



COLORADO

MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM

FISCAL YEAR 2006-07 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, 2008

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 2006-07 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 \$174,079,470 in FY 2006-07. General Fund accounted for approximately 17.8% or \$30,952,165 of these payments and the remainder was federal funds.
- The number of individuals who received care under the Colorado Indigent Care Program decreased by 4.4% to 172,510. The number of children served by the program decreased by 12.0% and they represented 6.6% of the total population served. Since FY 1998-99, the number of children receiving care under the CICIP has fallen 60.4% as more children have been enrolled in the Children's Basic Health Plan.
- In FY 2006-07 the CICIP Clinics were reimbursed at 59.45% of indigent care costs, while CICIP Hospitals stood at 32.72%. Denver Health Medical Center received a 82.70% reimbursement relative to indigent care costs and University Hospital reached 73.48%. When examining all CICIP hospital providers, public-owned hospitals (24 providers) received an average 63.3% reimbursement relative to indigent care costs, while private-owned hospitals (21 providers) received 32.0%. Overall, total payments to providers increased by 7.2% since last fiscal year.

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

Sincerely,

A handwritten signature in cursive script that reads 'Joan Henneberry'.

Joan Henneberry
Executive Director



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February 1, 2008

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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Joan Henneberry
Executive Director

Department of Health Care Policy and Financing
Client and Community Relations Office
Program Eligibility and Implementation Division
Safety Net Programs Section

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

Susan Williamson, Deputy Director
Client and Community Relations Office

Christopher W. Underwood, Director
Program Eligibility and Implementation Division

Gregory Tanner, Manager
Safety Net Programs Section

Cynthia Arcuri, Policy Specialist
Safety Net Programs Section

Shirley Jones, Systems Programmer
Safety Net Programs Section

Edward Phillips, Financing Specialist
Safety Net Programs Section

Ray Coffey, Budget Analyst
Safety Net Programs Section

Daniel Nunez, Accountant
Safety Net Programs Section

Eugene Advincula, Cost Report Accountant
Safety Net Programs Section

Corinne Lamberson, Eligibility Specialist
Safety Net Programs Section

Carol Rieder, Program Coordinator
Comprehensive Primary and Preventive Care Grant Program

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EXECUTIVE SUMMARY

The Department of Health Care Policy and Financing (the Department) prepared this annual report concerning the medically indigent program, and related payments, to fulfill the statutory requirement found under 25.5-3-107, C.R.S. (2007). Total payments made to providers of indigent care equaled \$174,079,470 in FY 2006-07 and were distributed as follows:

□ Low-Income Payments	\$86,970,538
□ High-Volume Payments	\$65,704,004
□ Health Care Services Fund Payments	\$4,901,685
□ Bad Debt Payments	\$193,172
□ CICIP Clinic Payments	\$16,120,483
□ Medicaid Shortfall Payments	\$189,588

General Fund accounted for approximately 17.8% or \$30,952,165 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 decreased by 4.4% to 172,510 in FY 2006-07. Overall, the number of total inpatient hospital admissions decreased by 8.3% while the number of outpatient visits decreased by 3.0%. Children, age 0-18, represented 6.6% of the population served and the number of children served under the program was 12.0% 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 60.4%.

In FY 2006-07 the CICP Clinics were reimbursed at 59.45% of indigent care costs, while CICP Hospitals stood at 32.72%. Denver Health Medical Center received an 82.70% reimbursement relative to indigent care costs and University Hospital reached 73.48%. When examining all CICP Hospital providers, public-owned hospitals (24 providers) received an average 63.3% reimbursement relative to indigent care costs, while private-owned hospitals (22 providers) received 32.0%. Overall, total payments to providers increased 7.2% since last fiscal year.

Effective July 1, 2006 a new CICP “I” rating was created and eligibility was expanded to 250% of the Federal Poverty Level (FPL). This was implemented to comply with Senate Bill 06-044 which provided additional funding to CICP providers from the newly created Health Care Services Fund for providing primary care services to CICP clients.

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 and Human Services Committee 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 2006-07
- 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 clients 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 2006-07 with CICP providers in March 2007. Among the issues discussed were:

- ❑ Allocation of the Colorado Health Care Services Fund created under Senate Bill 06-044. Nearly \$15 million was appropriated to this fund in FY 2006-07. Distributions were made to Denver Health Medical Center, 19 CICP Hospitals and 16 CICP Community Health Clinics for primary care services rendered to low-income adults. In FY 2007-08 the Department pursued a federal match for these funds. House Bill 07-1258 allowed the Health Care Services Fund to be distributed based on all CICP clients receiving primary care services—not just adults.
- ❑ New Certification of Public Expenditures Process. Every year public-owned hospital providers are required to submit documentation to the Department for their uncompensated costs related to treating Medicaid and CICP clients. The certification process allows the Department to draw down and allocate federal matching funds to providers to compensate them for a portion of their uncompensated costs without utilizing General Fund as the state share. The Department is implementing a new protocol and reconciliation process based on direction from the federal Centers for Medicare and Medicaid Services (CMS). The Department supplied providers with updated, detailed instructions for calculating and reporting their uncompensated inpatient and outpatient costs.
- ❑ Local Government Provider Fee and Hospital Payments. Senate Bill 06-145 authorized local governments to assess a fee on the revenues of private-owned hospitals within their local jurisdiction. Upon federal approval, the monies collected from the fee will be matched with federal Medicaid funds, subject to the available Upper Payment Limit, and redistributed to private-owned hospitals based on their unreimbursed Medicaid costs. In order to receive federal Medicaid funding for the Local Government Inpatient/Outpatient Hospital Payments, the Department was required to amend Colorado's State Plan with CMS. The Department has worked closely with CMS to devise an acceptable plan for implementing the local government provider fee and hospital payments. Final approval is still pending.
- ❑ CMS Proposed Rule Imposing Cost Limits on Public Hospitals. In January 2007, CMS proposed rules that redefine "public" hospitals. Only hospitals that meet the new definition of "public" would be permitted to certify public expenditures to draw federal financial participation for supplemental Medicaid and Disproportionate Share Hospital payments. The rules also clarified the required documentation and reconciliation processes to support the certification of public expenditures. Congress placed a moratorium on the executive agency's rule that expires in May 2008. CMS intends to make the rule retroactive once the moratorium is lifted. If the rules are implemented, Colorado could lose approximately \$142.2 million in federal funding.
- ❑ Other topics included annual review of budgetary issues, legislative bills and additional matters influencing the services delivered to the medically indigent population.

CICP STAKEHOLDER FORUM

The CICP Stakeholder Forum was created in October 2007. The Department initiated this forum to provide an informal environment for CICP client advocates, participating providers and other stakeholders to exchange ideas, review policies and make recommendations to the Department that address the CICP eligibility process, provider and client relations, and other pertinent issues. Over a dozen representatives of stakeholder organizations attended the first meeting in person. Several others participated by teleconferencing. Based on issues raised at the first stakeholder forum, the Department is researching policies pertaining to the application process for clients receiving emergency care and rating and co-payment strategies for clients experiencing hardships. Further details and information on the forum can be found on the Department's website.

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. In addition, a person cannot be eligible for Medicaid or the Children's Basic Health Plan. Clients can have other third party insurance; however the primary insurance funds must be exhausted prior to the providers receiving any reimbursement from the CICP. To be eligible for services discounted under the CICP, an individual must meet lawful presence, Colorado residency and income/asset requirements. There are no age limitations for CICP eligibility.

House Bill 06S-1023 and House Bill 07-1314 directed the Department of Revenue to establish rules for evidence of lawful presence for those applying for public benefits. The Department of Revenue promulgated such rules at 1 CCR 201-17, effective August 1, 2006 and then modified their rules on August 1, 2007. In order to comply with these requirements, the Colorado Indigent Care Program (CICP) created its rules on August 1, 2006 pertaining to lawful presence and the application process and then modified its rules on January 1, 2008. Under these regulations all new applicants and clients reapplying for CICP discounted health care services aged 18 years and older, must sign an affidavit indicating their citizenship status and provide acceptable documentation demonstrating that they are either a U.S. citizen or otherwise lawfully residing in the country. Applicants who do not provide a permissible document form the acceptable list may apply for a "Request for Waiver-Restrictions on Public Benefits" from the Department of Revenue. Applicants without acceptable documentation who are U.S. citizens or U.S. nationals may sign a self-declaration statement to satisfy the evidence of lawful presence requirement.

To qualify, a person must have income and assets combined at or below 250% of the FPL. The Department expanded eligibility from 200% to 250% of the FPL by introducing the CICP "I" rating, which became effective 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 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 Chart 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 CICP 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 CICP application. Homeless clients receiving a "Z" rating are subject to House Bill 06S-1023 and are required to complete an affidavit and provide acceptable documentation in order to receive discounted health care services under CICP. In order to satisfy the evidence of lawful presence requirement, homeless clients who cannot provide acceptable documents may submit a "Request for Waiver" from the Department of Revenue or sign a self-declaration statement asserting that they are a U.S. citizen.

**Chart 1 - Annual Income Ranges for Each Ability-To-Pay Rate
Effective April 1, 2007 - March 31, 2008**

Family Size	Z	N	A	B	C	D
1	\$0 - \$4,084	\$0 - \$4,084	\$4,085 - \$6,330	\$6,331 - \$8,270	\$8,271 - \$10,210	\$10,211 - \$11,946
2	\$0 - \$5,476	\$0 - \$5,476	\$5,477 - \$8,488	\$8,489 - \$11,089	\$11,090 - \$13,690	\$13,691 - \$16,017
3	\$0 - \$6,868	\$0 - \$6,868	\$6,869 - \$10,645	\$10,646 - \$13,908	\$13,909 - \$17,170	\$17,171 - \$20,089
4	\$0 - \$8,260	\$0 - \$8,260	\$8,261 - \$12,803	\$12,804 - \$16,727	\$16,728 - \$20,650	\$20,651 - \$24,161
5	\$0 - \$9,652	\$0 - \$9,652	\$9,653 - \$14,961	\$14,962 - \$19,545	\$19,546 - \$24,130	\$24,131 - \$28,232
6	\$0 - \$11,044	\$0 - \$11,044	\$11,045 - \$17,118	\$17,119 - \$22,364	\$22,365 - \$27,610	\$27,611 - \$32,304
7	\$0 - \$12,436	\$0 - \$12,436	\$12,437 - \$19,276	\$19,277 - \$25,183	\$25,184 - \$31,090	\$31,091 - \$36,375
8	\$0 - \$13,828	\$0 - \$13,828	\$13,829 - \$21,433	\$21,434 - \$28,002	\$28,003 - \$34,570	\$34,571 - \$40,447
Poverty Level*	40% & Homeless	40%	62%	81%	100%	117%

Family Size	E	F	G	H	I
1	\$11,947 - \$13,579	\$13,580 - \$16,234	\$16,235 - \$18,889	\$18,890 - \$20,420	\$20,421 - \$25,525
2	\$16,018 - \$18,208	\$18,209 - \$21,767	\$21,768 - \$25,327	\$25,328 - \$27,380	\$27,381 - \$34,225
3	\$20,090 - \$22,836	\$22,837 - \$27,300	\$27,301 - \$31,765	\$31,766 - \$34,340	\$34,341 - \$42,925
4	\$24,162 - \$27,465	\$27,466 - \$32,834	\$32,835 - \$38,203	\$38,204 - \$41,300	\$41,301 - \$51,625
5	\$28,233 - \$32,093	\$32,094 - \$38,367	\$38,368 - \$44,641	\$44,642 - \$48,260	\$48,261 - \$60,325
6	\$32,305 - \$36,721	\$36,722 - \$43,900	\$43,901 - \$51,079	\$51,080 - \$55,220	\$55,221 - \$69,025
7	\$36,376 - \$41,350	\$41,351 - \$49,433	\$49,434 - \$57,517	\$57,518 - \$62,180	\$62,181 - \$77,725
8	\$40,448 - \$45,978	\$45,979 - \$54,966	\$54,967 - \$63,955	\$63,956 - \$69,140	\$69,141 - \$86,425
Poverty Level*	133%	159%	185%	200%	250%

*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	200%	\$600	\$45	\$300	\$35	\$45	\$30
I ¹	250%	\$630	\$50	\$315	\$40	\$50	\$35

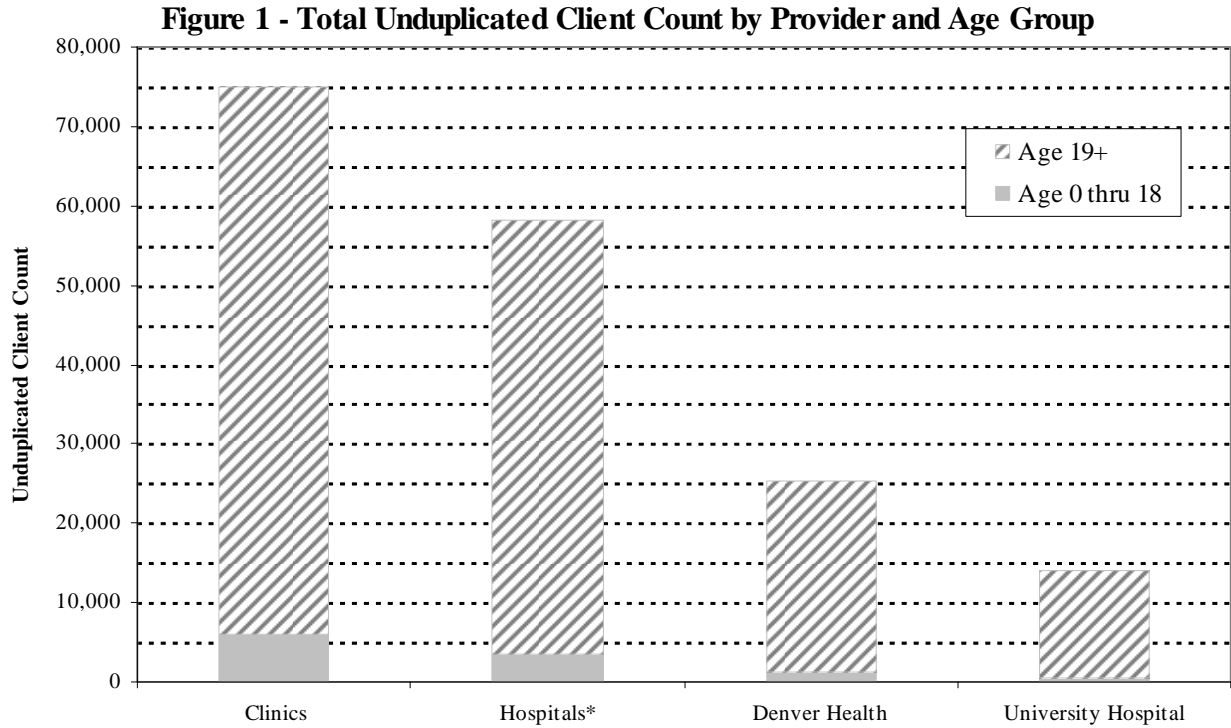
The patient must pay the lower of the copayment listed or actual charges. Clients are notified at or before the time of services rendered of their copayment responsibility. The following explains the types of medical care associated with each copayment category:

- 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.

¹ The "I" Rating became effective July 1, 2006

CLIENTS SERVED

During FY 2006-07, 172,510 unduplicated clients received services through the CICP. This represents a 4.4% decrease from the 180,411 unduplicated clients assisted in FY 2005-06. Overall, the program provided 11,246 unduplicated clients with inpatient care, while 167,122 received outpatient services in FY 2006-07.²



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

Tables 9A and 9B provide a detailed overview by provider of the total number of unduplicated clients served. The provider group which served the greatest number of unique clients was CICP Clinics (43.5%), while Denver Health Medical Center was the largest individual provider. Denver Health Medical Center provided care to 25,351, or 14.7%, of all unduplicated individuals receiving discounted medical care under the CICP.

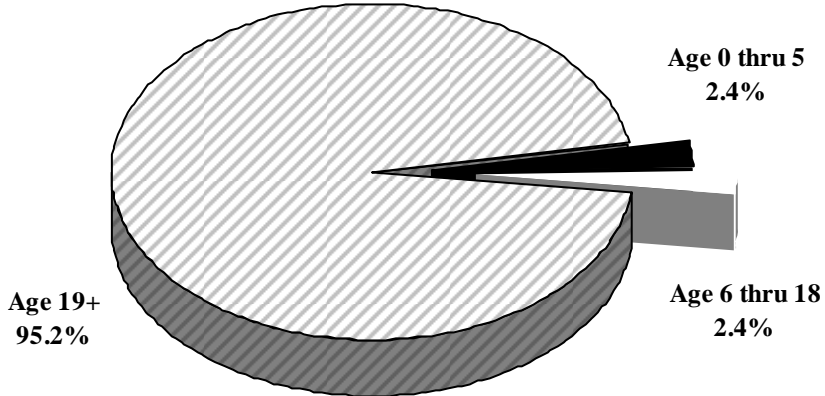
Children represented 6.6% of the total unique population receiving services. Between FY 1999-00 and FY 2002-03 the total unique children (age 0-18) receiving services decreased yearly. The decline in unique children receiving care under the CICP was primarily due to increased enrollment in the Children’s 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. In FY 2006-07 the total number of unique children receiving services under the CICP decreased 12.0%. A comparison of FY 1998-99 to FY 2006-07 shows that the number of unique children receiving care under the CICP has fallen by 60.4%.

