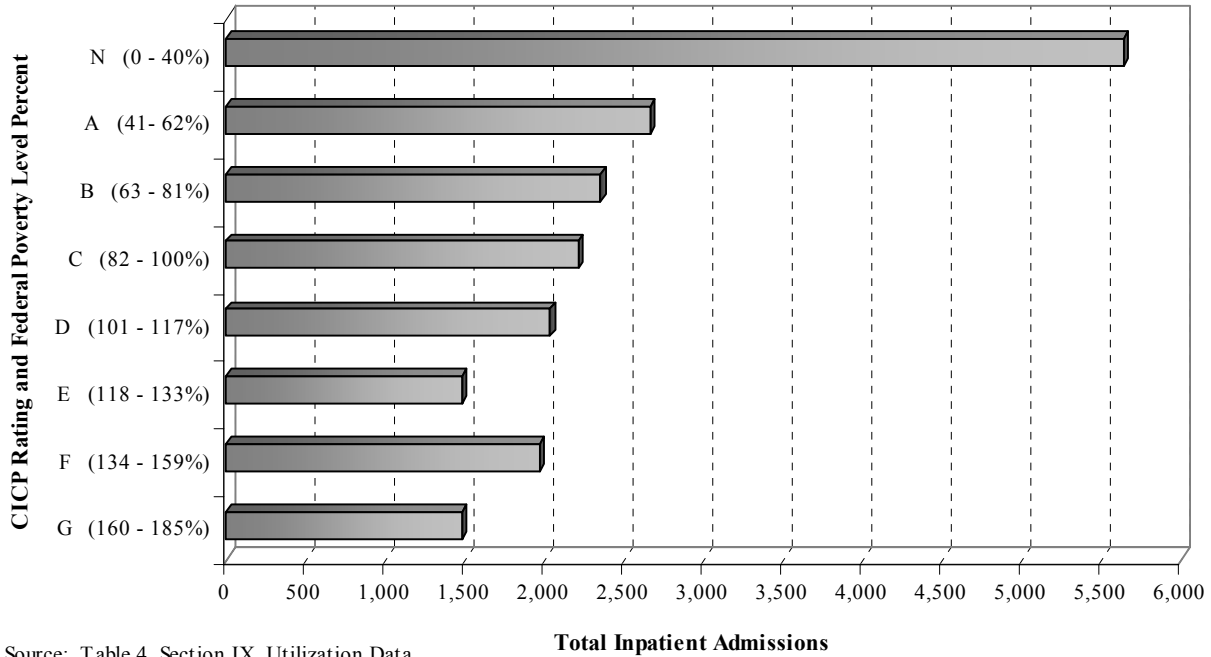
Chart 6 - Top 10 Inpatient Diagnoses At University Hospital

	Diagnosis Description	Claim Count
1	Other Psychoses (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	213
2	Other Forms of Heart Disease (Acute Pericarditis, Acute Myocarditis, Heart Failure)	138
3	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	136
4	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	115
5	Complications of Surgical and Medical Care, Not Elsewhere Classified (Includes: Mechanical Complication of Cardiac Device, Genitourinary Device or Orthopedic Device; Infection Due to Internal Prosthetic Device; Complication of Transplanted Organ)	110
6	Pneumonia and Influenza (Includes: Viral and Bacterial Pneumonia)	90
7	Ischemic Heart Disease (Includes: Acute Myocardial Infarction, Angina Pectoris, Coronary Atherosclerosis)	82
8	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	76
9	Chronic Obstructive Pulmonary Disease and Allied Conditions (Includes: Bronchitis, Emphysema, Asthma)	72
10	Infections of Skin and Subcutaneous Tissue (Includes: Carbuncle and Furuncle, Cellulitis and Abscess, Impetigo, Local Infections of the Skin)	63
Total Top Ten Inpatient Diagnoses Admission Count		1,095
Percent of All University Hospital Inpatient Admissions		47.2%

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

Figure 4 shows the total inpatient admissions by CICIP rating and Federal Poverty Level (FPL) percentage for FY 2004-05. Of the total inpatient admissions, 64.6% were made for individuals living under or at 100% FPL (CICIP ratings N, A, B, or C). The 64.6% breaks down into patients with a CICIP N rating (which also includes the CICIP Z rating for the homeless) (28.3%), followed by the CICIP A rating (13.4%), CICIP B rating (11.8%) and the CICIP C rating (11.1%). Since FY 2002-03, the distribution of inpatient admissions for individuals living under or at 100% FPL has remained fairly constant at approximately 64.0% of all CICIP inpatient admissions.

Figure 4 - Inpatient Admissions by CICIP Rating



Source: Table 4, Section IX. Utilization Data

Outpatient Visits

Of the 170,675 clients who received outpatient services in FY 2004-05, there were 559,244 visits to a CICP provider. Additional details about outpatient visits in FY 2004-05 include:

- Total outpatient activity grew by 2.3% from the FY 2003-04 figure of 546,511.
- Outpatient visits accounted for 42.0% of total charges.
- 537,464 or 96.1% of all outpatient visits were provided to persons age 18 or older.
- Outpatient services were distributed in the following manner:
 - CICP Clinics – 42.0%
 - CICP Hospitals – 26.2%
 - Denver Health Medical Center – 23.6%
 - University Hospital – 8.2%

As shown in Chart 7, the number of outpatient visits rose by 2.3% in FY 2004-05, following a rise of 9.4% in FY 2003-04 due to significant increases at CICP Clinics (25.5%) and CICP Hospitals (9.8%). Beginning with FY 2001-02 and continuing in FY 2004-05, Denver Health Medical Center has shown a decline in outpatient visits each year. University Hospital had posted a decrease in outpatient visits each year since FY 1999-00; however, in FY 2004-05 showed a 19.8% increase.

Chart 7 - Comparison of Outpatient Visits

CICP Provider	FY 2002-03 Outpatient Visits	Percent Change	FY 2003-04 Outpatient Visits	Percent Change	FY 2004-05 Outpatient Visits	Percent Change
CICP Clinics	185,619	5.8%	232,920	25.5%	235,125	0.9%
CICP Hospitals*	127,232	13.0%	139,660	9.8%	146,442	4.9%
Denver Health	147,048	-0.6%	135,656	-7.7%	131,830	-2.8%
University Hospital	39,681	-2.7%	38,275	-3.5%	45,847	19.8%
TOTALS	499,580	4.8%	546,511	9.4%	559,244	2.3%

Source: Analysis of Table 8, Section IX. Utilization Data FY 2002-03, FY 2003-04 CICP and FY 2004-05 Annual Reports.
 *Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.

The most common diagnosis at Denver Health Medical Center for an outpatient visit was categorized under Symptoms, followed by Persons Without Reported Diagnosis Encountered During Examination, which includes general medical examination, and screenings for infectious diseases and mental disorders. The top ten outpatient diagnoses at Denver Health Medical Center accounted for 48.2% of all outpatient visits at the facility.

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

	Diagnosis Description	Claim Count
1	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	11,456
2	Persons Without Reported Diagnosis Encountered During Examination (Includes: General Medical Examination, Screenings for Infectious Diseases, Screening for Mental Disorders)	8,856
3	Persons Encountering Health Services for Specific Procedures and Aftercare (Includes: Fitting Prosthetic Device, Implant or Other Device; Other Orthopedic Aftercare; Attention to Artificial Openings; Encounter for Dialysis; Donors)	7,195
4	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	6,856
5	Diseases of Oral Cavity, Salivary Glands, and Jaws (Includes: Disorder of Tooth Development, Gingival Disease, Dentofacial Anomalies, Diseases of the Salivary Glands)	6,616
6	Hypertensive Disease (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	5,449
7	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	4,728
8	Persons Encountering Health Services in Circumstances Related to Reproduction and Development (Includes: Pregnancy, Postpartum Care, Procreative Management, Observation of Newborns)	4,561
9	Dorsopathies (Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	3,997
10	Human Immunodeficiency Virus (HIV) Infection (Includes: Acquired Immune Deficiency Syndrome and Related Complex)	3,800
Total Top Ten Outpatient Diagnoses Visit Count		63,514
Percent of All Denver Health Medical Center Outpatient Visits		48.2%

Listed in Chart 9 are the top ten diagnosis codes at University Hospital, which accounted for 39.4% 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.

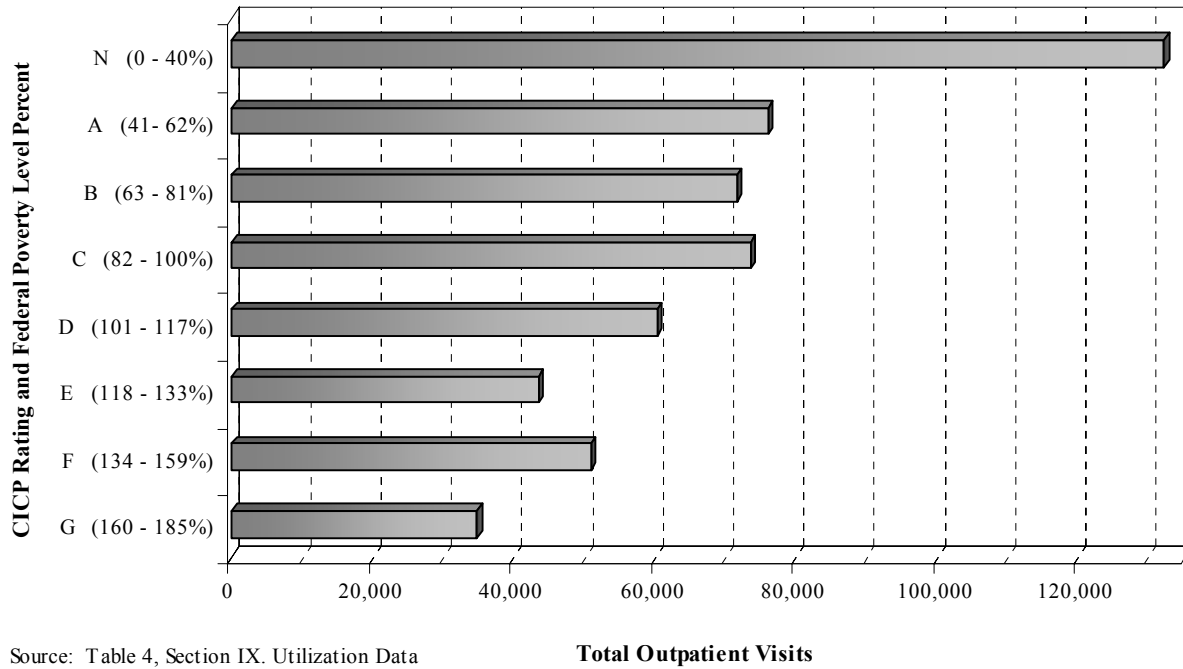
Chart 9 - Top 10 Outpatient Diagnoses At University Hospital

	Diagnosis Description	Claim Count
1	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	5,092
2	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	1,830
3	Persons Encountering Health Services for Specific Procedures and Aftercare (Includes: Fitting Prosthetic Device, Implant or Other Device; Other Orthopedic Aftercare; Attention to Artificial Openings; Encounter for Dialysis; Donors)	1,826
4	Dorsopathies (Includes: Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	1,548
5	Human Immunodeficiency Virus (HIV) Infection (Includes: Acquired Immune Deficiency Syndrome and Related Complex)	1,431
6	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	1,398
7	Persons With Need for Isolation, Other Potential Health Hazards and Prophylactic Measures (Includes: Desensitization to Allergens, Asymptomatic Human Immunodeficiency Virus, Infections with Drug-Resistant Microorganisms)	1,340
8	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	1,328
9	Disorders of the Eye and Adnexa (Includes: Retinal Disorders, Choroids Disorders, Glaucoma, Cataract)	1,309
10	Other Diseases of Urinary System (Includes: Infections of Kidney, Hydronephrosis, Calculus of Kidney and Ureter, Cystitis, Other Disorders of Bladder, Urethritis and Urethral Syndrome)	949
Total Top Ten Outpatient Diagnoses Visit Count		18,051
Percent of All University Hospital Outpatient Visits		39.4%

At both Denver Health Medical Center and University Hospital, the most common Outpatient Diagnosis was Symptoms (which include 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 2004-05 persons rated below 100% of the Federal Poverty Level (CICP N, A, B, or C ratings) accounted for 63.3% of outpatient visits. The following graph shows outpatient utilization by CICP rating for FY 2004-05. Persons with income and assets at 0 to 40% of the Federal Poverty Level (CICP N rating), accounted for 23.7% of outpatient visits and followed by individuals with a CICP A rating (13.6%) and CICP C rating (13.2%).

