



COLORADO

MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM

FISCAL YEAR 2007-08 ANNUAL REPORT

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



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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

February 1, 2009

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

Dear Senator Boyd:

Enclosed please find the *Medically Indigent and Colorado Indigent Care Program FY 2007-08 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 \$194,794,461 in FY 2007-08. State Funds accounted for approximately 16.7% or \$32,606,350 of these payments and the remainder was federal funds.
- The number of individuals who received care under the Colorado Indigent Care Program (CICP) increased by 12.9% to 194,710. While the total number of children receiving care under the CICP remains lower than what it was prior to the creation of the Children's Basic Health Plan, the total number of unique children receiving services in FY 2007-08 increased 58.0% from FY 2006-07, and represented 9.2% of the total unique population receiving services.
- In FY 2007-08 the CICP Clinics were reimbursed at 92.3% of indigent care costs, while CICP Hospitals stood at 40.3%. Denver Health Medical Center received 61.9% reimbursement relative to indigent care costs and University of Colorado Hospital received 70.6%. When examining all CICP Hospital providers, public-owned hospitals (24 providers) received an average 58.8% reimbursement relative to indigent care costs, while private-owned hospitals (22 providers) received 33.4%. Overall, total payments to providers increased 11.4% since last fiscal year.

Questions regarding this report can be addressed to Chris Underwood, Director, State Programs and Federal Financing, at 303-866-4766.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Joan Henneberry'.

Joan Henneberry
Executive Director



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February 1, 2009

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

Dear Representative Riesberg:

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Joan Henneberry
Executive Director



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EXECUTIVE SUMMARY

The Department of Health Care Policy and Financing (Department) has prepared this annual report concerning the structure, policy, statistics and payments related to the Colorado Indigent Care Program (CICP). This program is a financing mechanism to provide a partial solution to the health care needs of Colorado's medically indigent citizens.

In FY 2007-08 total payments made to providers serving the medically indigent equaled \$194,794,461 and were distributed as follows:

Hospital Payments

<input type="checkbox"/> Low-Income Payments	\$82,253,901
<input type="checkbox"/> High-Volume Payments	\$72,158,996
<input type="checkbox"/> Health Care Services Fund	\$11,053,421
<input type="checkbox"/> Rural and Public Hospital Payments	\$2,911,908
<input type="checkbox"/> Bad Debt Payments	\$123,945
<input type="checkbox"/> Medicaid Shortfall Payments	\$530
Total CICP Hospital Payments	\$168,502,701

Clinic Payments

<input type="checkbox"/> The Children's Hospital Payments	\$6,119,760
<input type="checkbox"/> Health Care Services Fund	\$20,172,000
Total CICP Clinic Payments	\$26,291,760

The number of individuals served under the CICP increased by 12.9% to 194,710 in FY 2007-08. Overall, the number of total inpatient hospital admissions increased by 17.0% while the number of outpatient visits increased by 5.9%.

In FY 2007-08 children age 0 – 18 represented 9.2% of the total unique population receiving services. While the total number of children receiving care under the CICP remains lower than what it was prior to the creation of the Children's Basic Health Plan, the total number of unique children receiving services in FY 2007-08 increased 58.0% from FY 2006-07. Starting on July 1, 2006, the CICP became available to children that fall between 250% of FPL and the 205% of FPL threshold of the Children's Basic Health Plan. The Department believes that the increase in the number of children receiving services under the CICP is the result of this difference in eligibility range

In FY 2007-08 the CICP Clinics were reimbursed at 92.3% of indigent care costs, while CICP Hospitals stood at 40.3%. Reimbursements to CICP Clinics grew by 62.5% and reimbursements to CICP Hospital grew by 31.7%. Contributing to the increased reimbursement to CICP Hospitals was the advent of the Rural and Public Hospital payments, a secured federal match to the Health Care Services Fund, and an increase in High-Volume payments in FY 2007-08. The increase to the CICP Clinics reimbursement is due to the receipt of a 50% federal match on the Health Care Service Fund payments in FY 2007-08. Denver Health Medical Center received 61.9% reimbursement relative to indigent care costs and University of Colorado Hospital stood at 70.6%. When examining all CICP Hospital providers, public-owned hospitals (24 providers) received an average 58.8% reimbursement relative to indigent care costs, while private-owned hospitals (22 providers) received 33.4%. Overall, total payments to providers increased 11.4% since last fiscal year.

COLORADO INDIGENT CARE PROGRAM

I. INTRODUCTION

The Department of Health Care Policy and Financing (Department) prepares this report pursuant to Section 25.5-3-107, C.R.S. (2008). This annual report concerning the status of the medically indigent program is delivered each February 1st to the Health and Human Services Committees of the Colorado General Assembly. The report is prepared following consultation with providers in the program, organizations, individuals and 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 copayment requirements
- Methods for allocation and disbursement of funds
- Sources of funding
- Medical services provided to medically indigent clients during FY 2007-08
- Plans for future years
- Program definitions

The Colorado General Assembly enacted the “Reform Act for the Provision of Health Care for the Medically Indigent” 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. This article was amended in 2006 and now stands as the enactment of the “Colorado Indigent Care Program”. Part 1 of Article 3 in Title 25.5, is where the program’s enabling legislation resides. The follow segment of the legislative declaration helps to illustrate the program’s purpose.

The general assembly hereby determines, finds, and declares that:

(a) The state has insufficient resources to pay for all medical services for persons who are indigent and must therefore allocate available resources in a manner that will provide treatment of those conditions constituting the most serious threats to the health of such medically indigent persons, as well as increase access to primary medical care to prevent deterioration of the health conditions among medically indigent people...