² 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 11,246 unique individuals received inpatient care through the CICP in FY 2006-07. This represented a 9.1% decrease from the previous fiscal year figure of 12,374. CICP Hospitals provided 62.1% of total unique client admissions statewide, while Denver Health Medical Center provided 26.3% of total unique client admissions, and the remaining 11.6% was provided by University Hospital. As seen in Figure 2, children (age 0-18) represented 4.8% of the unique clients who received inpatient care.

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

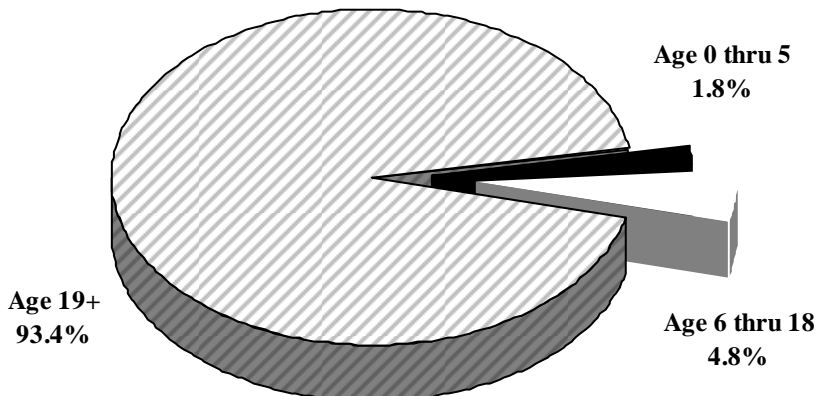


Source: Table 9A.

Outpatient Care

Providers reported that 167,122 unique clients received outpatient care through the CICP in FY 2006-07. This represented a 3.9% decrease from the previous fiscal year figure of 173,953 individuals. CICP Clinics provided 44.9% of the total outpatient care compared to the CICP Hospitals who accounted for 31.9%, Denver Health Medical Center at 15.0% and University Hospital at 8.2%. As seen in Figure 3, children (age 0-18) represented 6.6% of the total unique clients who received outpatient care. Of the outpatient care administered by CICP Clinics, 8.2% was provided to children compared to 5.6% by hospital providers, 5.5% by Denver Health Medical Center and 4.1% by University Hospital.

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



Source: Table 9A.

CLIENT UTILIZATION

Inpatient Admissions

In FY 2006-07, there were 15,603 admissions reported by CICIP providers, representing a decrease of 8.3% from the 17,015 admissions recorded in the previous year.

- ❑ During FY 2006-07 15,016, or 96.2%, of all inpatient services were provided to persons aged 18 or older.
- ❑ Total inpatient days totaled 70,351 in FY 2006-07, a 12.1% decrease from the FY 2005-06 count of 79,995.
- ❑ Inpatient charges accounted for 51.3% of all charges in FY 2006-07.
- ❑ Inpatient services were distributed in the following manner:
 - CICIP Hospitals: 63.5%
 - Denver Health Medical Center: 25.6%
 - University Hospital: 10.9%

Chart 3 illustrates the number of inpatient admissions across the past few years. Since FY 2004-05, the number of inpatient admissions for CICIP Hospitals decreased by 19.5%. At Denver Health Medical Center, inpatient admissions have decreased 23.9% since FY 2004-05, and University Hospital also showed a decrease, with 26.8% fewer admissions since the same time period.

Chart 3 - Comparison of Inpatient Admissions

CICIP Provider	FY 2004-05 Inpatient Admissions	Percent Change	FY 2005-06 Inpatient Admissions	Percent Change	FY 2006-07 Inpatient Admissions	Percent Change
CICIP Hospitals*	12,307	3.5%	10,709	-13.0%	9,908	-7.5%
Denver Health	5,252	3.5%	4,322	-17.7%	3,998	-7.5%
University Hospital	2,319	12.8%	1,984	-14.4%	1,697	-14.5%
TOTAL	19,878	4.5%	17,015	-14.4%	15,603	-8.3%

Source: Analysis of Table 8, Utilization Data FY 2004-05, FY 2005-06 and FY 2006-07 CICIP Annual Reports.
 *Includes CICIP specialty hospital providers and Medicaid DSH providers listed in previous CICIP Annual Reports.

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As shown in Chart 4, the number of inpatient days decreased from 79,995 in FY 2005-06 to 70,351 in FY 2006-07. This represents an overall decrease of 12.1%, following a 14.0% decrease in the previous fiscal year. Overall, the total number of inpatient days has decreased by 24.4% since FY 2004-05. University Hospital had a decrease of 16.7% in FY 2006-07, following a decrease of 16.8% the prior fiscal year.

Chart 4 - Comparison of Inpatient Days

CICP Provider	FY 2004-05 Inpatient Days	Percent Change	FY 2005-06 Inpatient Days	Percent Change	FY 2006-07 Inpatient Days	Percent Change
CICP Hospitals*	52,564	0.7%	46,663	-11.2%	41,997	-10.0%
Denver Health	27,483	-16.0%	22,564	-17.9%	19,387	-14.1%
University Hospital	12,949	21.3%	10,768	-16.8%	8,967	-16.7%
TOTAL	92,996	-2.7%	79,995	-14.0%	70,351	-12.1%
Source: Analysis of Table 8, Utilization Data FY 2004-05, FY 2005-06 and FY 2006-07 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 2006-07. 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 17% of the top ten diagnoses at Denver Health Medical Center. 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

Diagnosis Description		Claim Count
1	Other Psychoses (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	330
2	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	325
3	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	211
4	Infections of Skin and Subcutaneous Tissue (Includes: Carbuncle and Furuncle, Cellulitis and Abscess, Impetigo, Local Infections of the Skin)	176
5	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	164
6	Organic Psychotic Conditions (Includes: Senile and Presenile Organic Psychotic Conditions, Dementia, Alcoholic and Drug Psychoses)	159
7	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	136
8	Complications of Surgical and Medical Care, Not Elsewhere Classified (Includes: Mechanical Complication of Cardiac Device, Genitourinary Device or Orthopedic Device; Infection Due to Internal Prosthetic Device; Complication of Transplanted Organ)	126
9	Pneumonia and Influenza (Includes: Viral and Bacterial Pneumonia)	124
10	Fracture of Lower Limb (Includes: Fracture of Femur, Fracture of Tibia and Fibula, Fracture of Ankle)	115
Total Top Ten Inpatient Diagnoses Admission Count		1,866
Percent of All Denver Health Medical Center Inpatient Admissions		46.7%

At University Hospital, in contrast to Denver Health Medical Center, Other Psychoses was not the number one reported diagnosis in FY 2006-07. Alternatively, the most prevalent diagnosis in FY 2006-07 was Other Forms of Heart Disease, while Other Psychoses ranked third. Overall, the following top ten diagnoses accounted for 42.0% of all inpatient admissions at University Hospital.

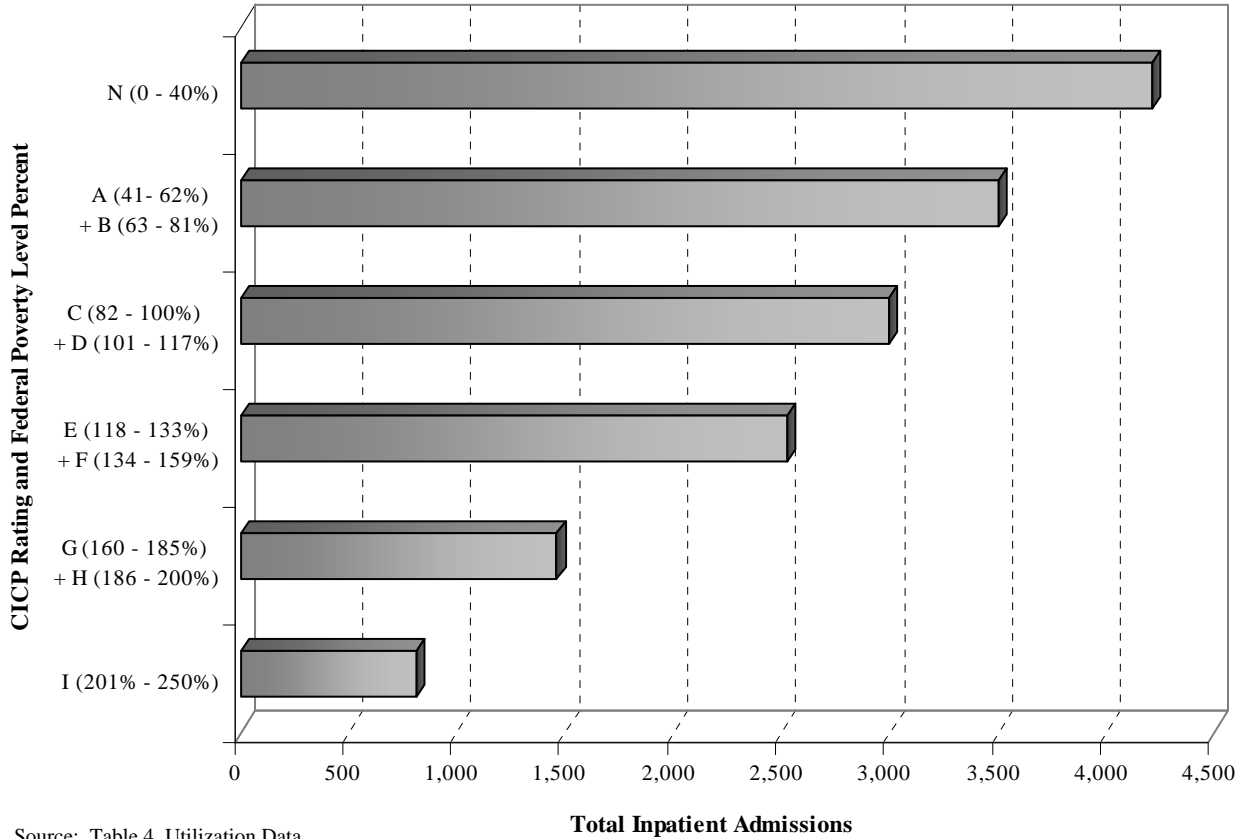
Chart 6 - Top 10 Inpatient Diagnoses At University Hospital

Diagnosis Description		Claim Count
1	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	99
2	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	99
3	Other Psychoses (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	83
4	Complications of Surgical and Medical Care, Not Elsewhere Classified (Includes: Mechanical Complication of Cardiac Device, Genitourinary Device or Orthopedic Device; Infection Due to Internal Prosthetic Device; Complication of Transplanted Organ)	79
5	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	74
6	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	62
7	Ischemic Heart Disease (Includes: Acute Myocardial Infarction, Angina Pectoris, Coronary Atherosclerosis)	61
8	Infections of Skin and Subcutaneous Tissue (Includes: Carbuncle and Furuncle, Cellulitis and Abscess, Impetigo, Local Infections of the Skin)	52
9	Persons Encountering Health Services for Specific Procedures and Aftercare (Includes: Fitting Prosthetic Device, Implant or Other Device, Other Orthopedic Aftercare, Attention to Artificial Openings, Encounter for Dialysis, Donors)	52
10	Pneumonia and Influenza (Includes: Viral and Bacterial Pneumonia)	51
Total Top Ten Inpatient Diagnoses Admission Count		712
Percent of All University Hospital Inpatient Admissions		42.0%

Denver Health Medical Center and University Hospital shared eight similar top ten inpatient diagnoses.

Figure 4 shows the total inpatient admissions by CICP rating and FPL percentage for FY 2006-07. Of the total inpatient admissions, 60.2% were made for individuals living under or at 100% FPL (CICP ratings N, A, B, or C). The CICP N rating (which also includes the CICP Z rating for the homeless) accounted for 27.0% of inpatient admissions, followed by the CICP A rating (12.3%), CICP B rating (10.2%) and the CICP C rating (10.8%). Since FY 2004-05, the distribution of inpatient admissions for individuals living under or at 100% FPL has remained fairly constant.

Figure 4 - Inpatient Admissions by CICP Rating



Source: Table 4, Utilization Data.

Outpatient Visits

The 167,122 clients who received outpatient services in FY 2006-07 resulted in 541,976 visits to CICIP providers. Additional details about outpatient visits in FY 2006-07 include:

- Total outpatient activity declined 3.0% from the FY 2005-06 figure of 558,701.
- Outpatient visits accounted for 48.7% of total charges.
- 524,798 or 96.9% of all outpatient visits were provided to persons age 18 or older.
- Outpatient services were distributed in the following manner:
 - CICIP Clinics: 43.2%
 - CICIP Hospitals: 24.6%
 - Denver Health Medical Center: 24.3%
 - University Hospital: 7.9%

As shown in Chart 7, the overall number of outpatient visits decreased 3.0% from FY 2005-06 to FY 2006-07. Denver Health Medical Center showed a 4.2% decline in outpatient visits, and University Hospital showed a decrease of 11.6% during the same time period. In contrast, CICIP Clinics showed a slight increase of 0.6%.

Chart 7 - Comparison of Outpatient Visits

CICIP Provider	FY 2004-05 Outpatient Visits	Percent Change	FY 2005-06 Outpatient Visits	Percent Change	FY 2006-07 Outpatient Visits	Percent Change
CICIP Clinics	235,125	0.9%	232,892	-0.9%	234,353	0.6%
CICIP Hospitals*	146,442	4.9%	140,061	-4.4%	133,289	-4.8%
Denver Health	131,830	-2.8%	137,505	4.3%	131,669	-4.2%
University Hospital	45,847	19.8%	48,243	5.2%	42,665	-11.6%
TOTALS	559,244	2.3%	558,701	-0.1%	541,976	-3.0%

Source: Analysis of Table 8, Utilization Data FY 2004-05, FY 2005-06 and FY 2006-07 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 Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders, followed by Symptoms. The top ten outpatient diagnoses at Denver Health Medical Center accounted for more than half (55.7%) of all outpatient visits at the facility.

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

	Diagnosis Description	Claim Count
1	Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders (Includes: Hysteria, Anxiety States, Phobic Disorders, Schizoid Personality Disorder, Alcohol and Drug Dependence, Eating Disorders)	13,596
2	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	11,177
3	Persons Without Reported Diagnosis Encountered During Examination (Includes: General Medical Examination, Screenings for Infectious Diseases, Screening for Mental Disorders)	10,765
4	Persons Encountering Health Services for Specific Procedures and Aftercare (Includes: Fitting Prosthetic Device, Implant or Other Device, Other Orthopedic Aftercare, Attention to Artificial Openings, Encounter for Dialysis, Donors)	7,760
5	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	7,605
6	Diseases of Oral Cavity, Salivary Glands, and Jaws (Includes: Disorder of Tooth Development, Gingival Disease, Dentofacial Anomalies, Diseases of the Salivary Glands)	5,807
7	Hypertensive Disease (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	4,749
8	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	4,433
9	Human Immunodeficiency Virus (HIV) Infection (Includes: Acquired Immune Deficiency Syndrome and Related Complex)	3,712
10	Persons Encountering Health Services in Circumstances Related to Reproduction and Development (Includes: Pregnancy, Postpartum Care, Procreative Management, Observation of Newborns)	3,692
Total Top Ten Outpatient Diagnoses Visit Count		73,296
Percent of All Denver Health Medical Center Outpatient Visits		55.7%

Listed in Chart 9 are the top ten outpatient diagnosis codes at University Hospital, which accounted for 40.0% of the facility's 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.