Figure 5 - Outpatient Visits by CICP Rating



Source: Table 4, Section IX. Utilization Data

Total Outpatient Visits

III. PROVIDERS

BACKGROUND

The CICIP 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. 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 2004-05 Annual Report, the CICIP providers are identified in the following categories by funding appropriation:

- CICIP 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 CICIP Clinic.
- CICIP Hospitals – hospitals located throughout the state, outside the City and County of Denver.
- CICIP 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 and associated specialty clinics.

In prior CICIP 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 CICIP Annual Reports, providers were classified based upon their ability to qualify as a Medicaid Disproportionate Share Hospital (DSH). This was confusing, since all hospitals participating in the CICIP 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 equaled 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 CICIP 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 ten fiscal years.

Chart 10 – High Medicaid Utilization Hospital Providers

FY 2004-05	
Arkansas Valley Regional Medical Center Conejos County Hospital 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
FY 2003-04	
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
FY 2002-03	FY 2001-02
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
FY 2000-01	FY 1999-00
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
FY 1998-99	FY 1997-98
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
FY 1996-97	FY 1995-96
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 CICIP Utilization Hospital Providers

FY 2004-05	
Arkansas Valley Regional Medical Center Conejos County Hospital Denver Health Medical Center East Morgan County Hospital Heart of the Rockies Regional Medical Center McKee Medical Center Memorial Hospital North Colorado Medical Center Parkview Medical Center Prowers Medical Center	San Luis Valley Regional Medical Center Southwest Memorial Hospital Spanish Peaks Regional Health Center St. Mary-Corwin Hospital St. Thomas More Hospital Sterling Regional MedCenter University Hospital Yampa Valley Medical Center Yuma District Hospital
FY 2003-04	
Arkansas Valley Regional Medical Center Aspen Valley Hospital Colorado Plains Medical Center Denver Health Medical Center East Morgan County Hospital McKee Medical Center Melissa Memorial Memorial Hospital North Colorado Medical Center Parkview Medical Center	Prowers Medical Center Rio Grande Hospital San Luis Valley Regional Medical Center Southwest Memorial Hospital Spanish Peaks Regional Health Center St. Mary-Corwin Hospital University Hospital Yampa Valley Medical Center Yuma District Hospital

FY 2004-05 PROVIDER PARTICIPATION

A total of 61 contract providers participated in the CICP. This included 47 hospitals and 14 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 86 satellite CICP facilities throughout the state, including one hospital facility classified as a satellite facility.

Chart 12 - FY 2004-05 CICP Clinics and Hospitals Including Satellite Facilities 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	2	6	Mesa	1	1	2
Chaffee	2	1	3	Mineral	0	0	0
Cheyenne	0	0	0	Moffat	0	1	1
Clear Creek	0	0	0	Montezuma	2	1	3
Conejos	1	1	2	Montrose	2	1	3
Costilla	0	0	0	Morgan	2	2	4
Crowley	0	0	0	Otero	2	1	3
Custer	0	0	0	Ouray	0	0	0
Delta	0	1	1	Park	1	0	1
Denver	10	5	15	Phillips	1	1	2
Dolores	1	0	1	Pitkin	1	1	2
Douglas	0	0	0	Prowers	2	1	3
Eagle	2	0	2	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	3	0	3
Jackson	0	0	0	Washington	2	0	2
Jefferson	6	1	7	Weld	5	1	6
Kiowa	0	0	0	Yuma	1	2	3
Kit Carson	2	1	3	Totals	99	48	147

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

Chart 13 - FY 2004-05 CICP Contracted Providers

Provider Name	City	Provider Name	City
CICP Clinics		CICP Hospitals (cont.)	
Clinica Campesina Family Health Services	Lafayette	Mercy Medical Center	Durango
Colorado Coalition for the Homeless	Denver	Montrose Memorial Hospital	Montrose
Community Health Clinic	Dove Creek	Mount San Rafael Hospital	Trinidad
High Plains Community Health Center	Lamar	North Colorado Medical Center	Greeley
Marillac Clinic	Grand Junction	Parkview Medical Center	Pueblo
Metro Community Provider Network	Englewood	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
CICP Hospitals		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
Boulder Community Hospital	Boulder	St. Mary-Corwin Hospital	Pueblo
Colorado Plains Medical Center	Fort Morgan	St. Mary's Hospital and Medical Center	Grand Junction
Conejos County Hospital	La Jara	St. Thomas More Hospital	Canon City
Delta County Memorial Hospital	Delta	St. Vincent General Hospital	Leadville
Denver Health Medical Center	Denver	Sterling Regional MedCenter	Sterling
East Morgan County Hospital	Brush	The Memorial Hospital	Craig
Estes Park Medical Center	Estes Park	University Hospital	Denver
Exempla Lutheran Medical Center	Wheat Ridge	Valley View Hospital	Glenwood Springs
Gunnison Valley Hospital	Gunnison	Wray Community District Hospital	Wray
Heart of the Rockies Regional Medical Center	Salida	Yampa Valley Medical Center	Steamboat Springs
Kit Carson County Memorial Hospital	Burlington	Yuma District Hospital	Yuma
Longmont United Hospital	Longmont	CICP Specialty Hospitals	
McKee Medical Center	Loveland	National Jewish Medical and Research Center	Denver
Melissa Memorial	Holyoke	The Children's Hospital	Denver
Memorial Hospital	Colorado Springs		

IV. PAYMENT

PAYMENT METHODOLOGY FOR CICP HOSPITALS

Based on Decision Item 6 from the FY 2003-04 Budget Request submitted by the Department on November 1, 2002, a new methodology for payment to CICP Hospitals was approved by the Colorado General Assembly. Under the new methodology, the separate line items were all discontinued. The separate payments are now consolidated into the Long Bill line item: Safety-Net Provider Payments.

Within the line item, there are 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)⁶. The Bad Debt payment is used as a balancing mechanism to maximize the federal funds available under the DSH Allotment. A Bad Debt payment is made if federal funds remain after the Low-Income payment is distributed. If the Low-Income payment utilizes the entire DSH Allotment, the Bad Debt payment will be zero. The Medicaid Shortfall payment is a payment to providers who qualify for a DSH payment under the federal guidelines, but do not participate in the Colorado Indigent Care Program.

Provider payments between one current fiscal year and the next are now modified by changing a limited number of variables, such as the DSH Allotment, Inpatient UPL, Colorado Indigent Care Program costs, and hospital utilization statistics. 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. The revised methodology utilizes the Inpatient UPL for private-owned facilities which allows the Department to shift payments from the DSH Allotment to the Inpatient UPL and increase the payment to public-owned providers. Since certification of public expenditures is available to match federal funds for public-owned providers, no increase in General Fund was required to increase payment to public-owned providers.

Another goal in combining the methodologies was to create a system to equally distribute available funds. Prior to the new methodology, some providers were allowed to receive a payment that exceeded their indigent medical care costs, while other providers' costs were reimbursed at 30% or less. High Medicaid Utilization Hospital Providers whose Medicaid eligible days exceeded or equaled one standard deviation of the mean for all Colorado Medicaid hospital providers, received a significant increase in their payments. Those providers were commonly referred to as Component 1A providers in previous CICP 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, providers receive additional compensation under the Low-Income and High-Volume payments, while the Pre-Component 1 and Component 1A

⁶ 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."

payments are discontinued. In addition, the program implemented another classification called High CICP Utilization Hospital Providers, where CICP days are above the mean of all participating providers. Under state regulations, these CICP providers receive additional compensation from the Low-Income and High-Volume payments.

Under the new payment methodology, all providers (Outstate and Component 1A providers) with similar CICP and Medicaid utilization receive the same percentage of the total fund available.

FY 2004-05 PAYMENTS FOR CLINICS AND HOSPITALS

The Colorado General Assembly appropriated \$255,282,024 in total funds (General Fund \$9,432,484, federal funds \$127,641,012 and Cash Funds Exempt \$118,208,528) to reimburse CICP providers in FY 2004-05. The appropriation for CICP clinics was \$6,119,760 in total funds (General Fund \$3,059,880, and federal funds \$3,059,880). In the FY 2004-05 Long Bill, 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 CICP payment model utilized the FY 2004-05 inflated write-off costs based on the CICP FY 2002-03 Annual Report. The total inflated write-off costs for CICP Hospital providers equaled \$268,907,823. The actual write-off costs were \$356,710,547 (see Table 1) or 32.7% higher than the inflated write-off costs. The average reimbursement rate of CICP Hospitals equaled 38.40%. Charts 15 through 19 provide detailed reimbursement rates by various provider classifications.

The total inflated write-off costs for CICP Clinic providers equaled \$23,340,833. The actual write-off costs were \$28,367,682 (see Table 1) or 21.5% higher than the inflated write-off costs. The average reimbursement rate of CICP Clinics equaled 21.36%.

The total payment to the CICP providers in FY 2004-05 by State General Fund, Cash Funds Exempt and federal funds splits is shown in Chart 14. The Cash Funds Exempt section of the table is an accounting record to document the certification of public expenditures on Medicaid and indigent populations, not previously compensated at public-owned hospitals, which are eligible for a federal match and do not represent a cash payment by the state.

Chart 14 - FY 2004-05 CICIP Payment

	State General Fund	Cash Funds Exempt (1)	Federal Funds	Total Funds	Payments to Providers (2)
CICP Clinics	\$3,029,880	\$0	\$3,029,880	\$6,059,760	\$6,059,760
CICP Hospitals*	\$9,375,828	\$14,544,014	\$23,919,842	\$47,839,684	\$33,295,670
High-Volume Payment	\$7,839,907	\$2,821,546	\$10,661,453	\$21,322,906	\$18,501,360
Low-Income Payment	\$1,535,921	\$11,557,275	\$13,093,196	\$26,186,392	\$14,629,117
Bad Debt Payment	\$0	\$165,193	\$165,193	\$330,386	\$165,193
Denver Health	\$0	\$64,969,531	\$64,969,531	\$129,939,062	\$64,969,531
High-Volume Payment	\$0	\$13,619,999	\$13,619,999	\$27,239,998	\$13,619,999
Low-Income Payment	\$0	\$50,734,830	\$50,734,830	\$101,469,660	\$50,734,830
Bad Debt Payment	\$0	\$614,702	\$614,702	\$1,229,404	\$614,702
University Hospital	\$0	\$38,694,983	\$38,694,983	\$77,389,966	\$38,694,983
High-Volume Payment	\$0	\$16,231,960	\$16,231,960	\$32,463,920	\$16,231,960
Low-Income Payment	\$0	\$22,314,195	\$22,314,195	\$44,628,390	\$22,314,195
Bad Debt Payment	\$0	\$148,828	\$148,828	\$297,656	\$148,828
Total CICIP Payment	\$12,405,708	\$118,208,528	\$130,614,236	\$261,228,472	\$143,019,944
Clinic Payment (3)(4)	\$3,029,880	\$0	\$3,029,880	\$6,059,760	\$6,059,760
High-Volume Payment (4)	\$7,839,907	\$32,673,505	\$40,513,412	\$81,026,824	\$48,353,319
Low-Income Payment (5)	\$1,535,921	\$84,606,300	\$86,142,221	\$172,284,442	\$87,678,142
Bad Debt Payment (5)	\$0	\$928,723	\$928,723	\$1,857,446	\$928,723

Source: Table 1, Section VIII. Financial Tables

*Includes CICIP 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 CICIP 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 CICIP 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.

The payment relative to write-off costs for all CICIP provider groups is displayed in Chart 15. The CICIP Clinic providers were reimbursed at 21.36% of write-off costs, while CICIP Hospital providers stood at 19.40%. Denver Health Medical Center received a 55.04% reimbursement relative to write-off costs and University Hospital reached 57.73%.

Chart 15 - FY 2004-05 Percentage of Write-Off Cost Reimbursed

	Payment	Write-Off Costs	Percent Reimbursed
CICP Clinics	\$6,059,760	\$28,367,682	21.36%
CICP Hospitals*	\$33,295,670	\$171,630,696	19.40%
Sub-Total CICP Providers	\$39,355,430	\$199,998,378	19.68%
Denver Health	\$64,969,531	\$118,049,132	55.04%
University Hospital	\$38,694,983	\$67,030,719	57.73%
CICP Hospital Providers	\$136,960,184	\$356,710,547	38.40%
Total CICP Providers	\$143,019,944	\$385,078,229	37.14%
Source: Table 1, Section VIII. Financial Tables			
*Includes CICP Specialty Hospital providers.			

The payment relative to write-off costs for all CICIP providers decreased to 37.14% in FY 2004-05 as shown in Chart 16. The percent of write-off costs reimbursed reached 62.68% in FY 2000-01 with lower reimbursement percentages in the following four years. The reimbursement percentage to University Hospital increased minimally from 57.38% in FY 2003-04 to 57.73% in FY 2004-05 and the reimbursement percentage to Denver Health Medical Center decreased slightly to 55.04%. The reimbursement percentage to CICP Clinics increased to 21.36%, up from 20.77% in the previous fiscal year.