...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, C.R.S. (2008)

The Colorado Indigent Care Program (CICP) provides a partial solution to the health care needs of the state’s medically indigent citizens and does not provide a comprehensive benefits package. The program is not an insurance program, but rather a financial vehicle for providers to recoup some of their costs for providing medical services to the medically indigent. The benefits

offered under this program vary from provider to provider. 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 Department convenes an annual provider meeting to obtain provider input on various topics related to the program. All CICP providers and interested parties are invited to attend the CICP provider meetings to discuss potential program policy changes. The Department held one meeting during FY 2007-08 with CICP providers in March 2008. Among the issues discussed were:

- ❑ **CICP Stakeholder Forum.** The CICP Stakeholder Forum was developed as a means to foster provider-client relations, facilitate resolutions to program issues, and make recommendations to the Department related to administrative issues. The forum first convened in October 2007 and meets quarterly. Forum members include CICP hospital providers, clinics and client advocates. Based on discussion during this forum, the Department prepared and presented new rules for adoption by the Medical Services Board amending the emergency application process to cover an entire emergency episode and broadening the scope of CICP clients who are to be exempt from copayments.
- ❑ **Rural and Public Hospital Payments under Senate Bill 07-097 and House Bill 07-1359.** Beginning July 1, 2007, Senate Bill 07-097 created an additional payment to CICP public-owned hospital providers and CICP hospital providers located in a rural area with 60 or fewer beds. Through House Bill 07-1359, allocations from the Supplemental Tobacco Litigation Settlement Moneys Account fund these additional payments. A federal match has been approved for both payments such that in total, rural hospitals will share in an allocation of \$1,455,954 and public-owned hospitals will share in an additional allocation of \$1,455,954 in FY 2007-08.
- ❑ **Allocation of the Colorado Health Care Services Fund created under Senate Bill 06-044.** In FY 2007-08 the General Assembly appropriated \$15 million to this fund. A federal match was approved for all payments from the fund with a retroactive effective date of April 2007. State regulations concerning the allocation and distribution of the fund to primary care clinics operated by CICP Hospital providers and CICP Clinics were set to expire at the end of FY 2007-08. The Medical Services Board has statutory authority to establish these methodologies. At the time of the provider meeting, the Department was researching allocation and distribution methodologies on behalf of the board.
- ❑ **Revision to Lawful Presence Rules.** The General Assembly directed the Department of Revenue to establish rules for evidence of lawful presence for those applying for public benefits. The 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 in order to comply with Department of Revenue rules that were effective August 1, 2007. All new CICP applicants and applicants reapplying for discounted health care services aged 18 years and older must sign an affidavit indicating their citizenship status and provide an acceptable form of documentation that complies with the Department of Revenue requirements. Requirements for providers are also included in the amended rules.

- ❑ Local Government Provider Fee and Hospital Payments. Senate Bill 06-145 authorizes 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 would 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 this mechanism, the Department must amend Colorado's Medicaid State Plan with the Centers for Medicare and Medicaid Services (CMS). The Department is working closely with CMS to devise an acceptable plan for implementing the local government provider fee and hospital payments using one provider as a model for the concept, but at this time the Department does not know if CMS will approve the Department's proposal.

- ❑ CMS Proposed Rules. Staff presented an overview and financial impact estimate for the following rules proposed by CMS: Cost Limits for Public Providers (CMS 2258-FC), Payment for Graduate Medical Education (CMS 2279-P), Payment for Outpatient Hospital Services (CMS 2213-P), Provider Taxes (CMS 2275-P), Coverage of Rehabilitative Services (CMS 2261-P), Payments for Costs of School Administrative and Transportation Services (CMS 2287-P) and Targeted Case Management (CMS 2237-IFC). Several of these rules are expected to have a negative financial impact on providers.

- ❑ Other topics included presentation of the FY 2006-07 CICIP Annual Report, review of budgetary issues and major initiatives undertaken by the Department.

CICIP STAKEHOLDER FORUM

The CICIP Stakeholder Forum was created in October 2007 and meets quarterly. Representatives of stakeholder representatives attend in person and participate through teleconferencing. The Department initiated this forum to provide an informal environment for CICIP client advocates, participating providers and other stakeholders to exchange ideas, review policies and make recommendations to the Department that address the CICIP eligibility process, provider relations, client relations, and other pertinent issues.

The forum discusses a variety of topics. New rules regarding the CICIP emergency application process and the elimination of copayments for certain clients experiencing hardships were developed through discussions with the forum. With the assistance of the forum, the program has also launched a comprehensive study of the copayment system and is drafting an "introductory letter" for new CICIP clients so that they understand their options and responsibilities. The forum has also commented on approaches to allocate and distribute funds from the Health Care Services Fund during the development of recommendations to the Medical Services Board regarding this topic. Notes from forum meetings and further information on the forum can be found on the Department's website.

II. CLIENTS

ELIGIBILITY REQUIREMENTS AND ABILITY-TO-PAY

Participating 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 Department. In addition, a person must not 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 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 from 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.

In order to qualify to receive discounted services under the CICP, a person must have income and assets combined at or below 250% of the federal poverty level (FPL). The Department expanded eligibility from 200% to 250% of the FPL as mandated by Senate Bill 06-044, by introducing the CICP "I" rating, which became effective July 1, 2006. This new rating 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). Ratings are based on a "snapshot" of an applicant's financial resources as of the date of the rating takes. 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. With the exception of those with an N-rating or a Z-rating, annual copayments for CICIP clients cannot exceed 10% of the family's income and equity in assets. Annual copayments for clients with N-ratings cannot exceed \$120. Clients with a Z-rating are exempt from all copayments.