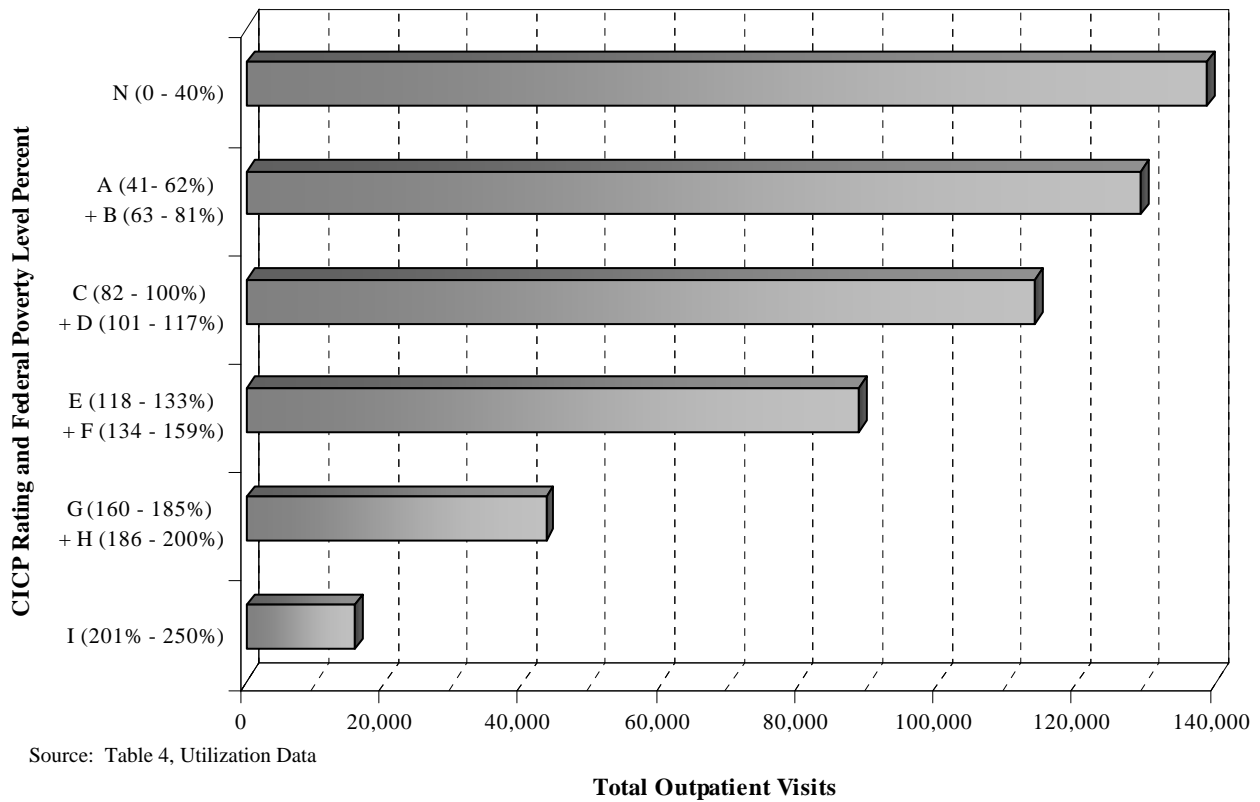
Chart 9 - Top 10 Outpatient Diagnoses At University Hospital

Diagnosis Description		Claim Count
1	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	4,562
2	Persons Encountering Health Services for Specific Procedures and Aftercare (Includes: Fitting Prosthetic Device, Implant or Other Device, Other Orthopedic Aftercare, Attention to Artificial Openings, Encounter for Dialysis, Donors)	2,195
3	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	1,688
4	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	1,483
5	Dorsopathies (Includes: Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	1,476
6	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	1,408
7	Human Immunodeficiency Virus (HIV) Infection (Includes: Acquired Immune Deficiency Syndrome and Related Complex)	1,329
8	Disorders of the Eye and Adnexa (Includes: Retinal Disorders, Choroids Disorders, Glaucoma, Cataract)	1,246
9	Osteopathies, chondropathies, and acquired musculoskeletal deformities (Includes: Osteomyelitis, periostitis, and other infections involving bone, Osteitis deformans, Osteochondropathies, and other disorders of bone and cartilage)	844
10	Persons With Need for Isolation, Other Potential Health Hazards and Prophylactic Measures (Includes: Desensitization to Allergens, Asymptomatic Human Immunodeficiency Virus, Infections with Drug-Resistant Microorganisms)	836
Total Top Ten Outpatient Diagnoses Visit Count		17,067
Percent of All University Hospital Outpatient Visits		40.0%

Overall, Denver Health Medical Center and University Hospital shared five common categories of top ten diagnoses.

In FY 2006-07 clients with rates below 100% of the FPL (CICP N, A, B, or C ratings) accounted for 61.0% of outpatient visits. The following graph shows outpatient utilization by CICP rating for FY 2006-07. Clients with CICP N rating, covering clients with income and assets at 0% to 40% of the FPL, accounted for 25.6% of outpatient visits, followed by clients with a CICP A rating (12.3%) and CICP B rating (11.5%) and CICP C rating (11.5%).

Figure 5 - Outpatient Visits by CICP Rating



III. PROVIDERS

BACKGROUND

The CICIP 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 2006-07 Annual Report, the CICIP providers are identified in the following categories by funding appropriation:

- CICIP Clinics – clinics outside the geographic area of the City and County of Denver, except for 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 CICIP Clinic.
- CICIP Hospitals – hospitals located throughout the state, but outside the City and County of Denver.
- CICIP 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 CICIP must be provided to individuals who reside outside the City and County of Denver.
- Denver Health Medical Center – Denver Health Medical Center, including eight neighborhood outpatient clinics.
- University Hospital – University Hospital and associated specialty clinics.

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

Throughout this report, any provider who participates in 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 1998-99	FY 1999-00	FY 2000-01	FY 2001-02	FY 2002-03	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07
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	■	■	■	■	■	■	■	■	■
CICP Specialty Hospital Providers									
National Jewish Medical and Research Center	■	■	■	■	■	■	■	■	■
The Children's Hospital	■	■	■	■	■	■	■	■	■
Denver Health Medical Center	■	■	■	■	■	■	■	■	■
University Hospital	■	■	■	■	■	■	■	■	■
Total Number of CICP Hospital Providers	7	8	9	9	9	11	12	11	11

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

Providers	FY 2004-05	FY 2005-06	FY 2006-07
Arkansas Valley Regional Medical Center	■		■
Conejos County Hospital	■		
East Morgan County Hospital	■		
Estes Park Medical Center			■
Heart of the Rockies Regional Medical Center	■		
Kremmling Memorial Hospital District			■
Longmont United Hospital			■
McKee Medical Center	■	■	■
Mercy Medical Center			■
Memorial Hospital	■	■	■
Montrose Memorial Hospital		■	■
North Colorado Medical Center	■	■	■
Parkview Medical Center	■	■	■
Platte Valley Medical Center		■	■
Poudre Valley Hospital			■
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	■		
Denver Health Medical Center	■	■	■
University Hospital	■	■	■
Total Number of CICIP Hospital Providers	19	14	18

FY 2006-07 PROVIDER PARTICIPATION

A total of 61 contract providers participated in the CICIP. This included 45 hospitals and 16 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 92 satellite CICIP facilities throughout the state, including one hospital facility classified as a satellite facility.

Chart 12 - FY 2006-07 CICIP Clinics and Hospitals Including Satellite Facilities by County

County	Clinics	Hospitals	Totals	County	Clinics	Hospitals	Totals
Adams	5	1	6	La Plata	2	1	3
Alamosa	4	1	5	Lake	0	1	1
Arapahoe	7	0	7	Larimer	5	3	8
Archuleta	0	0	0	Las Animas	0	1	1
Baca	0	1	1	Lincoln	2	0	2
Bent	1	0	1	Logan	2	1	3
Boulder	5	2	7	Mesa	2	2	4
Chaffee	2	1	3	Mineral	0	0	0
Cheyenne	0	0	0	Moffat	0	1	1
Clear Creek	0	0	0	Montezuma	2	1	3
Conejos	1	1	2	Montrose	2	1	3
Costilla	0	0	0	Morgan	2	2	4
Crowley	0	0	0	Otero	2	1	3
Custer	0	0	0	Ouray	0	0	0
Delta	0	1	1	Park	1	0	1
Denver	11	4	15	Phillips	1	1	2
Dolores	1	0	1	Pitkin	0	1	1
Douglas	0	0	0	Prowers	2	1	3
Eagle	0	0	0	Pueblo	6	2	8
El Paso	10	3	13	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	2	0	2
Jackson	0	0	0	Washington	2	0	2
Jefferson	7	0	7	Weld	5	1	6
Kiowa	0	0	0	Yuma	3	2	5
Kit Carson	1	0	1	Totals	108	46	154

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

Chart 13 - FY 2006-07 CICP Contracted Providers

Provider Name	City	Provider Name	City	
CICP Clinic Providers				
Clinica Campesina Family Health Services	Lafayette	CICP Hospital Providers (cont.)	Holyoke	
Colorado Coalition for the Homeless	Denver		Colorado Springs	
Community Health Clinic	Dove Creek		Durango	
Denver Indian Health & Family Services, Inc.	Denver		Montrose	
High Plains Community Health Center	Lamar		Trinidad	
Marillac Clinic	Grand Junction		Greeley	
Metro Community Provider Network	Englewood		Pueblo	
Mountain Family Health Centers	Nederland		Colorado Springs	
Peak Vista Community Health Centers	Colorado Springs		Brighton	
People's Clinic	Boulder		Fort Collins	
Plains Medical Center	Limon		Lamar	
Pueblo Community Health Center	Pueblo		Del Norte	
Salud Family Health Centers	Fort Lupton		Alamosa	
Sunrise Community Health Center	Greeley		Julesburg	
Uncompahgre Medical Center	Norwood		Springfield	
Valley-Wide Health Systems	Alamosa		Cortez	
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	La Junta		Walsenburg	
Aspen Valley Hospital	Aspen		Pueblo	
Boulder Community Hospital	Boulder		Grand Junction	
Colorado Plains Medical Center	Fort Morgan	Canon City		
Community Hospital	Grand Junction	Leadville		
Conejos County Hospital	La Jara	Sterling		
Delta County Memorial Hospital	Delta	Craig		
Denver Health Medical Center	Denver	Denver		
East Morgan County Hospital	Brush	Glenwood Springs		
Estes Park Medical Center	Estes Park	Wray		
Gunnison Valley Hospital	Gunnison	Steamboat Springs		
Heart of the Rockies Regional Medical Center	Salida	Yuma		
Kremmling Memorial Hospital District	Kremmling	CICP Specialty Hospital Providers		
Longmont United 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)³. 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, CICP 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 2006-07 REIMBURSEMENT FOR CLINICS AND HOSPITALS

In the FY 2006-07 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

³ 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 \$296,188,630 in total funds (General Fund \$13,090,782, federal funds \$148,094,315 and Cash Funds Exempt \$139,905,218) to reimburse CICIP Hospital providers in FY 2006-07. The base appropriation for CICIP Clinics was \$16,120,483 in total funds (General Fund \$3,029,880, federal funds \$3,029,880 and Cash Funds Exempt \$10,060,723). The base appropriations included funds for DSH 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. Senate Bill 06-044 also appropriated \$14,962,408 in Cash Funds Exempt from the Colorado Health Care Services Fund for disbursement to Community Health Clinics for providing primary care services to CICIP clients.

The total payment to the CICIP providers in FY 2006-07 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. Health Care Services Fund appropriations are included in Chart 14. The Department submitted State Plan Amendments to the Centers for Medicare and Medicaid Services (CMS) on May 25, 2007 and June 28, 2007 for Denver Health Medical Center and CICIP Hospitals that own or operate primary care clinics, respectively. These State Plan Amendments were submitted, as required by Senate Bill 06-044 and House Bill 07-1258, to obtain a federal match on Health Care Services Fund payments made to CICIP providers. Upon approval by CMS, these federal funds will be retroactive to April 1, 2007.

For FY 2006-07, the average reimbursement relative to costs for all CICIP Hospital providers (including Denver Health Medical Center and University Hospital) equaled 54.67% and the average reimbursement relative to costs for CICIP Clinics equaled 59.45%. Charts 15 through 19 provide detailed reimbursement rates by various provider classifications.

Chart 14 - FY 2006-07 CICP Payment

	State General Fund	Cash Funds Exempt (1)	Federal Funds	Total Funds	Payments to Providers (2)
CICP Clinics (6)	\$13,090,603	\$0	\$3,029,880	\$16,120,483	\$16,120,483
CICP Hospitals*	\$14,738,060	\$7,633,807	\$20,498,890	\$42,870,757	\$50,865,203
Low-Income Payment	\$130,905	\$15,366,443	\$15,497,348	\$30,994,696	\$15,628,253
High-Volume Payment	\$12,865,083	\$7,581,127	\$20,446,210	\$40,892,420	\$33,311,293
Health Care Services Fund	\$1,872,977	\$0	\$0	\$1,872,977	\$1,872,977
Bad Debt Payment	\$0	\$52,680	\$52,680	\$105,360	\$52,680
Denver Health	\$2,693,233	\$15,589,022	\$15,589,022	\$31,178,044	\$65,955,590
Low-Income Payment	\$0	\$47,673,335	\$47,673,335	\$95,346,670	\$47,673,335
High-Volume Payment	\$0	\$15,476,106	\$15,476,106	\$30,952,212	\$15,476,106
Health Care Services Fund	\$2,693,233	\$0	\$0	\$0	\$2,693,233
Bad Debt Payment	\$0	\$112,916	\$112,916	\$225,832	\$112,916
University Hospital	\$335,475	\$16,944,181	\$16,944,181	\$33,888,362	\$40,948,606
Low-Income Payment	\$0	\$23,668,950	\$23,668,950	\$47,337,900	\$23,668,950
High-Volume Payment	\$0	\$16,916,605	\$16,916,605	\$33,833,210	\$16,916,605
Health Care Services Fund	\$335,475	\$0	\$0	\$0	\$335,475
Bad Debt Payment	\$0	\$27,576	\$27,576	\$55,152	\$27,576
Total CICP Payment	\$30,857,371	\$40,167,010	\$56,061,973	\$124,057,646	\$173,889,882
Clinic Payment (3)(4)	\$13,090,603	\$0	\$3,029,880	\$16,120,483	\$16,120,483
Low-Income Payment (5)	\$130,905	\$86,708,728	\$86,839,633	\$173,679,266	\$86,970,538
High-Volume Payment (4)	\$12,865,083	\$39,973,838	\$52,838,921	\$105,677,842	\$65,704,004
Health Care Services Fund (6)	\$4,901,685	\$0	\$0	\$1,872,977	\$4,901,685
Bad Debt Payment (5)	\$0	\$193,172	\$193,172	\$386,344	\$193,172

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. Health Care Services Fund accounts for \$10,060,723 of the clinic payment.

(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.

(6) The Health Care Services Fund is funded with General Fund revenues from Referendum C, allocated through Senate Bill 06-044.

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 59.45% of write-off costs, while CICIP Hospital providers stood at 32.72%. Denver Health Medical Center received a 82.70% reimbursement rate and University Hospital received 73.48%.

Chart 15 - FY 2006-07 Percentage of Write-Off Cost Reimbursed

	Payment	Write-Off Costs	Percent Reimbursed
CICIP Clinics	\$16,120,483	\$27,115,896	59.45%
CICIP Hospitals*	\$50,865,203	\$155,458,588	32.72%
Sub-Total CICIP Providers	\$66,985,686	\$182,574,484	36.69%
Denver Health	\$65,955,590	\$79,751,965	82.70%
University Hospital	\$40,948,606	\$55,730,217	73.48%
CICIP Hospital Providers	\$157,769,399	\$290,940,770	54.23%
Total CICIP Providers	\$173,889,882	\$318,056,666	54.67%
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 54.67% in FY 2006-07. Overall, the FY 2006-07 reimbursement percentage increased as payments increased by 7.2% but write-off costs decreased, by 6.6% (see Chart 17). The reimbursement rate to CICIP Clinics increased from 22.55% in FY 2005-06 to 59.45% in FY 2006-07, while CICIP Hospitals saw an increase, from 27.30% in FY 2005-06 to 32.72% in FY 2006-07. Denver Health Medical Center posted significantly higher reimbursement percentages in FY 2005-06 and FY 2006-07 than in previous years, due to a substantial downward revision in their cost-to-charge ratio, a negative growth rate in CICIP charges and an increase in payments.

Chart 16 - Historical Percentage of Write-Off Cost Reimbursed

	Percent of CICIP Write-Off Costs Reimbursed					
	<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>	<u>FY 2006-07</u>
CICIP Clinics	28.16%	26.93%	20.77%	21.36%	22.55%	59.45%
CICIP Hospitals*	26.27%	21.32%	26.07%	19.40%	27.30%	32.72%
Sub-Total CICIP Providers	26.62%	22.20%	25.26%	19.68%	26.63%	36.69%
Denver Health	60.39%	57.81%	58.71%	55.04%	84.67%	82.70%
University Hospital	64.54%	48.85%	57.38%	57.73%	59.27%	73.48%
CICIP Hospital Providers	48.78%	39.17%	42.85%	38.40%	49.77%	54.23%
Average CICIP Providers	47.18%	38.22%	41.10%	37.14%	47.62%	54.67%
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 all CICP Hospital providers slightly increased 52.8% since the FY 2004-05 level, while write-off costs decreased by 9.4%. Write-off costs for CICP Clinics decreased 4.4% since FY 2004-05, while their reimbursement increased in FY 2006-07 by 166.0% due to the implementation of the Colorado Health Care Services Fund. Also, since FY 2004-05, write-off costs at Denver Health Medical Center decreased by 32.4% compared to a smaller decrease of 16.9% at University Hospital, while reimburses to each provider increased.