Chart 16 - Historical Percentage of Write-Off Cost Reimbursed

	Percent of CICP Write-Off Costs Reimbursed					
	FY 1999-00	FY 2000-01	FY 2001-02	FY 2002-03	FY 2003-04	FY 2004-05
CICP Clinics	24.04%	26.97%	28.16%	26.93%	20.77%	21.36%
CICP Hospitals*	34.66%	40.78%	26.27%	21.32%	26.07%	19.40%
Sub-Total CICP Providers	31.78%	37.71%	26.62%	22.20%	25.26%	19.68%
Denver Health	59.34%	76.29%	60.39%	57.81%	58.71%	55.04%
University Hospital	66.76%	83.32%	64.54%	48.85%	57.38%	57.73%
CICP Hospital Providers	54.12%	66.07%	48.78%	39.17%	42.85%	38.40%
Average CICP Providers	51.22%	62.68%	47.18%	38.22%	41.10%	37.14%
Source: Analysis of CICP Annual Reports.						
*Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.						

As shown in Chart 17, CICIP Hospital write-off costs have increased by 40.5% compared to FY 2002-03, growing by 32.3% and 6.2% in FY 2003-04 and FY 2004-05, respectively. The payment to CICIP Hospital providers has increased by 27.9% over the FY 2002-03 level. CICIP Clinics write-off costs have increased 26.1% since FY 2002-03, while their payment has remained unchanged in both FY 2003-04 and FY 2004-05. Since FY 2002-03, write-off costs at Denver Health Medical Center have increased by 36.9% compared to 13.1% at University Hospital.

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 and remained at that same level for FY 2004-05. 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, 2003. Overall, the program estimates that for the FY 2003-04 payments, the new payment 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. This increased funding continued into FY 2004-05, but payments fell in FY 2004-05 because the General Fund appropriation was decreased by \$3,144,162 and caused a corresponding decrease in federal funds.

Chart 17 - Historical CICIP Charges, Costs and Payments

	Charges			Write-Off Costs			Net Payments		
	FY 2002-03	FY 2003-04	FY 2004-05	FY 2002-03	FY 2003-04	FY 2004-05	FY 2002-03	FY 2003-04	FY 2004-05
CICIP Clinics	\$26,259,085	\$33,937,024	\$33,377,871	\$22,502,544	\$29,180,137	\$28,367,682	\$6,059,760	\$6,059,760	\$6,059,760
Percent Change	15.9%	29.2%	-1.6%	15.7%	29.7%	-2.8%	10.7%	0.0%	0.0%
CICIP Hospitals*	\$295,662,228	\$411,189,949	\$460,124,958	\$122,133,779	\$161,587,738	\$171,630,696	\$26,042,601	\$42,122,464	\$33,295,670
Percent Change	40.8%	39.1%	11.9%	43.5%	32.3%	6.2%	16.5%	61.7%	-21.0%
Denver Health	\$165,558,750	\$192,131,380	\$207,173,859	\$86,205,611	\$110,200,363	\$118,049,132	\$49,833,221	\$64,704,089	\$64,969,531
Percent Change	12.0%	16.1%	7.8%	-7.3%	27.8%	7.1%	-11.3%	29.8%	0.4%
University Hospital	\$119,036,083	\$139,892,930	\$179,618,616	\$59,256,585	\$66,284,506	\$67,030,719	\$28,946,310	\$38,037,301	\$38,694,983
Percent Change	23.6%	17.5%	28.4%	11.7%	11.9%	1.1%	-15.5%	31.4%	1.7%
All CICIP Hospitals	\$580,257,061	\$743,214,259	\$846,917,433	\$267,595,975	\$338,072,607	\$356,710,547	\$104,822,132	\$144,863,854	\$136,960,184
Percent Change	127.8%	128.1%	114.0%	15.8%	26.3%	5.5%	-7.0%	38.2%	-5.5%
Total CICIP Providers	\$606,516,146	\$777,151,283	\$880,295,304	\$290,098,519	\$367,252,744	\$385,078,229	\$110,881,892	\$150,923,614	\$143,019,944
Percent Change	27.2%	28.1%	13.3%	15.7%	26.6%	4.9%	-6.2%	36.1%	-5.2%

Source: CICIP Analysis of Table 1, Section VIII. Financial Tables FY 2002-03, FY 2003-04 and FY 2004-05 Annual Reports. Includes updated information.

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

PAYMENT PER HOSPITAL PROVIDER CLASSIFICATION

As shown in Chart 18, providers who are designated as High Utilization Medicaid Hospital and High Utilization CICP Hospital providers receive a higher reimbursement percentage. All reimbursement percentages are relative to write-off costs as detailed in Table 1. Providers who were classified as High Medicaid Utilization Hospital Providers, where Medicaid eligible days exceeded or equaled one standard deviation of the mean for all Colorado Medicaid hospital providers, received an increased High-Volume and Low-Income payment. Providers also received increased payments if their CICP days were above the mean of all participating providers, and are classified as High CICP Utilization Hospital providers. A provider can be classified as a High Medicaid Utilization Hospital and a High CICP 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 percentage, 54.1%, went to those providers who qualified as both a High Medicaid Utilization Hospital and High CICP Utilization Hospital provider (7 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 27.4% reimbursement percentage, while those who qualified as a High CICP Utilization Hospital provider (12 providers) received an average 20.2%. Providers who did not qualify in either category (23 providers) have reimbursement percentage of 12.8%.

Chart 18 - FY 2004-05 Percentage of Write-Off Costs Reimbursed by High Utilization Classification

Provider Classification	Payment	Write-Off Costs	Reimbursement Percentage
High Medicaid Utilization Hospitals Only	\$3,372,480	\$12,290,164	27.4%
High CICP Utilization Hospitals Only	\$14,653,903	\$72,553,294	20.2%
Both High Medicaid Utilization & High CICP Utilization Hospitals Only	\$110,258,811	\$203,983,461	54.1%
All Other Hospital Providers	\$8,674,990	\$67,883,628	12.8%
All Hospital Providers	\$136,960,184	\$356,710,547	38.4%

Source: Table 1, Section VIII. Financial Tables

A historical review of reimbursement percentage by those providers with any of the High Utilization designations appears in Chart 19. Those rated only as a High Medicaid Utilization Hospital had a reimbursement percentage of 40.2% in FY 2003-04 and a reimbursement percentage of 27.4% in FY 2004-05, as this category of providers was significantly impacted by the General Fund appropriation decrease of \$3,144,162 and the corresponding decrease in federal funds. Providers with a classification only as a High CICP Utilization Hospital showed a reimbursement percentage of 24.0% in FY 2003-04 and 20.2% in FY 2004-05. Reimbursement percentage for those rated as Both High Medicaid Utilization and High CICP Utilization Hospitals has decreased slightly from 56.9% in FY 2003-04 to 54.1% in FY 2004-05. A decrease in reimbursement percentage for All Other Hospital Providers, going from 21.2% in FY 2003-04 to 12.8% in FY 2004-05 as shown in the chart.

**Chart 19 - Historical Percentage of Write-Off Costs Reimbursed
by High Utilization Classification**

Provider Classification	FY 2003-04	FY 2004-05
High Medicaid Utilization Hospitals Only	40.2%	27.4%
High CICP Utilization Hospitals Only	24.0%	20.2%
Both High Medicaid Utilization & High CICP Utilization Hospitals Only	56.9%	54.1%
All Other Hospital Providers	21.2%	12.8%
All Hospital Providers	42.8%	38.4%

Source: CICP Analysis of Table 1, Section VIII. Financial Tables FY 2003-04 and FY 2004-05 Annual Reports. Includes updated information.

Demonstrated in Chart 20, the public-owned hospitals receive a higher reimbursement percentage than private-owned hospitals. All payments to public-owned hospitals made under either the DSH Allotment or Inpatient UPL consist entirely of federal funds which are accomplished by the utilization of certification of public expenditures. 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, are documented by Certification of public expenditures which are eligible for a federal match. The private-owned hospitals, since payments to these providers must be 50% General Fund, are not eligible for federal match. Thus, public-owned hospitals receive higher payments due to higher availability of federal funds, where private-owned hospitals receive lower payments because of limited General Fund availability.

**Chart 20 - FY 2004-05 Percentage of Write-Off Costs Reimbursed
by Public and Private Classification**

Provider Classification	Payment	Write-Off Costs	Reimbursement Percentage
<u>Including All Hospital Providers</u>			
Public-Owned Hospitals	\$118,060,054	\$253,861,969	46.5%
Private-Owned Hospitals	\$18,900,130	\$102,848,578	18.4%
All Hospital Providers	\$136,960,184	\$356,710,547	38.4%
<u>Excluding All High Medicaid Utilization or High CICP Utilization Hospital Providers</u>			
Public-Owned Hospitals	\$3,248,540	\$17,691,034	18.4%
Private-Owned Hospitals	\$5,426,450	\$50,192,594	10.8%
All Hospital Providers	\$8,674,990	\$67,883,628	12.8%

Source: Table 1, Section VIII. Financial Tables

When examining all CICP hospital providers, public-owned hospitals (24 providers) received an average 46.5% reimbursement percentage, while private-owned hospitals (23 providers) received 18.4%. All reimbursement percentages 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 CICP Hospital providers are excluded, public-owned hospitals (12 providers) received an average reimbursement percentage of 18.4%, while private-owned hospitals (11 providers) received 10.8%.

A brief historical compilation of the reimbursement percentages between public-owned hospitals and private-owned hospitals is depicted in Chart 21. The decrease in the CICP reimbursement percentages for private-owned hospitals in FY 2004-05 resulted from a \$3,144,162 decrease in the General Fund appropriation, which caused a corresponding decrease in federal funds.

Chart 21 - Historical Percentage of Write-Off Costs Reimbursed by Public and Private Classification

Provider Classification	FY 2003-04	FY 2004-05
<u>Including All Hospital Providers</u>		
Public-Owned Hospitals	49.8%	46.5%
Private-Owned Hospitals	25.7%	18.4%
All Hospital Providers	42.8%	38.4%
<u>Excluding All High Medicaid Utilization or High CICP Utilization Hospital Providers</u>		
Public-Owned Hospitals	23.6%	18.4%
Private-Owned Hospitals	20.6%	10.8%
All Hospital Providers	21.2%	12.8%
Source: CICP Analysis of Table 1, Section VIII. Financial Tables FY 2003-04 and FY 2004-05 Annual Reports. Includes updated information.		

PAYMENT PER INPATIENT DAY

The payment per inpatient day by provider group for FY 2004-05 is reported in Chart 22. The payment per inpatient day at CICP Hospitals was \$374.99, compared to Denver Health Medical Center at \$1,457.65 and University Hospital at \$1,479.18.

Chart 22 - FY 2004-05 Payment per Inpatient Day

CICP Provider	Inpatient Days	Total CICP Inpatient Payment	CICP Payment Per Inpatient Day*
CICP Clinics	N/A	N/A	N/A
CICP Hospitals**	52,564	\$19,711,155	\$374.99
Denver Health	27,483	\$40,060,565	\$1,457.65
University Hospital	12,949	\$19,153,951	\$1,479.18
Source: Analysis of Tables 1 and 2, Section VIII. Financial Tables and Table 8, Section IX. Utilization Data			
*Percentage of inpatient charges times estimated inpatient Payment divided by the number of inpatient days.			
**Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.			

From FY 2002-03 to FY 2004-05 the number of inpatient days for CICP Hospitals grew 30.0%, while net CICP payment per inpatient day grew 0.6% to \$374.99. Over the same period, payments per inpatient day at Denver Health Medical Center grew by 20.3% and by 1.1% at

University Hospital, while the number of inpatient days increased by 10.9% and 32.5% respectively. Overall, CICP 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 payment per inpatient day is shown in Chart 23.

Chart 23 - Historical Payment per Inpatient Day

CICP Provider	FY 2002-03 CICP Payment Per Inpatient Day*	FY 2003-04 CICP Payment Per Inpatient Day*	FY 2004-05 CICP Payment Per Inpatient Day*
CICP Clinics	N/A	N/A	N/A
CICP Hospitals**	\$372.88	\$491.69	\$374.99
Denver Health	\$1,211.78	\$1,249.23	\$1,457.65
University Hospital	\$1,463.74	\$1,737.79	\$1,479.18

Source: Analysis of CICP Annual Reports.
 *Percentage of inpatient charges times estimated inpatient Payment divided by the number of inpatient days.
 **Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.

PAYMENT PER OUTPATIENT VISIT

Outpatient visits and reimbursement payments by CICP provider group during FY 2004-05 is reported in Chart 24. The payment per outpatient visit at CICP Clinics was \$25.77, compared to CICP Hospitals, which provided more outpatient emergency care at \$89.60.