Homeless clients who are at or below 40% of the FPL receive a Z-rating. These clients are exempt from copayments, income verification requirements, verification of denied Medicaid benefits and providing proof of residency when completing the CICIP application. Homeless clients receiving a Z-rating are subject to lawful presence verifications and are required to complete an affidavit and provide acceptable documentation in order to receive discounted health care services under the program. 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.

Effective July 1, 2008 the Z-rating is no longer limited to only homeless clients. The Z-rating has been expanded to encompass clients who are at or below 40% of the FPL (qualify for an N-rating) and living in transitional housing, temporarily residing with others, or recipients of Colorado's Aid to the Needy Disabled financial assistance program.

**Chart 1 - Annual Income Ranges for Each Ability-To-Pay Rate
Effective April 1, 2008 - March 31, 2009**

Family Size	Z	N	A	B	C	D
1	\$0 - \$4,160	\$0 - \$4,160	\$4,161 - \$6,448	\$6,449 - \$8,424	\$8,425 - \$10,400	\$10,401 - \$12,168
2	\$0 - \$5,600	\$0 - \$5,600	\$5,601 - \$8,680	\$8,681 - \$11,340	\$11,341 - \$14,000	\$14,001 - \$16,380
3	\$0 - \$7,040	\$0 - \$7,040	\$7,041 - \$10,912	\$10,913 - \$14,256	\$14,257 - \$17,600	\$17,601 - \$20,592
4	\$0 - \$8,480	\$0 - \$8,480	\$8,481 - \$13,144	\$13,145 - \$17,172	\$17,173 - \$21,200	\$21,201 - \$24,804
5	\$0 - \$9,920	\$0 - \$9,920	\$9,921 - \$15,376	\$15,377 - \$20,088	\$20,089 - \$24,800	\$24,801 - \$29,016
6	\$0 - \$11,360	\$0 - \$11,360	\$11,361 - \$17,608	\$17,609 - \$23,004	\$23,005 - \$28,400	\$28,401 - \$33,228
7	\$0 - \$12,800	\$0 - \$12,800	\$12,801 - \$19,840	\$19,841 - \$25,920	\$25,921 - \$32,000	\$32,001 - \$37,440
8	\$0 - \$14,240	\$0 - \$14,240	\$14,241 - \$22,072	\$22,073 - \$28,836	\$28,837 - \$35,600	\$35,601 - \$41,652
Poverty Level*	40% & Homeless	40%	62%	81%	100%	117%

Family Size	E	F	G	H	I
1	\$12,169 - \$13,832	\$13,833 - \$16,536	\$16,537 - \$19,240	\$19,241 - \$20,800	\$20,801 - \$26,000
2	\$16,381 - \$18,620	\$18,621 - \$22,260	\$22,261 - \$25,900	\$25,901 - \$28,000	\$28,001 - \$35,000
3	\$20,593 - \$23,408	\$23,409 - \$27,984	\$27,985 - \$32,560	\$32,561 - \$35,200	\$35,201 - \$44,000
4	\$24,805 - \$28,196	\$28,197 - \$33,708	\$33,709 - \$39,220	\$39,221 - \$42,400	\$42,401 - \$53,000
5	\$29,017 - \$32,984	\$32,985 - \$39,432	\$39,433 - \$45,880	\$45,881 - \$49,600	\$49,601 - \$62,000
6	\$33,229 - \$37,772	\$37,773 - \$45,156	\$45,157 - \$52,540	\$52,541 - \$56,800	\$56,801 - \$71,000
7	\$37,441 - \$42,560	\$42,561 - \$50,880	\$50,881 - \$59,200	\$59,201 - \$64,000	\$64,001 - \$80,000
8	\$41,653 - \$47,348	\$47,349 - \$56,604	\$56,605 - \$65,860	\$65,861 - \$71,200	\$71,201 - \$89,000
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	250%	\$630	\$50	\$315	\$40	\$50	\$35

