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# COLORADO

## MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM

### *FISCAL YEAR 2005-06 ANNUAL REPORT*

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING  
Joan Henneberry, Executive Director



## COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

1570 Grant Street, Denver, CO 80203-1818 • (303) 866-2993 • (303) 866-4411 Fax • (303) 866-3883 TTY

Bill Ritter, Jr., Governor • Joan Henneberry, Executive Director

February 1, 2007

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 2005-06 Annual Report*. The Department of Health Care Policy and Financing prepared this annual report pursuant to Section 25.5-3-107, 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 \$162,284,443 in FY 2005-06. General Fund accounted for approximately 9.6% or \$15,606,526 of these payments and the remainder was federal funds.
- The number of individuals who received care under the Colorado Indigent Care Program grew by 0.7% to 180,411. The number of children served by the program decreased by 3.2% and they represented 7.2% of the total population served. Since FY 1998-99, the number of children receiving care under the CICIP has fallen 55.0%.
- In FY 2005-06 the CICIP Clinics were reimbursed at 22.55% of indigent care costs, while CICIP Hospitals stood at 27.30%. Denver Health Medical Center received an 84.67% reimbursement relative to indigent care costs and University Hospital reached 59.27%. When examining all CICIP hospital providers, public-owned hospitals (24 providers) received an average 57.9% reimbursement relative to indigent care costs, while private-owned hospitals (22 providers) received 28.7%. Overall, total payments to providers increased by 13.4%, which was partially due to the restoration of \$3,144,162 General Fund and the corresponding federal funds that were removed in the prior fiscal year.

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

Sincerely,

A handwritten signature in blue ink that reads 'Joan Henneberry'.

Joan Henneberry  
Executive Director



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Bill Ritter, Jr., Governor • Joan Henneberry, Executive Director

February 1, 2007

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

Dear Representative McGihon:

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Executive Director

**Department of Health Care Policy and Financing**  
Operations and Finance Office  
Finance Division  
Safety Net Financing Section

Joan Henneberry, Executive Director  
Department of Health Care Policy and Financing

Lisa M. Esgar, Senior Director  
Operations and Finance Office

Christopher W. Underwood, Director  
Finance Division

Gregory Tanner, Manager  
Safety Net Financing Section

Shirley Jones, Systems Programmer  
Safety Net Financing Section

Edward Phillips, Financing Specialist  
Safety Net Financing Section

Ray Coffey, Budget Analyst  
Safety Net Financing Section

Daniel Nunez, Accountant  
Safety Net Financing Section

Eugene Advincula, Cost Report Accountant  
Safety Net Financing Section

Corinne Lamberson, Eligibility Specialist  
Safety Net Financing Section

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



**TABLE OF CONTENTS**

**EXECUTIVE SUMMARY .....5**

**COLORADO INDIGENT CARE PROGRAM .....7**

**I. INTRODUCTION .....7**

**CICP PROVIDER MEETING.....8**

**II. CLIENTS .....9**

**ELIGIBILITY REQUIREMENTS AND ABILITY TO PAY .....9**

**CLIENTS SERVED .....13**

**CLIENT UTILIZATION.....15**

**III. PROVIDERS .....24**

**BACKGROUND.....24**

**FY 2005-06 PROVIDER PARTICIPATION.....27**

**IV. REIMBURSEMENT.....29**

**REIMBURSEMENT METHODOLOGY FOR CICP HOSPITALS .....29**

**FY 2005-06 REIMBURSEMENT FOR CLINICS AND HOSPITALS .....29**

**REIMBURSEMENT TRENDS FOR CICP PROVIDERS .....31**

**REIMBURSEMENT PER HOSPITAL PROVIDER CLASSIFICATION .....34**

**REIMBURSEMENT PER INPATIENT DAY .....36**

**REIMBURSEMENT PER OUTPATIENT VISIT .....37**

**V. PROGRAM ADMINISTRATION.....39**

**REPORTING REQUIREMENTS AND PREVENTION OF FRAUD BY PROVIDERS.....39**

**PREVENTION OF FRAUD BY RECIPIENTS .....39**

**PRIORITIES AMONG MEDICAL SERVICES RENDERED .....40**

**COLLECTION OF THIRD PARTY PAYMENTS .....41**

**INCENTIVES FOR UTILIZATION CONTROL.....41**

**VI. FUTURE DIRECTION .....42**

**COORDINATION WITH OTHER MEDICAL PROGRAMS.....42**

**COLORADO HEALTH CARE SERVICES FUND .....42**

**IMMIGRATION LEGISLATION .....43**

**MEDICAID DISPROPORTIONATE SHARE HOSPITALS .....45**

**I. INTRODUCTION .....45**

**FEDERAL LAW AND REGULATIONS .....45**

**FEDERAL MATCH RATES .....45**

**FEDERAL DISPROPORTIONATE SHARE PAYMENT ALLOTMENT.....46**

**II. DISPROPORTIONATE SHARE HOSPITAL PAYMENTS.....48**

**LOW-INCOME PAYMENTS.....48**

**BAD DEBT PAYMENTS .....48**

MEDICAID SHORTFALL PAYMENTS .....	50
UPPER PAYMENT LIMIT.....	51
I. INTRODUCTION.....	51
II. THE CHILDREN’S HOSPITAL CLINIC PAYMENT .....	52
CICP FINANCIAL TABLES .....	53
CICP UTILIZATION DATA .....	67
DEFINITIONS.....	85

## CHARTS AND TABLES

### COLORADO INDIGENT CARE PROGRAM

Chart 1 – Annual Income Ranges for Each Ability-To-Pay Rate .....	11
Chart 2 – Colorado Indigent Care Program Client Copayment Table .....	12
Chart 3 – Comparison of Inpatient Admissions.....	15
Chart 4 – Comparison of Inpatient Days.....	16
Chart 5 – Top 10 Inpatient Diagnoses At Denver Health Medical Center .....	17
Chart 6 – Top 10 Inpatient Diagnoses At University Hospital .....	18
Chart 7 – Comparison of Outpatient Visits.....	20
Chart 8 – Top 10 Outpatient Diagnoses At Denver Health Medical Center .....	21
Chart 9 – Top 10 Outpatient Diagnoses At University Hospital .....	22
Chart 10 – High Medicaid Utilization Hospital Providers.....	25
Chart 11 – High CICP Utilization Hospital Providers .....	26
Chart 12 – FY 2005-06 CICP Clinics and Hospitals by County .....	27
Chart 13 – FY 2005-06 CICP Clinics and Hospitals by City .....	28
Chart 14 – FY 2005-06 CICP Reimbursement.....	31
Chart 15 – FY 2005-06 CICP Reimbursement Rates .....	32
Chart 16 – Historical CICP Reimbursement Rates.....	32
Chart 17 – Historical CICP Charges, Costs and Reimbursements .....	33
Chart 18 – FY 2005-06 CICP Reimbursement Rates by High Utilization Classification.....	34
Chart 19 – Historical CICP Reimbursement Rates by High Utilization Classification.....	35
Chart 20 – FY 2005-06 CICP Reimbursement Rates by Public and Private .....	35
Chart 21 – Historical CICP Reimbursement Rates by Public and Private .....	36
Chart 22 – FY 2005-06 Reimbursement per Inpatient Day .....	36
Chart 23 – Historical Reimbursement per Inpatient Day.....	37
Chart 24 – FY 2005-06 Reimbursement per Outpatient Visit .....	37
Chart 25 – Historical Reimbursement per Outpatient Day .....	38

**DISPROPORTIONATE SHARE HOSPITALS**

Chart 1 – Colorado’s Federal Match Rates.....46  
Chart 2 – Colorado DSH Allotments .....47  
Chart 3– Bad Debt Payments State Fiscal Year 2005-06 .....49  
Chart 4– Bad Debt Payments State Fiscal Year 2004-05 .....49  
Chart 5– Bad Debt Payments State Fiscal Year 2003-04 .....49  
Chart 6 – Medicaid Shortfall Payments .....50

**COLORADO INDIGENT CARE PROGRAM – FINANCIAL TABLES**

Table 1 – Total Financial Activity and CICP Reimbursement.....54  
    Table 1A – Hospital Provider Reimbursement Detail.....57  
    Table 1B – Physician Services Detail .....59  
    Table 1C – Outpatient Pharmacy Detail.....60  
    Table 1D – Denver Health Medical Center Detail.....60  
Table 2A – Inpatient and Outpatient Charges (Details) .....61  
Table 2B – Inpatient and Outpatient Charges (Totals).....64

**COLORADO INDIGENT CARE PROGRAM – UTILIZATION DATA**

Table 3 – Utilizations by County .....68  
Table 4 – Outpatient Visits and Inpatient Admissions by CICP Rating.....70  
Table 5 – Inpatient Days by CICP Rating.....71  
Table 6 – Inpatient Admissions by Age and Sex .....72  
Table 7 – Outpatient Activity by Age and Sex .....74  
Table 8 – Utilization by Provider .....76  
Table 9A – Unduplicated Inpatient and Outpatient Count by Age Group .....78  
Table 9B – Unduplicated Total Count by Age Group .....81





## 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 25.5-3-107, C.R.S. (2006). Total payments made to providers of indigent care equaled \$162,284,443 in FY 2005-06 and were distributed as follows:

❑ Low-Income Payments	\$87,040,215
❑ High-Volume Payments	\$68,898,582
❑ Bad Debt Payments	\$140,416
❑ CICP Clinic Payments	\$6,059,760
❑ Medicaid Shortfall Payments	\$145,470

General Fund accounted for approximately 9.6% or \$15,606,526 of these payments while 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 0.7% to 180,411 in FY 2005-06. Overall, the number of total inpatient hospital admissions decreased by 14.4% while the number of outpatient visits decreased by 0.1%. Children, age 0-18, represented 7.2% of the population served and the number of children served under the program was 3.2% 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 55.0%.

In FY 2005-06 the CICP Clinics were reimbursed at 22.55% of indigent care costs, while CICP Hospitals stood at 27.30%. Denver Health Medical Center received an 84.67% reimbursement relative to indigent care costs and University Hospital reached 59.27%. When examining all CICP hospital providers, public-owned hospitals (24 providers) received an average 57.9% reimbursement relative to indigent care costs, while private-owned hospitals (22 providers) received 28.7%. Overall, total payments to providers increased by 13.4%, which was partially due to the restoration of \$3,144,162 General Fund and the corresponding federal funds that were removed in the prior fiscal year.

To conform with the expansion of the Children’s Basic Health Plan, the Department expanded eligibility from 185% to 200% of the Federal Poverty Level by introducing the CICP “H” rating on February 1, 2006. In addition, effective July 1, 2006, the CICP “I” rating was created, which expanded eligibility to 250% of the Federal Poverty Level through Senate Bill 06-044.

In addition to expanding eligibility, the Department also implemented increases in CICP copayments and created new copayments categories based on providers’ suggestions. The outpatient clinic, physician, laboratory services and prescription copayments were increased. In addition, two new copayments were introduced – a hospital emergency room copayment and a specialty outpatient clinic copayment.



## COLORADO INDIGENT CARE PROGRAM

### I. INTRODUCTION

The Department of Health Care Policy and Financing (the Department) has prepared this report pursuant to Section 25.5-3-107, 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:

- 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 2005-06
- Plans for future years
- Program definitions

The Colorado General Assembly enacted the “Reform Act for the Provision of Health Care for the Medically Indigent,” Section 25.5-3-101, C.R.S., in 1983. This law made it possible to use state funds to partially reimburse providers for services provided 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 25.5-3-102 (2), C.R.S. The benefits offered under this program vary from provider to provider. 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. 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 2005-06 with CICP providers in February 2006. Among the issues discussed were:

- ❑ Increasing the Number of Clients Eligible for the Program. In FY 2005-06, the Department expanded eligibility from 185% to 200% of the Federal Poverty Level (FPL) by introducing the CICP “H” rating, which became effective February 1, 2006. In addition, effective July 1, 2006, the CICP “I” rating was created, which expanded eligibility to 250% of the FPL through Senate Bill 06-044.
- ❑ Change CICP Copayment tables. After over a year of discussion with providers, the Department implemented increases in CICP copayments and created new copayments categories. Participating providers had requested changes to the copayment table which had not changed for several years. The outpatient clinic, physician, laboratory services and prescription copayments were increased. In addition, two new copayments were introduced – a hospital emergency room copayment and a specialty outpatient clinic copayment.
- ❑ Liquid Asset Spend Down. Liquid asset spend down is a provision which enables clients to qualify for the CICP discount even if their current liquid assets exceed the eligibility standards. Providers may implement a standardized policy to allow clients who are not currently eligible to “spend down” liquid resources (i.e., bank accounts, stocks) so the client can become eligible for the CICP discount. The amount the liquid assets exceed the eligibility standard (250% of the Federal Poverty Level) can be applied to the current medical bill (paid to the provider). The remainder of the medical bill is then discounted under the CICP. The client is still responsible for the CICP copayment.
- ❑ 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 criteria developed by the CICP administration. To be eligible for 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.

During the 2006 special legislative session, the Colorado General Assembly created House Bill 06S-1023, which requires certain individuals applying for state benefits to complete an affidavit and provide proper identification documents as part of the required proof of lawful presence in the United States. CICP providers must require the affidavit and identification documents for all individuals 18 years of age and older applying to receive discounted health care services under the program. The provider completing the CICP application is required to keep a copy of the original, signed affidavit and identification document. Photocopies made by the provider must be attested in writing on the photocopy that the provider saw the original documentation and that the photocopy is a true copy of that original.

In addition, a person cannot be eligible for Medicaid or, effective July 1, 2002, the Children's Basic Health Plan. There are no age limitations for CICP eligibility. Clients can have third party insurance; however the primary insurance funds must be exhausted prior to the providers receiving any reimbursement from the CICP.

To qualify, a person must have income and assets combined at or below 250% of the Federal Poverty Level (FPL). To conform with the expansion of the Children's Basic Health Plan, the Department expanded eligibility from 185% to 200% of the Federal Poverty Level (FPL) by introducing the CICP "H" rating, which became effective February 1, 2006. Further, a new CICP "I" rating was created and added to the fee schedule as of July 1, 2006. This new rating was created due to Senate Bill 06-044 and was accompanied by new copayments for clients falling between 201% and 250% of the FPL based on income and family size.

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 may have already been incurred.

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:

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

A client's rating determines their copayment amount (see Table 2). The fee schedule has ten levels up to a maximum of 250% of the FPL based on income and family size. For all client ratings, except the N-rating (0-40% of the FPL), annual copayments for CICIP clients cannot exceed 10% of the family's 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 CICIP application. As of August 1, 2006, homeless clients receiving a "Z" rating are subject to House Bill 06S-1023 and are required to complete and affidavit and provide proper identification documents in order to receive discounted health care services under CICIP.

**Chart 1 - Annual Income Ranges for Each Ability-To-Pay Rate Effective July 1, 2006**

Family Size	Z	N	A	B	C	D
1	\$0 - \$3,920	\$0 - \$3,920	\$3,921 - \$6,076	\$6,077 - \$7,938	\$7,939 - \$9,800	\$9,801 - \$11,466
2	\$0 - \$5,280	\$0 - \$5,280	\$5,281 - \$8,184	\$8,185 - \$10,692	\$10,693 - \$13,200	\$13,201 - \$15,444
3	\$0 - \$6,640	\$0 - \$6,640	\$6,641 - \$10,292	\$10,293 - \$13,446	\$13,447 - \$16,600	\$16,601 - \$19,422
4	\$0 - \$8,000	\$0 - \$8,000	\$8,001 - \$12,400	\$12,401 - \$16,200	\$16,201 - \$20,000	\$20,001 - \$23,400
5	\$0 - \$9,360	\$0 - \$9,360	\$9,361 - \$14,508	\$14,509 - \$18,954	\$18,955 - \$23,400	\$23,401 - \$27,378
6	\$0 - \$10,720	\$0 - \$10,720	\$10,721 - \$16,616	\$16,617 - \$21,708	\$21,709 - \$26,800	\$26,801 - \$31,356
7	\$0 - \$12,080	\$0 - \$12,080	\$12,081 - \$18,724	\$18,725 - \$24,462	\$24,463 - \$30,200	\$30,201 - \$35,334
8	\$0 - \$13,440	\$0 - \$13,440	\$13,441 - \$20,832	\$20,833 - \$27,216	\$27,217 - \$33,600	\$33,601 - \$39,312
<b>Poverty Level*</b>	<b>40%</b> <b>&amp; Homeless</b>	<b>40%</b>	<b>62%</b>	<b>81%</b>	<b>100%</b>	<b>117%</b>

Family Size	E	F	G	H	I
1	\$11,467 - \$13,034	\$13,035 - \$15,582	\$15,583 - \$18,130	\$18,131 - \$19,600	\$19,601 - \$24,500
2	\$15,445 - \$17,556	\$17,557 - \$20,988	\$20,989 - \$24,420	\$24,421 - \$26,400	\$26,401 - \$33,000
3	\$19,423 - \$22,078	\$22,079 - \$26,394	\$26,395 - \$30,710	\$30,711 - \$33,200	\$33,201 - \$41,500
4	\$23,401 - \$26,600	\$26,601 - \$31,800	\$31,801 - \$37,000	\$37,001 - \$40,000	\$40,001 - \$50,000
5	\$27,379 - \$31,122	\$31,123 - \$37,206	\$37,207 - \$43,290	\$43,291 - \$46,800	\$46,801 - \$58,500
6	\$31,357 - \$35,644	\$35,645 - \$42,612	\$42,613 - \$49,580	\$49,581 - \$53,600	\$53,601 - \$67,000
7	\$35,335 - \$40,166	\$40,167 - \$48,018	\$48,019 - \$55,870	\$55,871 - \$60,400	\$60,401 - \$75,500
8	\$39,313 - \$44,688	\$44,689 - \$53,424	\$53,425 - \$62,160	\$62,161 - \$67,200	\$67,201 - \$84,000
<b>Poverty Level*</b>	<b>133%</b>	<b>159%</b>	<b>185%</b>	<b>200%</b>	<b>250%</b>

\*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	Hospital Inpatient Copayment	Hospital Emergency Room Copayment	Hospital Physician Copayment	Outpatient Clinic Copayment	Specialty Outpatient Clinic Copayment	Prescription and Lab Service 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 <sup>1</sup>	200%	\$600	\$45	\$300	\$35	\$45	\$30
I <sup>2</sup>	250%	\$630	\$50	\$315	\$40	\$50	\$35

The patient must pay the lower of the copayment listed or actual charges. Clients are notified at or before the time of services rendered of their copayment responsibility. The following explains the types of medical care associated with each copayment category:

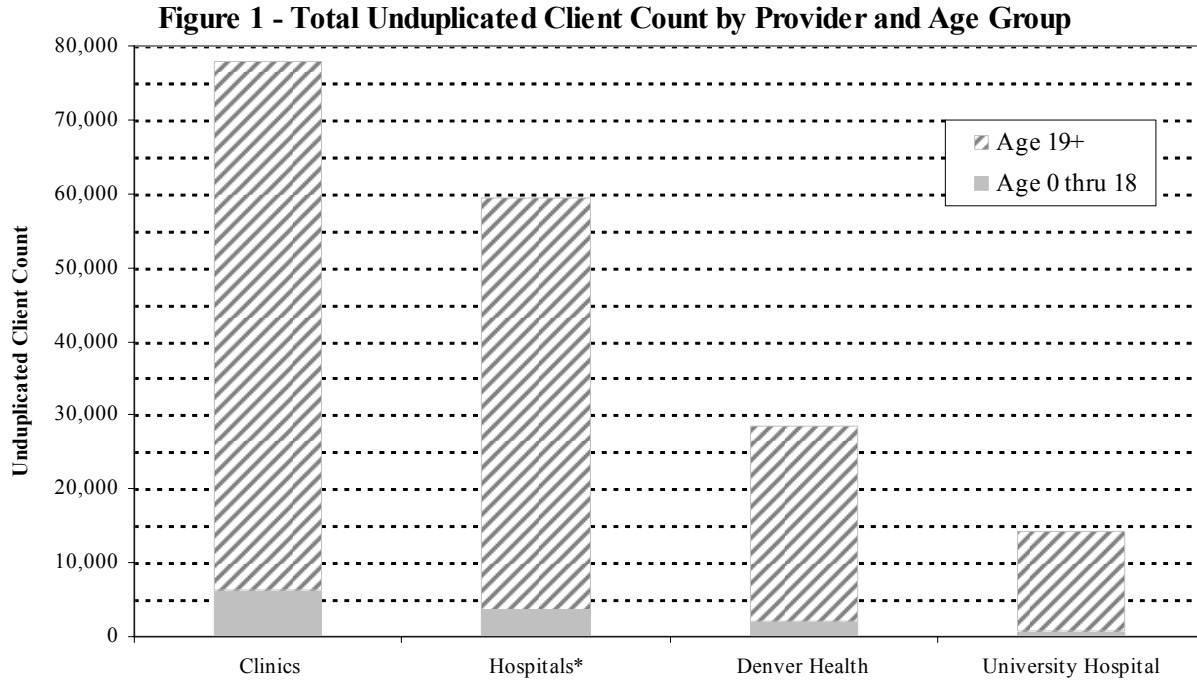
- Hospital Inpatient Copayment. All non-physician (facility) services received by a client receiving care in a hospital setting for a continuous stay longer than 24 hours.
- Hospital Emergency Room Copayment. All non-physician (facility) services received by a client receiving care in the hospital setting for a continuous stay less than 24 hours (emergency room care).
- Hospital Physician Copayment. Services provided to a client by a physician in the hospital setting, including inpatient and emergency room care.
- Outpatient Clinic Copayment. All non-physician (facility) and physician services received while receiving care in the outpatient clinic setting. Outpatient charges include primary and preventive medical care.
- Specialty Outpatient Clinic Copayment. All non-physician (facility) and physician services received by a client while receiving care in the specialty outpatient clinic setting. Specialty outpatient charges include distinctive medical care (i.e., oncology, orthopedics, hematology, pulmonary) that is not normally available as primary and preventive medical care. A provider must receive written approval from the Department to charge the Specialty Outpatient Clinic Copayment.
- Prescriptions Copayment. Prescription drugs received by a client at a provider's pharmacy as an outpatient service.
- Laboratory Service Copayment. All laboratory tests received by a client not associated with an inpatient facility or hospital outpatient charge during the same period.

<sup>1</sup> The "H" rating became effective February 1, 2006

<sup>2</sup> The "I" rating will become effective July 1, 2006.

**CLIENTS SERVED**

During FY 2005-06, 180,411 unique individuals received services through the CICP. This represents a 0.7% increase over the 179,129 unique individuals assisted in FY 2004-05. Overall the program provided 12,374 unique individuals with inpatient care, while 173,953 received outpatient services in FY 2005-06.<sup>3</sup>



Source: Table 9B. \*Includes CICP Specialty Hospitals.

Tables 9A and 9B provide a detailed overview by provider of the total number of unique individuals served. The provider group which served the greatest number of unique individuals was CICP Clinics (43.2%), while Denver Health Medical Center was the largest individual provider. Denver Health Medical Center provided care to 28,508 or 15.8% of all unique individuals receiving discounted medical care under the CICP.

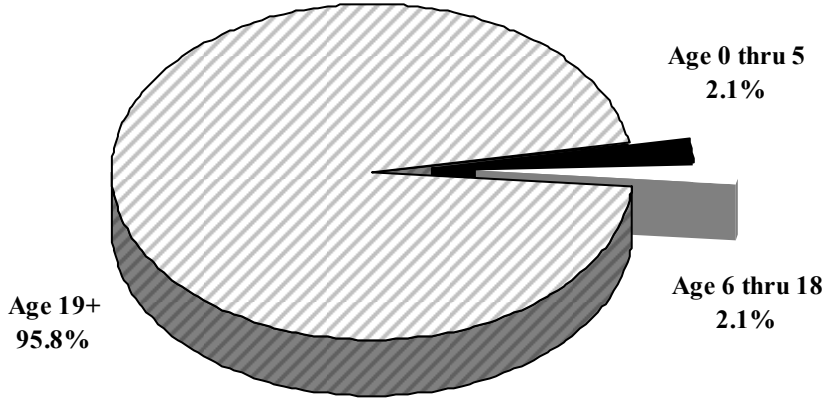
Children represented 7.2% of the total unique population receiving services. Between FY 1999-00 and FY 2002-03 the total unique children (age 0-18) receiving services decreased yearly. The decline in unique children receiving care under the CICP was primarily due to increased enrollment in the Children’s 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. Further, in FY 2005-06 the total number of unique children receiving services under the CICP decreased 3.2%. A comparison of FY 1998-99 to FY 2005-06 shows that the number of unique children receiving care under the CICP has fallen by 55.0%.

<sup>3</sup> 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.

### Inpatient Care

Providers reported that 12,374 unique individuals received inpatient care through the CICP in FY 2005-06. This represented a 14.9% decrease from the previous fiscal year figure of 14,546. CICP Hospitals provided 62.9% of total unique client admissions statewide, while Denver Health Medical Center provided 25.0% of total unique client admissions, and the remaining 12.1% was provided by University Hospital. As seen in Figure 2, children (age 0-18) represented 4.2% of the unique individuals who received inpatient care.

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

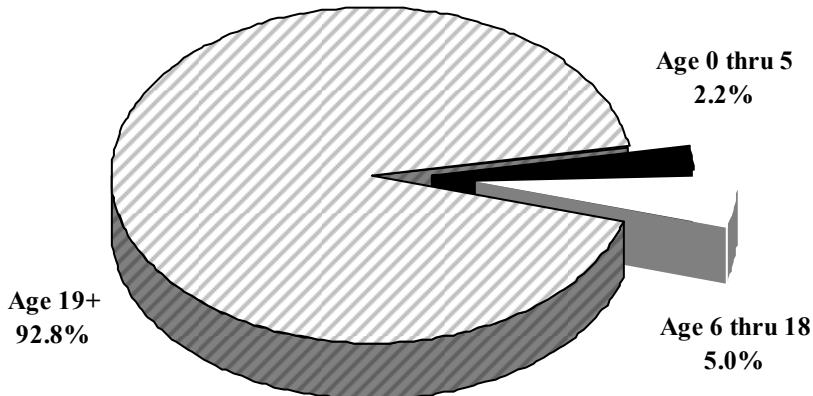


Source: Table 9A.

### Outpatient Care

Providers reported that 173,953 unique individuals received outpatient care through the CICP in FY 2005-06. This represented a 1.9% increase from the previous fiscal year figure of 170,675. CICP Clinics provided 44.8% of the total outpatient care compared to the CICP Hospitals who accounted for 31.1%, Denver Health Medical Center at 16.1% and University Hospital at 8.0%. As seen in Figure 3, children (age 0-18) represented 7.2% of the total unique individuals who received outpatient care. Of the outpatient care administered by CICP Clinics, 8.0% was provided to children compared to 6.2% by hospital providers, 7.8% by Denver Health Medical Center and 4.7% by University Hospital.

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



Source: Table 9A.

**CLIENT UTILIZATION**

**Inpatient Admissions**

In FY 2005-06, there were 17,015 admissions reported by CICIP providers, representing a decrease of 14.4% from the 19,878 admissions recorded in the previous year.

- ❑ During FY 2005-06, 16,520 or 97.1% of all inpatient services were provided to persons aged 18 or older.
- ❑ Total inpatient days yielded 79,995 in FY 2005-06, a 14.0% decrease from the FY 2004-05 count of 92,996.
- ❑ Inpatient charges accounted for 54.4% of all charges in FY 2005-06.
- ❑ Inpatient services were distributed in the following manner:
  - CICIP Hospitals – 62.9%
  - Denver Health Medical Center – 25.4%
  - University Hospital – 11.7%

Chart 3 illustrates the FY 2005-06 reversal of the increasing trend of inpatient admissions across the past few years. Even after increasing in the prior two year, overall, the number of inpatient admissions for CICIP Hospitals have decreased by 10.6% since FY 2003-04. Inpatient admissions decreased 17.7% at Denver Health Medical Center after rising 3.5% in FY 2004-05 and a 10.9% increase in the previous year. University Hospital posted a similar pattern with decreased admissions in FY 2005-06, after posting increases in prior fiscal years.

**Chart 3 - Comparison of Inpatient Admissions**

<b>CICIP Provider</b>	<b>FY 2003-04 Inpatient Admissions</b>	<b>Percent Change</b>	<b>FY 2004-05 Inpatient Admissions</b>	<b>Percent Change</b>	<b>FY 2005-06 Inpatient Admissions</b>	<b>Percent Change</b>
CICIP Hospitals*	11,896	18.9%	12,307	3.5%	10,709	-13.0%
Denver Health	5,074	10.9%	5,252	3.5%	4,322	-17.7%
University Hospital	2,056	5.0%	2,319	12.8%	1,984	-14.4%
<b>TOTAL</b>	<b>19,026</b>	<b>15.0%</b>	<b>19,878</b>	<b>4.5%</b>	<b>17,015</b>	<b>-14.4%</b>

Source: Analysis of Table 8, Utilization Data FY 2003-04, FY 2004-05 and FY 2005-06 CICIP 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 2005-06 Annual Report**

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As shown in Chart 4, the number of inpatient days decreased from 92,996 in FY 2004-05 to 79,995 in FY 2005-06. This represents an overall decrease of 14.0% which followed a 2.7% decrease in the previous fiscal year. Overall, the total number of inpatient days has decreased by 16.3% since FY 2003-04. Denver Health Medical Center has posted two consecutive declines, leaving FY 2005-06 inpatient days 31.0% lower than FY 2003-04. University Hospital had a decrease of 16.8% in FY 2005-06, after increases in inpatient days during the two prior fiscal years of 21.3% and 9.2%, respectively.

**Chart 4 - Comparison of Inpatient Days**

<b>CICP Provider</b>	<b>FY 2003-04 Inpatient Days</b>	<b>Percent Change</b>	<b>FY 2004-05 Inpatient Days</b>	<b>Percent Change</b>	<b>FY 2005-06 Inpatient Days</b>	<b>Percent Change</b>
CICP Hospitals*	52,209	29.2%	52,564	0.7%	46,663	-11.2%
Denver Health	32,708	32.0%	27,483	-16.0%	22,564	-17.9%
University Hospital	10,677	9.2%	12,949	21.3%	10,768	-16.8%
<b>TOTAL</b>	<b>95,594</b>	<b>27.5%</b>	<b>92,996</b>	<b>-2.7%</b>	<b>79,995</b>	<b>-14.0%</b>
Source: Analysis of Table 8, Utilization Data FY 2003-04, FY 2004-05 and FY 2005-06 CICP Annual Reports.						
*Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.						

The following two charts identify the top ten diagnoses at the Denver Health Medical Center and University Hospital for FY 2005-06. Denver Health Medical Center is one of few hospital providers that accepts patients with acute mental disorders and a significant number of these patients qualify for CICP. Psychoses and psychotic conditions account for more than 20% 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 46.7% of all inpatient admissions at the facility.

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

<b>Diagnosis Description</b>		<b>Claim Count</b>
1	<b>Other Psychoses</b> (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	419
2	<b>Symptoms</b> (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	264
3	<b>Other Diseases of Digestive System</b> (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	236
4	<b>Infections of Skin and Subcutaneous Tissue</b> (Includes: Carbuncle and Furuncle, Cellulitis and Abscess, Impetigo, Local Infections of the Skin)	219
5	<b>Other Forms of Heart Disease</b> (Acute Pericarditis, Acute Myocarditis, Heart Failure)	188
6	<b>Diseases of Other Endocrine Glands</b> (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	152
7	<b>Organic Psychotic Conditions</b> (Includes: Senile and Presenile Organic Psychotic Conditions, Dementia, Alcoholic and Drug Psychoses)	144
8	<b>Persons Encountering Health Services for Specific Procedures and Aftercare</b> (Includes: Fitting Prosthetic Device, Implant or Other Device, Other Orthopedic Aftercare, Attention to Artificial Openings, Encounter for Dialysis, Donors)	142
9	<b>Complications of Surgical and Medical Care, Not Elsewhere Classified</b> (Includes: Mechanical Complication of Cardiac Device, Genitourinary Device or Orthopedic Device; Infection Due to Internal Prosthetic Device; Complication of Transplanted Organ)	135
10	<b>Fracture of Lower Limb</b> (Includes: Fracture of Femur, Fracture of Tibula and Fibula, Fracture of Ankle)	121
<b>Total Top Ten Inpatient Diagnoses Admission Count</b>		<b>2,020</b>
<b>Percent of All Denver Health Medical Center Inpatient Admissions</b>		<b>46.7%</b>

At University Hospital, in contrast to the past two fiscal years, Other Psychoses was not the number one reported diagnosis in FY 2005-06. Alternatively, the most prevalent diagnosis in FY 2005-06 was Other Forms of Heart Disease, while Other Psychoses ranked third. Overall, the top ten diagnoses accounted for 44.5% of all inpatient admissions at University Hospital.

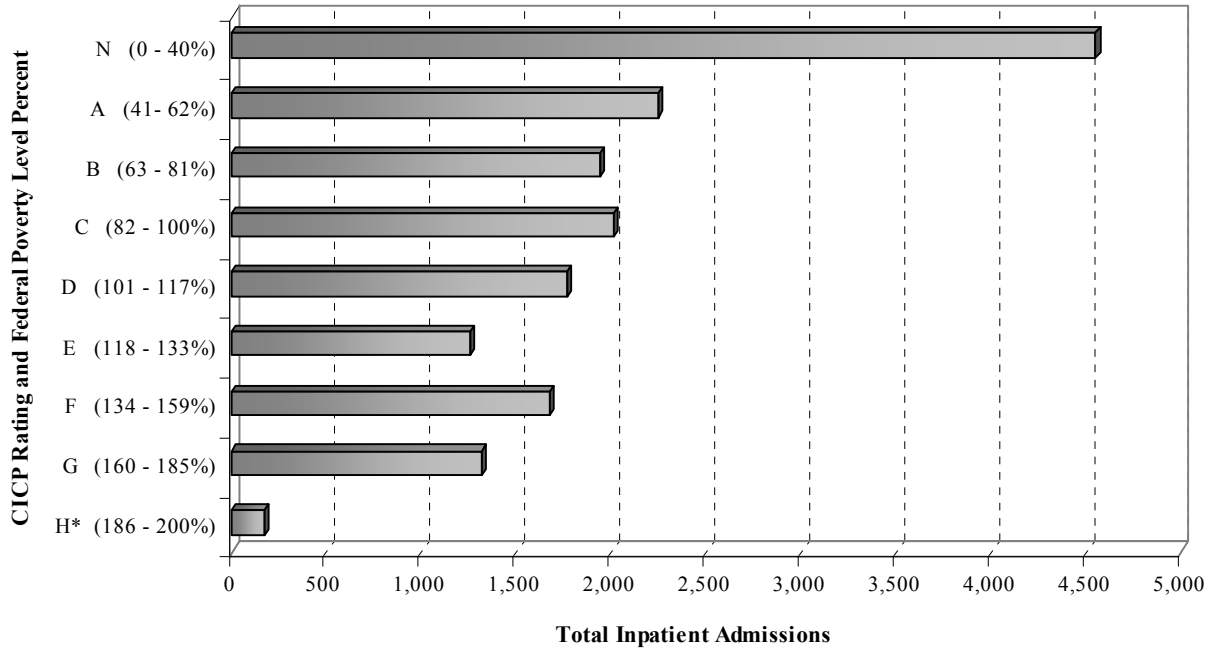
**Chart 6 - Top 10 Inpatient Diagnoses At University Hospital**

<b>Diagnosis Description</b>		<b>Claim Count</b>
1	<b>Other Forms of Heart Disease</b> (Acute Pericarditis, Acute Myocarditis, Heart Failure)	131
2	<b>Other Diseases of Digestive System</b> (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	125
3	<b>Other Psychoses</b> (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	117
4	<b>Complications of Surgical and Medical Care, Not Elsewhere Classified</b> (Includes: Mechanical Complication of Cardiac Device, Genitourinary Device or Orthopedic Device; Infection Due to Internal Prosthetic Device; Complication of Transplanted Organ)	91
5	<b>Symptoms</b> (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	84
6	<b>Diseases of Other Endocrine Glands</b> (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	73
7	<b>Ischemic Heart Disease</b> (Includes: Acute Myocardial Infarction, Angina Pectoris, Coronary Atherosclerosis)	69
8	<b>Pneumonia and Influenza</b> (Includes: Viral and Bacterial Pneumonia)	68
9	<b>Infections of Skin and Subcutaneous Tissue</b> (Includes: Carbuncle and Furuncle, Cellulitis and Abscess, Impetigo, Local Infections of the Skin)	64
10	<b>Chronic Obstructive Pulmonary Disease and Allied Conditions</b> (Includes: Bronchitis, Emphysema, Asthma)	61
<b>Total Top Ten Inpatient Diagnoses Admission Count</b>		<b>883</b>
<b>Percent of All University Hospital Inpatient Admissions</b>		<b>44.5%</b>

Denver Health Medical Center and University Hospital had seven 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 2005-06. Of the total inpatient admissions, 63.1% were made for individuals living under or at 100% FPL (CICIP ratings N, A, B, or C). The figure includes patients with a CICIP N rating (which also includes the CICIP Z rating for the homeless), followed by the CICIP A rating (13.2%), CICIP B rating (11.4%) and the CICIP C rating (11.8%). Since FY 2003-04, the distribution of inpatient admissions for individuals living under or at 100% FPL has remained fairly constant.