Chart 24 - FY 2004-05 Payment per Outpatient Visit

CICP Provider	Outpatient Visits	Total CICP Outpatient Payment	CICP Payment Per Outpatient Visit*
CICP Clinics	235,125	\$6,059,760	\$25.77
CICP Hospitals**	146,442	\$13,120,541	\$89.60
Denver Health	131,830	\$24,908,966	\$188.95
University Hospital	45,847	\$13,279,493	\$289.65

Source: Analysis of Tables 1 and 2, Section VIII. Financial Tables and Table 8, Section IX. Utilization Data
 *Percentage of outpatient charges times estimated outpatient Payment divided by the number of outpatient visits.
 **Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.

From FY 2002-03 the number of outpatient visits at CICP Clinics increased by 26.7%, while the payment per visit declined by 21.1%, as demonstrated in Chart 25. Over the same two fiscal year periods, CICP Hospital visits increased by 15.1% and the payment by visit rose by 10.1%. The number of outpatient visits at Denver Health Medical Center have decreased 10.3%, while at University Hospital outpatient visits have increased 15.5%; yet the average payment per visit has increased 40.3% at Denver Health Medical Center and decreased 0.4% at University Hospital since FY 2002-03.

Chart 25 - Historical Payment per Outpatient Visit

CICP Provider	FY 2002-03 CICP Payment Per Outpatient Visit*	FY 2003-04 CICP Payment Per Outpatient Visit*	FY 2004-05 CICP Payment Per Outpatient Visit*
CICP Clinics	\$32.65	\$26.02	\$25.77
CICP Hospitals**	\$81.36	\$114.48	\$89.60
Denver Health	\$134.68	\$175.77	\$188.95
University Hospital	\$290.93	\$344.91	\$289.65

Source: Analysis of CICP Annual Reports.

*Percentage of outpatient charges times estimated outpatient Payment 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 2004-05 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 payment received under the CICP:

External Audit: If a provider received over \$500,000 in payment from the 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 payment from the 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 the 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 applicant 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 the CICIP, 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 medically indigent 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 are the only available CICIP providers in several counties.

COLLECTION OF THIRD PARTY PAYMENTS

The CICIP guidelines require providers to collect all available payments from third party resources. Providers are required to seek third party payment 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 payment 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 payment amount and providers are contracted to prioritize their services of 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 200% 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.

VII. FINANCIAL TABLES

Table 1 - Total Financial Activity and CICP Payment

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
CICP Clinic Providers						
Clinica Campesina Family Health Services	\$1,779,192	\$0	\$198,975	\$1,580,217	\$1,580,216	\$290,032
Colorado Coalition for the Homeless (2)	\$3,287,092	\$33,282	\$0	\$3,253,810	\$3,253,810	\$707,672
Community Health Clinic (2)	\$81,679	\$2,216	\$10,503	\$68,960	\$68,960	\$15,004
High Plains Community Health Center (2)	\$873,933	\$13,566	\$108,567	\$751,800	\$751,800	\$141,960
Marillac Clinic	\$653,243	\$121,763	\$75,275	\$456,205	\$456,205	\$121,200
Metro Community Provider Network (2)	\$5,166,054	\$0	\$894,053	\$4,272,001	\$4,272,000	\$622,872
Mountain Family Health Centers	\$624,070	\$0	\$102,643	\$521,427	\$521,427	\$145,592
Peak Vista Community Health Centers (2)	\$7,168,188	\$335,042	\$1,080,656	\$5,752,490	\$5,752,491	\$1,198,108
People's Clinic	\$1,251,970	\$0	\$124,670	\$1,127,300	\$1,127,300	\$292,228
Pueblo Community Health Center (2)	\$2,794,345	\$1,173	\$454,706	\$2,338,466	\$2,338,467	\$683,056
Salud Family Health Centers	\$5,710,026	\$0	\$932,248	\$4,777,778	\$4,777,778	\$898,984
Sunrise Community Health Center	\$1,835,327	\$18,954	\$193,095	\$1,623,278	\$1,623,278	\$431,668
Uncompahgre Medical Center	\$92,279	\$6,693	\$10,336	\$75,250	\$75,250	\$11,536
Valley-Wide Health Systems	\$2,060,473	\$0	\$291,773	\$1,768,700	\$1,768,700	\$499,848
Total CICP Clinic Providers	\$33,377,871	\$532,689	\$4,477,500	\$28,367,682	\$28,367,682	\$6,059,760
CICP Hospital Providers						
Arkansas Valley Regional Medical Center (5)(6)	\$3,484,092	\$328,400	\$47,431	\$3,108,261	\$1,717,314	\$839,823
Aspen Valley Hospital	\$1,986,474	\$105,076	\$24,230	\$1,857,168	\$1,252,660	\$179,650
Boulder Community Hospital (1)	\$13,735,775	\$534,760	\$130,801	\$13,070,214	\$5,848,921	\$503,384
Colorado Plains Medical Center	\$2,390,274	\$261,154	\$40,072	\$2,089,048	\$820,996	\$163,034
Conejos County Hospital (5)(6)	\$587,343	\$35,679	\$26,073	\$525,591	\$333,908	\$94,813
Delta County Memorial Hospital	\$2,661,620	\$3,821	\$116,564	\$2,541,235	\$1,543,292	\$201,257
East Morgan County Hospital (6)	\$620,393	\$94,689	\$26,020	\$499,684	\$338,785	\$37,291
Estes Park Medical Center	\$1,745,012	\$172,567	\$40,741	\$1,531,704	\$1,034,972	\$137,557
Exempla Lutheran Medical Center	\$32,011,108	\$3,910,358	\$227,778	\$27,872,972	\$8,947,224	\$530,924
Gunnison Valley Hospital	\$84,796	\$3,790	\$960	\$80,046	\$54,879	\$14,457
Heart of the Rockies Regional Medical Center (6)	\$1,429,430	\$230,266	\$34,175	\$1,164,989	\$675,927	\$193,844
Kit Carson County Memorial Hospital	\$208,490	\$34,108	\$10,879	\$163,503	\$102,891	\$39,576
Longmont United Hospital	\$14,270,611	\$1,077,572	\$130,705	\$13,062,334	\$6,343,069	\$404,994

Table 1 - Total Financial Activity and CICIP Payment

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
McKee Medical Center (6)	\$14,878,499	\$1,979,906	\$451,465	\$12,447,128	\$5,875,045	\$650,330
Melissa Memorial	\$290,175	\$86,484	\$12,184	\$191,507	\$156,653	\$24,457
Memorial Hospital (1)(6)	\$85,865,570	\$3,805,352	\$853,649	\$81,206,569	\$30,907,221	\$6,511,170
Mercy Medical Center (1)	\$7,003,568	\$452,692	\$128,728	\$6,422,148	\$3,290,067	\$476,620
Montrose Memorial Hospital	\$4,111,595	\$573,919	\$104,312	\$3,433,364	\$1,670,332	\$259,399
Mount San Rafael Hospital	\$371,548	\$21,198	\$6,270	\$344,080	\$162,681	\$90,352
North Colorado Medical Center (6)	\$34,380,474	\$4,863,924	\$1,757,287	\$27,759,263	\$14,273,813	\$2,291,515
Parkview Medical Center (1)(5)(6)	\$43,868,747	\$2,653,471	\$303,594	\$40,911,682	\$13,885,425	\$4,398,405
Penrose-St. Francis Health Services (1)	\$31,720,041	\$1,158,088	\$233,881	\$30,328,072	\$9,783,836	\$1,348,074
Platte Valley Medical Center (5)	\$8,472,093	\$1,003,370	\$216,570	\$7,252,153	\$3,252,590	\$729,865
Poudre Valley Hospital (1)	\$23,765,547	\$1,815,730	\$358,797	\$21,591,020	\$11,160,399	\$2,174,038
Prowers Medical Center (6)	\$2,906,350	\$330,494	\$60,983	\$2,514,873	\$1,353,756	\$356,417
Rio Grande Hospital	\$457,866	\$57,167	\$17,421	\$383,278	\$242,155	\$32,594
San Luis Valley Regional Medical Center (5)(6)	\$4,476,380	\$28,770	\$107,904	\$4,339,706	\$2,433,273	\$922,344
Sedgwick County Health Center	\$142,755	\$23,640	\$7,817	\$111,298	\$84,353	\$8,923
Southeast Colorado Hospital (5)	\$181,111	\$8,557	\$18,071	\$154,483	\$121,069	\$71,438
Southwest Memorial Hospital (1)(6)	\$1,566,417	\$297,585	\$33,487	\$1,235,345	\$630,767	\$329,325
Spanish Peaks Regional Health Center (5)(6)	\$1,051,933	\$149,824	\$21,722	\$880,387	\$533,690	\$338,912
St. Anthony Central Hospital (7)	\$24,831,952	\$171,236	\$72,759	\$24,587,957	\$8,794,766	\$525,478
St. Anthony North Hospital (7)	\$7,257,110	\$5,715	\$36,572	\$7,214,823	\$2,016,210	\$154,940
St. Mary-Corwin Hospital (1)(6)	\$43,637,391	\$2,898,546	\$386,208	\$40,352,637	\$12,259,131	\$3,273,164
St. Mary's Hospital and Medical Center (1)	\$9,339,926	\$14,066	\$139,772	\$9,186,088	\$3,942,669	\$1,196,056
St. Thomas More Hospital (1)(6)	\$10,321,234	\$2,005,542	\$228,797	\$8,086,895	\$3,707,033	\$401,214
St. Vincent General Hospital	\$221,770	\$60,991	\$19,444	\$141,335	\$97,592	\$28,364
Sterling Regional MedCenter (6)	\$3,949,153	\$787,364	\$224,296	\$2,937,493	\$1,439,371	\$203,126
The Memorial Hospital (1)	\$564,073	\$32,301	\$19,886	\$511,886	\$394,715	\$122,755
Valley View Hospital (5)	\$2,056,114	\$158,818	\$35,407	\$1,861,889	\$1,178,389	\$294,617
Wray Community District Hospital	\$187,181	\$21,293	\$5,786	\$160,102	\$138,296	\$58,107
Yampa Valley Medical Center (1)(6)	\$760,762	\$3,801	\$13,635	\$743,326	\$553,703	\$229,242
Yuma District Hospital (6)	\$829,625	\$164,167	\$42,852	\$622,606	\$538,742	\$177,265
Sub-Total CICIP Hospital Providers	\$444,682,378	\$32,426,251	\$6,775,985	\$405,480,142	\$163,892,580	\$31,019,110

Table 1 - Total Financial Activity and CICIP Payment

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
CICP Specialty Hospital Providers						
National Jewish Medical and Research Center (2)(5)	\$3,056,053	\$268,262	\$61,977	\$2,725,814	\$2,725,814	\$702,023
The Children's Hospital (2)(3)(5)	\$12,386,527	\$1,581,547	\$126,877	\$10,678,103	\$5,012,302	\$1,574,537
Sub-Total CICP Specialty Hospital Providers	\$15,442,580	\$1,849,809	\$188,854	\$13,403,917	\$7,738,116	\$2,276,560
Denver Health Medical Center (1)(2)(4)(5)(6)	\$207,173,859	\$19,217,200	\$3,993,543	\$183,963,116	\$118,049,132	\$64,969,531
University Hospital (2)(3)(5)(6)	\$179,618,616	\$16,166,313	\$1,620,533	\$161,831,770	\$67,030,719	\$38,694,983
Total CICP Hospital Providers	\$846,917,433	\$69,659,573	\$12,578,915	\$764,678,945	\$356,710,547	\$136,960,184
Total All CICP Providers	\$880,295,304	\$70,192,262	\$17,056,415	\$793,046,627	\$385,078,229	\$143,019,944

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. St. Anthony Central Hospital and St. Anthony North Hospital participated until 2/11/05.