Chart 17 - Historical CICP Charges, Costs and Payments

	Charges			Write-Off Costs			Net Payments		
	FY 2004-05	FY 2005-06	FY 2006-07	FY 2004-05	FY 2005-06	FY 2006-07	FY 2004-05	FY 2005-06	FY 2006-07
CICP Clinics	\$33,377,871	\$32,040,984	\$33,376,220	\$28,367,682	\$26,874,123	\$27,115,897	\$6,059,760	\$6,059,760	\$16,120,483
Percent Change	-1.6%	-4.0%	4.2%	-2.8%	-5.3%	0.9%	0.0%	0.0%	166.0%
CICP Hospitals*	\$460,124,958	\$452,439,414	\$461,016,331	\$171,630,696	\$164,203,646	\$155,458,588	\$33,295,670	\$44,829,095	\$50,865,203
Percent Change	11.9%	-1.7%	1.9%	6.2%	-4.3%	-5.3%	-21.0%	34.6%	13.5%
Denver Health	\$207,173,859	\$193,447,975	\$181,786,711	\$118,049,132	\$89,407,080	\$79,751,965	\$64,969,531	\$75,698,495	\$65,955,590
Percent Change	7.8%	-6.6%	-6.0%	7.1%	-24.3%	-10.8%	0.4%	16.5%	-12.9%
University Hospital	\$179,618,616	\$184,550,574	\$171,063,798	\$67,030,719	\$59,979,147	\$55,730,217	\$38,694,983	\$35,551,623	\$40,948,606
Percent Change	28.4%	2.7%	-7.3%	1.1%	-10.5%	-7.1%	1.7%	-8.1%	15.2%
All CICP Hospitals	\$846,917,433	\$830,437,963	\$813,866,840	\$356,710,547	\$313,589,873	\$290,940,770	\$136,960,184	\$156,079,213	\$157,769,399
Percent Change	14.0%	-1.9%	-2.0%	5.5%	-12.1%	-7.2%	-5.5%	14.0%	1.1%
Total CICP Provider	\$880,295,304	\$862,478,947	\$847,243,060	\$385,078,229	\$340,463,996	\$318,056,667	\$143,019,944	\$162,138,973	\$173,889,882
Percent Change	13.3%	-2.0%	-1.8%	4.9%	-11.6%	-6.6%	-5.2%	13.4%	7.2%

Source: CICP Analysis of Table 1, Financial Tables FY 2004-05, FY 2005-06 and FY 2006-07 CICP Annual Reports. Includes updated information.

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

The program estimates that for the FY 2003-04 payments, the payment methodology increased federal funds to public providers by \$6.1 million and a revision to the Inpatient UPL calculation generated another \$24 million, for a total of \$30.1 million new federal funds paid to public-owned providers in FY 2003-04. This increased funding has continued through FY 2006-07, 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. The 12.9% decrease in Denver Health Medical Center's FY 2006-07 payment resulted primarily due to a significant downward adjustment in their cost-to-charge ratio. A provider's cost-to-charge ratio is multiplied by their CICP charges in order to calculate their CICP costs. This is one variable that can impact a provider's payment from one year to the next.

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 Providers⁴ received an increased High-Volume and Low-Income payment. High CICP Utilization Hospital providers⁵ 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, 75.6%, was paid to providers who qualified as both a High Medicaid Utilization Hospital and High CICP Utilization Hospital provider (5 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 (6 providers) received an average 50.5% reimbursement rate, while those who qualified as a High CICP Utilization Hospital provider (13 providers) received an average 31.1%. Providers who did not qualify in either category (21 providers) were reimbursed an average of 20.6%.

Chart 18 - FY 2006-07 Percentage of Write-Off Costs Reimbursed by High Utilization Classification

Provider Classification	Payment	Write-Off Costs	Reimbursement Percentage
High Medicaid Utilization Hospitals Only	\$5,954,581	\$11,780,993	50.5%
High CICP Utilization Hospitals Only	\$29,623,679	\$95,214,642	31.1%
Both High Medicaid Utilization & High CICP Utilization Hospitals Only	\$115,885,993	\$153,344,317	75.6%
All Other Hospital Providers	\$6,305,146	\$30,600,818	20.6%
All Hospital Providers	\$157,769,399	\$290,940,770	54.2%

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 63.3% in FY 2005-06 and a rate of 50.5% in FY 2006-07. Providers with a rating only as a High CICP Utilization Hospital showed a reimbursement rate of 25.6% in FY 2005-06 and 31.1% in FY 2006-07. Reimbursement rates for hospitals rated as Both High Medicaid Utilization and High CICP Utilization Hospitals has increased from 71.2% in FY 2005-06 to 75.6% in FY 2006-07. All Other Hospital Providers experienced increases in reimbursement rates, from 17.7% in FY 2005-06 to 20.6% in FY 2006-07, as shown in the chart.

⁴ 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.

⁵ 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 2004-05	FY 2005-06	FY 2006-07
High Medicaid Utilization Hospitals Only	27.4%	63.3%	50.5%
High CICP Utilization Hospitals Only	20.2%	25.6%	31.1%
Both High Medicaid Utilization & High CICP Utilization Hospitals Only	54.1%	71.2%	75.6%
All Other Hospital Providers	12.8%	17.7%	20.6%
All Hospital Providers	38.4%	49.8%	54.2%
Source: CICP Analysis of Table 1, Financial Tables FY 2004-05, FY 2005-06 and FY 2006-07 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 63.3% reimbursement rate, while private-owned hospitals (21 providers) received 32.0%. 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 (13 providers) received an average reimbursement of 8.0%, while private-owned hospitals (8 providers) received 17.7%.

**Chart 20 - FY 2006-07 Percentage of Write-Off Costs Reimbursed
by Public and Private Classification**

Provider Classification	Payment	Write-Off Costs	Reimbursement Percentage
<u>Including All Hospital Providers</u>			
Public-Owned Hospitals	\$130,814,628	\$206,672,027	63.3%
Private-Owned Hospitals	\$26,954,771	\$84,268,743	32.0%
All Hospital Providers	\$157,769,399	\$290,940,770	54.2%
<u>Excluding All High Medicaid Utilization or High CICP Utilization Hospital Providers</u>			
Public-Owned Hospitals	\$1,912,791	\$23,910,432	8.0%
Private-Owned Hospitals	\$4,392,355	\$24,790,833	17.7%
All Hospital Providers	\$6,305,146	\$48,701,265	12.9%
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 2004-05	FY 2005-06	FY 2006-07
<u>Including All Hospital Providers</u>			
Public-Owned Hospitals	46.5%	57.9%	63.3%
Private-Owned Hospitals	18.4%	28.7%	32.0%
All Hospital Providers	38.4%	49.8%	54.2%
<u>Excluding All High Medicaid Utilization or High CICP Utilization Hospital Providers</u>			
Public-Owned Hospitals	18.4%	18.8%	8.0%
Private-Owned Hospitals	10.8%	17.1%	17.7%
All Hospital Providers	12.8%	17.7%	12.9%
Source: CICP Analysis of Table 1, Financial Tables FY 2004-05, FY 2005-06 and FY 2006-07 CICP Annual Reports. Includes updated information.			

REIMBURSEMENT PER INPATIENT DAY

The reimbursement per inpatient day by provider group for FY 2006-07 is reported in Chart 22. The reimbursement per inpatient day at CICP Hospitals was \$663.82, compared to Denver Health Medical Center at \$1,794.04 and University Hospital at \$1,980.16.

Chart 22 - FY 2006-07 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**	41,997	\$27,878,628	\$663.82
Denver Health	19,387	\$34,780,978	\$1,794.04
University Hospital	8,967	\$17,756,069	\$1,980.16
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 2004-05 to FY 2006-07 the number of inpatient days for CICP Hospitals decreased 20.1%, while net CICP reimbursement per inpatient day increased 77.0% to \$663.82. Over the same period, reimbursements per inpatient day at Denver Health Medical Center increased by 23.1% and by 33.9% at University Hospital, while the number of inpatient days decreased by 29.5% and 30.8%, respectively. Historical reimbursement per inpatient day is shown in Chart 23.

Chart 23 - Historical Payment per Inpatient Day

CICP Provider	FY 2004-05 CICP Payment Per Inpatient Day*	FY 2005-06 CICP Payment Per Inpatient Day*	FY 2006-07 CICP Payment Per Inpatient Day*
CICP Clinics	N/A	N/A	N/A
CICP Hospitals**	\$374.99	\$563.13	\$663.82
Denver Health	\$1,457.65	\$1,848.49	\$1,794.04
University Hospital	\$1,479.18	\$1,440.48	\$1,980.16

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 2006-07 are reported in Chart 24. The reimbursement per outpatient visit at CICP Clinics was \$68.79, compared to CICP Hospitals, who were reimbursed \$171.42 per visit, primarily for outpatient emergency care.

Chart 24 - FY 2006-07 Payment per Outpatient Visit

CICP Provider	Outpatient Visits	Total CICP Outpatient Payment	CICP Payment Per Outpatient Visit*
CICP Clinics	234,353	\$16,120,483	\$68.79
CICP Hospitals**	133,289	\$22,848,735	\$171.42
Denver Health	131,669	\$31,174,612	\$236.77
University Hospital	42,665	\$17,795,393	\$417.10

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 2004-05 the number of outpatient visits at CICP Clinics decreased by 0.3%, while, as demonstrated in Chart 25, the reimbursement per visit increased by 154.9%. Between the same two fiscal years, the number of CICP Hospital visits decreased by 9.0% and the reimbursement per visit rose by 91.3%. The number of outpatient visits at Denver Health Medical Center decreased 0.1%, while at University Hospital outpatient visits decreased 6.9%. Since FY 2004-05, the average reimbursement per visit has increased 25.3% at Denver Health Medical Center and increased 44.0% at University Hospital.

Chart 25 - Historical Payment per Outpatient Visit

CICP Provider	FY 2004-05 CICP Payment Per Outpatient Visit*	FY 2005-06 CICP Payment Per Outpatient Visit*	FY 2006-07 CICP Payment Per Outpatient Visit*
CICP Clinics	\$25.77	\$26.02	\$68.79
CICP Hospitals**	\$89.60	\$129.74	\$171.42
Denver Health	\$188.95	\$247.19	\$236.77
University Hospital	\$289.65	\$310.10	\$417.10

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 CICIP Provider Audit Guidelines for FY 2006-07 require providers to submit an annual audit compliance statement. The purpose of the audit requirement is to furnish the Department with a separate audit report that attests to provider compliance with specified provisions of the CICIP'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 CICIP:

External Audit: If a provider received over \$1,000,000 in reimbursement from the CICIP, an independent auditor must perform an annual audit and submit a formal audit statement of compliance to the CICIP administration.

Internal Audit: If a provider received under \$1,000,000 in reimbursement from the CICIP, 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 CICIP eligibility, or handle CICIP 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 CICIP.

PREVENTION OF FRAUD BY APPLICANTS

At the time of application, each CICIP 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 applicant 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 applicant reporting false information on a CICIP 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 client 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 client 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 clients 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

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 U.S. This legislation was effective August 1, 2006 and the CICP amended its rules accordingly. As of August 1, 2006, all CICP providers must require the affidavit and identification documents for all clients 18 years of age and older applying to receive discounted health care services under the CICP. 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 U.S. 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.

House Bill 06S-1023 was effective August 1, 2006 through March 1, 2007. House Bill 07-1314 extended the effective date of House Bill 06S-1023 to July 1, 2007 and directed the Department of Revenue to establish rules for evidence of lawful presence for those applying for public benefits. The Department of Revenue has promulgated such rules at 1 CCR 201-17, effective August 1, 2007. In order to comply with these requirements, the CICP updated its rules pertaining to the application process. The revised process went into effect January 1, 2008.

To establish evidence of lawful presence, all new applicants and clients reapplying for CICP discounted health care services aged 18 years and older must:

1. Sign an affidavit indicating their citizenship status; and
2. Provide acceptable documentation demonstrating that they are either a U.S. citizen or otherwise lawfully residing in the country.
 - Applicants who do not provide an acceptable document indicating evidence of lawful presence may apply for a “Request for Waiver-Restrictions on Public Benefits” from the Department of Revenue.
 - Applicants without acceptable documentation who are U.S. citizens or nationals from American Samoa, Swains Island, or the Northern Mariana Islands may sign a self-declaration statement to satisfy the evidence of lawful presence requirement.

CICP providers must:

1. Retain a photocopy of the document an applicant presents as evidence of lawful presence in the applicant’s file; and
2. Verify lawful presence in the country through the federal Systematic Alien Verification (SAVE) Program for any applicant who indicates that he or she is not a U.S. citizen.

Additional information related to the new rules and application process is available on the CICP website.

LEGISLATION ALLOCATING TOBACCO FUNDS TO HEALTH CARE

Senate Bill 07-97 and House Bill 07-1359 allocated monies from the Tobacco Litigation Settlement to various health care related programs. House Bill 07-1359 appropriates a total of \$1,455,954 to rural and public hospitals in FY 2007-08 for providing health care services to CICIP clients. As established in Senate Bill 07-97, 50% of the \$1,455,954 or \$727,977 is to be distributed to rural CICIP Hospitals with 60 or fewer beds in FY 2007-08. Similarly, \$727,977 is to be distributed to public CICIP Hospitals in FY 2007-08. The Department began making quarterly payments to qualified providers in FY 2007-08.

Senate Bill 07-097 also directs the Department to seek a federal match on these funds. The Department has requested this match for both the rural hospital and public hospital payments through State Plan Amendments which were submitted to the Centers for Medicare and Medicaid Services (CMS) September 28, 2007. Approval may be granted during calendar year 2008. The State Plan Amendments are effective July 1, 2008, so if and when they are approved, a federal match will be applied retroactively to July 1, 2008.

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. 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 DSH 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 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 2006-07, 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

Federal Fiscal Year (October – September)	Match Rate
1989-90	52.11%
1990-91	53.59%
1991-92	54.79%
1992-93	54.42%
1993-94	54.30%
1994-95	53.10%
1995-96	52.44%
1996-97	52.32%
1997-98	51.97%
1998-99	50.59%
1999-00	50.00%
2000-01	50.00%
2001-02	50.00%
2002-03	
(October 1, 2002 – March 31, 2003)	50.00%
(April 1, 2003 – September 30, 2003)	52.95%
2003-04	
(October 1, 2003 – June 30, 2004)	52.95%
(July 1, 2004 – September 30, 2004)	50.00%
2004-05	50.00%
2005-06	50.00%
2006-07	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 DSH 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

Federal Fiscal Year	Disproportionate Share Hospital Allotments (Federal Funds)
1997-98	\$93,000,000
1998-99	\$85,000,000
1999-00	\$79,000,000
2000-01	\$81,765,000
2001-02	\$83,890,890
2002-03	\$75,110,000
2003-04	\$87,127,600
2004-05	\$87,127,600
2005-06	\$87,127,600
2006-07	\$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 DSH Allotment to those hospitals that participate in the CICIP. 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 \$86,914,449 in FY 2005-06 and \$86,839,633 in FY 2006-07. A detailed listing of the payments to review can be found in Table 1A.

BAD DEBT PAYMENTS

Bad Debt payments can be made to any Colorado Medicaid hospital that meets the following criteria:

1. Has 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. Has 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. Participates in the CICIP; and
4. Is 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.⁶

Chart 3, Chart 4 and Chart 5 show the Bad Debt payments made in FY 2004-05, FY 2005-06, FY 2006-07 respectively. Payments are based on the hospital's bad debt costs.

⁶ 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 2006-07

Provider	Federal Fiscal Year 2005-06 Bad Debt Payment	Federal Fiscal Year 2006-07 Bad Debt Payment	Total State Fiscal Year 2006-07 Payment
Arkansas Valley Regional Medical Center	\$818	\$2,454	\$3,272
Conejos County Hospital	\$132	\$397	\$529
Denver Health	\$28,229	\$84,687	\$112,916
National Jewish Medical and Research Center	\$577	\$1,732	\$2,309
Parkview Medical Center	\$2,090	\$6,270	\$8,360
Platte Valley Medical Center	\$1,213	\$3,640	\$4,853
San Luis Valley Regional Medical Center	\$1,231	\$3,693	\$4,924
Spanish Peaks Regional Health Center	\$468	\$1,405	\$1,873
The Children's Hospital	\$5,373	\$16,118	\$21,491
University Hospital	\$6,894	\$20,682	\$27,576
Valley View Hospital	\$1,267	\$3,802	\$5,069
Total	\$48,293	\$144,879	\$193,172

Chart 4 – Bad Debt Payments State Fiscal Year 2005-06

Provider	Federal Fiscal Year 2004-05 Bad Debt Payment	Federal Fiscal Year 2005-06 Bad Debt Payment	Total State Fiscal Year 2005-06 Payment
Arkansas Valley Regional Medical Center	\$443	\$1,329	\$1,772
Conejos County Hospital	\$113	\$339	\$452
Denver Health	\$22,076	\$66,228	\$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	\$16,184	\$21,578
Valley View Hospital	\$939	\$2,818	\$3,757
Total	\$35,104	\$105,312	\$140,416

Chart 5 – Bad Debt Payments State Fiscal Year 2004-05

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

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. Has 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. Has 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. Does 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 2005-06 and FY 2006-07.