**Figure 4 - Inpatient Admissions by CICIP Rating**



Source: Table 4, Utilization Data.

\*Note: H rating did not become effective until February 1, 2006.



## Outpatient Visits

The 173,953 clients who received outpatient services in FY 2005-06 resulted in 558,701 visits to CICIP providers. Additional details about outpatient visits in FY 2005-06 include:

- Total outpatient activity slightly declined 0.1% from the FY 2004-05 figure of 559,244.
- Outpatient visits accounted for 45.6% of total charges.
- 539,963 or 96.6% of all outpatient visits were provided to persons age 18 or older.
- Outpatient services were distributed in the following manner:
  - CICIP Clinics – 41.7%
  - CICIP Hospitals – 25.1%
  - Denver Health Medical Center – 24.6%
  - University Hospital – 8.6%

As shown in Chart 7, the number of outpatient visits decreased slightly in FY 2005-06, following an increase of 2.3% and 9.4% in the two prior fiscal years. While Denver Health Medical Center showed a decline in outpatient visits each year from FY 2000-01 through FY 2004-05, an increase was seen during FY 2005-06. Similarly, University Hospital posted decreases in outpatient visits each year from FY 2000-01 through FY 2003-04; however, increases were seen in FY 2004-05 and FY 2005-06.

**Chart 7 - Comparison of Outpatient Visits**

CICIP Provider	FY 2003-04 Outpatient Visits	Percent Change	FY 2004-05 Outpatient Visits	Percent Change	FY 2005-06 Outpatient Visits	Percent Change
CICIP Clinics	232,920	25.5%	235,125	0.9%	232,892	-0.9%
CICIP Hospitals*	139,660	9.8%	146,442	4.9%	140,061	-4.4%
Denver Health	135,656	-7.7%	131,830	-2.8%	137,505	4.3%
University Hospital	38,275	-3.5%	45,847	19.8%	48,243	5.2%
<b>TOTALS</b>	<b>546,511</b>	<b>9.4%</b>	<b>559,244</b>	<b>2.3%</b>	<b>558,701</b>	<b>-0.1%</b>

Source: Analysis of Table 8, Utilization Data FY 2003-04, FY 2004-05 and FY 2005-06 CICIP Annual Reports.  
 \*Includes CICIP Specialty Hospital providers and Medicaid DSH providers listed in previous CICIP 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. The top ten outpatient diagnoses at Denver Health Medical Center accounted for more than half (53.4%) of all outpatient visits at the facility.

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

<b>Diagnosis Description</b>		<b>Claim Count</b>
1	<b>Symptoms</b> (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	13,802
2	<b>Persons Without Reported Diagnosis Encountered During Examination</b> (Includes: General Medical Examination, Screenings for Infectious Diseases, Screening for Mental Disorders)	11,642
3	<b>Persons Encountering Health Services for Specific Procedures and Aftercare</b> (Includes: Fitting Prosthetic Device, Implant or Other Device, Other Orthopedic Aftercare, Attention to Artificial Openings, Encounter for Dialysis, Donors)	7,953
4	<b>Diseases of Other Endocrine Glands</b> (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	7,217
5	<b>Diseases of Oral Cavity, Salivary Glands, and Jaws</b> (Includes: Disorder of Tooth Development, Gingival Disease, Dentofacial Anomalies, Diseases of the Salivary Glands)	6,791
6	<b>Intestinal Infectious Diseases</b> (Includes: Cholera, Typhoid and Paratyphoid Fevers, Other Salmonella Infections, Other Food Poisoning, Amebiasis, Other Protozoal Intestinal Diseases)	5,972
7	<b>Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders</b> (Includes: Hysteria, Anxiety States, Phobic Disorders, Schizoid Personality Disorder, Alcohol and Drug Dependence, Eating Disorders)	5,740
8	<b>Hypertensive Disease</b> (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	5,294
9	<b>Arthropathies and Related Disorders</b> (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	4,809
10	<b>Persons Encountering Health Services in Circumstances Related to Reproduction and Development</b> (Includes: Pregnancy, Postpartum Care, Procreative Management, Observation of Newborns)	4,202
<b>Total Top Ten Outpatient Diagnoses Visit Count</b>		<b>73,422</b>
<b>Percent of All Denver Health Medical Center Outpatient Visits</b>		<b>53.4%</b>

Listed in Chart 9 are the top ten diagnosis codes at University Hospital, which accounted for 40.7% of all outpatient visits. The most common diagnosis at University Hospital for an outpatient visit was categorized under Symptoms, followed by Persons Encountering Health Services for Specific Procedures and Aftercare.

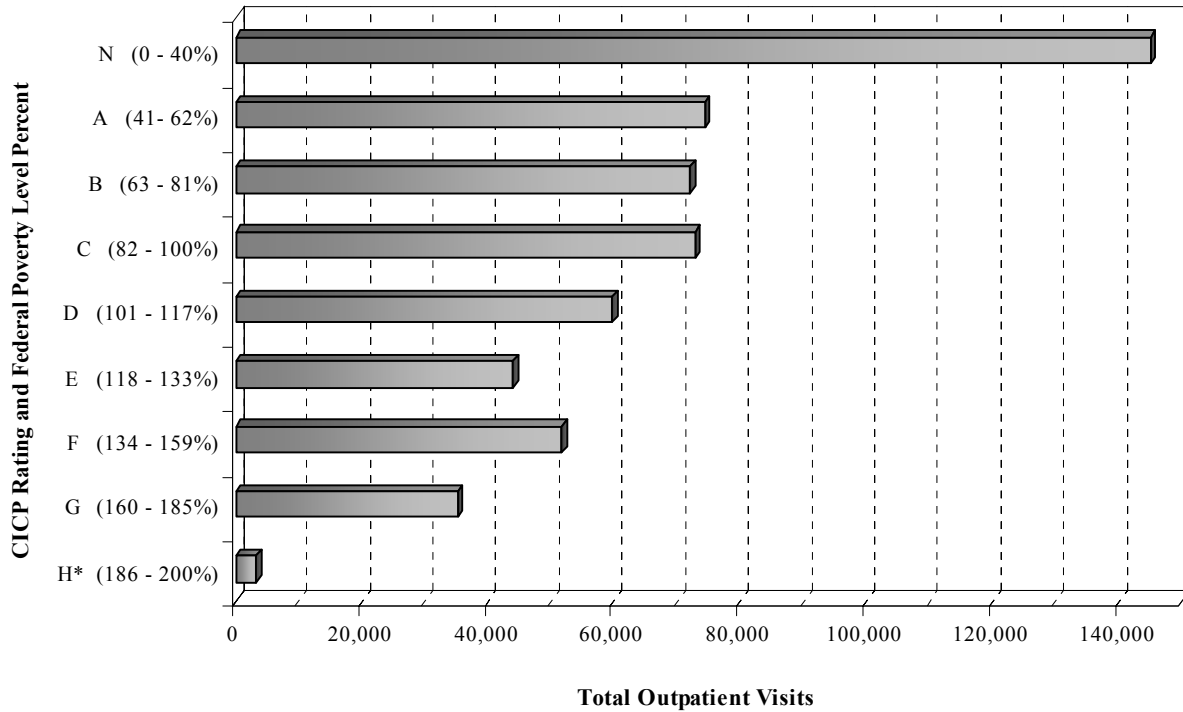
**Chart 9 - Top 10 Outpatient Diagnoses At University Hospital**

<b>Diagnosis Description</b>		<b>Claim Count</b>
1	<b>Symptoms</b> (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	5,257
2	<b>Persons Encountering Health Services for Specific Procedures and Aftercare</b> (Includes: Fitting Prosthetic Device, Implant or Other Device, Other Orthopedic Aftercare, Attention to Artificial Openings, Encounter for Dialysis, Donors)	2,440
3	<b>Arthropathies and Related Disorders</b> (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	2,147
4	<b>Dorsopathies</b> (Includes: Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	1,813
5	<b>Diseases of Other Endocrine Glands</b> (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	1,576
6	<b>Disorders of the Eye and Adnexa</b> (Includes: Retinal Disorders, Choroids Disorders, Glaucoma, Cataract)	1,558
7	<b>Other Forms of Heart Disease</b> (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	1,542
8	<b>Persons With Need for Isolation, Other Potential Health Hazards and Prophylactic Measures</b> (Includes: Desensitization to Allergens, Asymptomatic Human Immunodeficiency Virus, Infections with Drug-Resistant Microorganisms)	1,199
9	<b>Human Immunodeficiency Virus (HIV) Infection</b> (Includes: Acquired Immune Deficiency Syndrome and Related Complex)	1,072
10	<b>Rheumatism, Excluding the Back</b> (Includes: Polymyalgia Rheumatica, Peripheral Entesopathies, Others Disorders of Synovium, Tendon, and Bursa, Disorders of Muscle, ligament and fascia, Other Disorders of Soft Tissues)	1,039
<b>Total Top Ten Outpatient Diagnoses Visit Count</b>		<b>19,643</b>
<b>Percent of All University Hospital Outpatient Visits</b>		<b>40.7%</b>

At both Denver Health Medical Center and University Hospital, the most common Outpatient Diagnosis was Symptoms. Overall, the two facilities shared four common categories of top ten diagnoses.

In FY 2005-06 individuals rates below 100% of the Federal Poverty Level (CICP N, A, B, or C ratings) accounted for 65.2% of outpatient visits. The following graph shows outpatient utilization by CICP rating for FY 2005-06. Groups showing the highest utilization of outpatient visits includes individuals with income and assets at 0 to 40% of the Federal Poverty Level (CICP N rating), accounted for 26.0% of outpatient visits, followed by individuals with a CICP A rating (13.3%) and CICP C rating (13.0%).

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



Source: Table 4, Utilization Data

\*Note: H rating did not become effective until February 1, 2006.

### III. PROVIDERS

#### BACKGROUND

The CICP contracts with any interested provider that meets both of the following criteria:

1. Is licensed as a general hospital, community clinic, or maternity hospital by the Department of Public Health and Environment; and
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 2005-06 Annual Report, the CICP providers are identified in the following categories by funding appropriation:

- CICP Clinics – clinics outside the geographic area of the City and County of Denver, except for Colorado Coalition for the Homeless, which is a Specialty Clinic operating within the City and County of Denver. For the purpose of this report, Colorado Coalition for the Homeless is identified as a CICP Clinic.
- CICP Hospitals – hospitals located throughout the state, outside the City and County of Denver.
- CICP Specialty Hospitals – this includes The Children’s Hospital and National Jewish Medical and Research Center. 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.
- Denver Health Medical Center – Denver Health Medical Center, including 10 neighborhood outpatient clinics.
- University Hospital – University Hospital and associated specialty clinics.

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

Further, in prior CICP Annual Reports, providers were classified based upon their ability to qualify as a Medicaid Disproportionate Share Hospital (DSH). This was confusing, since all hospitals participating in the CICP receive a DSH payment under state regulations. Technically, providers previously classified as Medicaid DSH qualified to receive an additional payment under the DSH Allotment, since their Medicaid eligible days exceeded or 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 CICP and whose 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 a High Medicaid Utilization Hospital Provider over the past nine fiscal years.

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

Providers	FY 1997-98	FY 1998-99	FY 1999-00	FY 2000-01	FY 2001-02	FY 2002-03	FY 2003-04	FY 2004-05	FY 2005-06
Arkansas Valley Regional Medical Center							■	■	■
Conejos County Hospital								■	■
Parkview Medical Center							■	■	■
Platte Valley Medical Center	■	■	■	■	■	■	■	■	■
Prowers Medical Center						■			
San Luis Valley Regional Medical Center	■	■	■	■	■	■	■	■	■
Southeast Colorado Hospital						■	■	■	
Spanish Peaks Regional Health Center						■	■	■	■
St. Vincent General Hospital				■	■	■			
The Springs Center for Women (1)			■	■	■				
Valley View Hospital		■	■	■	■	■	■	■	■
<b>CICP Specialty Hospital Providers</b>									
National Jewish Medical and Research Center	■	■	■	■	■	■	■	■	■
The Children's Hospital	■	■	■	■	■	■	■	■	■
<b>Denver Health Medical Center</b>	■	■	■	■	■	■	■	■	■
<b>University Hospital</b>	■	■	■	■	■	■	■	■	■
<b>Total Number of CICP Hospital Providers</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>11</b>	<b>12</b>	<b>11</b>

Note:

(1) The Springs Center for Women closed for business during FY 2001-02.

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 lists 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**

<b>Providers</b>	<b>FY 2003-04</b>	<b>FY 2004-05</b>	<b>FY 2005-06</b>
Arkansas Valley Regional Medical Center	■	■	
Aspen Valley Hospital	■		
Colorado Plains Medical Center	■		
Conejos County Hospital		■	
East Morgan County Hospital	■	■	
Heart of the Rockies Regional Medical Center		■	
McKee Medical Center	■	■	■
Melissa Memorial	■		
Memorial Hospital	■	■	■
Montrose Memorial Hospital			■
North Colorado Medical Center	■	■	■
Parkview Medical Center	■	■	■
Platte Valley 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	■	■	■
St. Thomas More Hospital		■	
Sterling Regional MedCenter		■	
Yampa Valley Medical Center	■	■	
Yuma District Hospital	■	■	
<b>Denver Health Medical Center</b>	■	■	■
<b>University Hospital</b>	■	■	■
<b>Total Number of CICIP Hospital Providers</b>	<b>19</b>	<b>19</b>	<b>14</b>

**FY 2005-06 PROVIDER PARTICIPATION**

A total of 59 contract providers participated in the CICP. This included 45 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 87 satellite CICP facilities throughout the state, including one hospital facility classified as a satellite facility.

**Chart 12 - FY 2005-06 CICP Clinics and Hospitals Including Satellite Facilities by County**

County	Clinics	Hospitals	Totals	County	Clinics	Hospitals	Totals
Adams	4	1	5	La Plata	2	1	3
Alamosa	3	1	4	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	2	3
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	3	2	5
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	4	14	Phillips	1	1	2
Dolores	1	0	1	Pitkin	1	1	2
Douglas	0	0	0	Prowers	2	1	3
Eagle	1	0	1	Pueblo	6	2	8
El Paso	8	3	11	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	1	1	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	0	6	Weld	5	1	6
Kiowa	0	0	0	Yuma	3	2	5
Kit Carson	0	0	0	<b>Totals</b>	<b>100</b>	<b>46</b>	<b>146</b>

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 2005-06 CICP Contracted Providers

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

## **IV. REIMBURSEMENT**

### **REIMBURSEMENT 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 methodology for payment to CICP Hospitals was approved by the Colorado General Assembly. Prior to this methodology, there were several rate setting methodologies and associated line items that were necessary for determining the payments for CICP Hospitals. Further, the FY 2003-04 Budget Request discontinued multiple line items used to fund the provider payments. The separate payments were 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 Upper Payment Limit for inpatient hospital services (Inpatient UPL)<sup>4</sup>. 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 CICP.

Provider payments between one current fiscal year and the next are modified by changing a limited number of variables, such as the DSH Allotment, Inpatient UPL, Colorado Indigent Care Program costs, and hospital utilization statistics. Further, the rate setting process maximizes the federal funds and minimizes 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 reimbursement 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 is required to sustain the payments to public-owned providers.

### **FY 2005-06 REIMBURSEMENT FOR CLINICS AND HOSPITALS**

In the FY 2005-06 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

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<sup>4</sup> Technically, the High-Volume Payment is a Supplemental Medicaid payment available to those hospital providers who participate in the CICP. For more detail, please see the section titled "Upper Payment Limit."

The Colorado General Assembly appropriated \$287,296,074 in total funds (General Fund \$12,576,646, federal funds \$143,648,037 and Cash Funds Exempt \$131,071,391) to reimburse CICIP Hospital providers in FY 2005-06. The appropriation for CICIP Clinics was \$6,119,760 in total funds (General Fund \$3,059,880, and federal funds \$3,059,880). The appropriations included funds for disproportionate share hospital payments to qualifying hospitals that did not participate in the CICIP and to reimburse The Children's Hospital for administration of CICIP clinic based care.

The total payment to the CICIP providers in FY 2005-06 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.

For FY 2005-06, the average reimbursement relative to costs for all CICIP Hospital providers (including Denver Health Medical Center and University Hospital) equaled 49.77% and the average reimbursement relative to costs for CICIP Clinics equaled 22.55%. Charts 15 through 19 provide detailed reimbursement rates by various provider classifications.

**REIMBURSEMENT TRENDS FOR CICP PROVIDERS**

**Chart 14 - FY 2005-06 CICP Payment**

	State General Fund	Cash Funds Exempt (1)	Federal Funds	Total Funds	Payments to Providers (2)
<b>CICP Clinics</b>	\$3,029,880	\$0	\$3,029,880	\$6,059,760	\$6,059,760
<b>CICP Hospitals*</b>	\$12,503,911	\$19,821,273	\$32,325,184	\$64,650,368	\$44,829,095
High-Volume Payment	\$12,378,145	\$5,326,140	\$17,704,285	\$35,408,570	\$30,082,430
Low-Income Payment	\$125,766	\$14,464,599	\$14,590,365	\$29,180,730	\$14,716,131
Bad Debt Payment	\$0	\$30,534	\$30,534	\$61,068	\$30,534
<b>Denver Health</b>	\$0	\$75,698,495	\$75,698,495	\$151,396,990	\$75,698,495
High-Volume Payment	\$0	\$21,451,088	\$21,451,088	\$42,902,176	\$21,451,088
Low-Income Payment	\$0	\$54,159,103	\$54,159,103	\$108,318,206	\$54,159,103
Bad Debt Payment	\$0	\$88,304	\$88,304	\$176,608	\$88,304
<b>University Hospital</b>	\$0	\$35,551,623	\$35,551,623	\$71,103,246	\$35,551,623
High-Volume Payment	\$0	\$17,365,064	\$17,365,064	\$34,730,128	\$17,365,064
Low-Income Payment	\$0	\$18,164,981	\$18,164,981	\$36,329,962	\$18,164,981
Bad Debt Payment	\$0	\$21,578	\$21,578	\$43,156	\$21,578
<b>Total CICP Payment</b>	<b>\$15,533,791</b>	<b>\$131,071,391</b>	<b>\$146,605,182</b>	<b>\$293,210,364</b>	<b>\$162,138,973</b>
Clinic Payment (3)(4)	\$3,029,880	\$0	\$3,029,880	\$6,059,760	\$6,059,760
High-Volume Payment (4)	\$12,378,145	\$44,142,292	\$56,520,437	\$113,040,874	\$68,898,582
Low-Income Payment (5)	\$125,766	\$86,788,683	\$86,914,449	\$173,828,898	\$87,040,215
Bad Debt Payment (5)	\$0	\$140,416	\$140,416	\$280,832	\$140,416

Source: Table 1, Financial Tables

\*Includes CICP Specialty Hospital providers.