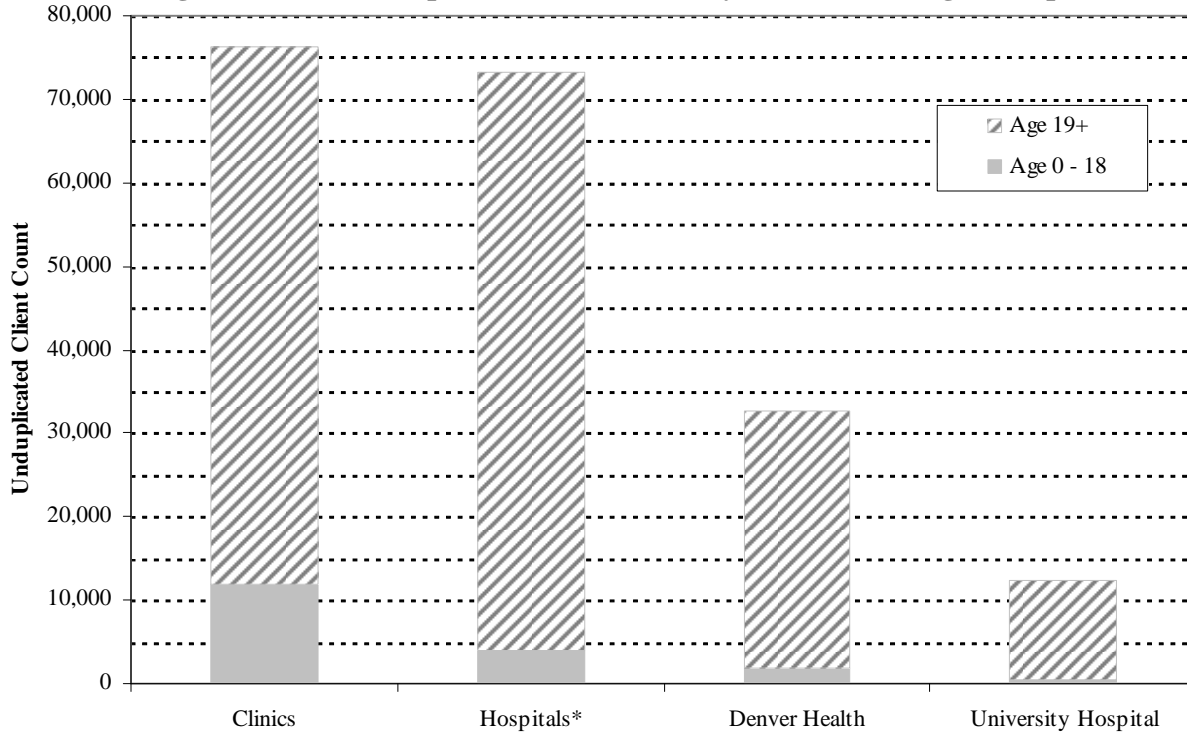
The patient must pay the lower of the copayment listed or actual charges. Clients are notified of their copayment obligation at or before the time that services are rendered. The following explains the types of medical care associated with each copayment category:

- 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.

CLIENTS SERVED

During FY 2007-08, 194,710 unduplicated clients received services through the CICP. This represents a 12.9% increase from the 172,510 unduplicated clients assisted in FY 2006-07. Overall, the program provided 13,647 unduplicated clients with inpatient care, while 187,526 received outpatient services in FY 2007-08.¹

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



Source: Table 2B * 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 (39.2%), while Denver Health Medical Center was the largest individual provider. Denver Health Medical Center provided care to 32,734, or 16.8%, of all unduplicated individuals receiving discounted medical care under the CICP.

Children represented 9.2% of the total unique population receiving services. The total number of unduplicated children receiving care under CICP rose by 58.0% in FY 2007-08. The growth in children served under the CICP is a shift the program’s demographics. In FY 2006-07 the total number of unique children receiving services under the CICP decreased 12.0% and represented 6.6% of the total unique population receiving services. Since FY 1999-00, with the exception of FY 2003-04, the number of children receiving services under CICP has declined primarily as a result of increased enrollment in the Children’s Basic Health Plan (CBHP). With the creation of the CICP “I” rating, which expanded eligibility to 250% of FPL on July 1, 2006, the CICP is

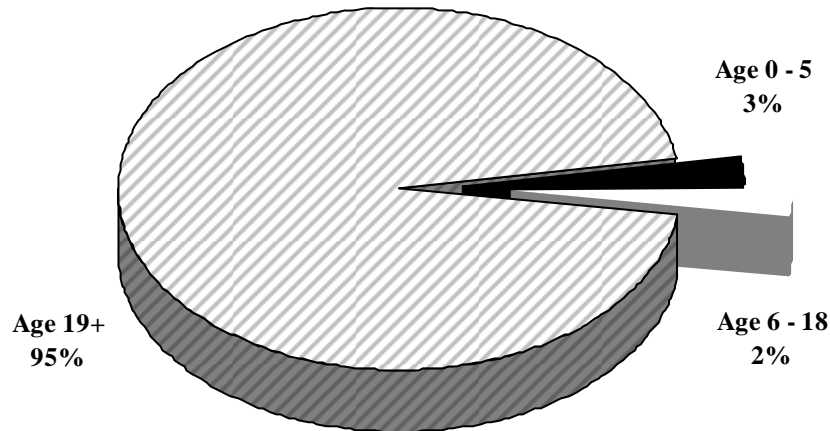
¹ Since this count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

available to children that fall between 250% of FPL and the 205% of FPL threshold of the CBHP. The Department believes that the increase in the number of children receiving services under the CICP is the result of this difference in eligibility range.²

Inpatient Care

Providers reported that 13,647 unique individuals received inpatient care through the CICP in FY 2007-08. This represented a 21.3% increase from the previous fiscal year figure of 11,246. CICP Hospitals* provided 58.8% of total unique client admissions statewide, while Denver Health Medical Center provided 31.2% of total unique client admissions, and the remaining 9.9% was provided by University of Colorado Hospital. As seen in Figure 2, children (age 0-18) represented 4.9% of the unique clients who received inpatient care. The percentage of children to the total remained approximately the same from FY 2006 -07 (4.8%).

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



Source: Table 9A.