Chart 6 – Medicaid Shortfall Payments

Provider	State Fiscal Year 2005-06 Payment	State Fiscal Year 2006-07 Payment
Haxtun Hospital District	\$616	\$0
Kit Carson County Memorial Hospital	\$0	\$4,416
Presbyterian/St. Luke's Medical Center	\$144,854	\$185,172
Total	\$145,470	\$189,588

SUPPLEMENTAL MEDICAID PAYMENTS

I. INTRODUCTION

A Supplemental Medicaid Payment is any payment to a health care provider which is outside the regular Medicaid fee-for-service claim based payment. These payments are a lump-sum and not linked to any specific client. All Medicaid payments, including the regular Medicaid fee-for-services rates and Supplemental Medicaid Payments, must be made under the 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 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.

II. HIGH-VOLUME PAYMENT

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 Fund and Federal funds. In FY 2006-07, High-Volume payments to public providers totaled \$39,973,838, which consisted entirely of federal funds. These payments qualify as a Supplemental Medicaid Payment and receive a federal match. High-Volume payments to private providers totaled \$25,730,166, which consisted of \$12,865,083 (50%) General Fund. The amounts by provider are detailed in Table 1A.

III. 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 FPL. In addition, this legislation established the Colorado Health Care Services Fund to make funding available to Denver Health Medical Center (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. House Bill 07-1258, which was signed by the Governor on April 16, 2007, removed the age restriction so that Denver Health Medical Center and other eligible community health clinics and primary care clinics would receive distributions from the Health Care Services Fund for primary care services provided to low-income clients of all ages, not just adults.

The total amount of funding available from the Colorado Health Care Services Fund was \$14,962,408 in FY 2006-07. Beginning in FY 2007-08 and each of the two fiscal years thereafter, the legislation appropriated \$15,000,000. Beginning in FY 2007-08 Denver Health Medical Center will receive \$2,700,000. Of the remaining funds, \$10,086,000 will be allocated to the Community Health Clinics and \$2,214,000 will be allocated to the primary care clinics operated by CICP Hospitals.

In FY 2006-07, money from the Colorado Health Care Services Fund was distributed to each eligible Community Health Clinic and primary care clinic based on the number of unique low-income adults treated in an outpatient setting by the clinic during the previous state fiscal year. Beginning in FY 2007-08 the Department distributes the Health Care Services Fund to community health clinics based on their uncompensated costs. The change in methodology is occurring to achieve consistency in payment methodologies with the Colorado Indigent Care Program (CICP) payments.

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

1. Participate in the Colorado Indigent Care Program;
2. Accept low-income clients 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.

Senate Bill 06-044 and House Bill 07-1258 directed the Department to pursue federal financial participation to match the State's Colorado Health Care Services Fund contributions. A match has been secured for Denver Health Medical Center, \$2,700,000, and the Community Health Clinics, \$10,086,000. Senate Bill 06-044 and House Bill 07-1258 directed the Department to pursue federal financial participation to match the State's Colorado Health Care Services Fund contributions. A match was secured from the Centers for Medicare and Medicaid Services (CMS) for Denver Health Medical Center, \$2,700,000 on August 15, 2007 retroactive to a State Plan Amendment effective date of April 1, 2007. Thus, the full federal match will be secured for all of FY 2007-08 and for the fourth quarter of FY 2006-07.

Federal financial participation has also been applied to the \$10,086,000 for Community Health Clinics. Since the \$10,086,000 was appropriated to The Children's Hospital, Clinic Based Indigent Care line item for Community Health Clinics, a federal match was, in essence, already authorized. With the approval of a State Plan Amendment on December 15, 2004, CMS authorized distributions to the Community Health Clinics through The Children's Hospital with a federal match. Thus, the Department began making quarterly disbursements to the Community Health Clinics, including the federal match, during the first quarter of FY 2007-08.

In June 2007, the Department submitted a State Plan Amendment to CMS in order to qualify for a federal match on the Health Care Services Fund Programs appropriation to Primary Care Clinics operated by a licensed health care facility. If and when the State Plan Amendment is approved, a federal match will be granted retroactively to April 1, 2007. The Department is in the process of working with CMS to obtain a federal match for the moneys distributed to the primary care clinics, \$2,214,000.

IV. 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 2006-07 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 Fund⁷, while increasing the total available funds for provider payments by \$524,278. Of the \$6,119,760 paid to The 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.

⁷ 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
CICP Clinic Providers						
Clinica Campesina Family Health Services	\$1,431,458	\$63,264	\$220,965	\$1,147,229	\$1,147,230	\$861,687
Colorado Coalition for the Homeless (2)	\$3,157,401	\$10,803	\$0	\$3,146,598	\$3,146,598	\$1,439,886
Community Health Clinic (2)	\$116,775	\$8,308	\$19,213	\$89,254	\$89,254	\$80,175
Denver Indian Health & Family Services, Inc.	\$14,700	\$0	\$0	\$14,700	\$14,700	\$3,444
High Plains Community Health Center (2)	\$801,142	\$13,040	\$144,161	\$643,941	\$643,941	\$293,409
Marillac Clinic	\$729,025	\$140,035	\$129,547	\$459,443	\$459,443	\$447,508
Metro Community Provider Network	\$4,860,590	\$0	\$811,215	\$4,049,375	\$4,049,375	\$2,478,436
Mountain Family Health Centers	\$641,543	\$0	\$93,077	\$548,466	\$548,466	\$270,846
Peak Vista Community Health Centers (2)	\$6,218,601	\$360,278	\$1,216,979	\$4,641,344	\$4,641,344	\$2,525,217
People's Clinic	\$1,146,315	\$0	\$178,137	\$968,178	\$968,177	\$411,798
Plains Medical Center	\$28,880	\$1,280	\$3,666	\$23,934	\$23,934	\$15,353
Pueblo Community Health Center (2)	\$3,500,985	\$2,726	\$737,338	\$2,760,921	\$2,760,922	\$1,301,450
Salud Family Health Centers	\$6,068,234	\$0	\$1,442,505	\$4,625,729	\$4,625,729	\$3,501,858
Sunrise Community Health Center	\$1,944,167	\$24	\$205,700	\$1,738,443	\$1,738,443	\$1,083,192
Uncompahgre Medical Center	\$134,566	\$11,368	\$16,466	\$106,732	\$106,732	\$57,120
Valley-Wide Health Systems	\$2,581,839	\$0	\$430,230	\$2,151,609	\$2,151,609	\$1,349,104
Total CICP Clinic Providers (7)	\$33,376,221	\$611,126	\$5,649,199	\$27,115,896	\$27,115,897	\$16,120,483
CICP Hospital Providers						
Arkansas Valley Regional Medical Center (1)(5)(6)	\$2,083,612	\$98,442	\$32,653	\$1,952,517	\$1,162,871	\$1,049,160
Aspen Valley Hospital	\$1,587,274	\$89,260	\$32,115	\$1,465,899	\$971,117	\$398,250
Boulder Community Hospital (1)	\$13,290,984	\$395,751	\$217,131	\$12,678,102	\$5,140,776	\$1,003,528
Colorado Plains Medical Center (7)	\$2,419,398	\$332,412	\$86,995	\$1,999,991	\$743,815	\$185,549
Community Hospital	\$144,386	\$0	\$2,179	\$142,207	\$81,292	\$16,746
Conejos County Hospital (5)(7)	\$668,099	\$32,968	\$54,864	\$580,267	\$370,845	\$217,982
Delta County Memorial Hospital (1)	\$3,311,576	\$194,596	\$145,210	\$2,971,770	\$1,569,905	\$445,082
East Morgan County Hospital (7)	\$946,913	\$181,639	\$27,224	\$738,050	\$468,250	\$141,140
Estes Park Medical Center (6)	\$2,240,054	\$274,135	\$59,643	\$1,906,276	\$1,340,593	\$347,758
Gunnison Valley Hospital	\$44,164	\$5,822	\$2,200	\$36,142	\$25,489	\$16,312
Heart of the Rockies Regional Medical Center	\$1,859,049	\$182,482	\$126,152	\$1,550,415	\$848,078	\$210,622
Kremmling Memorial Hospital District (6)	\$28,583	\$0	\$1,055	\$27,528	\$27,528	\$40,656
Longmont United Hospital (6)(7)	\$20,336,164	\$1,504,949	\$85,215	\$18,746,000	\$5,656,752	\$1,429,756

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)	\$20,063,121	\$2,738,141	\$410,489	\$16,914,491	\$7,144,367	\$1,446,476
Melissa Memorial (7)	\$210,606	\$40,585	\$27,291	\$142,730	\$102,375	\$65,606
Memorial Hospital (1)(6)(7)	\$105,631,942	\$3,305,180	\$1,883,329	\$100,443,433	\$31,563,480	\$10,749,143
Mercy Medical Center (1)(6)	\$6,685,032	\$256,016	\$158,853	\$6,270,163	\$2,999,443	\$776,456
Montrose Memorial Hospital (6)	\$2,482,605	\$172,295	\$80,419	\$2,229,891	\$1,083,727	\$645,799
Mount San Rafael Hospital (7)	\$1,619,008	\$238,370	\$53,336	\$1,327,302	\$640,992	\$40,285
North Colorado Medical Center (6)	\$44,888,443	\$6,421,317	\$1,116,767	\$37,350,359	\$15,510,965	\$4,425,882
Parkview Medical Center (1)(5)(6)	\$45,686,514	\$2,193,033	\$1,675,268	\$41,818,213	\$13,651,400	\$6,238,998
Penrose-St. Francis Health Services (1)	\$35,278,817	\$1,749,925	\$382,062	\$33,146,830	\$9,255,391	\$1,930,792
Platte Valley Medical Center (5)(6)	\$9,447,828	\$898,631	\$193,052	\$8,356,145	\$3,047,864	\$1,693,639
Poudre Valley Hospital (1)(6)(7)	\$30,857,647	\$1,260,078	\$1,728,260	\$27,869,309	\$12,985,749	\$3,793,306
Prowers Medical Center (6)	\$2,683,543	\$289,378	\$112,400	\$2,281,765	\$1,184,887	\$493,805
Rio Grande Hospital (7)	\$801,208	\$56,878	\$61,728	\$682,602	\$553,255	\$103,790
San Luis Valley Regional Medical Center (5)	\$5,663,867	\$119,361	\$110,775	\$5,433,731	\$2,125,566	\$1,006,678
Sedgwick County Health Center (7)	\$163,984	\$37,259	\$13,257	\$113,468	\$82,905	\$41,527
Southeast Colorado Hospital (7)	\$327,111	\$40,898	\$26,855	\$259,358	\$165,367	\$51,780
Southwest Memorial Hospital (1)	\$1,959,563	\$183,866	\$32,202	\$1,743,495	\$844,006	\$168,201
Spanish Peaks Regional Health Center (5)(7)	\$838,348	\$122,479	\$14,670	\$701,199	\$520,060	\$452,132
St. Mary-Corwin Hospital (1)(6)(7)	\$45,136,791	\$2,443,054	\$613,856	\$42,079,881	\$12,193,150	\$4,039,194
St. Mary's Hospital and Medical Center (1)(7)	\$16,761,333	\$868	\$712,996	\$16,047,469	\$6,880,436	\$994,799
St. Thomas More Hospital (1)(6)	\$7,783,387	\$1,590,981	\$152,734	\$6,039,672	\$1,793,083	\$1,017,074
St. Vincent General Hospital (7)	\$151,767	\$11,345	\$10,872	\$129,550	\$96,198	\$32,341
Sterling Regional MedCenter (6)(7)	\$4,396,567	\$548,883	\$168,355	\$3,679,329	\$1,730,918	\$418,374
The Memorial Hospital (1)	\$218,880	\$13,456	\$8,432	\$196,992	\$138,473	\$111,298
Valley View Hospital (5)	\$2,609,901	\$77,251	\$78,880	\$2,453,770	\$1,371,324	\$498,077
Wray Community District Hospital (7)	\$213,952	\$32,470	\$14,742	\$166,740	\$113,100	\$50,959
Yampa Valley Medical Center (1)	\$2,269,084	\$148,184	\$98,056	\$2,022,844	\$1,494,876	\$116,866
Yuma District Hospital (7)	\$764,055	\$63,183	\$64,660	\$636,212	\$384,722	\$179,673
Sub-Total CICP Hospital Providers	\$444,555,160	\$28,345,821	\$10,877,232	\$405,332,107	\$148,065,390	\$47,085,491

Table 1 - Total Financial Activity and CICP Payment

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
CICP Specialty Hospital Providers						
National Jewish Medical and Research Center (2)(5)	\$3,231,636	\$181,199	\$134,413	\$2,916,024	\$2,428,493	\$1,027,091
The Children's Hospital (2)(3)(5)	\$13,229,535	\$1,386,232	\$208,956	\$11,634,347	\$4,964,705	\$2,752,621
Sub-Total CICP Specialty Hospital Providers	\$16,461,171	\$1,567,431	\$343,369	\$14,550,371	\$7,393,198	\$3,779,712
Denver Health Medical Center (1)(2)(4)(5)(6)(7)	\$181,786,711	\$13,637,165	\$6,365,478	\$161,784,068	\$79,751,965	\$65,955,590
University Hospital (2)(3)(5)(6)(7)	\$171,063,798	\$12,136,032	\$2,435,814	\$156,491,952	\$55,730,217	\$40,948,606
Total CICP Hospital Providers	\$813,866,840	\$55,686,449	\$20,021,893	\$738,158,498	\$290,940,770	\$157,769,399
Total All CICP Providers	\$847,243,061	\$56,297,575	\$25,671,092	\$765,274,394	\$318,056,667	\$173,889,882

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) Includes Health Care Services Fund payments.

Table 1A - Hospital Provider Payment Detail

Providers	High-Volume Payment	Low-Income Payment	FFY 2005-06 Bad Debt Payment	FFY 2006-07 Bad Debt Payment	Health Care Services Fund Payment	Total Payment
CTCP Hospital Providers						
Arkansas Valley Regional Medical Center	\$182,413	\$863,475	\$818	\$2,454	\$0	\$1,049,160
Aspen Valley Hospital	\$136,171	\$262,079	\$0	\$0	\$0	\$398,250
Boulder Community Hospital	\$993,418	\$10,110	\$0	\$0	\$0	\$1,003,528
Colorado Plains Medical Center	\$175,936	\$1,790	\$0	\$0	\$7,823	\$185,549
Community Hospital	\$16,578	\$168	\$0	\$0	\$0	\$16,746
Conejos County Hospital	\$154,206	\$1,568	\$132	\$397	\$61,679	\$217,982
Delta County Memorial Hospital	\$145,858	\$299,224	\$0	\$0	\$0	\$445,082
East Morgan County Hospital	\$13,921	\$82,088	\$0	\$0	\$45,131	\$141,140
Estes Park Medical Center	\$118,907	\$228,851	\$0	\$0	\$0	\$347,758
Gunnison Valley Hospital	\$5,577	\$10,735	\$0	\$0	\$0	\$16,312
Heart of the Rockies Regional Medical Center	\$72,017	\$138,605	\$0	\$0	\$0	\$210,622
Kremmling Memorial Hospital District	\$13,901	\$26,755	\$0	\$0	\$0	\$40,656
Longmont United Hospital	\$1,411,780	\$14,366	\$0	\$0	\$3,610	\$1,429,756
McKee Medical Center	\$1,431,906	\$14,570	\$0	\$0	\$0	\$1,446,476
Melissa Memorial	\$11,630	\$22,384	\$0	\$0	\$31,592	\$65,606
Memorial Hospital	\$3,579,814	\$6,889,816	\$0	\$0	\$279,513	\$10,749,143
Mercy Medical Center	\$768,634	\$7,822	\$0	\$0	\$0	\$776,456
Montrose Memorial Hospital	\$220,814	\$424,985	\$0	\$0	\$0	\$645,799
Mount San Rafael Hospital	\$34,816	\$354	\$0	\$0	\$5,115	\$40,285
North Colorado Medical Center	\$1,513,314	\$2,912,568	\$0	\$0	\$0	\$4,425,882
Parkview Medical Center	\$6,167,878	\$62,760	\$2,090	\$6,270	\$0	\$6,238,998
Penrose-St. Francis Health Services	\$1,911,344	\$19,448	\$0	\$0	\$0	\$1,930,792
Platte Valley Medical Center	\$1,671,776	\$17,010	\$1,213	\$3,640	\$0	\$1,693,639
Poudre Valley Hospital	\$1,150,720	\$2,214,711	\$0	\$0	\$427,875	\$3,793,306
Prowers Medical Center	\$127,828	\$365,977	\$0	\$0	\$0	\$493,805
Rio Grande Hospital	\$46,752	\$474	\$0	\$0	\$56,564	\$103,790
San Luis Valley Regional Medical Center	\$991,664	\$10,090	\$1,231	\$3,693	\$0	\$1,006,678
Sedgwick County Health Center	\$8,644	\$16,636	\$0	\$0	\$16,247	\$41,527
Southeast Colorado Hospital	\$6,036	\$24,683	\$0	\$0	\$21,061	\$51,780
Southwest Memorial Hospital	\$57,512	\$110,689	\$0	\$0	\$0	\$168,201
Spanish Peaks Regional Health Center	\$123,220	\$277,696	\$468	\$1,405	\$49,343	\$452,132