Table 1A - Hospital Provider Payment Detail

Providers	High-Volume Payment	Low-Income Payment	FFY 2003-04 Bad Debt Payment	FFY 2004-05 Bad Debt Payment	Total Payment
CICP Hospital Providers					
Arkansas Valley Regional Medical Center	\$7,007	\$824,045	\$2,193	\$6,578	\$839,823
Aspen Valley Hospital	\$38,021	\$141,629	\$0	\$0	\$179,650
Boulder Community Hospital	\$498,320	\$5,064	\$0	\$0	\$503,384
Colorado Plains Medical Center	\$161,394	\$1,640	\$0	\$0	\$163,034
Conejos County Hospital	\$0	\$91,736	\$769	\$2,308	\$94,813
Delta County Memorial Hospital	\$42,594	\$158,663	\$0	\$0	\$201,257
East Morgan County Hospital	\$0	\$37,291	\$0	\$0	\$37,291
Estes Park Medical Center	\$29,112	\$108,445	\$0	\$0	\$137,557
Exempla Lutheran Medical Center	\$525,582	\$5,342	\$0	\$0	\$530,924
Gunnison Valley Hospital	\$3,060	\$11,397	\$0	\$0	\$14,457
Heart of the Rockies Regional Medical Center	\$41,025	\$152,819	\$0	\$0	\$193,844
Kit Carson County Memorial Hospital	\$8,376	\$31,200	\$0	\$0	\$39,576
Longmont United Hospital	\$400,920	\$4,074	\$0	\$0	\$404,994
McKee Medical Center	\$643,788	\$6,542	\$0	\$0	\$650,330
Melissa Memorial	\$5,176	\$19,281	\$0	\$0	\$24,457
Memorial Hospital	\$1,378,018	\$5,133,152	\$0	\$0	\$6,511,170
Mercy Medical Center	\$471,826	\$4,794	\$0	\$0	\$476,620
Montrose Memorial Hospital	\$54,899	\$204,500	\$0	\$0	\$259,399
Mount San Rafael Hospital	\$89,442	\$910	\$0	\$0	\$90,352
North Colorado Medical Center	\$484,974	\$1,806,541	\$0	\$0	\$2,291,515
Parkview Medical Center	\$3,905,780	\$465,570	\$6,764	\$20,291	\$4,398,405
Penrose-St. Francis Health Services	\$381,820	\$966,254	\$0	\$0	\$1,348,074
Platte Valley Medical Center	\$703,568	\$7,150	\$4,787	\$14,360	\$729,865
Poudre Valley Hospital	\$460,111	\$1,713,927	\$0	\$0	\$2,174,038
Prowers Medical Center	\$75,432	\$280,985	\$0	\$0	\$356,417
Rio Grande Hospital	\$480	\$32,114	\$0	\$0	\$32,594
San Luis Valley Regional Medical Center	\$228,698	\$675,750	\$4,474	\$13,422	\$922,344
Sedgwick County Health Center	\$1,888	\$7,035	\$0	\$0	\$8,923
Southeast Colorado Hospital	\$482	\$69,957	\$250	\$749	\$71,438
Southwest Memorial Hospital	\$69,698	\$259,627	\$0	\$0	\$329,325
Spanish Peaks Regional Health Center	\$35,879	\$296,084	\$1,737	\$5,212	\$338,912
St. Anthony Central Hospital	\$520,192	\$5,286	\$0	\$0	\$525,478

Table 1A - Hospital Provider Payment Detail

Providers	High-Volume Payment	Low-Income Payment	FFY 2003-04 Bad Debt Payment	FFY 2004-05 Bad Debt Payment	Total Payment
St. Anthony North Hospital	\$153,380	\$1,560	\$0	\$0	\$154,940
St. Mary-Corwin Hospital	\$3,230,110	\$43,054	\$0	\$0	\$3,273,164
St. Mary's Hospital and Medical Center	\$1,184,024	\$12,032	\$0	\$0	\$1,196,056
St. Thomas More Hospital	\$397,176	\$4,038	\$0	\$0	\$401,214
St. Vincent General Hospital	\$6,003	\$22,361	\$0	\$0	\$28,364
Sterling Regional MedCenter	\$201,084	\$2,042	\$0	\$0	\$203,126
The Memorial Hospital	\$25,980	\$96,775	\$0	\$0	\$122,755
Valley View Hospital	\$155,770	\$107,874	\$7,743	\$23,230	\$294,617
Wray Community District Hospital	\$12,298	\$45,809	\$0	\$0	\$58,107
Yampa Valley Medical Center	\$226,936	\$2,306	\$0	\$0	\$229,242
Yuma District Hospital	\$41,513	\$135,752	\$0	\$0	\$177,265
Sub-Total CICP Hospital Providers	\$16,901,836	\$14,002,407	\$28,717	\$86,150	\$31,019,110
CICP Specialty Hospital Providers					
National Jewish Medical and Research Center	\$82,750	\$611,296	\$1,994	\$5,983	\$702,023
The Children's Hospital(1)	\$1,516,774	\$15,414	\$10,587	\$31,762	\$1,574,537
University Physicians, Inc.	\$460,841	\$3,133	\$0	\$0	\$463,974
Sub-Total CICP Specialty Hospital Providers	\$1,599,524	\$626,710	\$12,581	\$37,745	\$2,276,560
Denver Health Medical Center	\$13,619,999	\$50,734,830	\$153,675	\$461,027	\$64,969,531
University Hospital (1)	\$16,231,960	\$22,314,195	\$37,207	\$111,621	\$38,694,983
University Physicians, Inc.	\$2,133,834	\$4,127,706	\$0	\$0	\$6,261,539
Total CICP Hospital Providers	\$48,353,319	\$87,678,142	\$232,180	\$696,543	\$136,960,184

Notes:

(1) Includes University Physicians, Inc.

Table 1B - Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Hospital	\$421,745	\$0	\$0	\$421,745
Denver Health Medical Center	\$21,539,250	\$1,200,872	\$0	\$20,338,378
Memorial Hospital	\$11,342,792	\$800,737	\$245,255	\$10,296,800
Mercy Medical Center	\$316,833	\$2,384	\$20,574	\$293,875
Parkview Medical Center	\$2,648,617	\$0	\$0	\$2,648,617
Penrose-St. Francis Health Services	\$5,407,593	\$0	\$0	\$5,407,593
Poudre Valley Hospital	\$17,073	\$6,116	\$745	\$10,212
Southwest Memorial Hospital	\$30,414	\$0	\$1,482	\$28,932
St. Mary-Corwin Hospital	\$4,901,760	\$0	\$0	\$4,901,760
St. Mary's Hospital and Medical Center	\$747,178	\$13,647	\$51,519	\$682,012
St. Thomas More Hospital	\$1,499,666	\$405,965	\$114,802	\$978,899
The Memorial Hospital	\$68,735	\$1,381	\$2,364	\$64,990
University Physicians Inc. (1)				
The Children's Hospital	\$585,794	\$16,964	\$1,544	\$567,286
University Hospital	\$23,564,078	\$1,192,271	\$79,266	\$22,292,541
Yampa Valley Medical Center	\$25,830	\$0	\$25	\$25,805
Total	\$73,117,358	\$3,640,337	\$517,576	\$68,959,445

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	\$395,006	\$0	\$0	\$395,006
Community Health Clinic	\$5,313	\$0	\$1,611	\$3,702
Denver Health Medical Center	\$7,308,574	\$0	\$1,549,406	\$5,759,168
High Plains Community Health Center	\$195,611	\$0	\$57,087	\$138,524
Metro Community Provider Network	\$1,099,792	\$0	\$553,198	\$546,594
National Jewish Medical and Research Center	\$370,116	\$813	\$38,226	\$331,077
Peak Vista Community Health Centers	\$1,692,734	\$0	\$701,024	\$991,710
Pueblo Community Health Center	\$607,319	\$0	\$267,661	\$339,658
The Children's Hospital	\$421,318	\$0	\$20,981	\$400,337
University Hospital	\$5,163,161	\$2,135,145	\$451,279	\$2,576,737
Total	\$17,258,944	\$2,135,958	\$3,640,473	\$11,482,513

Table 1D - Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$176,917,857	\$18,006,724	\$2,434,397	\$156,476,736
Physician Services	\$21,539,250	\$1,200,872	\$0	\$20,338,378
Ambulance Services	\$1,408,178	\$9,604	\$9,740	\$1,388,834
Outpatient Pharmacy	\$7,308,574	\$0	\$1,549,406	\$5,759,168
Total	\$207,173,859	\$19,217,200	\$3,993,543	\$183,963,116

Table 2A - Inpatient and Outpatient Charges (Details)

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
CICP Clinic Providers					
Clinica Campesina Family Health Services	\$0	\$1,779,192	\$0	\$0	\$1,779,192
Colorado Coalition for the Homeless	\$0	\$2,892,086	\$0	\$0	\$2,892,086
Community Health Clinic	\$2,150	\$74,216	\$0	\$0	\$76,366
High Plains Community Health Center	\$635,691	\$42,631	\$0	\$0	\$678,322
Marillac Clinic	\$0	\$653,243	\$0	\$0	\$653,243
Metro Community Provider Network	\$0	\$4,066,262	\$0	\$0	\$4,066,262
Mountain Family Health Centers	\$328,986	\$295,084	\$0	\$0	\$624,070
Peak Vista Community Health Centers	\$479,694	\$4,995,760	\$0	\$0	\$5,475,454
People's Clinic	\$0	\$1,251,970	\$0	\$0	\$1,251,970
Pueblo Community Health Center	\$1,616	\$2,185,410	\$0	\$0	\$2,187,026
Salud Family Health Centers	\$0	\$5,710,026	\$0	\$0	\$5,710,026
Sunrise Community Health Center	\$0	\$1,835,327	\$0	\$0	\$1,835,327
Uncompahgre Medical Center	\$76,895	\$15,384	\$0	\$0	\$92,279
Valley-Wide Health Systems	\$2,060,473	\$0	\$0	\$0	\$2,060,473
Total CICP Clinic Providers	\$3,585,505	\$25,796,591	\$0	\$0	\$29,382,096
CICP Hospital Providers					
Arkansas Valley Regional Medical Center	\$897,633	\$1,316,468	\$1,010,853	\$259,138	\$3,484,092
Aspen Valley Hospital	\$293,330	\$777,934	\$741,814	\$173,396	\$1,986,474
Boulder Community Hospital	\$2,341,572	\$3,045,625	\$5,334,485	\$2,592,348	\$13,314,030
Colorado Plains Medical Center	\$502,627	\$662,121	\$728,709	\$496,817	\$2,390,274
Conejos County Hospital	\$221,872	\$192,531	\$146,084	\$26,856	\$587,343
Delta County Memorial Hospital	\$765,249	\$803,680	\$903,874	\$188,817	\$2,661,620
East Morgan County Hospital	\$147,042	\$445,018	\$0	\$28,333	\$620,393
Estes Park Medical Center	\$210,856	\$1,198,400	\$201,579	\$134,177	\$1,745,012
Exempla Lutheran Medical Center	\$5,411,001	\$6,263,200	\$15,445,849	\$4,891,058	\$32,011,108
Gunnison Valley Hospital	\$84,796	\$0	\$0	\$0	\$84,796
Heart of the Rockies Regional Medical Center	\$913,172	\$0	\$516,258	\$0	\$1,429,430
Kit Carson County Memorial Hospital	\$31,527	\$112,875	\$62,862	\$1,226	\$208,490
Longmont United Hospital	\$1,628,251	\$2,267,577	\$7,985,946	\$2,388,837	\$14,270,611

Table 2A - Inpatient and Outpatient Charges (Details)

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
McKee Medical Center	\$2,183,528	\$4,801,049	\$4,885,379	\$3,008,543	\$14,878,499
Melissa Memorial	\$88,320	\$129,432	\$72,423	\$0	\$290,175
Memorial Hospital	\$13,714,465	\$13,386,674	\$40,005,993	\$7,415,646	\$74,522,778
Mercy Medical Center	\$1,396,223	\$1,536,337	\$2,944,864	\$809,311	\$6,686,735
Montrose Memorial Hospital	\$724,369	\$613,653	\$2,222,225	\$551,348	\$4,111,595
Mount San Rafael Hospital	\$152,974	\$89,976	\$128,598	\$0	\$371,548
North Colorado Medical Center	\$4,509,500	\$6,117,525	\$14,152,912	\$9,600,537	\$34,380,474
Parkview Medical Center	\$11,991,189	\$5,385,116	\$18,191,648	\$5,652,177	\$41,220,130
Penrose-St. Francis Health Services	\$5,189,620	\$3,588,772	\$12,903,014	\$4,631,042	\$26,312,448
Platte Valley Medical Center	\$2,369,176	\$2,233,755	\$3,075,633	\$793,529	\$8,472,093
Poudre Valley Hospital	\$3,551,637	\$5,973,223	\$11,652,585	\$2,571,029	\$23,748,474
Prowers Medical Center	\$525,366	\$1,078,651	\$1,302,333	\$0	\$2,906,350
Rio Grande Hospital	\$326,576	\$58,569	\$72,721	\$0	\$457,866
San Luis Valley Regional Medical Center	\$2,498,220	\$563,725	\$1,414,435	\$0	\$4,476,380
Sedgwick County Health Center	\$5,248	\$120,920	\$0	\$16,587	\$142,755
Southeast Colorado Hospital	\$50,005	\$75,405	\$43,149	\$12,552	\$181,111
Southwest Memorial Hospital	\$483,441	\$422,939	\$0	\$629,623	\$1,536,003
Spanish Peaks Regional Health Center	\$408,536	\$359,978	\$283,419	\$0	\$1,051,933
St. Anthony Central Hospital	\$2,480,428	\$1,349,934	\$12,638,789	\$8,362,801	\$24,831,952
St. Anthony North Hospital	\$1,590,810	\$437,490	\$4,948,272	\$280,538	\$7,257,110
St. Mary-Corwin Hospital	\$6,527,075	\$15,620,028	\$9,079,916	\$7,508,612	\$38,735,631
St. Mary's Hospital and Medical Center	\$1,408,584	\$0	\$7,184,164	\$0	\$8,592,748
St. Thomas More Hospital	\$2,561,846	\$2,346,739	\$3,231,240	\$681,743	\$8,821,568
St. Vincent General Hospital	\$168,928	\$0	\$52,842	\$0	\$221,770
Sterling Regional MedCenter	\$6,930	\$2,298,939	\$58,702	\$1,584,582	\$3,949,153
The Memorial Hospital	\$142,785	\$128,947	\$223,606	\$0	\$495,338
Valley View Hospital	\$1,304,221	\$0	\$751,893	\$0	\$2,056,114
Wray Community District Hospital	\$3,760	\$166,361	\$0	\$17,060	\$187,181
Yampa Valley Medical Center	\$97,113	\$0	\$637,819	\$0	\$734,932
Yuma District Hospital	\$103,697	\$570,559	\$154,913	\$456	\$829,625
Sub-Total CICP Hospital Providers	\$80,013,498	\$86,540,125	\$185,391,800	\$65,308,719	\$417,254,142