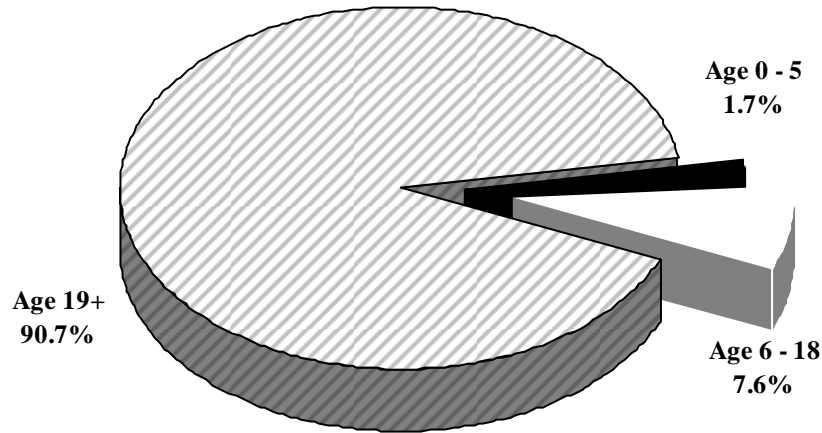
Outpatient Care

Providers reported that 187,526 unique clients received outpatient care through the CICP in FY 2007-08. This represented a 12.2% increase from the previous fiscal year figure of 167,122 individuals. CICP Clinics provided 40.7% of the total outpatient care compared to the CICP Hospitals* who accounted for 36.1%, Denver Health Medical Center at 16.9% and University of Colorado Hospital at 6.4%. As seen in Figure 3, children (age 0-18) represented 9.3% of the total unique clients who received outpatient care. Of the outpatient care administered by CICP Clinics, 15.6% was provided to children compared to 5.1% by hospital providers including specialty hospital providers, 5.5% by Denver Health Medical Center and 2.7% by University of Colorado Hospital.

² Between FY 1999-00 and FY 2002-03 the total number of unique children (age 0-18) receiving services decreased yearly. The decline was primarily due to increased enrollment in the CBHP. During FY 2003-04, this trend was reversed as the CBHP 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. A comparison of FY 1998-99 to FY 2006-07 shows that the number of unique children receiving care under the CICP fell by 60.4%.

* Includes CICP Specialty Hospitals

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



Source: Table 9A.

CLIENT UTILIZATION

Inpatient Admissions

In FY 2007-08, there were 18,259 admissions reported by CICIP providers, representing an increase of 17.0% from the 15,603 admissions recorded in the previous year.

- ❑ During FY 2007-08 17,593 or 96.4%, of all inpatient services were provided to persons aged 18 or older.
- ❑ Total inpatient days totaled 79,998 in FY 2007-08, a 13.7% increase from the FY 2006-07 count of 70,351.
- ❑ Inpatient charges accounted for 54.2% of all charges in FY 2007-08.
- ❑ Inpatient services were distributed in the following manner:
 - CICIP Hospitals: 59.4%
 - Denver Health Medical Center: 30.8%
 - University of Colorado Hospital: 9.8%

Chart 3 illustrates the number of inpatient admissions over the past few years. Since FY 2005-06, the number of inpatient admissions for CICIP Hospitals increased by 7.3%. Inpatient admissions in FY 2007-08 increased 9.5% from the previous fiscal year at CICIP Hospitals. At Denver Health Medical Center, inpatient admissions have increased 30.2% since FY 2005-06 as a result of a 40.8% increase in FY 2007-08. University of Colorado Hospital has experienced a 10.2% decrease since FY 2005-06, but had a 5% increase in inpatient admissions in FY 2007-08.

Chart 3 - Comparison of Inpatient Admissions

CICP Provider	FY 2005-06 Inpatient Admissions	Percent Change	FY 2006-07 Inpatient Admissions	Percent Change	FY 2007-08 Inpatient Admissions	Percent Change
CICP Hospitals*	10,709	-13.0%	9,908	-7.5%	10,848	9.5%
Denver Health	4,322	-17.7%	3,998	-7.5%	5,629	40.8%
University Hospital	1,984	-14.4%	1,697	-14.5%	1,782	5.0%
TOTAL	17,015	-14.4%	15,603	-8.3%	18,259	17.0%
Source: Analysis of Table 8, Utilization Data FY 2005-06, FY 2006-07 and FY 2007-08 CICP Annual Reports.						
*Includes CICP specialty hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.						

As shown in Chart 4, the number of inpatient days increased from 70,351 in FY 2006-07 to 79,988 in FY 2007-08. This represents an increase of 13.7%, following a 12.1% decrease in the previous fiscal year. Overall, the total number of inpatient days has decreased by 12.4% since FY 2004-05, but have returned to just a small fraction below the level in FY 2005-06 as a result of the FY 2007-08 increase. Denver Health Medical Center had a 32.4% increase in inpatient days in FY 2007-08, following 14.1% and 17.9% declines in the previous two fiscal years. University of Colorado Hospital had an increase of 6.0% in FY 2007-08, following a decrease of 16.7% in the prior fiscal year.

Chart 4 - Comparison of Inpatient Days

CICP Provider	FY 2005-06 Inpatient Days	Percent Change	FY 2006-07 Inpatient Days	Percent Change	FY 2007-08 Inpatient Days	Percent Change
CICP Hospitals*	46,663	-11.2%	41,997	-10.0%	44,808	6.7%
Denver Health	22,564	-17.9%	19,387	-14.1%	25,671	32.4%
University Hospital	10,768	-16.8%	8,967	-16.7%	9,509	6.0%
TOTAL	79,995	-14.0%	70,351	-12.1%	79,988	13.7%
Source: Analysis of Table 8, Utilization Data FY 2005-06, FY 2006-07 and FY 2007-08 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 of Colorado Hospital for FY 2007-08. “Symptoms” accounted for 19.4% of the top ten diagnoses and was the number one most prevalent diagnosis at Denver Health Medical Center in FY 2007-08. Denver Health Medical Center is one of few hospital providers that accept patients with acute mental disorders and a significant number of these patients qualify for the CICP. Psychoses and psychotic conditions account for 18.3% 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 48.0% of all inpatient admissions at the facility.