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

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

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

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

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

The reimbursement rate relative to write-off costs for all CICIP provider groups is displayed in Chart 15. The CICIP Clinic providers were reimbursed at 22.55% of write-off costs, while CICIP Hospital providers stood at 27.30%. Denver Health Medical Center received an 84.67% reimbursement rate and University Hospital received 59.27%.

**Chart 15 - FY 2005-06 Percentage of Write-Off Cost Reimbursed**

	Payment	Write-Off Costs	Percent Reimbursed
CICIP Clinics	\$6,059,760	\$26,874,123	22.55%
CICIP Hospitals*	\$44,829,095	\$164,203,646	27.30%
<b>Sub-Total CICIP Providers</b>	<b>\$50,888,855</b>	<b>\$191,077,769</b>	<b>26.63%</b>
Denver Health	\$75,698,495	\$89,407,080	84.67%
University Hospital	\$35,551,623	\$59,979,147	59.27%
<b>CICIP Hospital Providers</b>	<b>\$156,079,213</b>	<b>\$313,589,873</b>	<b>49.77%</b>
<b>Total CICIP Providers</b>	<b>\$162,138,973</b>	<b>\$340,463,996</b>	<b>47.62%</b>
Source: Table 1, Financial Tables			
*Includes CICIP Specialty Hospital providers.			

As shown in Chart 16, the average reimbursement percentage to all CICIP providers on actual costs increased to 47.62% in FY 2005-06. Overall, the FY 2005-06 reimbursement percentage increased as payments increased by 13.4% and write-off costs decreased by 11.6% (see Chart 17). The reimbursement rate to CICIP Clinics increased from 21.36% in FY 2004-05 to 22.55% in FY 2005-06, while CICIP Hospitals also saw an increase, from 19.40% in FY 2004-05 to 27.30% in FY 2005-06. Denver Health Medical Center posted a significantly higher reimbursement percentage in FY 2005-06 than in previous years, due to a substantial downward revision in their cost-to-charge ratio, a negative growth rate in CICIP charges and a 16.5% increase in payments.

**Chart 16 - Historical Percentage of Write-Off Cost Reimbursed**

	Percent of CICIP Write-Off Costs Reimbursed					
	<u>FY 2000-01</u>	<u>FY 2001-02</u>	<u>FY 2002-03</u>	<u>FY 2003-04</u>	<u>FY 2004-05</u>	<u>FY 2005-06</u>
CICIP Clinics	26.97%	28.16%	26.93%	20.77%	21.36%	22.55%
CICIP Hospitals*	40.78%	26.27%	21.32%	26.07%	19.40%	27.30%
<b>Sub-Total CICIP Providers</b>	<b>37.71%</b>	<b>26.62%</b>	<b>22.20%</b>	<b>25.26%</b>	<b>19.68%</b>	<b>26.63%</b>
Denver Health	76.29%	60.39%	57.81%	58.71%	55.04%	84.67%
University Hospital	83.32%	64.54%	48.85%	57.38%	57.73%	59.27%
<b>CICIP Hospital Providers</b>	<b>66.07%</b>	<b>48.78%</b>	<b>39.17%</b>	<b>42.85%</b>	<b>38.40%</b>	<b>49.77%</b>
<b>Average CICIP Providers</b>	<b>62.68%</b>	<b>47.18%</b>	<b>38.22%</b>	<b>41.10%</b>	<b>37.14%</b>	<b>47.62%</b>
Source: Analysis of CICIP Annual Reports.						
*Includes CICIP Specialty Hospital providers and Medicaid DSH providers listed in previous CICIP Annual Reports.						

As demonstrated in Chart 17, the reimbursement to CICP Hospital providers has increased by 6.4% over the FY 2003-04 level. CICP Clinics write-off costs decreased 7.9% since FY 2003-04, while their reimbursement has remained unchanged. Since FY 2003-04, write-off costs at Denver Health Medical Center decreased by 18.9% compared to a smaller decrease of 9.5% at University Hospital.

	<b>Chart 17 - Historical CICP Charges, Costs and Payments</b>								
	<b>Charges</b>			<b>Write-Off Costs</b>			<b>Net Payments</b>		
	<b>FY 2003-04</b>	<b>FY 2004-05</b>	<b>FY 2005-06</b>	<b>FY 2003-04</b>	<b>FY 2004-05</b>	<b>FY 2005-06</b>	<b>FY 2003-04</b>	<b>FY 2004-05</b>	<b>FY 2005-06</b>
CICP Clinics	\$33,937,024	\$33,377,871	\$32,040,984	\$29,180,137	\$28,367,682	\$26,874,123	\$6,059,760	\$6,059,760	\$6,059,760
Percent Change	29.2%	-1.6%	-4.0%	29.7%	-2.8%	-5.3%	0.0%	0.0%	0.0%
CICP Hospitals*	\$411,189,949	\$460,124,958	\$452,439,414	\$161,587,738	\$171,630,696	\$164,203,646	\$42,122,464	\$33,295,670	\$44,829,095
Percent Change	39.1%	11.9%	-1.7%	32.3%	6.2%	-4.3%	61.7%	-21.0%	34.6%
Denver Health	\$192,131,380	\$207,173,859	\$193,447,975	\$110,200,363	\$118,049,132	\$89,407,080	\$64,704,089	\$64,969,531	\$75,698,495
Percent Change	16.1%	7.8%	-6.6%	27.8%	7.1%	-24.3%	29.8%	0.4%	16.5%
University Hospital	\$139,892,930	\$179,618,616	\$184,550,574	\$66,284,506	\$67,030,719	\$59,979,147	\$38,037,301	\$38,694,983	\$35,551,623
Percent Change	17.5%	28.4%	2.7%	11.9%	1.1%	-10.5%	31.4%	1.7%	-8.1%
<b>All CICP Hospitals</b>	<b>\$743,214,259</b>	<b>\$846,917,433</b>	<b>\$830,437,963</b>	<b>\$338,072,607</b>	<b>\$356,710,547</b>	<b>\$313,589,873</b>	<b>\$144,863,854</b>	<b>\$136,960,184</b>	<b>\$156,079,213</b>
Percent Change	28.1%	14.0%	-1.9%	26.3%	5.5%	-12.1%	38.2%	-5.5%	14.0%
<b>Total CICP Providers</b>	<b>\$777,151,283</b>	<b>\$880,295,304</b>	<b>\$862,478,947</b>	<b>\$367,252,744</b>	<b>\$385,078,229</b>	<b>\$340,463,996</b>	<b>\$150,923,614</b>	<b>\$143,019,944</b>	<b>\$162,138,973</b>
Percent Change	28.1%	13.3%	-2.0%	26.6%	4.9%	-11.6%	36.1%	-5.2%	13.4%

Source: CICP Analysis of Table 1, Financial Tables FY 2003-04, FY 2004-05 and FY 2005-06 CICP Annual Reports. Includes updated information.

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

The 36.1% increase in payments in FY 2003-04 was due to a decrease in DSH Allotment in FY 2002-03 by \$8.8 million, which was reversed in FY 2003-04 as the DSH Allotment was increased by \$12.0 million federal funds and remained at that same level for FY 2004-05 and FY 2005-06. Approximately \$9.0 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. Further, the program estimates that for the FY 2003-04 payments, the payment methodology increased federal funds to public-owned providers by \$6.1 million and a revision to the 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 through FY 2005-06, 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. The General Fund appropriation and corresponding federal funds were restored in FY 2005-06.

**REIMBURSEMENT 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 rate than other hospitals. All reimbursement rates are relative to write-off costs as detailed in Table 1 under CICP Financial Tables. Providers who were classified as High Medicaid Utilization Hospital Providers<sup>5</sup> received an increased High-Volume and Low-Income payment. High CICP Utilization Hospital providers<sup>6</sup> also received additional payments. A provider can be classified as both 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 rate, 71.2%, went to those providers who qualified as both a High Medicaid Utilization Hospital and High CICP Utilization Hospital provider (6 providers in total, which included Denver Health Medical Center and University Hospital). Excluding providers who qualified in both categories, those providers who qualified as a High Medicaid Utilization Hospital provider (5 providers) received an average 63.3% reimbursement rate, while those who qualified as a High CICP Utilization Hospital provider (8 providers) received an average 25.6%. Providers who did not qualify in either category (27 providers) were reimbursed an average of 17.7%.

**Chart 18 - FY 2005-06 Percentage of Write-Off Costs Reimbursed by High Utilization Classification**

Provider Classification	Payment	Write-Off Costs	Reimbursement Percentage
High Medicaid Utilization Hospitals Only	\$5,437,108	\$8,585,653	63.3%
High CICP Utilization Hospitals Only	\$19,304,245	\$75,477,148	25.6%
Both High Medicaid Utilization & High CICP Utilization Hospitals Only	\$120,773,442	\$169,723,340	71.2%
All Other Hospital Providers	\$10,564,418	\$59,803,732	17.7%
<b>All Hospital Providers</b>	<b>\$156,079,213</b>	<b>\$313,589,873</b>	<b>49.8%</b>
Source: Table 1, Financial Tables			

A historical review of reimbursement rates by those providers with any of the High Utilization designations appears in Chart 19. Those rated only as a High Medicaid Utilization Hospital were reimbursed at a rate of 27.4% in FY 2004-05 and a rate of 63.3% in FY 2005-06. Providers with a rating only as a High CICP Utilization Hospital showed a reimbursement rate of 20.2% in FY 2004-05 and 25.6% in FY 2005-06. Reimbursement rates for hospitals rated as Both High Medicaid Utilization and High CICP Utilization Hospitals has increased from 54.1% in FY 2004-05 to 71.2% in FY 2005-06. All Other Hospital Providers experienced increases in reimbursement rates, from 12.8% in FY 2004-05 to 17.7% in FY 2005-06 as shown in the chart.

<sup>5</sup> High Medicaid Utilization Hospital Providers are classified as providers whose Medicaid eligible days exceeded or equaled one standard deviation of the mean of Medicaid days for all Colorado Medicaid hospital providers.

<sup>6</sup> High CICP Utilization Hospital providers are classified as providers whose CICP days exceeded the mean number of CICP days of all participating providers.

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

Provider Classification	FY 2003-04	FY 2004-05	FY 2005-06
High Medicaid Utilization Hospitals Only	40.2%	27.4%	63.3%
High CICP Utilization Hospitals Only	24.0%	20.2%	25.6%
Both High Medicaid Utilization & High CICP Utilization Hospitals Only	56.9%	54.1%	71.2%
All Other Hospital Providers	21.2%	12.8%	17.7%
<b>All Hospital Providers</b>	<b>42.8%</b>	<b>38.4%</b>	<b>49.8%</b>
Source: CICP Analysis of Table 1, Financial Tables FY 2003-04, FY 2004-05 and FY 2005-06 CICP Annual Reports. Includes updated information.			

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

When examining all CICP hospital providers, public-owned hospitals (24 providers) received an average 57.9% reimbursement rate, while private-owned hospitals (22 providers) received 28.7%. All reimbursement rates are relative to write-off costs as detailed in Table 1. When the effects of higher payments received by High Utilization Medicaid Hospital and High Utilization CICP Hospital providers are excluded, public-owned hospitals (15 providers) received an average reimbursement of 18.8%, while private-owned hospitals (12 providers) received 17.1%.

**Chart 20 - FY 2005-06 Percentage of Write-Off Costs Reimbursed  
by Public and Private Classification**

Provider Classification	Payment	Write-Off Costs	Reimbursement Percentage
<b>Including All Hospital Providers</b>			
Public-Owned Hospitals	\$131,043,550	\$226,334,153	57.9%
Private-Owned Hospitals	\$25,035,663	\$87,255,720	28.7%
<b>All Hospital Providers</b>	<b>\$156,079,213</b>	<b>\$313,589,873</b>	<b>49.8%</b>
<b>Excluding All High Medicaid Utilization or High CICP Utilization Hospital Providers</b>			
Public-Owned Hospitals	\$3,712,552	\$19,763,814	18.8%
Private-Owned Hospitals	\$6,851,866	\$40,039,918	17.1%
<b>All Hospital Providers</b>	<b>\$10,564,418</b>	<b>\$59,803,732</b>	<b>17.7%</b>
Source: Table 1, Financial Tables			



A brief historical compilation of the reimbursement rates between public-owned hospitals and private-owned hospitals is depicted in Chart 21. The decrease in the CICP reimbursement rates 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. The General Fund appropriation and corresponding federal funds were restored in FY 2005-06.

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

Provider Classification	FY 2003-04	FY 2004-05	FY 2005-06
<b><u>Including All Hospital Providers</u></b>			
Public-Owned Hospitals	49.8%	46.5%	57.9%
Private-Owned Hospitals	25.7%	18.4%	28.7%
<b>All Hospital Providers</b>	<b>42.8%</b>	<b>38.4%</b>	<b>49.8%</b>
<b><u>Excluding All High Medicaid Utilization or High CICP Utilization Hospital Providers</u></b>			
Public-Owned Hospitals	23.6%	18.4%	18.8%
Private-Owned Hospitals	20.6%	10.8%	17.1%
<b>All Hospital Providers</b>	<b>21.2%</b>	<b>12.8%</b>	<b>17.7%</b>
Source: CICP Analysis of Table 1, Financial Tables FY 2003-04, FY 2004-05 and FY 2005-06 CICP Annual Reports. Includes updated information.			

**REIMBURSEMENT PER INPATIENT DAY**

The reimbursement per inpatient day by provider group for FY 2005-06 is reported in Chart 22. The reimbursement per inpatient day at CICP Hospitals was \$563.13, compared to Denver Health Medical Center at \$1,848.49 and University Hospital at \$1,440.48.

**Chart 22 - FY 2005-06 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**	46,663	\$26,277,333	\$563.13
Denver Health	22,564	\$41,709,270	\$1,848.49
University Hospital	10,768	\$15,511,059	\$1,440.48
Source: Analysis of Tables 1 and 2, Financial Tables and Table 8, 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 2003-04 to FY 2005-06 the number of inpatient days for CICP Hospitals decreased 10.6%, while net CICP reimbursement per inpatient day grew 14.5% to \$563.13. Over the same period, reimbursements per inpatient day at Denver Health Medical Center grew by 48.0% but decreased by 17.1% at University Hospital, while the number of inpatient days decreased by 31.0% and increased 0.9% respectively. Historical reimbursement per inpatient day is shown in Chart 23.

**Chart 23 - Historical Payment per Inpatient Day**

<b>CICP Provider</b>	<b>FY 2003-04 CICP Payment Per Inpatient Day*</b>	<b>FY 2004-05 CICP Payment Per Inpatient Day*</b>	<b>FY 2005-06 CICP Payment Per Inpatient Day*</b>
CICP Clinics	N/A	N/A	N/A
CICP Hospitals**	\$491.69	\$374.99	\$563.13
Denver Health	\$1,249.23	\$1,457.65	\$1,848.49
University Hospital	\$1,737.79	\$1,479.18	\$1,440.48

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.

**REIMBURSEMENT PER OUTPATIENT VISIT**

Outpatient visits and reimbursement payments by CICP provider group during FY 2005-06 are reported in Chart 24. The reimbursement per outpatient visit at CICP Clinics was \$26.02, compared to CICP Hospitals, who were reimbursed \$129.74 which was primarily outpatient emergency care.

**Chart 24 - FY 2005-06 Payment per Outpatient Visit**

<b>CICP Provider</b>	<b>Outpatient Visits</b>	<b>Total CICP Outpatient Payment</b>	<b>CICP Payment Per Outpatient Visit*</b>
CICP Clinics	232,892	\$6,059,760	\$26.02
CICP Hospitals**	140,061	\$18,172,119	\$129.74
Denver Health	137,505	\$33,989,225	\$247.19
University Hospital	48,243	\$14,960,026	\$310.10

Source: Analysis of Tables 1 and 2, Financial Tables and Table 8, 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 2003-04 the number of outpatient visits at CICP Clinics declined slightly, while the reimbursement per visit remained the same, as demonstrated in Chart 25. Between the same two fiscal years, the number of CICP Hospital visits increased slightly by 0.3% and the reimbursement per visit rose by 13.3%. The number of outpatient visits at Denver Health Medical Center increased 1.4%, while at University Hospital outpatient visits increased 26.0%. Since FY 2003-04, the average reimbursement per visit has increased 40.6% at Denver Health Medical Center but has decreased 10.1% at University Hospital.

**Chart 25 - Historical Payment per Outpatient Visit**

<b>CICP Provider</b>	<b>FY 2003-04 CICP Payment Per Outpatient Visit*</b>	<b>FY 2004-05 CICP Payment Per Outpatient Visit*</b>	<b>FY 2005-06 CICP Payment Per Outpatient Visit*</b>
CICP Clinics	\$26.02	\$25.77	\$26.02
CICP Hospitals**	\$114.48	\$89.60	\$129.74
Denver Health	\$175.77	\$188.95	\$247.19
University Hospital	\$344.91	\$289.65	\$310.10

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 2005-06 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 manual.

The audit must be conducted in one of two ways depending on the amount of total reimbursement received under the CICP:

External Audit: If a provider received over \$1,000,000 in reimbursement 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 \$1,000,000 in reimbursement from the CICP, the provider may elect to conduct the annual compliance audit internally, rather than receiving 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 Provider 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 25.5-3-111, C.R.S., any person who represents that any medical service is reimbursable or subject to payment under this article when he or she knows that it is not, and any person who represents that he or she is eligible for assistance under this article when he or she knows that he or she is not commits a Class 2 misdemeanor and shall be punished as provided in Section 18-1.3-501, 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 CICP, Section 25.5-3-108(8)(a) - (8)(b)(I)-(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 CICP 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 reimbursement before the account is charged to the CICIP. This requirement is described in the CICIP Manual and regulations, as follows:

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

To reinforce these requirements, the contract between the Department and the CICIP provider states that the provider shall make all reasonable efforts to collect amounts due from third party coverage and applicable copayment amounts, and shall maintain auditable evidence of such efforts.