Table 2A - Inpatient and Outpatient Charges (Details)

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
CICP Specialty Hospital Providers					
National Jewish Medical and Research Center	\$7,558	\$2,678,379	\$0	\$0	\$2,685,937
The Children's Hospital	\$1,160,606	\$1,968,177	\$8,250,632	\$0	\$11,379,415
Sub-Total CICP Specialty Hospital Providers	\$1,168,164	\$4,646,556	\$8,250,632	\$0	\$14,065,352
Denver Health Medical Center	\$21,841,383	\$45,987,964	\$89,354,021	\$19,734,489	\$176,917,857
University Hospital	\$28,327,951	\$33,452,752	\$75,320,966	\$13,789,708	\$150,891,377
Total CICP Hospital Providers	\$131,350,996	\$170,627,397	\$358,317,419	\$98,832,916	\$759,128,728
Total All CICP Providers	\$134,936,501	\$196,423,988	\$358,317,419	\$98,832,916	\$788,510,824

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 from Table 1D.

Table 2B - Inpatient and Outpatient Charges (Totals)

Providers	Total Urgent Charges	Total Non-Urgent Charges	Total Charges	Total Outpatient Charges	Total Inpatient Charges	Total Charges
CICP Clinic Providers						
Clinica Campesina Family Health Services	\$0	\$1,779,192	\$1,779,192	\$1,779,192	\$0	\$1,779,192
Colorado Coalition for the Homeless	\$0	\$2,892,086	\$2,892,086	\$2,892,086	\$0	\$2,892,086
Community Health Clinic	\$2,150	\$74,216	\$76,366	\$76,366	\$0	\$76,366
High Plains Community Health Center	\$635,691	\$42,631	\$678,322	\$678,322	\$0	\$678,322
Marillac Clinic	\$0	\$653,243	\$653,243	\$653,243	\$0	\$653,243
Metro Community Provider Network	\$0	\$4,066,262	\$4,066,262	\$4,066,262	\$0	\$4,066,262
Mountain Family Health Centers	\$328,986	\$295,084	\$624,070	\$624,070	\$0	\$624,070
Peak Vista Community Health Centers	\$479,694	\$4,995,760	\$5,475,454	\$5,475,454	\$0	\$5,475,454
People's Clinic	\$0	\$1,251,970	\$1,251,970	\$1,251,970	\$0	\$1,251,970
Pueblo Community Health Center	\$1,616	\$2,185,410	\$2,187,026	\$2,187,026	\$0	\$2,187,026
Salud Family Health Centers	\$0	\$5,710,026	\$5,710,026	\$5,710,026	\$0	\$5,710,026
Sunrise Community Health Center	\$0	\$1,835,327	\$1,835,327	\$1,835,327	\$0	\$1,835,327
Uncompahgre Medical Center	\$76,895	\$15,384	\$92,279	\$92,279	\$0	\$92,279
Valley-Wide Health Systems	\$2,060,473	\$0	\$2,060,473	\$2,060,473	\$0	\$2,060,473
Total CICP Clinic Providers	\$3,585,505	\$25,796,591	\$29,382,096	\$29,382,096	\$0	\$29,382,096
CICP Hospital Providers						
Arkansas Valley Regional Medical Center	\$1,908,486	\$1,575,606	\$3,484,092	\$2,214,101	\$1,269,991	\$3,484,092
Aspen Valley Hospital	\$1,035,144	\$951,330	\$1,986,474	\$1,071,264	\$915,210	\$1,986,474
Boulder Community Hospital	\$7,676,057	\$5,637,973	\$13,314,030	\$5,387,197	\$7,926,833	\$13,314,030
Colorado Plains Medical Center	\$1,231,336	\$1,158,938	\$2,390,274	\$1,164,748	\$1,225,526	\$2,390,274
Conejos County Hospital	\$367,956	\$219,387	\$587,343	\$414,403	\$172,940	\$587,343
Delta County Memorial Hospital	\$1,669,123	\$992,497	\$2,661,620	\$1,568,929	\$1,092,691	\$2,661,620
East Morgan County Hospital	\$147,042	\$473,351	\$620,393	\$592,060	\$28,333	\$620,393
Estes Park Medical Center	\$412,435	\$1,332,577	\$1,745,012	\$1,409,256	\$335,756	\$1,745,012
Exempla Lutheran Medical Center	\$20,856,850	\$11,154,258	\$32,011,108	\$11,674,201	\$20,336,907	\$32,011,108
Gunnison Valley Hospital	\$84,796	\$0	\$84,796	\$84,796	\$0	\$84,796
Heart of the Rockies Regional Medical Center	\$1,429,430	\$0	\$1,429,430	\$913,172	\$516,258	\$1,429,430
Kit Carson County Memorial Hospital	\$94,389	\$114,101	\$208,490	\$144,402	\$64,088	\$208,490
Longmont United Hospital	\$9,614,197	\$4,656,414	\$14,270,611	\$3,895,828	\$10,374,783	\$14,270,611

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	\$7,068,907	\$7,809,592	\$14,878,499	\$6,984,577	\$7,893,922	\$14,878,499
Melissa Memorial	\$160,743	\$129,432	\$290,175	\$217,752	\$72,423	\$290,175
Memorial Hospital	\$53,720,458	\$20,802,320	\$74,522,778	\$27,101,139	\$47,421,639	\$74,522,778
Mercy Medical Center	\$4,341,087	\$2,345,648	\$6,686,735	\$2,932,560	\$3,754,175	\$6,686,735
Montrose Memorial Hospital	\$2,946,594	\$1,165,001	\$4,111,595	\$1,338,022	\$2,773,573	\$4,111,595
Mount San Rafael Hospital	\$281,572	\$89,976	\$371,548	\$242,950	\$128,598	\$371,548
North Colorado Medical Center	\$18,662,412	\$15,718,062	\$34,380,474	\$10,627,025	\$23,753,449	\$34,380,474
Parkview Medical Center	\$30,182,837	\$11,037,293	\$41,220,130	\$17,376,305	\$23,843,825	\$41,220,130
Penrose-St. Francis Health Services	\$18,092,634	\$8,219,814	\$26,312,448	\$8,778,392	\$17,534,056	\$26,312,448
Platte Valley Medical Center	\$5,444,809	\$3,027,284	\$8,472,093	\$4,602,931	\$3,869,162	\$8,472,093
Poudre Valley Hospital	\$15,204,222	\$8,544,252	\$23,748,474	\$9,524,860	\$14,223,614	\$23,748,474
Prowers Medical Center	\$1,827,699	\$1,078,651	\$2,906,350	\$1,604,017	\$1,302,333	\$2,906,350
Rio Grande Hospital	\$399,297	\$58,569	\$457,866	\$385,145	\$72,721	\$457,866
San Luis Valley Regional Medical Center	\$3,912,655	\$563,725	\$4,476,380	\$3,061,945	\$1,414,435	\$4,476,380
Sedgwick County Health Center	\$5,248	\$137,507	\$142,755	\$126,168	\$16,587	\$142,755
Southeast Colorado Hospital	\$93,154	\$87,957	\$181,111	\$125,410	\$55,701	\$181,111
Southwest Memorial Hospital	\$483,441	\$1,052,562	\$1,536,003	\$906,380	\$629,623	\$1,536,003
Spanish Peaks Regional Health Center	\$691,955	\$359,978	\$1,051,933	\$768,514	\$283,419	\$1,051,933
St. Anthony Central Hospital	\$15,119,217	\$9,712,735	\$24,831,952	\$3,830,362	\$21,001,590	\$24,831,952
St. Anthony North Hospital	\$6,539,082	\$718,028	\$7,257,110	\$2,028,300	\$5,228,810	\$7,257,110
St. Mary-Corwin Hospital	\$15,606,991	\$23,128,640	\$38,735,631	\$22,147,103	\$16,588,528	\$38,735,631
St. Mary's Hospital and Medical Center	\$8,592,748	\$0	\$8,592,748	\$1,408,584	\$7,184,164	\$8,592,748
St. Thomas More Hospital	\$5,793,086	\$3,028,482	\$8,821,568	\$4,908,585	\$3,912,983	\$8,821,568
St. Vincent General Hospital	\$221,770	\$0	\$221,770	\$168,928	\$52,842	\$221,770
Sterling Regional MedCenter	\$65,632	\$3,883,521	\$3,949,153	\$2,305,869	\$1,643,284	\$3,949,153
The Memorial Hospital	\$366,391	\$128,947	\$495,338	\$271,732	\$223,606	\$495,338
Valley View Hospital	\$2,056,114	\$0	\$2,056,114	\$1,304,221	\$751,893	\$2,056,114
Wray Community District Hospital	\$3,760	\$183,421	\$187,181	\$170,121	\$17,060	\$187,181
Yampa Valley Medical Center	\$734,932	\$0	\$734,932	\$97,113	\$637,819	\$734,932
Yuma District Hospital	\$258,610	\$571,015	\$829,625	\$674,256	\$155,369	\$829,625
Sub-Total CICP Hospital Providers	\$265,405,298	\$151,848,844	\$417,254,142	\$166,553,623	\$250,700,519	\$417,254,142

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
CICP Specialty Hospital Providers						
National Jewish Medical and Research Center	\$7,558	\$2,678,379	\$2,685,937	\$2,685,937	\$0	\$2,685,937
The Children's Hospital	\$9,411,238	\$1,968,177	\$11,379,415	\$3,128,783	\$8,250,632	\$11,379,415
Sub-Total CICP Specialty Hospital Providers	\$9,418,796	\$4,646,556	\$14,065,352	\$5,814,720	\$8,250,632	\$14,065,352
Denver Health Medical Center	\$111,195,404	\$65,722,453	\$176,917,857	\$67,829,347	\$109,088,510	\$176,917,857
University Hospital	\$103,648,917	\$47,242,460	\$150,891,377	\$61,780,703	\$89,110,674	\$150,891,377
Total CICP Hospital Providers	\$489,668,415	\$269,460,313	\$759,128,728	\$301,978,393	\$457,150,335	\$759,128,728
Total All CICP Providers	\$493,253,920	\$295,256,904	\$788,510,824	\$331,360,489	\$457,150,335	\$788,510,824

Notes: Same as Table 2A.