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

	Diagnosis Description	Claim Count
1	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	525
2	Other Psychoses (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	494
3	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	316
4	Infections of Skin and Subcutaneous Tissue (Includes: Carbuncle and Furuncle, Cellulitis and Abscess, Impetigo, Local Infections of the Skin)	248
5	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	218
6	Pneumonia and Influenza (Includes: Viral and Bacterial Pneumonia)	202
7	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	195
8	Chronic Obstructive Pulmonary Disease and Allied Conditions (Includes : Bronchitits, Emphysema, Asthma.)	186
9	Organic Psychotic Conditions (Includes: Senile and Presenile Organic Psychotic Conditions, Dementia, Alcoholic and Drug Psychoses)	182
10	Fracture of Lower Limb (Includes: Fracture of Femur, Fracture of Tibia and Fibula, Fracture of Ankle)	136
Total Top Ten Inpatient Diagnoses Admission Count		2,702
Percent of All Denver Health Medical Center Inpatient Admissions		48.0%

Like Denver Health Medical Center, University of Colorado Hospital accepts patients with acute mental disorders. In FY 2007-08 “Other Psychoses” was the number one reported diagnosis. Overall, the following top ten diagnoses accounted for 43.3% of all inpatient admissions at University of Colorado Hospital.

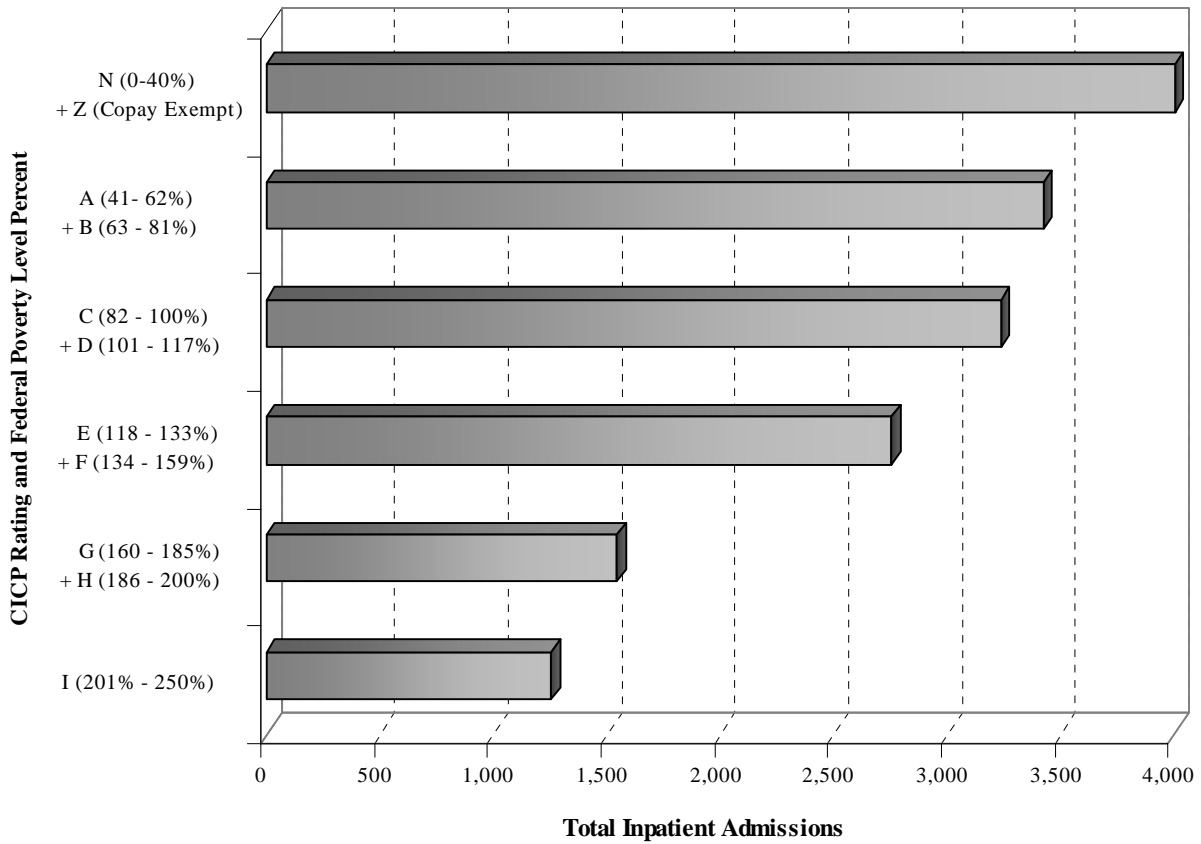
Denver Health Medical Center and University of Colorado Hospital shared seven similar top ten inpatient diagnoses.

Chart 6 - Top 10 Inpatient Diagnoses At University of Colorado Hospital

	Diagnosis Description	Claim Count
1	Other Psychoses (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	107
2	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	101
3	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	99
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	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	76
6	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	72
7	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)	63
8	Ischemic Heart Disease (Includes: Acute Myocardial Infarction, Angina Pectoris, Coronary Atherosclerosis)	62
9	Chronic Obstructive Pulmonary Disease and Allied Conditions (Includes : Bronchitits, Emphysema, Asthma)	61
10	Pneumonia and Influenza (Includes: Viral and Bacterial Pneumonia)	51
Total Top Ten Inpatient Diagnoses Admission Count		771
Percent of All University Hospital Inpatient Admissions		43.3%

Figure 4 shows the total inpatient admissions by CICP rating and FPL percentage for FY 2007-08. Of the total inpatient admissions, 60.6% were made for individuals living under or at 100% FPL (CICP ratings Z, N, A, B, or C). The CICP N-rating (which also includes the CICP Z-rating for the homeless) accounted for 13.0% of inpatient admissions, followed by the CICP A-rating (10.0%), CICP C-rating (9.6%) and the CICP B-rating (8.8%). Since FY 2004-05, the distribution of inpatient admissions for individuals living at or under 100% FPL has remained fairly constant.