### **INCENTIVES FOR UTILIZATION CONTROL**

Incentives for efficient utilization of resources are built into the CICIP by the very nature of the reimbursement level and providers are contracted to prioritize their services 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 (25.2-8-101 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+ program 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 preventive 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 initial site to begin the enrollment process for the CHP+ program. Providers are encouraged to educate families on the benefits of the CHP+ program. The number of children served by the CICP has been decreasing over the past several years, and it is anticipated that the CICP will serve fewer children in the future as more children gradually enroll into the CHP+ program. To assist in this process, children eligible for CHP+ are not eligible for the CICP.

### **COLORADO HEALTH CARE SERVICES FUND**

The Colorado Health Care Services Fund was created pursuant to Senate Bill 06-044 and became effective July 1, 2006. This legislation increased a client's financial eligibility (income and assets) for CICP from 200% to 250% of the Federal Poverty Level (FPL). In addition, this legislation established the Colorado Health Care Services Fund to make available funding to Denver Health and Hospitals (as the Community Health Clinic provider for the city and county of Denver), Community Health Clinics and primary care clinics operated by CICP Hospitals, for the provision of primary care services to low-income adults.

The total amount of funding available from the Colorado Health Care Services Fund for FY 2006-07 is \$14,962,408 of which Denver Health and Hospitals will receive 18% or \$2,693,233. Of the remaining funds, \$10,060,723 was allocated to the Community Health Clinics and \$2,208,452 was allocated to the primary care clinics operated by CICP Hospitals.

To be eligible for monies from the Colorado Health Care Services Fund, providers must:

1. Participate in the Colorado Indigent Care Program (CICP) in FY 2006-07;
2. Accept low-income adults at or below 250% of the FPL adjusted to family size; and
3. Offer primary care services in an outpatient setting (outside of a hospital and the emergency room) to low-income clients 18 years of age and older.

The Colorado Health Care Services Fund was allocated to each eligible Community Health Clinic and primary care clinic based on the number of unique adults the clinic provided primary care services to in an outpatient setting during FY 2005-06. Further, this legislation appropriates \$15,000,000 in Colorado Health Care Services Fund in FY 2007-08 and each of the two fiscal years thereafter.

### **IMMIGRATION LEGISLATION**

During the 2006 special legislative session, the Colorado General Assembly created House Bill 06S-1023, which required certain individuals applying for state benefits to complete an affidavit and provide proper identification documents, as part of the required proof of lawful presence in the United States. This legislation was effective August 1, 2006. As of August 1, 2006, all CICIP providers must require the affidavit and identification documents for all individuals 18 years of age and older applying to receive discounted health care services under the CICIP. In addition to the list of official identification documents listed in the legislation, the Department of Revenue has provided a list of alternative identification documents that can serve as indication of lawful presence in the United States until March 1, 2007. In situations where an applicant cannot provide any of the proper identification documents or alternative identification documents, the applicant may request a waiver from the Department of Revenue.

The provider completing the CICIP application is required to keep a copy of the original, signed affidavit and identification document, alternative identification document or the Electronic Identification Indicator, from the waiver process, in the client's application file for audit purposes. The Department will be updating the CICIP application to accommodate for this new legislation. Additional information related to this legislation is available on the CICIP website.





## **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. Theoretically, states with a larger proportion of their population at low-income levels will get a higher federal match than states with a smaller proportion of low-income individuals. 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 2005-06, the federal match rate was at 50.00% which has not changed since FY 2000-01. Eleven other states also receive the lowest federal match rate, while Mississippi had the highest federal match rate at 76.00%. 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). These amounts are shown on Chart 1. However, these additional federal funds were specified to offset the State’s General Fund and not directed to increase provider payments.

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

<b>Federal Fiscal Year (October – September)</b>	<b>Match Rate</b>
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%
2005-06	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.

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

**Chart 2 - Colorado DSH Allotments**

<b>Federal Fiscal Year</b>	<b>Disproportionate Share Hospital Allotments (Federal Funds)</b>
1997-98	\$93,000,000
1998-99	\$85,000,000
1999-00	\$79,000,000
2000-01	\$81,765,000
2001-02	\$83,890,890
2002-03	\$75,110,000
2003-04	\$87,127,600
2004-05	\$87,127,600
2005-06	\$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 \$86,142,221 in FY 2004-05 and \$86,914,449 in FY 2005-06.

### **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;
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; and
4. Be classified as a state-owned entity or local-owned hospital providers with more than 200 inpatient beds.

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.<sup>7</sup>

Chart 3, Chart 4 and Chart 5 show the Bad Debt payments made in FY 2003-04, FY 2004-05, FY 2005-06 respectively. Payments are based on the hospital's bad debt costs.

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<sup>7</sup> 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 2003-04**

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

**Chart 4 – Bad Debt Payments State Fiscal Year 2004-05**

<b>Provider</b>	<b>Federal Fiscal Year 2003-04 Bad Debt Payment</b>	<b>Federal Fiscal Year 2004-05 Bad Debt Payment</b>	<b>Total State Fiscal Year 2004-05 Payment</b>
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
<b>Total</b>	<b>\$232,180</b>	<b>\$696,543</b>	<b>\$928,723</b>

**Chart 5 – Bad Debt Payments State Fiscal Year 2005-06**

<b>Provider</b>	<b>Federal Fiscal Year 2004-05 Bad Debt Payment</b>	<b>Federal Fiscal Year 2005-06 Bad Debt Payment</b>	<b>Total State Fiscal Year 2005-06 Payment</b>
Arkansas Valley Regional Medical Center	\$443	\$1,329	\$1,772
Conejos County Hospital	\$113	\$339	\$452
Denver Health	\$22,077	\$66,227	\$88,304
National Jewish Medical and Research Center	\$410	\$1,230	\$1,640
Parkview Medical Center	\$1,226	\$3,677	\$4,903
Platte Valley Medical Center	\$829	\$2,487	\$3,316
San Luis Valley Regional Medical Center	\$863	\$2,589	\$3,452
Spanish Peaks Regional Health Center	\$230	\$691	\$921
The Children's Hospital	\$2,580	\$7,741	\$10,321
University Hospital	\$5,395	\$16,183	\$21,578
Valley View Hospital	\$939	\$2,818	\$3,757
<b>Total</b>	<b>\$35,105</b>	<b>\$105,311</b>	<b>\$140,416</b>

**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 2004-05 and FY 2005-06.

**Chart 6 – Medicaid Shortfall Payments**

<b>Provider</b>	<b>State Fiscal Year 2004-05 Payment</b>	<b>State Fiscal Year 2005-06 Payment</b>
Haxtun Hospital District	-	\$616
Presbyterian/St. Luke's Medical Center	\$113,312	\$144,854
<b>Total</b>	<b>\$113,312</b>	<b>\$145,470</b>

## UPPER PAYMENT LIMIT

### I. INTRODUCTION

The 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 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 Upper Payment Limit is relevant to three distinct provider payments: Inpatient Hospital, Outpatient Hospital and Nursing Home.

Medicaid fee-for-service rates reimburse providers below all three 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 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 Upper Payment Limit for inpatient hospital services (Inpatient UPL) while payments to private-owned providers are funded using General and Federal funds. 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, \$2,821,546 in FY 2004-05 and \$5,326,140 in FY 2005-06.<sup>8</sup>

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. This federal fund payment to these two providers stood at \$33,465,379 in FY 2003-04, \$29,851,959 in FY 2004-05 and \$38,816,152 in FY 2005-06.

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<sup>8</sup> These figures are the federal funds paid to public-owned providers and exclude payments made to Denver Health Medical Center and University Hospital for comparison analysis.



## II. 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 Upper Payment Limit for inpatient hospital services for FY 2005-06 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 prior 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 Fund<sup>9</sup>, while increasing the total available funds for provider payments by \$524,278. Of the \$6,119,760 paid to Children's Hospital, \$6,059,760 was paid by the facility to the 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. The amount of funding to The Children's Hospital and the CICIP Clinics has remained constant since the FY 2002-03 payments.

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<sup>9</sup> The FY 2001-02 amount of \$5,595,482 General Fund minus the FY 2002-03 amount of \$3,059,880 General Fund.

## **CICP FINANCIAL TABLES**

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

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
<b>CICP Clinic Providers</b>						
Clinica Campesina Family Health Services	\$1,375,071	\$0	\$138,039	\$1,237,032	\$1,237,032	\$386,188
Colorado Coalition for the Homeless (2)	\$3,373,652	\$20,339	\$0	\$3,353,313	\$3,353,314	\$718,180
Community Health Clinic (2)	\$100,497	\$5,636	\$15,570	\$79,291	\$79,290	\$13,060
High Plains Community Health Center (2)	\$769,762	\$10,447	\$123,355	\$635,960	\$635,960	\$130,272
Marillac Clinic	\$670,934	\$138,469	\$76,516	\$455,949	\$455,949	\$98,500
Metro Community Provider Network (2)	\$4,122,286	\$0	\$473,619	\$3,648,667	\$3,648,667	\$764,068
Mountain Family Health Centers	\$608,291	\$0	\$75,666	\$532,625	\$532,626	\$121,092
Peak Vista Community Health Centers (2)	\$6,165,120	\$383,956	\$1,186,062	\$4,595,102	\$4,595,102	\$1,254,852
People's Clinic	\$1,051,413	\$0	\$112,125	\$939,288	\$939,288	\$278,172
Pueblo Community Health Center (2)	\$3,248,269	\$1,546	\$737,496	\$2,509,227	\$2,509,226	\$609,012
Salud Family Health Centers	\$6,162,561	\$0	\$1,030,199	\$5,132,362	\$5,132,362	\$912,108
Sunrise Community Health Center	\$2,032,329	\$3,620	\$260,965	\$1,767,744	\$1,767,744	\$368,528
Uncompahgre Medical Center	\$148,605	\$14,455	\$21,900	\$112,250	\$112,250	\$14,864
Valley-Wide Health Systems	\$2,212,195	\$0	\$336,882	\$1,875,313	\$1,875,313	\$390,864
<b>Total CICP Clinic Providers</b>	<b>\$32,040,984</b>	<b>\$578,468</b>	<b>\$4,588,394</b>	<b>\$26,874,123</b>	<b>\$26,874,123</b>	<b>\$6,059,760</b>
<b>CICP Hospital Providers</b>						
Arkansas Valley Regional Medical Center (5)	\$1,573,398	\$251,262	\$20,365	\$1,301,771	\$665,792	\$1,270,002
Aspen Valley Hospital	\$1,967,142	\$608,186	\$19,563	\$1,339,393	\$1,048,300	\$267,272
Boulder Community Hospital (1)	\$11,938,665	\$306,181	\$166,454	\$11,466,030	\$4,596,725	\$867,186
Colorado Plains Medical Center	\$2,323,002	\$184,457	\$67,556	\$2,070,989	\$743,457	\$150,362
Community Hospital	\$111,973	\$0	\$193	\$111,780	\$73,702	\$96,714
Conejos County Hospital (5)	\$852,227	\$79,480	\$47,288	\$725,459	\$460,895	\$111,704
Delta County Memorial Hospital	\$2,824,399	\$234,676	\$119,847	\$2,469,876	\$1,487,894	\$353,596
East Morgan County Hospital	\$695,861	\$105,196	\$20,209	\$570,456	\$356,485	\$50,249
Estes Park Medical Center	\$2,147,773	\$240,763	\$57,301	\$1,849,709	\$1,294,971	\$158,248
Exempla Lutheran Medical Center (7)	\$7,742,676	\$865,862	\$59,087	\$6,817,727	\$2,071,049	\$462,832
Gunnison Valley Hospital	\$73,305	\$5,261	\$1,050	\$66,994	\$49,060	\$17,849
Heart of the Rockies Regional Medical Center	\$2,119,089	\$176,795	\$68,496	\$1,873,798	\$1,087,195	\$179,191
Kremmling Memorial Hospital District	\$11,754	\$0	\$794	\$10,960	\$10,960	\$33,316
Longmont United Hospital	\$18,262,878	\$1,070,042	\$106,113	\$17,086,723	\$7,939,485	\$828,948

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

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
McKee Medical Center (6)	\$15,457,960	\$2,322,841	\$304,853	\$12,830,266	\$5,587,910	\$1,390,956
Melissa Memorial	\$389,711	\$89,523	\$23,038	\$277,150	\$178,609	\$21,275
Memorial Hospital (1)(6)	\$103,902,662	\$3,823,879	\$1,148,439	\$98,930,344	\$35,923,034	\$9,745,816
Mercy Medical Center (1)	\$7,920,307	\$343,470	\$184,335	\$7,392,502	\$3,586,690	\$519,774
Montrose Memorial Hospital (6)	\$2,142,610	\$326,156	\$45,788	\$1,770,666	\$871,965	\$532,292
Mount San Rafael Hospital	\$432,785	\$61,282	\$11,879	\$359,624	\$170,024	\$97,468
North Colorado Medical Center (6)	\$43,430,084	\$4,991,445	\$1,951,859	\$36,486,780	\$17,404,991	\$3,429,329
Parkview Medical Center (1)(5)(6)	\$49,932,443	\$2,570,183	\$1,265,955	\$46,096,305	\$14,864,171	\$5,724,807
Penrose-St. Francis Health Services (1)	\$34,278,953	\$1,024,744	\$263,783	\$32,990,426	\$10,092,991	\$2,156,552
Platte Valley Medical Center (5)(6)	\$9,539,693	\$1,105,831	\$159,271	\$8,274,591	\$3,152,159	\$2,105,606
Poudre Valley Hospital (1)	\$29,919,428	\$1,579,727	\$1,502,746	\$26,836,955	\$13,280,003	\$2,248,177
Prowers Medical Center (6)	\$3,030,867	\$489,544	\$75,693	\$2,465,630	\$1,261,300	\$318,193
Rio Grande Hospital (6)	\$830,017	\$54,199	\$42,672	\$733,146	\$463,177	\$55,750
San Luis Valley Regional Medical Center (5)(6)	\$4,406,777	\$28,760	\$98,474	\$4,279,543	\$1,878,714	\$1,191,922
Sedgwick County Health Center	\$108,655	\$17,401	\$8,296	\$82,958	\$61,885	\$21,345
Southeast Colorado Hospital	\$211,341	\$25,322	\$20,701	\$165,318	\$126,482	\$42,136
Southwest Memorial Hospital (6)	\$1,388,783	\$94,242	\$18,752	\$1,275,789	\$614,961	\$284,259
Spanish Peaks Regional Health Center (5)(6)	\$718,215	\$109,768	\$10,278	\$598,169	\$442,069	\$500,989
St. Mary-Corwin Hospital (1)(6)	\$47,383,935	\$3,661,875	\$490,629	\$43,231,431	\$13,349,810	\$3,547,650
St. Mary's Hospital and Medical Center (1)	\$9,969,942	\$10,713	\$165,568	\$9,793,661	\$4,184,300	\$621,088
St. Thomas More Hospital (1)	\$12,238,977	\$2,622,134	\$327,616	\$9,289,227	\$4,258,607	\$641,766
St. Vincent General Hospital	\$138,197	\$6,931	\$11,656	\$119,610	\$82,590	\$39,349
Sterling Regional MedCenter	\$4,125,615	\$747,414	\$149,721	\$3,228,480	\$1,581,981	\$272,414
The Memorial Hospital (1)	\$332,058	\$22,757	\$7,874	\$301,427	\$209,840	\$129,139
Valley View Hospital (5)	\$2,151,058	\$140,114	\$46,626	\$1,964,318	\$1,151,368	\$451,063
Wray Community District Hospital	\$164,872	\$5,983	\$9,317	\$149,572	\$88,199	\$53,449
Yampa Valley Medical Center (1)	\$1,089,752	\$62,223	\$32,939	\$994,590	\$740,907	\$136,762
Yuma District Hospital	\$877,226	\$130,787	\$62,051	\$684,388	\$401,341	\$97,961
<b>Sub-Total CICP Hospital Providers</b>	<b>\$439,157,065</b>	<b>\$30,597,409</b>	<b>\$9,195,125</b>	<b>\$399,364,531</b>	<b>\$157,896,048</b>	<b>\$41,224,756</b>

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

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
<b>CICP Specialty Hospital Providers</b>						
National Jewish Medical and Research Center (2)(5)	\$3,417,415	\$198,691	\$95,078	\$3,123,646	\$2,662,297	\$1,362,472
The Children's Hospital (2)(3)(5)	\$9,864,934	\$1,604,399	\$128,253	\$8,132,282	\$3,645,301	\$2,241,867
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>\$13,282,349</b>	<b>\$1,803,090</b>	<b>\$223,331</b>	<b>\$11,255,928</b>	<b>\$6,307,598</b>	<b>\$3,604,339</b>
<b>Denver Health Medical Center (1)(2)(4)(5)(6)</b>	<b>\$193,447,975</b>	<b>\$16,078,980</b>	<b>\$3,594,787</b>	<b>\$173,774,208</b>	<b>\$89,407,080</b>	<b>\$75,698,495</b>
<b>University Hospital (2)(3)(5)(6)</b>	<b>\$184,550,574</b>	<b>\$13,494,809</b>	<b>\$2,062,256</b>	<b>\$168,993,509</b>	<b>\$59,979,147</b>	<b>\$35,551,623</b>
<b>Total CICP Hospital Providers</b>	<b>\$830,437,963</b>	<b>\$61,974,288</b>	<b>\$15,075,499</b>	<b>\$753,388,176</b>	<b>\$313,589,873</b>	<b>\$156,079,213</b>
<b>Total All CICP Providers</b>	<b>\$862,478,947</b>	<b>\$62,552,756</b>	<b>\$19,663,893</b>	<b>\$780,262,299</b>	<b>\$340,463,996</b>	<b>\$162,138,973</b>

Notes:

- (1) Includes physician charges, third party payments and patient liabilities.
- (2) Includes outpatient pharmacy charges, third party payments and patient liabilities.
- (3) Includes physician charges, third party payments and patient liabilities provided through University Physicians, Inc.
- (4) Includes ambulance charges, third party payments and patient liabilities.
- (5) Qualifies as a High Medicaid Utilization Hospital Provider.
- (6) Qualifies as a High CICP Utilization Hospital Provider.
- (7) Facility only participated for part of the fiscal year. Exempla Lutheran Medical Center participated until 10/8/05.