Table 1A - Hospital Provider Payment Detail

Providers	High-Volume Payment	Low-Income Payment	FFY 2005-06 Bad Debt Payment	FFY 2006-07 Bad Debt Payment	Health Care Services Fund Payment	Total Payment
St. Mary-Corwin Hospital	\$3,349,506	\$34,082	\$0	\$0	\$54,458	\$4,039,194
St. Mary's Hospital and Medical Center	\$915,082	\$9,312	\$0	\$0	\$0	\$994,799
St. Thomas More Hospital	\$1,006,828	\$10,246	\$0	\$0	\$0	\$1,017,074
St. Vincent General Hospital	\$10,440	\$20,093	\$0	\$0	\$23,769	\$32,341
Sterling Regional MedCenter	\$360,250	\$3,666	\$0	\$0	\$0	\$418,374
The Memorial Hospital	\$38,055	\$73,243	\$0	\$0	\$61,378	\$111,298
Valley View Hospital	\$488,042	\$4,966	\$1,267	\$3,802	\$1,872,977	\$498,077
Wray Community District Hospital	\$9,297	\$17,893	\$0	\$0	\$0	\$50,959
Yampa Valley Medical Center	\$115,690	\$1,176	\$0	\$0	\$0	\$116,866
Yuma District Hospital	\$35,038	\$83,257	\$0	\$0	\$0	\$179,673
Sub-Total CICP Hospital Providers	\$29,593,213	\$15,590,421	\$7,220	\$21,660	\$1,872,977	\$47,085,491
CICP Specialty Hospital Providers						
National Jewish Medical and Research Center	\$1,014,460	\$10,322	\$577	\$1,732	\$0	\$1,027,091
The Children's Hospital(1) University Physicians, Inc.	\$2,703,620	\$27,510	\$5,373	\$16,118	\$0	\$2,752,621
Sub-Total CICP Specialty Hospital Providers	\$3,718,080	\$37,832	\$5,950	\$17,850	\$0	\$3,779,712
Denver Health Medical Center	\$15,476,106	\$47,673,335	\$28,229	\$84,687	\$2,693,233	\$65,955,590
University Hospital (1) University Physicians, Inc.	\$16,916,605	\$23,668,950	\$6,894	\$20,682	\$335,475	\$40,948,606
Total CICP Hospital Providers	\$65,704,004	\$86,970,538	\$48,293	\$144,879	\$4,901,685	\$157,769,399

Notes:
(1) Includes University Physicians, Inc.

Table 1B - Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Arkansas Valley Regional Medical Center	\$45,617	\$0	\$4,580	\$41,037
Boulder Community Hospital	\$374,651	\$0	\$0	\$374,651
Delta County Memorial Hospital	\$39,079	\$0	\$0	\$39,079
Denver Health Medical Center	\$20,551,058	\$1,044,038	\$0	\$19,507,020
Memorial Hospital	\$18,405,506	\$318	\$912,033	\$17,493,155
Mercy Medical Center	\$412,343	\$1,201	\$14,514	\$396,628
Parkview Medical Center	\$3,503,229	\$0	\$1,222,639	\$2,280,590
Penrose-St. Francis Health Services	\$4,002,047	\$0	\$0	\$4,002,047
Poudre Valley Hospital	\$36,247	\$18,965	\$2,425	\$14,857
Southwest Memorial Hospital	\$30,397	\$0	\$3,457	\$26,940
St. Mary-Corwin Hospital	\$4,815,492	\$0	\$0	\$4,815,492
St. Mary's Hospital and Medical Center	\$747,012	\$402	\$240,619	\$505,991
St. Thomas More Hospital	\$1,443,037	\$72,362	\$0	\$1,370,675
The Memorial Hospital	\$7,991	\$150	\$150	\$7,691
University Physicians Inc. (1)				
The Children's Hospital	\$1,478,064	\$87,390	\$15,322	\$1,375,352
University Hospital	\$21,033,873	\$979,654	\$208,715	\$19,845,504
Yampa Valley Medical Center	\$321,637	\$0	\$29,848	\$291,789
Total	\$77,247,280	\$2,204,480	\$2,654,302	\$72,388,498

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	\$491,216	\$0	\$0	\$491,216
Community Health Clinic	\$4,848	\$0	\$3,408	\$1,440
Denver Health Medical Center	\$5,367,789	\$0	\$2,469,984	\$2,897,805
High Plains Community Health Center	\$285,013	\$0	\$79,547	\$205,466
National Jewish Medical and Research Center	\$167,757	\$0	\$22,670	\$145,087
Peak Vista Community Health Centers	\$732,532	\$0	\$443,930	\$288,602
Pueblo Community Health Center	\$852,912	\$0	\$407,469	\$445,443
The Children's Hospital	\$450,277	\$0	\$20,291	\$429,986
University Hospital	\$2,641,797	\$1,240,517	\$246,135	\$1,155,145
Total	\$10,994,141	\$1,240,517	\$3,693,434	\$6,060,190

Table 1D - Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$154,029,212	\$12,544,558	\$3,877,740	\$137,606,915
Physician Services	\$20,551,058	\$1,044,038	\$0	\$19,507,020
Ambulance Services	\$1,838,652	\$48,569	\$17,754	\$1,772,329
Outpatient Pharmacy	\$5,367,789	\$0	\$2,469,984	\$2,897,805
Total	\$181,786,711	\$13,637,165	\$6,365,478	\$161,784,068

Table 2A - Inpatient and Outpatient Charges (Details)

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
CICP Clinic Providers					
Clinica Campesina Family Health Services	\$12,080	\$1,419,378	\$0	\$0	\$1,431,458
Colorado Coalition for the Homeless	\$2,666,185	\$0	\$0	\$0	\$2,666,185
Community Health Clinic	\$4,344	\$107,583	\$0	\$0	\$111,927
Denver Indian Health & Family Services, Inc.	\$0	\$14,700	\$0	\$0	\$14,700
High Plains Community Health Center	\$490,322	\$25,807	\$0	\$0	\$516,129
Marillac Clinic	\$0	\$729,025	\$0	\$0	\$729,025
Metro Community Provider Network	\$0	\$4,860,590	\$0	\$0	\$4,860,590
Mountain Family Health Centers	\$305,720	\$335,823	\$0	\$0	\$641,543
Peak Vista Community Health Centers	\$311,478	\$5,174,591	\$0	\$0	\$5,486,069
People's Clinic	\$0	\$1,146,315	\$0	\$0	\$1,146,315
Plains Medical Center	\$28,880	\$0	\$0	\$0	\$28,880
Pueblo Community Health Center	\$2,296	\$2,645,777	\$0	\$0	\$2,648,073
Salud Family Health Centers	\$0	\$6,068,234	\$0	\$0	\$6,068,234
Sunrise Community Health Center	\$0	\$1,944,167	\$0	\$0	\$1,944,167
Uncompahgre Medical Center	\$122,860	\$11,706	\$0	\$0	\$134,566
Valley-Wide Health Systems	\$82,618	\$2,499,221	\$0	\$0	\$2,581,839
Total CICP Clinic Providers	\$4,026,783	\$26,982,917	\$0	\$0	\$31,009,700
CICP Hospital Providers					
Arkansas Valley Regional Medical Center	\$502,708	\$502,579	\$855,179	\$177,529	\$2,037,995
Aspen Valley Hospital	\$258,064	\$342,127	\$856,162	\$130,921	\$1,587,274
Boulder Community Hospital	\$2,649,886	\$1,714,873	\$6,519,715	\$2,031,859	\$12,916,333
Colorado Plains Medical Center	\$508,287	\$891,205	\$445,951	\$573,955	\$2,419,398
Community Hospital	\$74,836	\$38,285	\$24,208	\$7,057	\$144,386
Conejos County Hospital	\$261,206	\$254,935	\$116,817	\$35,141	\$668,099
Delta County Memorial Hospital	\$670,081	\$1,364,854	\$1,018,713	\$218,849	\$3,272,497
East Morgan County Hospital	\$318,390	\$525,860	\$101,604	\$1,059	\$946,913
Estes Park Medical Center	\$419,701	\$1,365,953	\$363,718	\$90,682	\$2,240,054
Gunnison Valley Hospital	\$44,164	\$0	\$0	\$0	\$44,164
Heart of the Rockies Regional Medical Center	\$1,200,360	\$21,406	\$637,283	\$0	\$1,859,049
Kremmling Hospital Memorial District	\$12,692	\$15,891	\$0	\$0	\$28,583
Longmont United Hospital	\$2,242,610	\$3,193,125	\$10,594,950	\$4,305,479	\$20,336,164

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	\$3,529,004	\$8,351,083	\$4,596,729	\$3,586,305	\$20,063,121
Melissa Memorial	\$98,870	\$47,719	\$64,017	\$0	\$210,606
Memorial Hospital	\$24,635,814	\$12,996,068	\$39,545,465	\$10,049,089	\$87,226,436
Mercy Medical Center	\$1,251,259	\$620,452	\$4,140,423	\$260,555	\$6,272,689
Montrose Memorial Hospital	\$757,898	\$48,049	\$1,676,658	\$0	\$2,482,605
Mount San Rafael Hospital	\$1,163,616	\$0	\$455,392	\$0	\$1,619,008
North Colorado Medical Center	\$7,436,504	\$8,365,450	\$16,266,321	\$12,820,168	\$44,888,443
Parkview Medical Center	\$10,920,548	\$5,558,891	\$18,886,540	\$6,817,306	\$42,183,285
Penrose-St. Francis Health Services	\$6,351,106	\$4,724,899	\$12,999,447	\$7,201,318	\$31,276,770
Platte Valley Medical Center	\$2,095,788	\$1,634,413	\$4,945,448	\$772,179	\$9,447,828
Poudre Valley Hospital	\$6,071,716	\$7,081,408	\$15,245,975	\$2,422,301	\$30,821,400
Prowers Medical Center	\$548,731	\$1,166,851	\$967,961	\$0	\$2,683,543
Rio Grande Hospital	\$220,728	\$362,281	\$218,199	\$0	\$801,208
San Luis Valley Regional Medical Center	\$2,099,634	\$1,055,969	\$2,508,264	\$0	\$5,663,867
Sedgwick County Health Center	\$3,434	\$138,664	\$0	\$21,886	\$163,984
Southeast Colorado Hospital	\$135,871	\$120,353	\$69,505	\$1,382	\$327,111
Southwest Memorial Hospital	\$499,440	\$118,457	\$0	\$1,311,269	\$1,929,166
Spanish Peaks Regional Health Center	\$483,934	\$0	\$354,414	\$0	\$838,348
St. Mary-Corwin Hospital	\$6,830,660	\$14,925,337	\$10,535,689	\$8,029,613	\$40,321,299
St. Mary's Hospital and Medical Center	\$11,008,446	\$3,747,391	\$973,844	\$284,640	\$16,014,321
St. Thomas More Hospital	\$2,562,586	\$1,575,097	\$1,734,688	\$467,979	\$6,340,350
St. Vincent General Hospital	\$87,624	\$9,726	\$35,947	\$18,470	\$151,767
Sterling Regional MedCenter	\$132,715	\$2,079,222	\$1,435,170	\$749,460	\$4,396,567
The Memorial Hospital	\$72,703	\$0	\$138,186	\$0	\$210,889
Valley View Hospital	\$1,019,587	\$265,502	\$1,127,166	\$197,646	\$2,609,901
Wray Community District Hospital	\$63,012	\$131,718	\$19,222	\$0	\$213,952
Yampa Valley Medical Center	\$309,723	\$0	\$1,637,724	\$0	\$1,947,447
Yuma District Hospital	\$138,281	\$470,228	\$155,546	\$0	\$764,055
Sub-Total CICP Hospital Providers	\$99,692,217	\$85,826,321	\$162,268,240	\$62,584,097	\$410,370,875

Table 2A - Inpatient and Outpatient Charges (Details)

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
CICP Specialty Hospital Providers					
National Jewish Medical and Research Center	\$4,940	\$3,048,141	\$10,798	\$0	\$3,063,879
The Children's Hospital	\$1,143,711	\$1,595,207	\$8,562,276	\$0	\$11,301,194
Sub-Total CICP Specialty Hospital Providers	\$1,148,651	\$4,643,348	\$8,573,074	\$0	\$14,365,073
Denver Health Medical Center	\$22,860,503	\$49,943,043	\$64,258,449	\$16,967,217	\$154,029,212
University Hospital	\$34,400,746	\$39,374,831	\$61,199,633	\$12,412,918	\$147,388,128
Total CICP Hospital Providers	\$158,102,117	\$179,787,543	\$296,299,396	\$91,964,232	\$726,153,288
Total All CICP Providers	\$162,128,900	\$206,770,460	\$296,299,396	\$91,964,232	\$757,162,988

Notes:

Table does not include physician, University Physicians Inc., outpatient pharmacy, or ambulance charges. Total Charges in Tables 2A and 2B will equal Charges in Table 1 by adding physician charges from Table 1B, pharmacy charges from Table 1C, and Denver Health Medical Center detail charges for Ambulance from Table 1D.

Table 2B - Inpatient and Outpatient Charges (Totals)

Providers	Total Urgent Charges	Total Non-Urgent Charges	Total Charges	Total Outpatient Charges	Total Inpatient Charges	Total Charges
CICP Clinic Providers						
Clínica Campesina Family Health Services	\$12,080	\$1,419,378	\$1,431,458	\$1,431,458	\$0	\$1,431,458
Colorado Coalition for the Homeless	\$2,666,185	\$0	\$2,666,185	\$2,666,185	\$0	\$2,666,185
Community Health Clinic	\$4,344	\$107,583	\$111,927	\$111,927	\$0	\$111,927
Denver Indian Health & Family Services, Inc.	\$0	\$14,700	\$14,700	\$14,700	\$0	\$14,700
High Plains Community Health Center	\$490,322	\$25,807	\$516,129	\$516,129	\$0	\$516,129
Marillac Clinic	\$0	\$729,025	\$729,025	\$729,025	\$0	\$729,025
Metro Community Provider Network	\$0	\$4,860,590	\$4,860,590	\$4,860,590	\$0	\$4,860,590
Mountain Family Health Centers	\$305,720	\$335,823	\$641,543	\$641,543	\$0	\$641,543
Peak Vista Community Health Centers	\$311,478	\$5,174,591	\$5,486,069	\$5,486,069	\$0	\$5,486,069
People's Clinic	\$0	\$1,146,315	\$1,146,315	\$1,146,315	\$0	\$1,146,315
Plains Medical Center	\$28,880	\$0	\$28,880	\$28,880	\$0	\$28,880
Pueblo Community Health Center	\$2,296	\$2,645,777	\$2,648,073	\$2,648,073	\$0	\$2,648,073
Salud Family Health Centers	\$0	\$6,068,234	\$6,068,234	\$6,068,234	\$0	\$6,068,234
Sunrise Community Health Center	\$0	\$1,944,167	\$1,944,167	\$1,944,167	\$0	\$1,944,167
Uncompahgre Medical Center	\$122,860	\$11,706	\$134,566	\$134,566	\$0	\$134,566
Valley-Wide Health Systems	\$82,618	\$2,499,221	\$2,581,839	\$2,581,839	\$0	\$2,581,839
Total CICP Clinic Providers	\$4,026,783	\$26,982,917	\$31,009,700	\$31,009,700	\$0	\$31,009,700
CICP Hospital Providers						
Arkansas Valley Regional Medical Center	\$1,357,887	\$680,108	\$2,037,995	\$1,005,287	\$1,032,708	\$2,037,995
Aspen Valley Hospital	\$1,114,226	\$473,048	\$1,587,274	\$600,191	\$987,083	\$1,587,274
Boulder Community Hospital	\$9,169,601	\$3,746,732	\$12,916,333	\$4,364,759	\$8,551,574	\$12,916,333
Colorado Plains Medical Center	\$954,238	\$1,465,160	\$2,419,398	\$1,399,492	\$1,019,906	\$2,419,398
Community Hospital	\$99,044	\$45,342	\$144,386	\$113,121	\$31,265	\$144,386
Conejos County Hospital	\$378,023	\$290,076	\$668,099	\$516,141	\$151,958	\$668,099
Delta County Memorial Hospital	\$1,688,794	\$1,583,703	\$3,272,497	\$2,034,935	\$1,237,562	\$3,272,497
East Morgan County Hospital	\$419,994	\$526,919	\$946,913	\$844,250	\$102,663	\$946,913
Estes Park Medical Center	\$783,419	\$1,456,635	\$2,240,054	\$1,785,654	\$454,400	\$2,240,054
Gunnison Valley Hospital	\$44,164	\$0	\$44,164	\$44,164	\$0	\$44,164
Heart of the Rockies Regional Medical Center	\$1,837,643	\$21,406	\$1,859,049	\$1,221,766	\$637,283	\$1,859,049
Kremmling Memorial Hospital District	\$12,692	\$15,891	\$28,583	\$28,583	\$0	\$28,583
Longmont United Hospital	\$12,837,560	\$7,498,604	\$20,336,164	\$5,435,735	\$14,900,429	\$20,336,164