Figure 4 - Inpatient Admissions by CICP Rating



Source: Table 4, Utilization Data.

Outpatient Visits

The 187,526 clients who received outpatient services in FY 2007-08 resulted in 574,034 visits to CICIP providers. Additional details about outpatient visits in FY 2007-08 include:

- Total outpatient activity increased 5.9% from the 541,976 visits in FY 2006-07.
- Outpatient visits accounted for 45.8% of total charges for FY 2007-08
- 555,203 or 96.7% of all outpatient visits were provided to persons age 18 or older.
- Outpatient services were distributed in the following manner:
 - CICIP Clinics: 42.2%
 - CICIP Hospitals: 24.0%
 - Denver Health Medical Center: 27.1%
 - University of Colorado Hospital: 6.8%

As shown in Chart 7, the overall number of outpatient visits decreased 5.9% from FY 2006-07 to FY 2007-08. Denver Health Medical Center showed an 18.1% rise in outpatient visits, and University of Colorado Hospital showed a decrease of 8.8% during the same time period. CICIP Clinics and CICIP Hospitals showed an increase of 3.3%.

Chart 7 - Comparison of Outpatient Visits

CICIP Provider	FY 2005-06 Outpatient Visits	Percent Change	FY 2006-07 Outpatient Visits	Percent Change	FY 2007-08 Outpatient Visits	Percent Change
CICIP Clinics	232,892	0.0%	234,353	0.6%	241,976	3.3%
CICIP Hospitals*	140,061	0.3%	133,289	-4.8%	137,696	3.3%
Denver Health	137,505	1.4%	131,669	-4.2%	155,441	18.1%
University Hospital	48,243	26.0%	42,665	-11.6%	38,921	-8.8%
TOTALS	558,701	2.2%	541,976	-3.0%	574,034	5.9%

Source: Analysis of Table 8, Utilization Data FY 2005-06, FY 2006-07 and FY 2007-08 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 (60.1%) of all outpatient visits at the facility. The top ten diagnoses visit count increased 27.5% from the FY 2006-07 totals.

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)	20,531
2	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	15,630
3	Persons Without Reported Diagnosis Encountered During Examination (Includes: General Medical Examination, Screenings for Infectious Diseases, Screening for Mental Disorders)	12,297
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)	9,952
5	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	7,844
6	Diseases of Oral Cavity, Salivary Glands, and Jaws (Includes: Disorder of Tooth Development, Gingival Disease, Dentofacial Anomalies, Diseases of the Salivary Glands)	6,714
7	Intestinal Infectious diseases (Includes : E. Coli, Shigellosis, Staphylococcus, Salmonella Infections, Food Poisoning.	5,813
8	Hypertensive Disease (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	5,248
9	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	5,168
10	Dorsopathies (Includes : Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	4,282
Total Top Ten Outpatient Diagnoses Visit Count		93,479
Percent of All Denver Health Medical Center Outpatient Visits		60.1%

Listed in Chart 9 are the top ten outpatient diagnosis codes at University of Colorado Hospital, which accounted for 40.8% of the facility's outpatient visits. The most common diagnosis at University of Colorado Hospital for an outpatient visit was categorized under Symptoms, followed by Persons Encountering Health Services for Specific Procedures and Aftercare. The claim count for the top ten outpatient diagnoses declined 7.1% from the FY 2006-07 totals.