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
<b>CIICP Hospital Providers</b>					
Arkansas Valley Regional Medical Center	\$155,180	\$1,113,050	\$443	\$1,329	\$1,270,002
Aspen Valley Hospital	\$75,827	\$191,445	\$0	\$0	\$267,272
Boulder Community Hospital	\$858,464	\$8,722	\$0	\$0	\$867,186
Colorado Plains Medical Center	\$148,850	\$1,512	\$0	\$0	\$150,362
Community Hospital	\$95,740	\$974	\$0	\$0	\$96,714
Conejos County Hospital	\$110,132	\$1,120	\$113	\$339	\$111,704
Delta County Memorial Hospital	\$100,317	\$253,279	\$0	\$0	\$353,596
East Morgan County Hospital	\$4,437	\$45,812	\$0	\$0	\$50,249
Estes Park Medical Center	\$44,896	\$113,352	\$0	\$0	\$158,248
Exempla Lutheran Medical Center	\$458,176	\$4,656	\$0	\$0	\$462,832
Gunnison Valley Hospital	\$5,064	\$12,785	\$0	\$0	\$17,849
Heart of the Rockies Regional Medical Center	\$50,838	\$128,353	\$0	\$0	\$179,191
Kremmling Memorial Hospital District	\$9,452	\$23,864	\$0	\$0	\$33,316
Longmont United Hospital	\$820,610	\$8,338	\$0	\$0	\$828,948
McKee Medical Center	\$1,376,966	\$13,990	\$0	\$0	\$1,390,956
Melissa Memorial	\$6,036	\$15,239	\$0	\$0	\$21,275
Memorial Hospital	\$2,764,949	\$6,980,867	\$0	\$0	\$9,745,816
Mercy Medical Center	\$514,546	\$5,228	\$0	\$0	\$519,774
Montrose Memorial Hospital	\$151,015	\$381,277	\$0	\$0	\$532,292
Mount San Rafael Hospital	\$96,486	\$982	\$0	\$0	\$97,468
North Colorado Medical Center	\$972,922	\$2,456,407	\$0	\$0	\$3,429,329
Parkview Medical Center	\$5,662,372	\$57,532	\$1,226	\$3,677	\$5,724,807
Penrose-St. Francis Health Services	\$2,134,862	\$21,690	\$0	\$0	\$2,156,552
Platte Valley Medical Center	\$2,081,146	\$21,144	\$829	\$2,487	\$2,105,606
Poudre Valley Hospital	\$637,822	\$1,610,355	\$0	\$0	\$2,248,177
Prowers Medical Center	\$90,273	\$227,920	\$0	\$0	\$318,193
Rio Grande Hospital	\$55,190	\$560	\$0	\$0	\$55,750
San Luis Valley Regional Medical Center	\$1,176,516	\$11,954	\$863	\$2,589	\$1,191,922
Sedgwick County Health Center	\$6,056	\$15,289	\$0	\$0	\$21,345
Southwest Colorado Hospital	\$4,771	\$37,365	\$0	\$0	\$42,136
Southwest Memorial Hospital	\$80,646	\$203,613	\$0	\$0	\$284,259
Spanish Peaks Regional Health Center	\$74,881	\$425,187	\$230	\$691	\$500,989

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. Mary-Corwin Hospital	\$3,511,968	\$35,682	\$0	\$0	\$3,547,650
St. Mary's Hospital and Medical Center	\$614,840	\$6,248	\$0	\$0	\$621,088
St. Thomas More Hospital	\$635,310	\$6,456	\$0	\$0	\$641,766
St. Vincent General Hospital	\$11,164	\$28,185	\$0	\$0	\$39,349
Sterling Regional MedCenter	\$269,674	\$2,740	\$0	\$0	\$272,414
The Memorial Hospital	\$36,638	\$92,501	\$0	\$0	\$129,139
Valley View Hospital	\$442,808	\$4,498	\$939	\$2,818	\$451,063
Wray Community District Hospital	\$15,164	\$38,285	\$0	\$0	\$53,449
Yampa Valley Medical Center	\$135,386	\$1,376	\$0	\$0	\$136,762
Yuma District Hospital	\$27,792	\$70,169	\$0	\$0	\$97,961
<b>Sub-Total CICP Hospital Providers</b>	<b>\$26,526,182</b>	<b>\$14,680,001</b>	<b>\$4,643</b>	<b>\$13,930</b>	<b>\$41,224,756</b>
<b>CICP Specialty Hospital Providers</b>					
National Jewish Medical and Research Center	\$1,347,144	\$13,688	\$410	\$1,230	\$1,362,472
The Children's Hospital(I) University Physicians, Inc.	\$2,209,104	\$22,442	\$2,580	\$7,741	\$2,241,867
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>\$3,556,248</b>	<b>\$36,130</b>	<b>\$2,990</b>	<b>\$8,971</b>	<b>\$3,604,339</b>
<b>Denver Health Medical Center</b>	<b>\$21,451,088</b>	<b>\$54,159,103</b>	<b>\$22,077</b>	<b>\$66,227</b>	<b>\$75,698,495</b>
<b>University Hospital (I)</b> University Physicians, Inc.	<b>\$17,365,064</b>	<b>\$18,164,981</b>	<b>\$5,395</b>	<b>\$16,183</b>	<b>\$35,551,623</b>
<b>Total CICP Hospital Providers</b>	<b>\$68,898,582</b>	<b>\$87,040,215</b>	<b>\$35,105</b>	<b>\$105,311</b>	<b>\$156,079,213</b>

Notes:

(1) Includes University Physicians, Inc.

Table 1B - Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Hospital	\$452,389	\$0	\$0	\$452,389
Denver Health Medical Center	\$19,472,034	\$497,864	\$0	\$18,974,170
Memorial Hospital	\$11,428,945	\$2,685	\$387,761	\$11,038,499
Mercy Medical Center	\$290,104	\$4,503	\$19,145	\$266,456
Parkview Medical Center	\$4,103,133	\$0	\$864,830	\$3,238,303
Penrose-St. Francis Health Services	\$4,443,275	\$0	\$0	\$4,443,275
Poudre Valley Hospital	\$25,500	\$2,367	\$1,705	\$21,428
St. Mary-Corwin Hospital	\$4,710,458	\$0	\$0	\$4,710,458
St. Mary's Hospital and Medical Center	\$540,142	\$7,279	\$62,951	\$469,912
St. Thomas More Hospital	\$1,562,812	\$146,007	\$178,137	\$1,238,668
The Memorial Hospital	\$32,707	\$0	\$661	\$32,046
University Physicians Inc. (1)				
The Children's Hospital	\$359,383	\$7,742	\$1,319	\$350,322
University Hospital	\$26,276,064	\$1,268,970	\$69,845	\$24,937,249
Yampa Valley Medical Center	\$130,652	\$1,165	\$10,920	\$118,567
<b>Total</b>	<b>\$73,827,598</b>	<b>\$1,938,582</b>	<b>\$1,597,274</b>	<b>\$70,291,742</b>

Notes:

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



Table 1C - Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Colorado Coalition for the Homeless	\$467,557	\$0	\$0	\$467,557
Community Health Clinic	\$5,177	\$0	\$3,034	\$2,143
Denver Health Medical Center	\$5,006,442	\$0	\$1,191,417	\$3,815,025
High Plains Community Health Center	\$247,413	\$0	\$71,564	\$175,849
Metro Community Provider Network	\$14,247	\$0	\$8,093	\$6,154
National Jewish Medical and Research Center	\$317,865	\$679	\$33,854	\$283,332
Peak Vista Community Health Centers	\$1,276,731	\$0	\$624,949	\$651,782
Pueblo Community Health Center	\$941,058	\$0	\$438,071	\$502,987
The Children's Hospital	\$491,298	\$0	\$16,990	\$474,308
University Hospital	\$3,776,498	\$974,927	\$413,071	\$2,388,500
<b>Total</b>	<b>\$12,544,286</b>	<b>\$975,606</b>	<b>\$2,801,043</b>	<b>\$8,767,637</b>

Table 1D - Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$167,467,874	\$15,546,478	\$2,392,985	\$149,528,411
Physician Services	\$19,472,034	\$497,864	\$0	\$18,974,170
Ambulance Services	\$1,501,625	\$34,638	\$10,385	\$1,456,602
Outpatient Pharmacy	\$5,006,442	\$0	\$1,191,417	\$3,815,025
<b>Total</b>	<b>\$193,447,975</b>	<b>\$16,078,980</b>	<b>\$3,594,787</b>	<b>\$173,774,207</b>

Table 2A - Inpatient and Outpatient Charges (Details)

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
<b>CICP Clinic Providers</b>					
Clinica Campesina Family Health Services	\$0	\$1,375,071	\$0	\$0	\$1,375,071
Colorado Coalition for the Homeless	\$0	\$2,906,095	\$0	\$0	\$2,906,095
Community Health Clinic	\$1,810	\$93,510	\$0	\$0	\$95,320
High Plains Community Health Center	\$495,698	\$26,651	\$0	\$0	\$522,349
Marillac Clinic	\$0	\$670,934	\$0	\$0	\$670,934
Metro Community Provider Network	\$0	\$4,108,039	\$0	\$0	\$4,108,039
Mountain Family Health Centers	\$323,362	\$284,929	\$0	\$0	\$608,291
Peak Vista Community Health Centers	\$588,595	\$4,299,794	\$0	\$0	\$4,888,389
People's Clinic	\$0	\$1,051,413	\$0	\$0	\$1,051,413
Pueblo Community Health Center	\$2,266	\$2,304,945	\$0	\$0	\$2,307,211
Salud Family Health Centers	\$0	\$6,162,561	\$0	\$0	\$6,162,561
Sunrise Community Health Center	\$0	\$2,032,329	\$0	\$0	\$2,032,329
Uncompahgre Medical Center	\$123,342	\$25,263	\$0	\$0	\$148,605
Valley-Wide Health Systems	\$2,212,195	\$0	\$0	\$0	\$2,212,195
<b>Total CICP Clinic Providers</b>	<b>\$3,747,268</b>	<b>\$25,341,534</b>	<b>\$0</b>	<b>\$0</b>	<b>\$29,088,802</b>
<b>CICP Hospital Providers</b>					
Arkansas Valley Regional Medical Center	\$719,619	\$84,397	\$705,300	\$64,082	\$1,573,398
Aspen Valley Hospital	\$241,662	\$523,463	\$1,060,753	\$141,264	\$1,967,142
Boulder Community Hospital	\$2,798,545	\$2,497,508	\$4,893,252	\$1,296,971	\$11,486,276
Colorado Plains Medical Center	\$460,658	\$747,888	\$756,005	\$358,451	\$2,323,002
Community Hospital	\$39,272	\$0	\$72,701	\$0	\$111,973
Conejos County Hospital	\$286,855	\$441,529	\$96,735	\$27,108	\$852,227
Delta County Memorial Hospital	\$570,354	\$1,014,769	\$882,568	\$356,708	\$2,824,399
East Morgan County Hospital	\$237,139	\$382,930	\$35,755	\$40,037	\$695,861
Estes Park Medical Center	\$357,429	\$1,171,827	\$389,167	\$229,350	\$2,147,773
Exempla Lutheran Medical Center	\$1,207,110	\$1,228,789	\$4,507,670	\$799,107	\$7,742,676
Gunnison Valley Hospital	\$73,305	\$0	\$0	\$0	\$73,305
Heart of the Rockies Regional Medical Center	\$1,117,775	\$265,402	\$735,912	\$0	\$2,119,089
Kremmling Hospital Memorial District	\$6,486	\$5,268	\$0	\$0	\$11,754
Longmont United Hospital	\$1,916,234	\$2,818,298	\$9,342,870	\$4,185,476	\$18,262,878

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	\$2,598,863	\$4,706,292	\$5,142,911	\$3,009,894	\$15,457,960
Melissa Memorial	\$131,137	\$200,867	\$57,707	\$0	\$389,711
Memorial Hospital	\$19,558,889	\$14,733,345	\$49,734,384	\$8,447,099	\$92,473,717
Mercy Medical Center	\$1,798,686	\$1,921,454	\$3,086,772	\$823,291	\$7,630,203
Montrose Memorial Hospital	\$660,012	\$1,941	\$1,456,815	\$23,842	\$2,142,610
Mount San Rafael Hospital	\$154,093	\$35,498	\$243,194	\$0	\$432,785
North Colorado Medical Center	\$5,328,715	\$8,339,492	\$17,295,317	\$12,466,560	\$43,430,084
Parkview Medical Center	\$11,768,852	\$6,355,975	\$21,120,042	\$6,584,441	\$45,829,310
Penrose-St. Francis Health Services	\$4,835,206	\$5,190,151	\$8,708,521	\$11,101,800	\$29,835,678
Platte Valley Medical Center	\$2,507,206	\$2,556,176	\$3,481,526	\$994,785	\$9,539,693
Poudre Valley Hospital	\$4,714,414	\$6,472,145	\$15,852,416	\$2,854,953	\$29,893,928
Prowers Medical Center	\$563,549	\$1,186,031	\$1,281,287	\$0	\$3,030,867
Rio Grande Hospital	\$285,591	\$319,188	\$225,238	\$0	\$830,017
San Luis Valley Regional Medical Center	\$2,178,930	\$539,249	\$1,688,598	\$0	\$4,406,777
Sedgwick County Health Center	\$3,016	\$102,540	\$0	\$3,099	\$108,655
Southeast Colorado Hospital	\$60,123	\$116,898	\$34,320	\$0	\$211,341
Southwest Memorial Hospital	\$567,058	\$61,615	\$0	\$760,110	\$1,388,783
Spanish Peaks Regional Health Center	\$355,431	\$0	\$362,784	\$0	\$718,215
St. Mary-Corwin Hospital	\$5,462,807	\$16,955,058	\$11,642,784	\$8,612,828	\$42,673,477
St. Mary's Hospital and Medical Center	\$1,941,869	\$0	\$7,487,931	\$0	\$9,429,800
St. Thomas More Hospital	\$3,856,986	\$2,412,073	\$2,991,122	\$1,415,984	\$10,676,165
St. Vincent General Hospital	\$72,149	\$0	\$66,048	\$0	\$138,197
Sterling Regional MedCenter	\$115,465	\$2,232,306	\$1,111,404	\$666,440	\$4,125,615
The Memorial Hospital	\$130,436	\$0	\$168,915	\$0	\$299,351
Valley View Hospital	\$1,190,848	\$0	\$929,869	\$30,341	\$2,151,058
Wray Community District Hospital	\$0	\$148,651	\$0	\$16,221	\$164,872
Yampa Valley Medical Center	\$200,346	\$0	\$758,754	\$0	\$959,100
Yuma District Hospital	\$71,348	\$498,981	\$295,364	\$11,533	\$877,226
<b>Sub-Total CICP Hospital Providers</b>	<b>\$81,144,468</b>	<b>\$86,267,994</b>	<b>\$178,702,711</b>	<b>\$65,321,775</b>	<b>\$411,436,948</b>

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

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
<b>CICP Specialty Hospital Providers</b>					
National Jewish Medical and Research Center	\$14,132	\$3,066,258	\$8,347	\$10,813	\$3,099,550
The Children's Hospital	\$1,007,736	\$1,658,234	\$6,348,283	\$0	\$9,014,253
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>\$1,021,868</b>	<b>\$4,724,492</b>	<b>\$6,356,630</b>	<b>\$10,813</b>	<b>\$12,113,803</b>
<b>Denver Health Medical Center</b>	<b>\$23,981,549</b>	<b>\$51,212,856</b>	<b>\$75,347,009</b>	<b>\$16,926,460</b>	<b>\$167,467,874</b>
<b>University Hospital</b>	<b>\$35,199,242</b>	<b>\$40,652,807</b>	<b>\$67,158,589</b>	<b>\$11,487,374</b>	<b>\$154,498,012</b>
<b>Total CICP Hospital Providers</b>	<b>\$141,347,127</b>	<b>\$182,858,149</b>	<b>\$327,564,939</b>	<b>\$93,746,422</b>	<b>\$745,516,637</b>
<b>Total All CICP Providers</b>	<b>\$145,094,395</b>	<b>\$208,199,683</b>	<b>\$327,564,939</b>	<b>\$93,746,422</b>	<b>\$774,605,439</b>

Notes:

Table does not include physician, University Physicians Inc., outpatient pharmacy, or ambulance charges. Total Charges in Tables 2A and 2B will equal Charges in Table 1 by adding physician charges from Table 1B, pharmacy charges from Table 1C, and Denver Health Medical Center detail charges for Ambulance 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
<b>CICP Clinic Providers</b>						
Clinica Campesina Family Health Services	\$0	\$1,375,071	\$1,375,071	\$1,375,071	\$0	\$1,375,071
Colorado Coalition for the Homeless	\$0	\$2,906,095	\$2,906,095	\$2,906,095	\$0	\$2,906,095
Community Health Clinic	\$1,810	\$93,510	\$95,320	\$95,320	\$0	\$95,320
High Plains Community Health Center	\$495,698	\$26,651	\$522,349	\$522,349	\$0	\$522,349
Marillac Clinic	\$0	\$670,934	\$670,934	\$670,934	\$0	\$670,934
Metro Community Provider Network	\$0	\$4,108,039	\$4,108,039	\$4,108,039	\$0	\$4,108,039
Mountain Family Health Centers	\$323,362	\$284,929	\$608,291	\$608,291	\$0	\$608,291
Peak Vista Community Health Centers	\$588,595	\$4,299,794	\$4,888,389	\$4,888,389	\$0	\$4,888,389
People's Clinic	\$0	\$1,051,413	\$1,051,413	\$1,051,413	\$0	\$1,051,413
Pueblo Community Health Center	\$2,266	\$2,304,945	\$2,307,211	\$2,307,211	\$0	\$2,307,211
Salud Family Health Centers	\$0	\$6,162,561	\$6,162,561	\$6,162,561	\$0	\$6,162,561
Sunrise Community Health Center	\$0	\$2,032,329	\$2,032,329	\$2,032,329	\$0	\$2,032,329
Uncompahgre Medical Center	\$123,342	\$25,263	\$148,605	\$148,605	\$0	\$148,605
Valley-Wide Health Systems	\$2,212,195	\$0	\$2,212,195	\$2,212,195	\$0	\$2,212,195
<b>Total CICP Clinic Providers</b>	<b>\$3,747,268</b>	<b>\$25,341,534</b>	<b>\$29,088,802</b>	<b>\$29,088,802</b>	<b>\$0</b>	<b>\$29,088,802</b>
<b>CICP Hospital Providers</b>						
Arkansas Valley Regional Medical Center	\$1,424,919	\$148,479	\$1,573,398	\$804,016	\$769,382	\$1,573,398
Aspen Valley Hospital	\$1,302,415	\$664,727	\$1,967,142	\$765,125	\$1,202,017	\$1,967,142
Boulder Community Hospital	\$7,691,797	\$3,794,479	\$11,486,276	\$5,296,053	\$6,190,223	\$11,486,276
Colorado Plains Medical Center	\$1,216,663	\$1,106,339	\$2,323,002	\$1,208,546	\$1,114,456	\$2,323,002
Community Hospital	\$111,973	\$0	\$111,973	\$39,272	\$72,701	\$111,973
Conejos County Hospital	\$383,590	\$468,637	\$852,227	\$728,384	\$123,843	\$852,227
Delta County Memorial Hospital	\$1,452,922	\$1,371,477	\$2,824,399	\$1,585,123	\$1,239,276	\$2,824,399
East Morgan County Hospital	\$272,894	\$422,967	\$695,861	\$620,069	\$75,792	\$695,861
Estes Park Medical Center	\$746,596	\$1,401,177	\$2,147,773	\$1,529,256	\$618,517	\$2,147,773
Exempla Lutheran Medical Center	\$5,714,780	\$2,027,896	\$7,742,676	\$2,435,899	\$5,306,777	\$7,742,676
Gunnison Valley Hospital	\$73,305	\$0	\$73,305	\$73,305	\$0	\$73,305
Heart of the Rockies Regional Medical Center	\$1,853,687	\$265,402	\$2,119,089	\$1,383,177	\$735,912	\$2,119,089
Kremmling Memorial Hospital District	\$6,486	\$5,268	\$11,754	\$11,754	\$0	\$11,754
Longmont United Hospital	\$11,259,104	\$7,003,774	\$18,262,878	\$4,734,532	\$13,528,346	\$18,262,878