VIII. UTILIZATION DATA

Medically Indigent and Colorado Indigent Care Program Fiscal Year 2004-05 Annual Report

Table 3 - Admissions and Visits by County*

County	CICP Clinics	CICP Hospitals**	Denver Health	University Hospital	Total
Adams	25,278	4,104	820	10,568	40,770
Alamosa	3,902	2,233	3	51	6,189
Arapahoe	12,980	2,026	890	12,709	28,605
Archuleta	60	397	-	21	478
Baca	158	432	1	3	594
Bent	780	541	15	7	1,343
Boulder	21,394	6,537	55	957	28,943
Broomfield	1,152	176	11	335	1,674
Chaffee	53	1,218	2	22	1,295
Cheyenne	77	195	-	7	279
Clear Creek	794	74	7	239	1,114
Conejos	1,886	1,538	6	20	3,450
Costilla	1,372	668	4	41	2,085
Crowley	408	321	6	3	738
Custer	18	217	1	19	255
Delta	6	1,849	12	20	1,887
Denver	23,836	5,754	130,614	11,676	171,880
Dolores	641	47	1	2	691
Douglas	1,045	122	37	929	2,133
Eagle	150	154	27	72	403
Elbert	132	129	2	140	403
El Paso	38,055	26,708	13	552	65,328
Fremont	2,055	5,304	7	139	7,505
Garfield	1,631	1,378	1	27	3,037
Gilpin	603	58	-	48	709
Grand	44	132	5	113	294
Gunnison	5	120	3	61	189
Hindsdale	-	1	-	-	1
Huerfano	13	1,569	-	22	1,604
Jackson	6	28	-	1	35
Jefferson	9,588	6,012	633	6,321	22,554
Kiowa	97	58	-	2	157
Kit Carson	35	699	3	118	855
Lake	10	57	2	40	109
La Plata	1,043	2,688	-	33	3,764
Larimer	11,699	20,021	13	433	32,166
Las Animas	23	596	5	40	664
Lincoln	56	33	-	40	129
Logan	2,163	1,974	1	73	4,211
Mesa	7,150	1,633	2	110	8,895
Mineral	10	283	-	1	294
Moffat	2	316	-	6	324
Montezuma	504	1,724	-	49	2,277
Montrose	401	2,667	-	6	3,074
Morgan	3,438	1,524	14	136	5,112
Otero	2,559	2,579	5	46	5,189
Ouray	29	26	-	15	70
Park	724	154	13	174	1,065

Table 3 - Admissions and Visits by County*

County	CICP Clinics	CICP Hospitals**	Denver Health	University Hospital	Total
Phillips	1	544	-	15	560
Pitkin	80	569	2	13	664
Prowers	3,725	1,842	-	30	5,597
Pueblo	22,314	29,798	10	293	52,415
Rio Blanco	2	11	-	-	13
Rio Grande	2,996	2,060	-	28	5,084
Routt	-	141	-	58	199
Saguache	2,531	1,028	-	11	3,570
San Juan	4	68	-	5	77
San Miguel	376	83	-	-	459
Sedgwick	-	451	1	5	457
Summit	7	46	4	130	187
Teller	4,761	801	1	22	5,585
Washington	100	675	3	42	820
Weld	16,751	9,618	32	745	27,146
Yuma	94	1,622	2	17	1,735
Unknown	3,318	2,318	3,793	305	9,734
Total	235,125	158,749	137,082	48,166	579,122

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	
	<u>Visits</u>	<u>% of Total</u>	<u>Visits</u>	<u>% of Total</u>	<u>Visits</u>	<u>% of Total</u>	<u>Visits</u>	<u>% of Total</u>	<u>Visits</u>	<u>% of Total</u>
A	33,969	14.4%	18,836	12.9%	17,289	13.1%	6,045	13.2%	76,139	13.6%
B	31,223	13.3%	15,504	10.6%	18,064	13.7%	6,884	15.0%	71,675	12.8%
C	31,766	13.5%	16,573	11.3%	17,805	13.5%	7,496	16.4%	73,640	13.2%
D	23,904	10.2%	15,183	10.4%	14,864	11.3%	6,292	13.7%	60,243	10.8%
E	16,990	7.2%	12,209	8.3%	10,324	7.8%	3,927	8.6%	43,450	7.8%
F	21,256	9.0%	14,680	10.0%	10,251	7.8%	4,797	10.5%	50,984	9.1%
G	13,661	5.8%	11,715	8.0%	6,386	4.8%	3,070	6.7%	34,832	6.2%
N	32,829	14.0%	18,692	12.7%	17,699	13.5%	6,103	13.3%	75,323	13.4%
Z	28,902	12.3%	7,912	5.5%	19,148	14.5%	983	2.1%	56,945	10.2%
Unknown	625	0.3%	15,138	10.3%	-	-	250	0.5%	16,013	2.9%
Total	235,125	100.0%	146,442	100.0%	131,830	100.0%	45,847	100.0%	559,244	100.0%

Inpatient Admissions

CICP Rating	CICP Clinics		CICP Hospitals*		Denver Health		University Hospital		All Providers	
	<u>Visits</u>	<u>% of Total</u>	<u>Admits</u>	<u>% of Total</u>	<u>Admits</u>	<u>% of Total</u>	<u>Admits</u>	<u>% of Total</u>	<u>Admits</u>	<u>% of Total</u>
A	-	-	1,744	14.2%	595	11.3%	323	13.9%	2,662	13.4%
B	-	-	1,412	11.5%	647	12.3%	288	12.4%	2,347	11.8%
C	-	-	1,330	10.8%	564	10.8%	317	13.7%	2,211	11.1%
D	-	-	1,263	10.3%	505	9.6%	266	11.5%	2,034	10.2%
E	-	-	1,014	8.2%	304	5.8%	162	7.0%	1,480	7.4%
F	-	-	1,381	11.2%	349	6.6%	237	10.2%	1,967	9.9%
G	-	-	1,077	8.8%	237	4.5%	162	7.0%	1,476	7.4%
N	-	-	1,669	13.5%	700	13.4%	296	12.7%	2,665	13.4%
Z	-	-	1,347	10.9%	1,351	25.7%	266	11.5%	2,964	15.0%
Unknown	-	-	70	0.6%	-	-	2	0.1%	72	0.4%
Total	-	-	12,307	100.0%	5,252	100.0%	2,319	100.0%	19,878	100.0%

Notes:

*Includes CICP Specialty Hospital providers.

Table 5 - Inpatient Days by CICP Rating

CICP Rating	CICP Hospitals*	Denver Health	University Hospital	Total
A	7,890	2,971	1,764	12,625
B	6,118	3,443	1,666	11,227
C	5,396	2,796	1,631	9,823
D	5,595	2,422	1,530	9,547
E	4,101	1,537	824	6,462
F	5,553	1,865	1,341	8,759
G	3,994	1,041	880	5,915
N	7,397	3,099	1,738	12,234
Z	6,254	8,309	1,573	16,136
Unknown	266	-	2	268
Total	52,564	27,483	12,949	92,996

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	145	\$958,326	167	\$1,849,890	312	2.5%	\$2,808,216
06-17	122	\$3,161,006	114	\$3,061,803	236	1.9%	\$6,222,809
18-24	647	\$9,420,124	626	\$12,143,644	1,273	10.3%	\$21,563,768
25-54	3,498	\$59,631,621	4,124	\$93,662,491	7,622	62.0%	\$153,294,112
55-64	985	\$25,006,126	979	\$27,047,748	1,964	16.0%	\$52,053,874
65+	469	\$11,106,486	431	\$11,901,886	900	7.3%	\$23,008,372
TOTAL	5,866	\$109,283,689	6,441	\$149,667,462	12,307	100.0%	\$258,951,151

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	12	\$36,329	13	\$52,468	25	0.5%	\$88,797
06-17	19	\$204,240	26	\$694,172	45	0.9%	\$898,412
18-24	147	\$2,007,112	149	\$3,196,058	296	5.6%	\$5,203,170
25-54	1,184	\$21,976,206	2,292	\$49,859,245	3,476	66.1%	\$71,835,451
55-64	401	\$8,300,009	479	\$11,490,882	880	16.8%	\$19,790,891
65+	283	\$5,441,065	247	\$5,830,724	530	10.1%	\$11,271,789
TOTAL	2,046	\$37,964,961	3,206	\$71,123,549	5,252	100.0%	\$109,088,510

University Hospital

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Inpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	37	\$317,482	25	\$109,082	62	2.7%	\$426,564
06-17	5	\$95,821	3	\$119,699	8	0.3%	\$215,520
18-24	107	\$2,876,546	78	\$2,080,069	185	8.0%	\$4,956,615
25-54	616	\$20,538,444	790	\$31,365,237	1,406	60.6%	\$51,903,681
55-64	210	\$8,713,585	214	\$12,034,571	424	18.3%	\$20,748,156
65+	135	\$6,030,376	99	\$4,829,762	234	10.1%	\$10,860,138
TOTAL	1,110	\$38,572,254	1,209	\$50,538,420	2,319	100.0%	\$89,110,674

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	194	\$1,312,137	205	\$2,011,440	399	2.0%	\$3,323,577
06-17	146	\$3,461,067	143	\$3,875,674	289	1.5%	\$7,336,741
18-24	901	\$14,303,782	853	\$17,419,771	1,754	8.8%	\$31,723,553
25-54	5,298	\$102,146,271	7,206	\$174,886,973	12,504	62.9%	\$277,033,244
55-64	1,596	\$42,019,720	1,672	\$50,573,201	3,268	16.4%	\$92,592,921
65+	887	\$22,577,927	777	\$22,562,372	1,664	8.4%	\$45,140,299
TOTAL	9,022	\$185,820,904	10,856	\$271,329,431	19,878	100.0%	\$457,150,335

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	2,571	\$314,819	2,430	\$292,242	5,001	2.1%	\$607,061
06-17	3,968	\$477,309	2,777	\$318,608	6,745	2.9%	\$795,917
18-24	15,797	\$2,144,474	5,651	\$671,465	21,448	9.1%	\$2,815,939
25-54	97,324	\$12,643,798	56,825	\$6,918,639	154,149	65.6%	\$19,562,437
55-64	26,176	\$3,126,856	13,197	\$1,581,805	39,373	16.7%	\$4,708,661
65+	5,205	\$547,667	3,204	\$344,414	8,409	3.6%	\$892,081
TOTAL	151,041	\$19,254,923	84,084	\$10,127,173	235,125	100.0%	\$29,382,096

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	989	\$601,719	1,239	\$820,136	2,228	1.5%	\$1,421,855
06-17	2,417	\$2,258,477	2,084	\$1,893,928	4,501	3.1%	\$4,152,405
18-24	10,615	\$10,780,346	6,881	\$9,518,526	17,496	11.9%	\$20,298,872
25-54	53,166	\$56,440,861	37,082	\$48,519,269	90,248	61.7%	\$104,960,130
55-64	15,104	\$16,769,726	9,047	\$12,384,532	24,151	16.5%	\$29,154,258
65+	4,525	\$6,588,110	3,293	\$5,792,713	7,818	5.3%	\$12,380,823
TOTAL	86,816	\$93,439,239	59,626	\$78,929,104	146,442	100.0%	\$172,368,343

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	294	\$76,848	392	\$106,154	686	0.5%	\$183,002
06-17	979	\$319,536	916	\$328,916	1,895	1.4%	\$648,452
18-24	5,153	\$2,424,993	2,507	\$1,647,962	7,660	5.8%	\$4,072,955
25-54	41,624	\$20,230,895	40,630	\$23,722,460	82,254	62.5%	\$43,953,355
55-64	15,000	\$7,077,666	10,847	\$5,950,014	25,847	19.6%	\$13,027,680
65+	7,935	\$3,330,346	5,553	\$2,613,557	13,488	10.2%	\$5,943,903
TOTAL	70,985	\$33,460,284	60,845	\$34,369,063	131,830	100.0%	\$67,829,347

Table 7 - Outpatient Activity by Age and Sex

University Hospital

<u>Age Group</u>	Female		Male		Total Outpatient		
	<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	75	\$50,369	97	\$68,444	172	0.4%	\$118,813
06-17	347	\$480,186	205	\$270,231	552	1.2%	\$750,417
18-24	2,133	\$3,446,939	1,465	\$1,935,847	3,598	7.8%	\$5,382,786
25-54	13,554	\$18,361,050	14,123	\$20,475,472	27,677	60.4%	\$38,836,522
55-64	4,513	\$6,162,028	3,641	\$4,453,928	8,154	17.8%	\$10,615,956
65+	3,584	\$3,510,998	2,110	\$2,565,211	5,694	12.4%	\$6,076,209
TOTAL	24,206	\$32,011,570	21,641	\$29,769,133	45,847	100.0%	\$61,780,703

All CICP Providers

<u>Age Group</u>	Female		Male		Total Outpatient		
	<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	3,929	\$1,043,755	4158	\$1,286,976	8,087	1.4%	\$2,330,731
06-17	7,711	\$3,535,508	5982	\$2,811,683	13,693	2.4%	\$6,347,191
18-24	33,698	\$18,796,752	16504	\$13,773,800	50,202	9.0%	\$32,570,552
25-54	205,668	\$107,676,604	148660	\$99,635,840	354,328	63.5%	\$207,312,444
55-64	60,793	\$33,136,276	36732	\$24,370,279	97,525	17.4%	\$57,506,555
65+	21,249	\$13,977,121	14160	\$11,315,895	35,409	6.3%	\$25,293,016
TOTAL	333,048	\$178,166,016	226,196	\$153,194,473	559,244	100.0%	\$331,360,489

Notes: Same as Table 6.