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	\$8,125,733	\$11,937,388	\$20,063,121	\$11,880,087	\$8,183,034	\$20,063,121
Melissa Memorial	\$162,887	\$47,719	\$210,606	\$146,589	\$64,017	\$210,606
Memorial Hospital	\$64,181,279	\$23,045,157	\$87,226,436	\$37,631,882	\$49,594,554	\$87,226,436
Mercy Medical Center	\$5,391,682	\$881,007	\$6,272,689	\$1,871,711	\$4,400,978	\$6,272,689
Montrose Memorial Hospital	\$2,434,556	\$48,049	\$2,482,605	\$805,947	\$1,676,658	\$2,482,605
Mount San Rafael Hospital	\$1,619,008	\$0	\$1,619,008	\$1,163,616	\$455,392	\$1,619,008
North Colorado Medical Center	\$23,702,825	\$21,185,618	\$44,888,443	\$15,801,954	\$29,086,489	\$44,888,443
Parkview Medical Center	\$29,807,088	\$12,376,197	\$42,183,285	\$16,479,439	\$25,703,846	\$42,183,285
Penrose-St. Francis Health Services	\$19,350,553	\$11,926,217	\$31,276,770	\$11,076,005	\$20,200,765	\$31,276,770
Platte Valley Medical Center	\$7,041,236	\$2,406,592	\$9,447,828	\$3,730,201	\$5,717,627	\$9,447,828
Poudre Valley Hospital	\$21,317,691	\$9,503,709	\$30,821,400	\$13,153,124	\$17,668,276	\$30,821,400
Prowers Medical Center	\$1,516,692	\$1,166,851	\$2,683,543	\$1,715,582	\$967,961	\$2,683,543
Rio Grande Hospital	\$438,927	\$362,281	\$801,208	\$583,009	\$218,199	\$801,208
San Luis Valley Regional Medical Center	\$4,607,898	\$1,055,969	\$5,663,867	\$3,155,603	\$2,508,264	\$5,663,867
Sedgwick County Health Center	\$3,434	\$160,550	\$163,984	\$142,098	\$21,886	\$163,984
Southwest Colorado Hospital	\$205,376	\$121,735	\$327,111	\$256,224	\$70,887	\$327,111
Southwest Memorial Hospital	\$499,440	\$1,429,726	\$1,929,166	\$617,897	\$1,311,269	\$1,929,166
Spanish Peaks Regional Health Center	\$838,348	\$0	\$838,348	\$483,934	\$354,414	\$838,348
St. Mary-Corwin Hospital	\$17,366,349	\$22,954,950	\$40,321,299	\$21,755,997	\$18,565,302	\$40,321,299
St. Mary's Hospital and Medical Center	\$11,982,290	\$4,032,031	\$16,014,321	\$14,755,837	\$1,258,484	\$16,014,321
St. Thomas More Hospital	\$4,297,274	\$2,043,076	\$6,340,350	\$4,137,683	\$2,202,667	\$6,340,350
St. Vincent General Hospital	\$123,571	\$28,196	\$151,767	\$97,350	\$54,417	\$151,767
Sterling Regional MedCenter	\$1,567,885	\$2,828,682	\$4,396,567	\$2,211,937	\$2,184,630	\$4,396,567
The Memorial Hospital	\$210,889	\$0	\$210,889	\$72,703	\$138,186	\$210,889
Valley View Hospital	\$2,146,753	\$463,148	\$2,609,901	\$1,285,089	\$1,324,812	\$2,609,901
Wray Community District Hospital	\$82,234	\$131,718	\$213,952	\$194,730	\$19,222	\$213,952
Yampa Valley Medical Center	\$1,947,447	\$0	\$1,947,447	\$309,723	\$1,637,724	\$1,947,447
Yuma District Hospital	\$293,827	\$470,228	\$764,055	\$608,509	\$155,546	\$764,055
Sub-Total CICP Hospital Providers	\$261,960,457	\$148,410,418	\$410,370,875	\$185,518,538	\$224,852,337	\$410,370,875

Table 2B - Inpatient and Outpatient Charges (Totals)

Providers	Total Urgent Charges	Total Non-Urgent Charges	Total Charges	Total Outpatient Charges	Total Inpatient Charges	Total Charges
CICP Specialty Hospital Providers						
National Jewish Medical and Research Center	\$15,738	\$3,048,141	\$3,063,879	\$3,053,081	\$10,798	\$3,063,879
The Children's Hospital	\$9,705,987	\$1,595,207	\$11,301,194	\$2,738,918	\$8,562,276	\$11,301,194
Sub-Total CICP Specialty Hospital Providers	\$9,721,725	\$4,643,348	\$14,365,073	\$5,791,999	\$8,573,074	\$14,365,073
Denver Health Medical Center	\$87,118,952	\$66,910,260	\$154,029,212	\$72,803,546	\$81,225,666	\$154,029,212
University Hospital	\$95,600,379	\$51,787,749	\$147,388,128	\$73,775,577	\$73,612,551	\$147,388,128
Total CICP Hospital Providers	\$454,401,513	\$271,751,775	\$726,153,288	\$337,889,660	\$388,263,628	\$726,153,288
Total All CICP Providers	\$458,428,296	\$298,734,692	\$757,162,988	\$368,899,360	\$388,263,628	\$757,162,988

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	23,647	2,567	1,053	10,035	37,302
Alamosa	4,536	2,304	5	4	6,849
Arapahoe	12,753	1,256	1,089	11,845	26,943
Archuleta	91	184	2	7	284
Baca	127	647	-	11	785
Bent	546	231	15	3	795
Boulder	20,207	6,011	57	651	26,926
Broomfield	1,130	126	11	291	1,558
Chaffee	37	1,229	1	45	1,312
Cheyenne	100	27	-	6	133
Clear Creek	510	20	6	139	675
Conejos	2,217	1,678	4	25	3,924
Costilla	1,461	475	3	3	1,942
Crowley	430	215	2	4	651
Custer	42	114	-	9	165
Delta	31	1,865	13	21	1,930
Denver	19,669	1,914	132,194	10,060	163,837
Dolores	831	99	1	6	937
Douglas	1,168	233	42	983	2,426
Eagle	141	188	10	120	459
Elbert	158	33	2	71	264
El Paso	39,837	26,084	24	510	66,455
Fremont	2,272	3,844	3	140	6,259
Garfield	1,598	1,262	1	23	2,884
Gilpin	626	20	7	29	682
Grand	30	218	-	38	286
Gunnison	-	56	4	43	103
Hindsdale	-	5	1	-	6
Huerfano	12	489	-	10	511
Jackson	3	19	-	2	24
Jefferson	12,654	787	755	6,357	20,553
Kiowa	95	61	-	1	157
Kit Carson	25	21	2	60	108
Lake	12	53	11	23	99
La Plata	1,542	1,220	-	37	2,799
Larimer	13,390	20,330	28	423	34,171
Las Animas	77	1,323	3	26	1,429
Lincoln	125	29	1	40	195
Logan	1,850	1,794	8	78	3,730
Mesa	6,665	6,104	1	41	12,811
Mineral	8	171	-	-	179
Moffat	-	140	-	6	146
Montezuma	1,083	671	1	29	1,784
Montrose	436	1,045	5	20	1,506
Morgan	3,378	2,096	5	63	5,542
Otero	3,230	1,730	4	26	4,990
Ouray	56	24	3	2	85
Park	568	60	-	119	747

Table 3 - Admissions and Visits by County*

County	CICP Clinics	CICP Hospitals**	Denver Health	University Hospital	Total
Phillips	-	513	1	20	534
Pitkin	136	550	1	12	699
Prowers	2,843	1,522	-	39	4,404
Pueblo	21,685	27,556	20	246	49,507
Rio Blanco	5	17	-	21	43
Rio Grande	3,289	1,965	1	-	5,255
Routt	2	604	6	73	685
Saguache	3,042	857	1	25	3,925
San Juan	8	9	-	-	17
San Miguel	499	77	-	1	577
Sedgwick	7	430	-	2	439
Summit	14	33	7	142	196
Teller	4,671	674	-	15	5,360
Washington	134	466	-	33	633
Weld	15,846	10,588	64	821	27,319
Yuma	95	1,298	-	11	1,404
Unknown	2,673	4,966	189	416	8,244
Total	234,353	143,197	135,667	44,362	557,579

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		
		Visits	% of Total	% of Total	Visits	% of Total	% of Total	Visits	% of Total	% of Total	Visits	% of Total	% of Total	Visits	% of Total	% of Total
A	30,614	13.0%	12.6%	16,859	10.2%	13.5%	13,473	10.2%	13.5%	5,755	13.5%	12.4%	66,701	12.4%	12.4%	
B	28,969	12.4%	9.9%	13,235	11.3%	12.8%	14,863	11.3%	12.8%	5,458	12.8%	11.5%	62,525	11.5%	11.5%	
C	28,559	12.2%	10.7%	14,259	10.4%	14.1%	13,703	10.4%	14.1%	6,000	14.1%	11.5%	62,521	11.5%	11.5%	
D	21,790	9.3%	8.6%	11,499	9.8%	12.2%	12,899	9.8%	12.2%	5,204	12.2%	9.5%	51,392	9.5%	9.5%	
E	16,296	7.0%	7.3%	9,666	7.3%	8.6%	9,639	7.3%	8.6%	3,689	8.6%	7.2%	39,290	7.2%	7.2%	
F	21,700	9.3%	9.4%	12,538	8.1%	10.2%	10,703	8.1%	10.2%	4,365	10.2%	9.1%	49,306	9.1%	9.1%	
G	12,888	5.5%	6.8%	9,047	5.0%	6.1%	6,547	5.0%	6.1%	2,600	6.1%	5.7%	31,082	5.7%	5.7%	
H	5,447	2.3%	2.8%	3,761	1.5%	2.2%	2,032	1.5%	2.2%	929	2.2%	2.2%	12,169	2.2%	2.2%	
I	6,207	2.6%	4.2%	5,567	2.1%	2.4%	2,819	2.1%	2.4%	1,043	2.4%	2.9%	15,636	2.9%	2.9%	
N	34,585	14.7%	13.1%	17,386	16.7%	14.9%	21,867	16.7%	14.9%	6,329	14.9%	14.9%	80,167	14.9%	14.9%	
Z	26,692	11.4%	5.5%	7,373	17.6%	3.0%	23,124	17.6%	3.0%	1,293	3.0%	10.8%	58,482	10.8%	10.8%	
Unknown	606	0.3%	9.1%	12,099	-	-	-	-	-	-	-	2.3%	12,705	2.3%	2.3%	
Total	234,353	100.0%	100.0%	133,289	100.0%	100.0%	131,669	100.0%	100.0%	42,665	100.0%	100.0%	541,976	100.0%	100.0%	

Inpatient Admissions		CICP Clinics			CICP Hospitals*			Denver Health			University Hospital			All Providers		
		Visits	% of Total	% of Total	Admits	% of Total	% of Total	Admits	% of Total	% of Total	Admits	% of Total	% of Total	Admits	% of Total	% of Total
A	-	-	13.6%	1,350	8.8%	12.7%	351	8.8%	12.7%	215	12.7%	12.3%	1,916	12.3%	12.3%	
B	-	-	10.2%	1,009	9.2%	12.5%	368	9.2%	12.5%	212	12.5%	10.2%	1,589	10.2%	10.2%	
C	-	-	11.4%	1,130	8.9%	11.3%	357	8.9%	11.3%	192	11.3%	10.8%	1,679	10.8%	10.8%	
D	-	-	8.4%	833	8.0%	9.5%	321	8.0%	9.5%	162	9.5%	8.4%	1,316	8.4%	8.4%	
E	-	-	7.5%	746	6.3%	8.0%	253	6.3%	8.0%	136	8.0%	7.3%	1,135	7.3%	7.3%	
F	-	-	10.1%	1,002	6.9%	6.8%	274	6.9%	6.8%	116	6.8%	8.9%	1,392	8.9%	8.9%	
G	-	-	7.3%	728	5.2%	6.5%	209	5.2%	6.5%	110	6.5%	6.7%	1,047	6.7%	6.7%	
H	-	-	3.1%	306	1.7%	2.5%	67	1.7%	2.5%	43	2.5%	2.7%	416	2.7%	2.7%	
I	-	-	6.5%	641	2.4%	4.4%	96	2.4%	4.4%	75	4.4%	5.2%	812	5.2%	5.2%	
N	-	-	12.6%	1,248	17.2%	16.8%	688	17.2%	16.8%	284	16.8%	14.1%	2,220	14.1%	14.1%	
Z	-	-	8.4%	828	25.4%	9.0%	1,014	25.4%	9.0%	152	9.0%	12.8%	1,994	12.8%	12.8%	
Unknown	-	-	0.9%	87	-	-	-	-	-	-	-	0.6%	87	0.6%	0.6%	
Total	-	-	100.0%	9,908	100.0%	100.0%	3,998	100.0%	100.0%	1,697	100.0%	100.0%	15,603	100.0%	100.0%	

Note:
*Includes CICP Specialty Hospital providers.

Table 5 - Inpatient Days by CICP Rating

CICP Rating	CICP Hospitals*	Denver Health	University Hospital	Total
A	5,649	1,489	1,006	8,144
B	4,504	1,576	1,145	7,225
C	4,650	1,573	1,155	7,378
D	3,343	1,438	903	5,684
E	3,000	1,162	567	4,729
F	4,183	1,081	501	5,765
G	2,779	1,150	771	4,700
H	1,166	283	221	1,670
I	2,769	445	346	3,560
N	5,510	3,435	1,509	10,454
Z	3,742	5,755	843	10,340
Unknown	702	-	-	702
Total	41,997	19,387	8,967	70,351

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	123	\$1,863,664	145	\$2,677,481	2.7%	\$4,541,145
6-17	114	\$2,379,466	137	\$4,024,486	2.5%	\$6,403,952
18-24	587	\$7,136,588	536	\$9,841,037	11.3%	\$16,977,625
25-54	2,739	\$53,889,201	3,014	\$78,422,343	58.1%	\$132,311,544
55-64	906	\$23,063,578	883	\$26,380,935	18.1%	\$49,444,513
65+	362	\$11,893,929	362	\$11,852,703	7.3%	\$23,746,632
TOTAL	4,831	\$100,226,426	5,077	\$133,198,985	100.0%	\$233,425,411

Denver Health

Age Group	Female		Male		Total Inpatient Percent of Total	Charges
	Count	Charges	Count	Charges		
0-5	8	\$157,613	6	\$25,535	0.4%	\$183,148
6-17	10	\$96,780	11	\$320,030	0.5%	\$416,810
18-24	94	\$1,179,925	92	\$2,406,206	4.7%	\$3,586,131
25-54	849	\$16,408,721	1,636	\$33,070,233	62.1%	\$49,478,954
55-64	339	\$6,801,755	409	\$9,881,557	18.7%	\$16,683,312
65+	255	\$5,689,251	289	\$5,188,060	13.6%	\$10,877,311
TOTAL	1,555	\$30,334,045	2,443	\$50,891,621	100.0%	\$81,225,666

University Hospital

Age Group	Female		Male		Total Inpatient Percent of Total	Charges
	Count	Charges	Count	Charges		
0-5	14	\$60,684	13	\$211,554	1.6%	\$272,238
6-17	5	\$125,107	1	\$22,359	0.4%	\$147,466
18-24	80	\$3,451,567	56	\$1,916,572	8.0%	\$5,368,139
25-54	439	\$17,115,352	595	\$25,303,507	60.9%	\$42,418,859
55-64	182	\$8,408,765	206	\$11,174,155	22.9%	\$19,582,920
65+	58	\$2,756,444	48	\$3,066,485	6.2%	\$5,822,929
TOTAL	778	\$31,917,919	919	\$41,694,632	100.0%	\$73,612,551

Table 6 - Inpatient Admissions by Age and Sex

All CICP Providers

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Inpatient Percent of Total</u>	<u>Charges</u>
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>		
0-5	145	\$2,081,961	164	\$2,914,570	2.0%	\$4,996,531
6-17	129	\$2,601,353	149	\$4,366,875	1.8%	\$6,968,228
18-24	761	\$11,768,080	684	\$14,163,815	9.3%	\$25,931,895
25-54	4,027	\$87,413,274	5,245	\$136,796,083	59.4%	\$224,209,357
55-64	1,427	\$38,274,098	1,498	\$47,436,647	18.7%	\$85,710,745
65+	675	\$20,339,624	699	\$20,107,248	8.8%	\$40,446,872
TOTAL	7,164	\$162,478,390	8,439	\$225,785,238	100.0%	\$388,263,628

Notes:

*Includes CICP Specialty Hospital providers.