**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	\$7,741,774	\$7,716,186	\$15,457,960	\$7,305,155	\$8,152,805	\$15,457,960
Melissa Memorial	\$188,844	\$200,867	\$389,711	\$332,004	\$57,707	\$389,711
Memorial Hospital	\$69,293,273	\$23,180,444	\$92,473,717	\$34,292,234	\$58,181,483	\$92,473,717
Mercy Medical Center	\$4,885,458	\$2,744,745	\$7,630,203	\$3,720,140	\$3,910,063	\$7,630,203
Montrose Memorial Hospital	\$2,116,827	\$25,783	\$2,142,610	\$661,953	\$1,480,657	\$2,142,610
Mount San Rafael Hospital	\$397,287	\$35,498	\$432,785	\$189,591	\$243,194	\$432,785
North Colorado Medical Center	\$22,624,032	\$20,806,052	\$43,430,084	\$13,668,207	\$29,761,877	\$43,430,084
Parkview Medical Center	\$32,888,894	\$12,940,416	\$45,829,310	\$18,124,827	\$27,704,483	\$45,829,310
Penrose-St. Francis Health Services	\$13,543,727	\$16,291,951	\$29,835,678	\$10,025,357	\$19,810,321	\$29,835,678
Platte Valley Medical Center	\$5,988,732	\$3,550,961	\$9,539,693	\$5,063,382	\$4,476,311	\$9,539,693
Poudre Valley Hospital	\$20,566,830	\$9,327,098	\$29,893,928	\$11,186,559	\$18,707,369	\$29,893,928
Prowers Medical Center	\$1,844,836	\$1,186,031	\$3,030,867	\$1,749,580	\$1,281,287	\$3,030,867
Rio Grande Hospital	\$510,829	\$319,188	\$830,017	\$604,779	\$225,238	\$830,017
San Luis Valley Regional Medical Center	\$3,867,528	\$539,249	\$4,406,777	\$2,718,179	\$1,688,598	\$4,406,777
Sedgwick County Health Center	\$3,016	\$105,639	\$108,655	\$105,556	\$3,099	\$108,655
Southeast Colorado Hospital	\$94,443	\$116,898	\$211,341	\$177,021	\$34,320	\$211,341
Southwest Memorial Hospital	\$567,058	\$821,725	\$1,388,783	\$628,673	\$760,110	\$1,388,783
Spanish Peaks Regional Health Center	\$718,215	\$0	\$718,215	\$355,431	\$362,784	\$718,215
St. Mary-Corwin Hospital	\$17,105,591	\$25,567,886	\$42,673,477	\$22,417,865	\$20,255,612	\$42,673,477
St. Mary's Hospital and Medical Center	\$9,429,800	\$0	\$9,429,800	\$1,941,869	\$7,487,931	\$9,429,800
St. Thomas More Hospital	\$6,848,108	\$3,828,057	\$10,676,165	\$6,269,059	\$4,407,106	\$10,676,165
St. Vincent General Hospital	\$138,197	\$0	\$138,197	\$72,149	\$66,048	\$138,197
Sterling Regional MedCenter	\$1,226,869	\$2,898,746	\$4,125,615	\$2,347,771	\$1,777,844	\$4,125,615
The Memorial Hospital	\$299,351	\$0	\$299,351	\$130,436	\$168,915	\$299,351
Valley View Hospital	\$2,120,717	\$30,341	\$2,151,058	\$1,190,848	\$960,210	\$2,151,058
Wray Community District Hospital	\$0	\$164,872	\$164,872	\$148,651	\$16,221	\$164,872
Yampa Valley Medical Center	\$959,100	\$0	\$959,100	\$200,346	\$758,754	\$959,100
Yuma District Hospital	\$366,712	\$510,514	\$877,226	\$570,329	\$306,897	\$877,226
<b>Sub-Total CICP Hospital Providers</b>	<b>\$259,847,179</b>	<b>\$151,589,769</b>	<b>\$411,436,948</b>	<b>\$167,412,462</b>	<b>\$244,024,486</b>	<b>\$411,436,948</b>

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

<b>Providers</b>	<b>Total Urgent Charges</b>	<b>Total Non-Urgent Charges</b>	<b>Total Charges</b>	<b>Total Outpatient Charges</b>	<b>Total Inpatient Charges</b>	<b>Total Charges</b>
<b>CICP Specialty Hospital Providers</b>						
National Jewish Medical and Research Center	\$22,479	\$3,077,071	\$3,099,550	\$3,080,390	\$19,160	\$3,099,550
The Children's Hospital	\$7,356,019	\$1,658,234	\$9,014,253	\$2,665,970	\$6,348,283	\$9,014,253
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>\$7,378,498</b>	<b>\$4,735,305</b>	<b>\$12,113,803</b>	<b>\$5,746,360</b>	<b>\$6,367,443</b>	<b>\$12,113,803</b>
<b>Denver Health Medical Center</b>	<b>\$99,328,558</b>	<b>\$68,139,316</b>	<b>\$167,467,874</b>	<b>\$75,194,405</b>	<b>\$92,273,469</b>	<b>\$167,467,874</b>
<b>University Hospital</b>	<b>\$102,357,831</b>	<b>\$52,140,181</b>	<b>\$154,498,012</b>	<b>\$75,852,049</b>	<b>\$78,645,963</b>	<b>\$154,498,012</b>
<b>Total CICP Hospital Providers</b>	<b>\$468,912,066</b>	<b>\$276,604,571</b>	<b>\$745,516,637</b>	<b>\$324,205,276</b>	<b>\$421,311,361</b>	<b>\$745,516,637</b>
<b>Total All CICP Providers</b>	<b>\$472,659,334</b>	<b>\$301,946,105</b>	<b>\$774,605,439</b>	<b>\$353,294,078</b>	<b>\$421,311,361</b>	<b>\$774,605,439</b>

Notes: Same as Table 2A.

## **CICP UTILIZATION DATA**



**Table 3 - Admissions and Visits by County\***

County	CICP Clinics	CICP Hospitals**	Denver Health	University Hospital	Total
Adams	23,825	3,277	947	10,885	38,934
Alamosa	3,932	2,284	6	26	6,248
Arapahoe	12,603	1,580	999	12,962	28,144
Archuleta	103	502	-	14	619
Baca	136	570	3	21	730
Bent	667	255	17	3	942
Boulder	19,804	6,006	68	801	26,679
Broomfield	997	211	2	341	1,551
Chaffee	51	1,403	5	29	1,488
Cheyenne	67	47	-	5	119
Clear Creek	694	85	9	198	986
Conejos	1,839	1,628	4	39	3,510
Costilla	1,350	507	2	45	1,904
Crowley	388	199	13	3	603
Custer	18	164	1	19	202
Delta	6	1,690	10	28	1,734
Denver	21,597	1,968	137,029	12,254	172,848
Dolores	583	80	1	2	666
Douglas	1,174	195	24	1,035	2,428
Eagle	100	229	16	54	399
Elbert	164	117	4	63	348
El Paso	36,745	26,389	14	523	63,671
Fremont	1,828	5,887	-	108	7,823
Garfield	1,293	1,224	2	29	2,548
Gilpin	588	41	1	61	691
Grand	18	81	6	67	172
Gunnison	7	93	8	71	179
Hindsdale	-	-	2	-	2
Huerfano	7	534	5	15	561
Jackson	8	19	1	-	28
Jefferson	10,652	1,880	730	7,355	20,617
Kiowa	71	54	-	3	128
Kit Carson	18	43	6	76	143
Lake	12	77	1	27	117
La Plata	1,890	3,197	-	11	5,098
Larimer	14,188	19,024	35	417	33,664
Las Animas	25	396	3	37	461
Lincoln	51	21	3	55	130
Logan	2,466	2,041	1	106	4,614
Mesa	7,583	2,000	3	93	9,679
Mineral	10	207	1	2	220
Moffat	-	68	-	10	78
Montezuma	821	1,222	1	39	2,083
Montrose	555	1,001	4	9	1,569
Morgan	3,964	1,929	12	110	6,015
Otero	2,815	1,484	3	54	4,356
Ouray	54	10	1	19	84
Park	583	173	4	206	966

**Table 3 - Admissions and Visits by County\***

<b>County</b>	<b>CICP Clinics</b>	<b>CICP Hospitals**</b>	<b>Denver Health</b>	<b>University Hospital</b>	<b>Total</b>
Phillips	-	608	-	20	628
Pitkin	100	475	4	13	592
Prowers	3,282	1,755	12	29	5,078
Pueblo	20,893	36,575	15	293	57,776
Rio Blanco	7	8	1	47	63
Rio Grande	2,955	2,258	6	-	5,219
Routt	6	197	6	31	240
Saguache	2,597	880	-	19	3,496
San Juan	4	23	-	-	27
San Miguel	445	44	-	3	492
Sedgwick	-	353	-	1	354
Summit	22	35	5	52	114
Teller	4,669	840	1	14	5,524
Washington	117	520	1	42	680
Weld	18,428	10,342	40	887	29,697
Yuma	79	1,208	-	4	1,291
Unknown	2,938	2,557	1,729	442	7,666
<b>Total</b>	<b>232,892</b>	<b>150,770</b>	<b>141,827</b>	<b>50,227</b>	<b>575,716</b>

Notes:

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

\*\*Includes CICP Specialty Hospital providers.

Table 4 - Outpatient Visits and Inpatient Admissions by CICP Rating

Outpatient Visits		CICP Clinics		CICP Hospitals*		Denver Health		University Hospital		All Providers		
CICP Rating	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total
A	32,746	14.0%	17,875	12.8%	17,397	12.7%	6,284	13.0%	74,302	13.3%		
B	30,947	13.3%	15,372	11.0%	18,689	13.6%	7,078	14.7%	72,086	12.9%		
C	31,355	13.5%	15,420	11.0%	18,208	13.2%	7,809	16.2%	72,792	13.0%		
D	23,654	10.2%	14,039	10.0%	14,980	10.9%	7,048	14.6%	59,721	10.7%		
E	17,209	7.4%	11,315	8.1%	11,093	8.1%	4,373	9.1%	43,990	7.9%		
F	20,952	9.0%	14,134	10.1%	11,751	8.5%	4,878	10.1%	51,715	9.3%		
G	13,579	5.8%	11,454	8.2%	7,188	5.2%	2,917	6.0%	35,138	6.3%		
H	1,442	0.6%	1,114	0.8%	481	0.3%	237	0.5%	3,274	0.6%		
N	32,665	14.0%	17,789	12.7%	19,388	14.2%	6,312	13.1%	76,154	13.6%		
Z	28,089	12.1%	21,171	15.0%	18,330	13.3%	1,307	2.7%	68,897	12.3%		
Unknown	254	0.1%	378	0.3%	-	-	-	-	632	0.1%		
<b>Total</b>	<b>232,892</b>	<b>100.0%</b>	<b>140,061</b>	<b>100.0%</b>	<b>137,505</b>	<b>100.0%</b>	<b>48,243</b>	<b>100.0%</b>	<b>558,701</b>	<b>100.0%</b>		
Inpatient Admissions		CICP Clinics		CICP Hospitals*		Denver Health		University Hospital		All Providers		
CICP Rating	Visits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total
A	-	-	1,543	14.4%	460	10.6%	241	12.1%	2,244	13.2%		
B	-	-	1,172	10.9%	503	11.6%	263	13.3%	1,938	11.4%		
C	-	-	1,187	11.1%	507	11.7%	313	15.8%	2,007	11.8%		
D	-	-	1,134	10.6%	399	9.2%	233	11.7%	1,766	10.4%		
E	-	-	884	8.3%	239	5.5%	135	6.8%	1,258	7.4%		
F	-	-	1,176	11.0%	299	6.9%	199	10.0%	1,674	9.8%		
G	-	-	996	9.3%	190	4.4%	132	6.7%	1,318	7.7%		
H	-	-	150	1.4%	19	0.4%	7	0.4%	176	1.0%		
N	-	-	1,326	12.4%	487	11.3%	266	13.4%	2,079	12.2%		
Z	-	-	1,054	9.8%	1,219	28.4%	195	9.8%	2,468	14.6%		
Unknown	-	-	87	0.8%	-	-	-	-	87	0.5%		
<b>Total</b>	<b>-</b>	<b>-</b>	<b>10,709</b>	<b>100.0%</b>	<b>4,322</b>	<b>100.0%</b>	<b>1,984</b>	<b>100.0%</b>	<b>17,015</b>	<b>100.0%</b>		

Notes:  
\*Includes CICP Specialty Hospital providers.

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

<b>CICP Rating</b>	<b>CICP Hospitals*</b>	<b>Denver Health</b>	<b>University Hospital</b>	<b>Total</b>
A	6,895	2,389	1,254	10,538
B	5,274	2,300	1,495	9,069
C	4,885	2,226	1,600	8,711
D	4,877	2,114	1,111	8,102
E	3,423	1,052	712	5,187
F	5,178	1,430	1,231	7,839
G	4,045	999	666	5,710
H	619	174	23	816
N	5,838	2,556	1,351	9,745
Z	5,166	7,324	1,325	13,815
Unknown	463	-	-	463
<b>Total</b>	<b>46,663</b>	<b>22,564</b>	<b>10,768</b>	<b>79,995</b>

Note:

\*Includes CICP Specialty Hospital providers.

Table 6 - Inpatient Admissions by Age and Sex

CICP Hospitals\*

Age Group	Female		Male		Total Inpatient Percent of Total	Charges
	Count	Charges	Count	Charges		
0-5	120	\$1,782,805	129	\$1,913,329	2.3%	\$3,696,134
6-17	97	\$1,907,724	83	\$2,091,480	1.7%	\$3,999,204
18-24	513	\$9,206,919	565	\$10,618,761	10.1%	\$19,825,680
25-54	3,120	\$61,670,547	3,363	\$79,268,644	60.5%	\$140,939,191
55-64	914	\$25,605,913	963	\$29,439,509	17.5%	\$55,045,422
65+	455	\$15,089,722	387	\$11,796,576	7.9%	\$26,886,298
<b>TOTAL</b>	<b>5,219</b>	<b>\$115,263,630</b>	<b>5,490</b>	<b>\$135,128,299</b>	<b>100.0%</b>	<b>\$250,391,929</b>

Denver Health

Age Group	Female		Male		Total Inpatient Percent of Total	Charges
	Count	Charges	Count	Charges		
0-5	3	\$10,443	2	\$11,576	0.1%	\$22,019
6-17	8	\$85,544	10	\$78,293	0.4%	\$163,837
18-24	79	\$1,155,289	144	\$3,476,225	5.2%	\$4,631,514
25-54	928	\$17,105,582	1,837	\$39,041,249	63.9%	\$56,146,831
55-64	336	\$6,767,636	535	\$13,873,884	20.2%	\$20,641,520
65+	197	\$4,318,242	243	\$6,349,506	10.2%	\$10,667,748
<b>TOTAL</b>	<b>1,551</b>	<b>\$29,442,736</b>	<b>2,771</b>	<b>\$62,830,733</b>	<b>100.0%</b>	<b>\$92,273,469</b>

University Hospital

Age Group	Female		Male		Total Inpatient Percent of Total	Charges
	Count	Charges	Count	Charges		
0-5	24	\$109,818	15	\$240,517	2.0%	\$350,335
6-17	4	\$88,686	0	\$0	0.2%	\$88,686
18-24	72	\$1,760,069	63	\$1,618,080	6.8%	\$3,378,149
25-54	494	\$17,165,843	735	\$29,891,968	61.9%	\$47,057,811
55-64	201	\$10,240,540	197	\$9,848,250	20.1%	\$20,088,790
65+	99	\$3,435,962	80	\$4,246,230	9.0%	\$7,682,192
<b>TOTAL</b>	<b>894</b>	<b>\$32,800,918</b>	<b>1,090</b>	<b>\$45,845,045</b>	<b>100.0%</b>	<b>\$78,645,963</b>

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

**All CICP Providers**

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Inpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	147	\$1,903,066	146	\$2,165,422	293	1.7%	\$4,068,488
6-17	109	\$2,081,954	93	\$2,169,773	202	1.2%	\$4,251,727
18-24	664	\$12,122,277	772	\$15,713,066	1,436	8.4%	\$27,835,343
25-54	4,542	\$95,941,972	5,935	\$148,201,861	10,477	61.6%	\$244,143,833
55-64	1,451	\$42,614,089	1,695	\$53,161,643	3,146	18.5%	\$95,775,732
65+	751	\$22,843,926	710	\$22,392,312	1,461	8.6%	\$45,236,238
<b>TOTAL</b>	<b>7,664</b>	<b>\$177,507,284</b>	<b>9,351</b>	<b>\$243,804,077</b>	<b>17,015</b>	<b>100.0%</b>	<b>\$421,311,361</b>

Notes:

\*Includes CICP Specialty Hospital providers.

Charges reported in this table are from Table 2B.