Table 8 - Utilization by Provider

Provider Name	Visits	Admissions	Days	ALOS*
CICP Clinic Providers				
Clinica Campesina Family Health Services	14,477	-	-	-
Colorado Coalition for the Homeless	20,637	-	-	-
Community Health Clinic	939	-	-	-
High Plains Community Health Center	4,314	-	-	-
Marillac Clinic	7,119	-	-	-
Metro Community Provider Network	28,803	-	-	-
Mountain Family Health Centers	4,363	-	-	-
Peak Vista Community Health Centers	43,809	-	-	-
People's Clinic	11,406	-	-	-
Pueblo Community Health Center	22,186	-	-	-
Salud Family Health Centers	40,860	-	-	-
Sunrise Community Health Center	14,856	-	-	-
Uncompahgre Medical Center	785	-	-	-
Valley-Wide Health Systems	20,571	-	-	-
Total CICP Clinic Providers	235,125	-	-	-
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	2,918	143	486	3.40
Aspen Valley Hospital	720	52	177	3.40
Boulder Community Hospital	4,631	309	1,474	4.77
Colorado Plains Medical Center	769	108	283	2.62
Conejos County Hospital	1,150	29	63	2.17
Delta County Memorial Hospital	1,755	132	355	2.69
East Morgan County Hospital	558	8	20	2.50
Estes Park Medical Center	1,724	25	88	3.52
Exempla Lutheran Medical Center	6,122	735	3,721	5.06
Gunnison Valley Hospital	82	-	-	-
Heart of the Rockies Regional Medical Center	1,188	56	169	3.02
Kit Carson County Memorial Hospital	644	19	35	1.84
Longmont United Hospital	2,327	510	2,155	4.23
McKee Medical Center	6,324	452	1,740	3.85
Melissa Memorial	547	13	25	1.92
Memorial Hospital	19,244	1,832	8,755	4.78
Mercy Medical Center	3,531	160	754	4.71
Montrose Memorial Hospital	2,466	193	932	4.83
Mount San Rafael Hospital	271	12	44	3.67
North Colorado Medical Center	6,886	1,126	5,257	4.67
Parkview Medical Center	8,064	938	4,050	4.32
Penrose-St. Francis Health Services	6,157	887	3,710	4.18
Platte Valley Medical Center	2,434	290	849	2.93
Poudre Valley Hospital	11,827	886	3,720	4.20
Prowers Medical Center	1,730	143	436	3.05
Rio Grande Hospital	1,261	13	36	2.77
San Luis Valley Regional Medical Center	4,885	214	427	2.00
Sedgwick County Health Center	421	3	10	3.33
Southeast Colorado Hospital	299	14	24	1.71

Table 8 - Utilization by Provider

Provider Name	Visits	Admissions	Days	ALOS*
Southwest Memorial Hospital	1,204	73	173	2.37
Spanish Peaks Regional Health Center	1,251	30	64	2.13
St. Anthony Central Hospital	1,712	606	3,405	5.62
St. Anthony North Hospital	1,029	183	816	4.46
St. Mary-Corwin Hospital	22,498	891	3,334	3.74
St. Mary's Hospital and Medical Center	1,238	506	2,245	4.44
St. Thomas More Hospital	4,464	243	827	3.40
St. Vincent General Hospital	52	4	13	3.25
Sterling Regional MedCenter	1,880	135	397	2.94
The Memorial Hospital	277	22	59	2.68
Valley View Hospital	1,361	48	228	4.75
Wray Community District Hospital	472	5	9	1.80
Yampa Valley Medical Center	89	57	171	3.00
Yuma District Hospital	1,508	22	47	2.14
Sub-Total CICP Hospital Providers	139,970	12,127	51,583	4.25
CICP Specialty Hospital Providers				
National Jewish Medical and Research Center	3,183	0	0	0.00
The Children's Hospital	3,289	180	981	5.45
Sub-Total CICP Specialty Hospital Providers	6,472	180	981	5.45
Denver Health Medical Center	131,830	5,252	27,483	5.23
University Hospital	45,847	2,319	12,949	5.58
Total CICP Hospital Providers	324,119	19,878	92,996	4.68
Total All CICP Providers	559,244	19,878	92,996	4.68

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
CICP Clinic Providers								
Clinica Campesina Family Health Services	-	-	-	-	360	523	4,198	5,081
Colorado Coalition for the Homeless	-	-	-	-	131	181	4,963	5,275
Community Health Clinic	-	-	-	-	21	29	889	939
High Plains Community Health Center	-	-	-	-	30	92	1,302	1,424
Marillac Clinic	-	-	-	-	1	18	2,458	2,477
Metro Community Provider Network	-	-	-	-	154	367	8,091	8,612
Mountain Family Health Centers	-	-	-	-	28	55	2,399	2,482
Peak Vista Community Health Centers	-	-	-	-	783	871	11,138	12,792
People's Clinic	-	-	-	-	90	153	2,895	3,138
Pueblo Community Health Center	-	-	-	-	91	316	4,779	5,186
Salud Family Health Centers	-	-	-	-	557	1,208	13,719	15,484
Sunrise Community Health Center	-	-	-	-	154	410	4,556	5,120
Uncompahgre Medical Center	-	-	-	-	4	15	135	154
Valley-Wide Health Systems	-	-	-	-	65	226	6,212	6,503
Total CICP Clinic Providers	-	-	-	-	2,469	4,464	67,734	74,667
CICP Hospital Providers								
Arkansas Valley Regional Medical Center	1	1	63	65	8	43	1,070	1,121
Aspen Valley Hospital	1	1	39	41	2	9	141	152
Boulder Community Hospital	3	2	195	200	19	46	1,668	1,733
Colorado Plains Medical Center	4	3	100	107	5	25	579	609
Conejos County Hospital	1	-	21	22	19	36	373	428
Delta County Memorial Hospital	11	6	97	114	20	43	640	703
East Morgan County Hospital	-	1	7	8	2	15	222	239
Estes Park Medical Center	-	-	6	6	10	23	604	637
Exempla Lutheran Medical Center	10	4	663	677	38	73	3,857	3,968
Gunnison Valley Hospital	-	-	-	-	-	1	55	56
Heart of the Rockies Regional Medical Center	-	1	23	24	-	16	369	385
Kit Carson County Memorial Hospital	3	-	15	18	12	15	95	122
Longmont United Hospital	16	7	375	398	30	72	1,214	1,316

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	24	6	262	292	29	114	2,004	2,147
Melissa Memorial	4	-	5	9	8	14	94	116
Memorial Hospital	27	19	1,337	1,383	122	300	7,047	7,469
Mercy Medical Center	2	2	133	137	14	26	1,118	1,158
Montrose Memorial Hospital	3	7	154	164	21	89	959	1,069
Mount San Rafael Hospital	-	-	12	12	-	-	256	256
North Colorado Medical Center	29	30	751	810	60	212	2,479	2,751
Parkview Medical Center	5	17	756	778	57	221	3,586	3,864
Penrose-St. Francis Health Services	19	16	639	674	35	113	1,970	2,118
Platte Valley Medical Center	11	10	115	136	42	104	1,214	1,360
Poudre Valley Hospital	18	14	620	652	21	110	3,513	3,644
Prowers Medical Center	2	6	124	132	23	38	781	842
Rio Grande Hospital	-	-	11	11	2	16	403	421
San Luis Valley Regional Medical Center	2	1	80	83	10	56	2,138	2,204
Sedgwick County Health Center	-	1	2	3	6	7	65	78
Southeast Colorado Hospital	-	4	8	12	-	11	138	149
Southwest Memorial Hospital	-	2	38	40	13	46	521	580
Spanish Peaks Regional Health Center	1	-	26	27	8	39	724	771
St. Anthony Central Hospital	1	5	486	492	8	38	913	959
St. Anthony North Hospital	-	-	136	136	12	35	505	552
St. Mary-Corwin Hospital	10	7	656	673	55	285	6,767	7,107
St. Mary's Hospital and Medical Center	-	11	370	381	2	16	617	635
St. Thomas More Hospital	6	11	189	206	17	20	232	269
St. Vincent General Hospital	-	-	4	4	1	1	26	28
Sterling Regional MedCenter	12	2	90	104	24	52	612	688
The Memorial Hospital	-	-	18	18	3	8	136	147
Valley View Hospital	1	-	12	13	2	10	463	475
Wray Community District Hospital	-	-	3	3	-	6	223	229
Yampa Valley Medical Center	1	-	45	46	-	-	49	49
Yuma District Hospital	-	-	21	21	11	55	462	528
Sub-Total CICIP Hospital Providers	228	197	8,707	9,132	771	2,459	50,902	54,132

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
CICP Specialty Hospital Providers								
National Jewish Medical and Research Center	-	-	-	-	4	16	785	805
The Children's Hospital	55	68	16	139	298	530	133	961
Sub-Total CICP Specialty Hospital Providers	55	68	16	139	302	546	918	1,766
Denver Health Medical Center	8	33	3,498	3,539	272	908	26,285	27,465
University Hospital	62	17	1,657	1,736	142	490	12,013	12,645
Total CICP Hospital Providers	353	315	13,878	14,546	1,487	4,403	90,118	96,008
Total All CICP Providers	353	315	13,878	14,546	3,956	8,867	157,852	170,675

Note:

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

Table 9B - Unduplicated Total Count by Age Group

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
CICP Clinic Providers				
Clinica Campesina Family Health Services	360	523	4,198	5,081
Colorado Coalition for the Homeless	131	181	4,963	5,275
Community Health Clinic	21	29	889	939
High Plains Community Health Center	30	92	1,302	1,424
Marillac Clinic	1	18	2,458	2,477
Metro Community Provider Network	154	367	8,091	8,612
Mountain Family Health Centers	28	55	2,399	2,482
Peak Vista Community Health Centers	783	871	11,138	12,792
People's Clinic	90	153	2,895	3,138
Pueblo Community Health Center	91	316	4,779	5,186
Salud Family Health Centers	557	1,208	13,719	15,484
Sunrise Community Health Center	154	410	4,556	5,120
Uncompahgre Medical Center	4	15	135	154
Valley-Wide Health Systems	65	226	6,212	6,503
Total CICP Clinic Providers	2,469	4,464	67,734	74,667
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	9	44	1,133	1,186
Aspen Valley Hospital	2	6	155	163
Boulder Community Hospital	22	48	1,863	1,933
Colorado Plains Medical Center	9	28	679	716
Conejos County Hospital	20	36	373	429
Delta County Memorial Hospital	27	47	662	736
East Morgan County Hospital	2	16	229	247
Estes Park Medical Center	10	23	610	643
Exempla Lutheran Medical Center	48	77	4,520	4,645
Gunnison Valley Hospital	-	1	55	56
Heart of the Rockies Regional Medical Center	-	16	393	409
Kit Carson County Memorial Hospital	5	12	106	123
Longmont United Hospital	43	75	1,401	1,519

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	53	120	2,266	2,439
Melissa Memorial	12	14	99	125
Memorial Hospital	140	303	7,466	7,909
Mercy Medical Center	16	26	1,152	1,194
Montrose Memorial Hospital	22	93	1,045	1,160
Mount San Rafael Hospital	-	2	266	268
North Colorado Medical Center	89	242	3,230	3,561
Parkview Medical Center	61	228	3,902	4,191
Penrose-St. Francis Health Services	54	129	2,609	2,792
Platte Valley Medical Center	53	114	1,329	1,496
Poudre Valley Hospital	39	124	4,133	4,296
Prowers Medical Center	25	44	905	974
Rio Grande Hospital	1	17	408	426
San Luis Valley Regional Medical Center	12	57	2,218	2,287
Sedgwick County Health Center	6	7	68	81
Southeast Colorado Hospital	-	14	141	155
Southwest Memorial Hospital	13	48	559	620
Spanish Peaks Regional Health Center	9	39	750	798
St. Anthony Central Hospital	9	43	1,399	1,451
St. Anthony North Hospital	12	35	641	688
St. Mary-Corwin Hospital	65	292	7,423	7,780
St. Mary's Hospital and Medical Center	2	24	856	882
St. Thomas More Hospital	23	31	421	475
St. Vincent General Hospital	1	1	30	32
Sterling Regional MedCenter	36	54	702	792
The Memorial Hospital	3	8	152	163
Valley View Hospital	3	10	475	488
Wray Community District Hospital	-	6	226	232
Yampa Valley Medical Center	1	-	94	95
Yuma District Hospital	11	55	483	549
Sub-Total CICP Hospital Providers	968	2,609	57,627	61,204

Table 9B - Unduplicated Total Count by Age Group

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
CICP Specialty Hospital Providers				
National Jewish Medical and Research Center	4	16	785	805
The Children's Hospital	353	598	149	1,100
Sub-Total CICP Specialty Hospital Providers	357	614	934	1,905
Denver Health Medical Center	274	917	26,970	28,161
University Hospital	199	495	12,498	13,192
Total CICP Hospital Providers	1,798	4,635	98,029	104,462
Total All CICP Providers	4,267	9,099	165,763	179,129

Note:

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