Charges reported in this table are from Table 2B.

Table 7 - Outpatient Activity by Age and Sex

CICP Clinics

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>	
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>
0-5	1,403	\$193,562	1,460	\$199,868	2,863	1.2%
6-17	3,108	\$400,088	2,656	\$337,513	5,764	2.5%
18-24	13,882	\$2,051,010	5,970	\$754,593	19,852	8.5%
25-54	95,560	\$13,062,066	56,876	\$7,233,830	152,436	65.0%
55-64	29,275	\$3,788,051	16,292	\$2,049,158	45,567	19.4%
65+	4,843	\$568,029	3,028	\$371,932	7,871	3.4%
TOTAL	148,071	\$20,062,806	86,282	\$10,946,894	234,353	100.0%

CICP Hospitals*

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>	
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>
0-5	683	\$692,783	813	\$1,114,599	1,496	1.1%
6-17	2,126	\$5,475,710	1,853	\$6,268,763	3,979	3.0%
18-24	11,824	\$13,580,273	7,114	\$10,083,750	18,938	14.2%
25-54	47,777	\$60,466,781	33,360	\$51,259,339	81,137	60.9%
55-64	13,292	\$17,623,951	8,228	\$14,236,457	21,520	16.1%
65+	3,374	\$4,992,665	2,845	\$5,515,466	6,219	4.7%
TOTAL	79,076	\$102,832,163	54,213	\$88,478,374	133,289	100.0%

Denver Health

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>	
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>
0-5	246	\$58,620	282	\$78,112	528	0.4%
6-17	1,144	\$310,853	893	\$244,294	2,037	1.5%
18-24	3,892	\$2,115,821	1,836	\$1,135,281	5,728	4.4%
25-54	36,670	\$19,261,700	41,179	\$24,136,373	77,849	59.1%
55-64	14,533	\$7,908,297	11,649	\$6,654,763	26,182	19.9%
65+	10,879	\$5,676,726	8,466	\$5,222,706	19,345	14.7%
TOTAL	67,364	\$35,332,017	64,305	\$37,471,529	131,669	100.0%

Table 7 - Outpatient Activity by Age and Sex

University Hospital			Male			Female			Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Charges	Count	Charges	Percent of Total	Charges	
0-5	75	\$66,537	88	\$75,192	163	\$141,729	0.4%	\$141,729			
6-17	172	\$238,260	176	\$384,909	348	\$623,169	0.8%	\$623,169			
18-24	2,085	\$3,671,007	1,469	\$2,346,344	3,554	\$6,017,351	8.3%	\$6,017,351			
25-54	12,293	\$21,861,620	13,096	\$22,640,542	25,389	\$44,502,162	59.5%	\$44,502,162			
55-64	4,653	\$8,140,176	3,843	\$7,702,155	8,496	\$15,842,331	19.9%	\$15,842,331			
65+	2,997	\$3,432,906	1,718	\$3,215,929	4,715	\$6,648,835	11.1%	\$6,648,835			
TOTAL	22,275	\$37,410,506	20,390	\$36,365,071	42,665	\$73,775,577	100.0%	\$73,775,577			

All CICP Providers			Male			Female			Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Charges	Count	Charges	Percent of Total	Charges	
0-5	2,407	\$1,011,502	2,643	\$1,467,771	5,050	\$2,479,273	0.9%	\$2,479,273			
6-17	6,550	\$6,424,911	5,578	\$7,235,479	12,128	\$13,660,390	2.2%	\$13,660,390			
18-24	31,683	\$21,418,111	16,389	\$14,319,968	48,072	\$35,738,079	8.9%	\$35,738,079			
25-54	192,300	\$114,652,167	144,511	\$105,270,084	336,811	\$219,922,251	62.2%	\$219,922,251			
55-64	61,753	\$37,460,475	40,012	\$30,642,533	101,765	\$68,103,008	18.8%	\$68,103,008			
65+	22,093	\$14,670,326	16,057	\$14,326,033	38,150	\$28,996,359	7.0%	\$28,996,359			
TOTAL	316,786	\$195,637,492	225,190	\$173,261,868	541,976	\$368,899,360	100.0%	\$368,899,360			

Notes:

*Includes CICP Specialty Hospital Providers.

Charges reported in this table are from Table 2B.

Table 8 - Utilization by Provider

Provider Name	Visits	Admissions	Days	ALOS*
CICP Clinic Providers				
Clinica Campesina Family Health Services	11,505	-	-	-
Colorado Coalition for the Homeless	16,686	-	-	-
Community Health Clinic	1,281	-	-	-
Denver Indian Health & Family Services, Inc.	98	-	-	-
High Plains Community Health Center	3,311	-	-	-
Marillac Clinic	6,638	-	-	-
Metro Community Provider Network	32,652	-	-	-
Mountain Family Health Centers	3,900	-	-	-
Peak Vista Community Health Centers	45,313	-	-	-
People's Clinic	11,039	-	-	-
Plains Medical Center	202	-	-	-
Pueblo Community Health Center	21,489	-	-	-
Salud Family Health Centers	40,182	-	-	-
Sunrise Community Health Center	15,615	-	-	-
Uncompahgre Medical Center	939	-	-	-
Valley-Wide Health Systems	23,503	-	-	-
Total CICP Clinic Providers	234,353	-	-	-
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	1,421	99	311	3.14
Aspen Valley Hospital	582	48	180	3.75
Boulder Community Hospital	3,234	279	1,301	4.66
Colorado Plains Medical Center	1,080	91	227	2.49
Community Hospital	98	4	7	1.75
Conejos County Hospital	1,282	23	55	2.39
Delta County Memorial Hospital	1,802	121	358	2.96
East Morgan County Hospital	753	15	31	2.07
Estes Park Medical Center	1,282	26	99	3.81
Gunnison Valley Hospital	35	-	-	-
Heart of the Rockies Regional Medical Center	1,359	67	269	4.01
Kremmling Memorial Hospital District	140	-	-	-
Longmont United Hospital	2,968	591	2,429	4.11
McKee Medical Center	6,995	383	1,471	3.84
Melissa Memorial	488	9	18	2.00
Memorial Hospital	19,355	1,651	7,365	4.46
Mercy Medical Center	1,524	146	735	5.03
Montrose Memorial Hospital	725	105	477	4.54
Mount San Rafael Hospital	978	76	186	2.45
North Colorado Medical Center	8,019	1,145	5,420	4.73
Parkview Medical Center	8,483	854	4,007	4.69
Penrose-St. Francis Health Services	5,671	914	3,802	4.16
Platte Valley Medical Center	1,814	256	935	3.65
Poudre Valley Hospital	11,621	812	3,206	3.95
Prowers Medical Center	1,485	87	311	3.57
Rio Grande Hospital	1,129	33	48	1.45
San Luis Valley Regional Medical Center	4,457	185	774	4.18
Sedgwick County Health Center	395	3	7	2.33
Southeast Colorado Hospital	542	11	30	2.73

Table 8 - Utilization by Provider

Provider Name	Visits	Admissions	Days	ALOS*
Southwest Memorial Hospital	392	76	278	3.66
Spanish Peaks Regional Health Center	263	36	81	2.25
St. Mary-Corwin Hospital	22,893	614	3,023	4.92
St. Mary's Hospital and Medical Center	5,982	436	1,881	4.31
St. Thomas More Hospital	2,986	146	448	3.07
St. Vincent General Hospital	45	4	19	4.75
Sterling Regional MedCenter	1,737	130	461	3.55
The Memorial Hospital	50	11	38	3.45
Valley View Hospital	1,275	65	202	3.11
Wray Community District Hospital	407	3	8	2.67
Yampa Valley Medical Center	528	153	342	2.24
Yuma District Hospital	1,090	16	30	1.88
Sub-Total CICP Hospital Providers	127,365	9,724	40,870	4.20
CICP Specialty Hospital Providers				
National Jewish Medical and Research Center	3,258	1	4	4.00
The Children's Hospital	2,666	183	1,123	6.14
Sub-Total CICP Specialty Hospital Providers	5,924	184	1,127	6.13
Denver Health Medical Center	131,669	3,998	19,387	4.85
University Hospital	42,665	1,697	8,967	5.28
Total CICP Hospital Providers	307,623	15,603	70,351	4.51
Total All CICP Providers	541,976	15,603	70,351	4.51

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+	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
CICP Clinic Providers							
Clinica Campesina Family Health Services	-	-	-	165	225	2,544	2,934
Colorado Coalition for the Homeless	-	-	-	138	154	4,309	4,601
Community Health Clinic	-	-	-	1	10	712	723
Denver Indian Health & Family Services, Inc.	-	-	-	1	-	31	32
High Plains Community Health Center	-	-	-	10	60	1,081	1,151
Marillac Clinic	-	-	-	1	18	2,541	2,560
Metro Community Provider Network	-	-	-	126	295	10,645	11,066
Mountain Family Health Centers	-	-	-	11	13	1,931	1,955
Peak Vista Community Health Centers	-	-	-	613	1,561	10,942	13,116
People's Clinic	-	-	-	95	256	3,060	3,411
Plains Medical Center	-	-	-	-	1	88	89
Pueblo Community Health Center	-	-	-	83	239	5,684	6,006
Salud Family Health Centers	-	-	-	387	1,041	13,539	14,967
Sunrise Community Health Center	-	-	-	74	285	4,294	4,653
Uncompahgre Medical Center	-	-	-	15	36	251	302
Valley-Wide Health Systems	-	-	-	42	199	7,229	7,470
Total CICP Clinic Providers	-	-	-	1,762	4,393	68,881	75,036
CICP Hospital Providers							
Arkansas Valley Regional Medical Center	-	-	60	2	15	736	753
Aspen Valley Hospital	2	-	39	3	4	116	123
Boulder Community Hospital	-	3	222	8	38	1,741	1,787
Colorado Plains Medical Center	5	2	79	5	20	683	708
Community Hospital	-	-	-	-	-	25	25
Conejos County Hospital	-	-	19	7	30	442	479
Delta County Memorial Hospital	5	2	100	8	39	644	691
East Morgan County Hospital	-	1	12	2	18	256	276
Estes Park Medical Center	-	-	6	3	13	474	490
Gunnison Valley Hospital	-	-	-	1	3	28	32
Heart of the Rockies Regional Medical Center	1	1	25	5	13	430	448
Kremmling Memorial Hospital District	-	-	-	-	-	-	-
Longmont United Hospital	14	8	426	25	65	1,482	1,572

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	14	4	260	29	91	2,285	2,405
Melissa Memorial Memorial Hospital	-	-	7	7	21	107	135
Mercy Medical Center	18	28	1,221	66	234	7,068	7,368
Montrose Memorial Hospital	1	1	120	2	22	759	783
Mount San Rafael Hospital	-	2	92	4	30	357	391
North Colorado Medical Center	5	3	40	6	23	396	425
Parkview Medical Center	29	18	786	52	179	3,150	3,381
Penrose-St. Francis Health Services	5	12	661	30	137	3,303	3,470
Platte Valley Medical Center	10	17	653	25	76	1,987	2,088
Poudre Valley Hospital	23	2	156	29	68	972	1,069
Prowers Medical Center	24	13	338	47	131	4,559	4,737
Rio Grande Hospital	1	3	68	9	28	639	676
San Luis Valley Regional Medical Center	-	-	26	2	11	397	410
Sedgwick County Health Center	1	1	148	6	42	2,100	2,148
Southeast Colorado Hospital	-	-	3	4	4	69	77
Southwest Memorial Hospital	-	-	11	-	12	429	441
Spanish Peaks Regional Health Center	-	1	45	12	14	228	254
St. Mary-Corwin Hospital	-	-	33	4	12	202	218
St. Mary's Hospital and Medical Center	6	2	443	51	199	7,907	8,157
St. Thomas More Hospital	5	2	99	17	28	2,287	2,332
St. Vincent General Hospital	3	-	41	19	23	1,175	1,217
Sterling Regional MedCenter	-	-	4	1	1	18	20
The Memorial Hospital	5	4	82	13	24	564	601
Valley View Hospital	-	1	10	-	1	43	44
Wray Community District Hospital	1	2	25	-	8	390	398
Yampa Valley Medical Center	-	1	2	2	7	191	200
Yuma District Hospital	4	4	127	2	3	156	161
Sub-Total CICP Hospital Providers	182	138	6,503	514	1,705	49,179	51,398

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
CICP Specialty Hospital Providers							
National Jewish Medical and Research Center	-	-	-	13	28	1,047	1,088
The Children's Hospital	52	91	16	274	481	167	922
Sub-Total CICP Specialty Hospital Providers	52	91	16	287	509	1,214	2,010
Denver Health Medical Center	13	25	2,914	300	1,063	23,634	24,997
University Hospital	27	9	1,276	141	418	13,122	13,681
Total CICP Hospital Providers	274	263	10,709	1,242	3,695	87,149	92,086
Total All CICP Providers	274	263	10,709	3,004	8,088	156,030	167,122

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
CICP Clinic Providers				
Clinica Campesina Family Health Services	165	225	2,544	2,934
Colorado Coalition for the Homeless	138	154	4,309	4,601
Community Health Clinic	1	10	712	723
Denver Indian Health & Family Services, Inc.	1	-	31	32
High Plains Community Health Center	10	60	1,081	1,151
Marillac Clinic	1	18	2,541	2,560
Metro Community Provider Network	126	295	10,645	11,066
Mountain Family Health Centers	11	13	1,931	1,955
Peak Vista Community Health Centers	613	1,561	10,942	13,116
People's Clinic	64	157	3,167	3,388
Plains Medical Center	-	1	88	89
Pueblo Community Health Center	83	239	5,684	6,006
Salud Family Health Centers	387	1,041	13,539	14,967
Sunrise Community Health Center	74	285	4,294	4,653
Uncompahgre Medical Center	15	36	251	302
Valley-Wide Health Systems	42	199	7,229	7,470
Total CICP Clinic Providers	1,731	4,294	68,988	75,013
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	2	15	796	813
Aspen Valley Hospital	5	3	133	141
Boulder Community Hospital	8	40	1,963	2,011
Colorado Plains Medical Center	5	8	347	360
Community Hospital	-	-	25	25
Conejos County Hospital	7	30	442	479
Delta County Memorial Hospital	11	39	675	725
East Morgan County Hospital	2	19	268	289
Estes Park Medical Center	3	13	480	496
Gunnison Valley Hospital	1	3	28	32
Heart of the Rockies Regional Medical Center	6	14	455	475
Kremmling Hospital Memorial District	-	-	-	-
Longmont United Hospital	35	71	1,675	1,781

Table 9B - Unduplicated Total Count by Age Group

Provider Name	Total			
	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
McKee Medical Center	43	95	2,545	2,683
Melissa Memorial	7	21	114	142
Memorial Hospital	79	248	7,464	7,791
Mercy Medical Center	3	21	873	897
Montrose Memorial Hospital	4	31	418	453
Mount San Rafael Hospital	11	25	436	472
North Colorado Medical Center	81	197	3,936	4,214
Parkview Medical Center	34	143	3,588	3,765
Penrose-St. Francis Health Services	35	93	2,640	2,768
Platte Valley Medical Center	52	70	1,128	1,250
Poudre Valley Hospital	71	144	4,897	5,112
Prowers Medical Center	10	31	707	748
Rio Grande Hospital	2	11	422	435
San Luis Valley Regional Medical Center	7	43	2,248	2,298
Sedgwick County Health Center	4	4	66	74
Southeast Colorado Hospital	-	7	246	253
Southwest Memorial Hospital	12	15	273	300
Spanish Peaks Regional Health Center	4	12	235	251
St. Mary-Corwin Hospital	57	201	8,350	8,608
St. Mary's Hospital and Medical Center	22	30	2,386	2,438
St. Thomas More Hospital	23	22	1,216	1,261
St. Vincent General Hospital	1	1	22	24
Sterling Regional MedCenter	18	28	646	692
The Memorial Hospital	-	2	49	51
Valley View Hospital	1	10	414	425
Wray Community District Hospital	2	8	193	203
Yampa Valley Medical Center	4	6	234	244
Yuma District Hospital	6	18	398	422
Sub-Total CICP Hospital Providers	678	1,792	53,431	55,901

Table 9B - Unduplicated Total Count by Age Group

Provider Name	Total		
	Age 0 thru 5	Age 6 thru 18	Age 19+ Total
CICP Specialty Hospital Providers			
National Jewish Medical and Research Center	13	28	1,047
The Children's Hospital	326	572	183
Sub-Total CICP Specialty Hospital Providers	339	600	1,230
Denver Health Medical Center	304	1,073	23,974
University Hospital	161	420	13,495
Total CICP Hospital Providers	1,482	3,885	92,130
Total All CICP Providers	3,213	8,179	161,118

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 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.

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 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.