Table 7 - Outpatient Activity by Age and Sex

CICP Clinics		Female		Male		Total Outpatient	
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	1,768	\$213,398	1,970	\$245,331	3,738	1.6%	\$458,729
6-17	3,123	\$376,236	2,672	\$312,418	5,795	2.5%	\$688,654
18-24	15,374	\$2,088,397	6,120	\$715,428	21,494	9.2%	\$2,803,825
25-54	95,560	\$12,443,123	57,251	\$6,965,514	152,811	65.6%	\$19,408,637
55-64	26,795	\$3,207,283	14,085	\$1,651,933	40,880	17.6%	\$4,859,216
65+	5,096	\$537,448	3,078	\$332,293	8,174	3.5%	\$869,741
<b>TOTAL</b>	<b>147,716</b>	<b>\$18,865,885</b>	<b>85,176</b>	<b>\$10,222,917</b>	<b>232,892</b>	<b>100.0%</b>	<b>\$29,088,802</b>
CICP Hospitals*		Female		Male		Total Outpatient	
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	685	\$438,782	913	\$784,340	1,598	1.1%	\$1,223,122
6-17	1,714	\$1,616,035	1,573	\$1,596,895	3,287	2.3%	\$3,212,930
18-24	10,365	\$10,815,894	6,760	\$8,967,948	17,125	12.2%	\$19,783,842
25-54	51,057	\$57,631,198	36,947	\$48,490,671	88,004	63.0%	\$106,121,869
55-64	14,370	\$18,360,286	8,614	\$13,091,567	22,984	16.4%	\$31,451,853
65+	4,065	\$6,039,220	2,998	\$5,325,986	7,063	5.0%	\$11,365,206
<b>TOTAL</b>	<b>82,256</b>	<b>\$94,901,415</b>	<b>57,805</b>	<b>\$78,257,407</b>	<b>140,061</b>	<b>100.0%</b>	<b>\$173,158,822</b>
Denver Health		Female		Male		Total Outpatient	
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	466	\$104,948	517	\$115,347	983	0.7%	\$220,295
6-17	1,517	\$434,259	1,203	\$326,622	2,720	2.0%	\$760,881
18-24	4,611	\$2,228,892	2,338	\$1,511,413	6,949	5.1%	\$3,740,305
25-54	42,751	\$22,628,435	40,521	\$25,255,504	83,272	60.5%	\$47,883,939
55-64	16,284	\$8,102,097	12,434	\$7,115,861	28,718	20.9%	\$15,217,958
65+	8,597	\$4,226,584	6,266	\$3,144,443	14,863	10.8%	\$7,371,027
<b>TOTAL</b>	<b>74,226</b>	<b>\$37,725,215</b>	<b>63,279</b>	<b>\$37,469,190</b>	<b>137,505</b>	<b>100.0%</b>	<b>\$75,194,405</b>





**Table 8 - Utilization by Provider**

<b>Provider Name</b>	<b>Visits</b>	<b>Admissions</b>	<b>Days</b>	<b>ALOS*</b>
<b>CICP Clinic Providers</b>				
Clinica Campesina Family Health Services	10,969	-	-	-
Colorado Coalition for the Homeless	18,606	-	-	-
Community Health Clinic	933	-	-	-
High Plains Community Health Center	3,759	-	-	-
Marillac Clinic	7,527	-	-	-
Metro Community Provider Network	29,839	-	-	-
Mountain Family Health Centers	3,714	-	-	-
Peak Vista Community Health Centers	42,298	-	-	-
People's Clinic	10,199	-	-	-
Pueblo Community Health Center	20,793	-	-	-
Salud Family Health Centers	45,086	-	-	-
Sunrise Community Health Center	16,870	-	-	-
Uncompahgre Medical Center	1,021	-	-	-
Valley-Wide Health Systems	21,278	-	-	-
<b>Total CICP Clinic Providers</b>	<b>232,892</b>	-	-	-
<b>CICP Hospital Providers</b>				
Arkansas Valley Regional Medical Center	911	98	284	2.90
Aspen Valley Hospital	585	34	184	5.41
Boulder Community Hospital	4,073	244	1,106	4.53
Colorado Plains Medical Center	998	96	218	2.27
Community Hospital	32	3	15	5.00
Conejos County Hospital	1,430	20	40	2.00
Delta County Memorial Hospital	1,767	117	374	3.20
East Morgan County Hospital	695	13	39	3.00
Estes Park Medical Center	1,558	36	149	4.14
Exempla Lutheran Medical Center	1,407	201	894	4.45
Gunnison Valley Hospital	53	-	-	-
Heart of the Rockies Regional Medical Center	1,436	69	223	3.23
Kremmling Memorial Hospital District	37	-	-	-
Longmont United Hospital	2,489	558	2,513	4.50
McKee Medical Center	5,914	362	1,703	4.70
Melissa Memorial	701	11	18	1.64
Memorial Hospital	19,349	2,017	9,481	4.70
Mercy Medical Center	4,274	177	716	4.05
Montrose Memorial Hospital	673	104	481	4.63
Mount San Rafael Hospital	121	18	71	3.94
North Colorado Medical Center	7,609	1,167	5,567	4.77
Parkview Medical Center	8,609	954	4,162	4.36
Penrose-St. Francis Health Services	5,867	928	4,077	4.39
Platte Valley Medical Center	2,504	254	782	3.08
Poudre Valley Hospital	11,432	938	3,764	4.01
Prowers Medical Center	1,708	125	384	3.07
Rio Grande Hospital	1,431	30	89	2.97
San Luis Valley Regional Medical Center	4,363	149	423	2.84
Sedgwick County Health Center	308	1	2	2.00
Southeast Colorado Hospital	431	10	21	2.10

**Table 8 - Utilization by Provider**

<b>Provider Name</b>	<b>Visits</b>	<b>Admissions</b>	<b>Days</b>	<b>ALOS*</b>
Southwest Memorial Hospital	460	52	199	3.83
Spanish Peaks Regional Health Center	220	47	95	2.02
St. Mary-Corwin Hospital	29,948	769	3,763	4.89
St. Mary's Hospital and Medical Center	1,630	405	2,135	5.27
St. Thomas More Hospital	4,394	224	896	4.00
St. Vincent General Hospital	48	10	21	2.10
Sterling Regional MedCenter	1,832	130	385	2.96
The Memorial Hospital	29	13	45	3.46
Valley View Hospital	1,302	52	181	3.48
Wray Community District Hospital	337	4	8	2.00
Yampa Valley Medical Center	153	70	204	2.91
Yuma District Hospital	1,163	31	73	2.35
<b>Sub-Total CICP Hospital Providers</b>	<b>134,281</b>	<b>10,541</b>	<b>45,785</b>	<b>4.34</b>
<b>CICP Specialty Hospital Providers</b>				
National Jewish Medical and Research Center	3,218	2	7	3.50
The Children's Hospital	2,562	166	871	5.25
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>5,780</b>	<b>168</b>	<b>878</b>	<b>5.23</b>
<b>Denver Health Medical Center</b>	<b>137,505</b>	<b>4,322</b>	<b>22,564</b>	<b>5.22</b>
<b>University Hospital</b>	<b>48,243</b>	<b>1,984</b>	<b>10,768</b>	<b>5.43</b>
<b>Total CICP Hospital Providers</b>	<b>325,809</b>	<b>17,015</b>	<b>79,995</b>	<b>4.70</b>
<b>Total All CICP Providers</b>	<b>558,701</b>	<b>17,015</b>	<b>79,995</b>	<b>4.70</b>

Notes:

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

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

Provider Name	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
<b>CICP Clinic Providers</b>								
Clinica Campesina Family Health Services	-	-	-	-	200	238	2,659	3,097
Colorado Coalition for the Homeless	-	-	-	-	121	164	4,913	5,198
Community Health Clinic	-	-	-	-	2	16	450	468
High Plains Community Health Center	-	-	-	-	16	47	1,215	1,278
Marillac Clinic	-	-	-	-	1	2	2,490	2,493
Metro Community Provider Network	-	-	-	-	162	440	11,620	12,222
Mountain Family Health Centers	-	-	-	-	9	30	1,098	1,137
Peak Vista Community Health Centers	-	-	-	-	749	1,008	10,730	12,487
People's Clinic	-	-	-	-	42	110	2,944	3,096
Pueblo Community Health Center	-	-	-	-	79	283	5,287	5,649
Salud Family Health Centers	-	-	-	-	530	1,176	16,748	18,454
Sunrise Community Health Center	-	-	-	-	131	443	4,661	5,235
Uncompahgre Medical Center	-	-	-	-	14	33	231	278
Valley-Wide Health Systems	-	-	-	-	52	173	6,681	6,906
<b>Total CICP Clinic Providers</b>	-	-	-	-	<b>2,108</b>	<b>4,163</b>	<b>71,727</b>	<b>77,998</b>
<b>CICP Hospital Providers</b>								
Arkansas Valley Regional Medical Center	1	1	48	50	4	25	530	559
Aspen Valley Hospital	2	-	26	28	3	6	133	142
Boulder Community Hospital	1	2	176	179	6	27	1,822	1,855
Colorado Plains Medical Center	2	-	88	90	6	17	583	606
Community Hospital	-	-	3	3	-	-	26	26
Conejos County Hospital	-	-	15	15	12	48	375	435
Delta County Memorial Hospital	4	5	94	103	13	52	638	703
East Morgan County Hospital	-	-	13	13	3	10	231	244
Estes Park Medical Center	-	-	3	3	8	29	602	639
Exempla Lutheran Medical Center	-	1	187	188	6	14	856	876
Gunnison Valley Hospital	-	-	-	-	1	2	42	45
Heart of the Rockies Regional Medical Center	1	2	49	52	5	23	455	483
Kremmling Memorial Hospital District	-	-	-	-	-	7	30	37
Longmont United Hospital	10	4	412	426	35	69	1,249	1,353

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

Provider Name	Inpatient			Outpatient			
	Age 0 thru 5	Age 6 thru 18	Age 19+	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
McKee Medical Center	15	4	253	34	83	1,949	2,066
Melissa Memorial	-	-	9	7	9	104	120
Memorial Hospital	31	22	1,425	98	224	6,898	7,220
Mercy Medical Center	1	-	153	6	20	1,211	1,237
Montrose Memorial Hospital	-	4	85	6	23	372	401
Mount San Rafael Hospital	-	-	18	3	2	68	73
North Colorado Medical Center	24	17	817	42	160	2,720	2,922
Parkview Medical Center	6	14	752	40	173	3,821	4,034
Penrose-St. Francis Health Services	10	11	625	21	75	1,928	2,024
Platte Valley Medical Center	19	8	125	56	99	1,232	1,387
Poudre Valley Hospital	24	14	418	24	130	4,299	4,453
Prowers Medical Center	2	2	97	13	30	761	804
Rio Grande Hospital	-	-	29	5	65	1,360	1,430
San Luis Valley Regional Medical Center	1	1	69	6	21	2,028	2,055
Sedgwick County Health Center	-	-	1	1	4	53	58
Southeast Colorado Hospital	-	-	9	-	9	175	184
Southwest Memorial Hospital	1	3	32	2	25	269	296
Spanish Peaks Regional Health Center	2	-	41	2	12	157	171
St. Mary-Corwin Hospital	2	11	556	51	291	9,028	9,370
St. Mary's Hospital and Medical Center	1	4	314	4	17	793	814
St. Thomas More Hospital	3	8	176	39	141	803	983
St. Vincent General Hospital	-	1	7	-	1	15	16
Sterling Regional MedCenter	7	4	81	15	34	591	640
The Memorial Hospital	1	-	11	-	2	25	27
Valley View Hospital	2	1	14	2	3	378	383
Wray Community District Hospital	-	-	3	2	6	195	203
Yampa Valley Medical Center	-	-	60	-	1	76	77
Yuma District Hospital	-	1	26	10	25	423	458
<b>Sub-Total CICP Hospital Providers</b>	<b>173</b>	<b>145</b>	<b>7,320</b>	<b>591</b>	<b>2,014</b>	<b>49,304</b>	<b>51,909</b>
			<b>7,638</b>				

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

Provider Name	Inpatient			Outpatient			
	Age 0 thru 5	Age 6 thru 18	Age 19+	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
<b>CICP Specialty Hospital Providers</b>							
National Jewish Medical and Research Center	-	1	1	9	13	1,128	1,150
The Children's Hospital	46	75	13	264	461	146	871
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>46</b>	<b>76</b>	<b>14</b>	<b>273</b>	<b>474</b>	<b>1,274</b>	<b>2,021</b>
<b>Denver Health Medical Center</b>	<b>5</b>	<b>25</b>	<b>3,069</b>	<b>664</b>	<b>1,511</b>	<b>25,881</b>	<b>28,056</b>
<b>University Hospital</b>	<b>39</b>	<b>9</b>	<b>1,453</b>	<b>143</b>	<b>507</b>	<b>13,319</b>	<b>13,969</b>
<b>Total CICP Hospital Providers</b>	<b>263</b>	<b>255</b>	<b>11,856</b>	<b>1,671</b>	<b>4,506</b>	<b>89,778</b>	<b>95,955</b>
<b>Total All CICP Providers</b>	<b>263</b>	<b>255</b>	<b>11,856</b>	<b>3,779</b>	<b>8,669</b>	<b>161,505</b>	<b>173,953</b>

**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		
	Age 0 thru 5	Age 6 thru 18	Age 19+ Total
<b>CICP Clinic Providers</b>			
Clinica Campesina Family Health Services	200	238	2,659
Colorado Coalition for the Homeless	121	164	4,913
Community Health Clinic	2	16	450
High Plains Community Health Center	16	47	1,215
Marillac Clinic	1	2	2,490
Metro Community Provider Network	162	440	11,620
Mountain Family Health Centers	9	30	1,098
Peak Vista Community Health Centers	749	1,008	10,730
People's Clinic	42	110	2,944
Pueblo Community Health Center	79	283	5,287
Salud Family Health Centers	530	1,176	16,748
Sunrise Community Health Center	131	443	4,661
Uncompahgre Medical Center	14	33	231
Valley-Wide Health Systems	52	173	6,681
<b>Total CICP Clinic Providers</b>	<b>2,108</b>	<b>4,163</b>	<b>71,727</b>
<b>CICP Hospital Providers</b>			
Arkansas Valley Regional Medical Center	5	26	578
Aspen Valley Hospital	2	6	123
Boulder Community Hospital	7	29	1,998
Colorado Plains Medical Center	8	17	671
Community Hospital	-	-	29
Conejos County Hospital	12	48	390
Delta County Memorial Hospital	16	55	655
East Morgan County Hospital	3	10	244
Estes Park Medical Center	8	29	605
Exempla Lutheran Medical Center	6	15	1,043
Gunnison Valley Hospital	2	24	19
Heart of the Rockies Regional Medical Center	6	23	464
Kremmling Hospital Memorial District	-	7	30
Longmont United Hospital	45	84	1,420

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

Provider Name	Total		
	Age 0 thru 5	Age 6 thru 18	Age 19+
McKee Medical Center	49	87	2,202
Melissa Memorial	7	9	113
Memorial Hospital	114	234	7,338
Mercy Medical Center	7	20	1,288
Montrose Memorial Hospital	6	25	428
Mount San Rafael Hospital	3	2	86
North Colorado Medical Center	66	177	3,537
Parkview Medical Center	42	181	4,104
Penrose-St. Francis Health Services	31	86	2,553
Platte Valley Medical Center	75	107	1,357
Poudre Valley Hospital	48	144	4,717
Prowers Medical Center	15	32	858
Rio Grande Hospital	5	65	1,367
San Luis Valley Regional Medical Center	7	22	2,097
Sedgwick County Health Center	1	4	54
Southwest Colorado Hospital	-	9	184
Southwest Memorial Hospital	3	28	301
Spanish Peaks Regional Health Center	4	12	198
St. Mary-Corwin Hospital	53	302	9,584
St. Mary's Hospital and Medical Center	4	19	985
St. Thomas More Hospital	32	187	951
St. Vincent General Hospital	-	2	22
Sterling Regional MedCenter	22	38	672
The Memorial Hospital	1	1	25
Valley View Hospital	3	4	389
Wray Community District Hospital	2	6	196
Yampa Valley Medical Center	-	-	124
Yuma District Hospital	10	26	449
<b>Sub-Total CICP Hospital Providers</b>	<b>730</b>	<b>2,202</b>	<b>54,448</b>
			<b>57,380</b>

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

Provider Name	Total		
	Age 0 thru 5	Age 6 thru 18	Age 19+
<b>CICP Specialty Hospital Providers</b>			
National Jewish Medical and Research Center	9	14	1,129
The Children's Hospital	310	536	159
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>319</b>	<b>550</b>	<b>1,288</b>
<b>Denver Health Medical Center</b>	<b>665</b>	<b>1,520</b>	<b>26,323</b>
<b>University Hospital</b>	<b>177</b>	<b>509</b>	<b>13,682</b>
<b>Total CICP Hospital Providers</b>	<b>1,891</b>	<b>4,781</b>	<b>95,741</b>
<b>Total All CICP Providers</b>	<b>3,999</b>	<b>8,944</b>	<b>167,468</b>

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.





## DEFINITIONS

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

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

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

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

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

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

**CICP Income and Asset Test** – The income and equity in assets, combined, must be at or below 250% 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.” 25.5-3-203 (1), 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 reimbursement than Outstate Disproportionate Share Hospitals under the Colorado Indigent Care Program.
2. **Outstate Disproportionate Share Hospitals** – The disproportionate share payment to these providers is based on Medicaid inpatient days utilizing a minimum of one percent of the hospital services. In addition, hospitals must participate in the Colorado Indigent Care Program to receive this reimbursement adjustment.

**Emergency Care** – Treatment for conditions of an acute, severe nature which are life, limb, or disability threats requiring immediate attention, where any delay in treatment would, in the judgment of the responsible physician, threaten life or loss of function of a patient or viable fetus, Section 25.5-3-103 (1), 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.

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**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 25.5-3-103 (4), C.R.S.

**High-Volume Payment** – A reimbursement to a CICIP Hospital provider for providing covered services, which consists of federal funds from the 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 250% of the Federal Poverty Level (FPL). For the Comprehensive Primary and Preventive Care Grant Program, the individual must have income and assets combined at or below 200% of the 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 25.5-4-103 (10), 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 25.5-3-105, C. R. S.

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

**Non-Emergency Care** – Treatment for any conditions not included in the emergency care definition and any additional medical care for those conditions the Department determines to be the most serious threat to the health of medically indigent persons.

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

**Subsequent Insurance Payments** – If patients receive coverage under the CICIP, and their insurance subsequently pays for services, or if the patient is awarded a settlement, the CICIP provider is due reimbursement for amounts paid by the CICIP for services rendered to the patient. The provider is then responsible to notify the CICIP 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.

**Upper Payment Limit** – The Upper Payment Limit is the maximum amount Medicaid can reimburse a provider and still receive the federal match rate (or federal financial participation). The Upper Payment Limit is calculated for three distinct service categories: Inpatient Hospital, Outpatient Hospital and Nursing Home. The three unique 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.