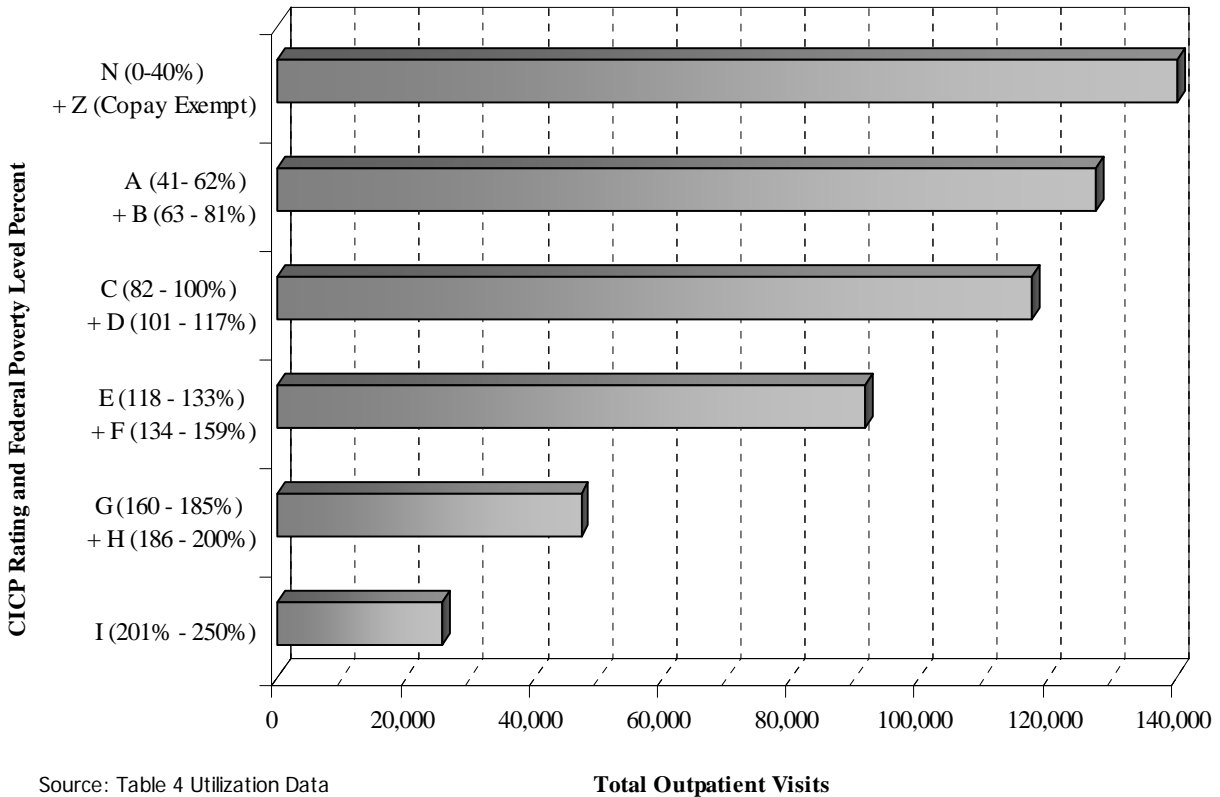
Overall, Denver Health Medical Center and University of Colorado Hospital shared six common categories of top ten diagnoses.

Chart 9 - Top 10 Outpatient Diagnoses At University of Colorado 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)	3,923
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)	2,475
3	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	1,687
4	Human Immunodeficiency Virus (HIV) Infection (Includes: Acquired Immune Deficiency Syndrome and Related Complex)	1,400
5	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	1,258
6	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	1,215
7	Dorsopathies (Includes: Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	1,193
8	Disorders of the Eye and Adnexa (Includes: Retinal Disorders, Choroids Disorders, Glaucoma, Cataract)	1,029
9	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)	880
10	Hypertensive Disease (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	801
Total Top Ten Outpatient Diagnoses Visit Count		15,861
Percent of All University Hospital Outpatient Visits		40.8%

In FY 2007-08 clients with ratings at or below 100% of the FPL (CICP Z, N, A, B, or C ratings) accounted for 61.8% of outpatient visits; an increase of 7.4% from FY 2006-07. The following graph shows outpatient utilization by CICP rating for FY 2007-08. Clients with CICP N and Z rating, covering clients with income and assets at 0% to 40% of the FPL, accounted for 28.4% of outpatient visits, followed by clients with a CICP A rating (11.2%) and CICP C rating (11.2%) and CICP B rating (11.0%).

Figure 5 - Outpatient Visits by CICP Rating



Source: Table 4 Utilization Data

Total Outpatient Visits

III. PROVIDERS

BACKGROUND

The Colorado Indigent Care Program (CICP) contracts with any interested provider that meets both of the following criteria:

1. Is licensed as a general hospital, community clinic, or maternity hospital by the Department of Public Health and Environment; and
2. Has at least one on-site physician with staff privileges to perform non-emergency obstetric procedures (applies to hospitals only).

For the purposes of this FY 2007-08 Annual Report, the CICP providers are identified in the following categories by funding appropriation:

- ❑ **CICP Clinics** – clinics outside the geographic area of the City and County of Denver, except for Colorado Coalition for the Homeless, which is a Specialty Clinic operating within the City and County of Denver. For the purpose of this report, Colorado Coalition for the Homeless is identified as a CICP Clinic.
- ❑ **CICP Hospitals** – hospitals located throughout the state, but outside the City and County of Denver.
- ❑ **CICP Specialty Hospitals** – this includes The Children’s Hospital and National Jewish Medical and Research Center. Specialty providers must either offer unique services or serve a unique population. Additionally, at least 50% of the medical care rendered through the CICP must be provided to individuals who reside outside the City and County of Denver.
- ❑ **CICP Rural Hospitals** – hospitals located outside the boundaries of a federally designated metropolitan statistical area that have 60 or fewer staffed acute care beds.
- ❑ **CICP Public Hospitals** – hospitals that are either state-owned or local-owned.
- ❑ **Denver Health Medical Center** – Denver Health Medical Center, including nine neighborhood outpatient clinics.
- ❑ **University of Colorado Hospital** – University of Colorado Hospital and associated specialty clinics.

In prior CICP Annual Reports, providers were classified based upon their ability to qualify as a Medicaid Disproportionate Share Hospital (DSH). This was confusing, since all hospitals participating in the CICP receive a DSH payment under the State’s 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 began to receive additional compensation under the Low-Income and High-Volume payments to meet this requirement.

Throughout this report, any provider who participates in CICIP 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 1999-00	FY 2000-01	FY 2001-02	FY 2002-03	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08
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					■	■			
Southwest Memorial									■
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 of Colorado Hospital	■	■	■	■	■	■	■	■	■
Total Number of CICP Hospital Providers	8	9	9	9	11	12	11	11	13

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 2005-06	FY 2006-07	FY 2007-08
Arkansas Valley Regional Medical Center		■	
Conejos 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	■	■	
Mt. San Rafael 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			■
Denver Health Medical Center	■	■	■
University of Colorado Hospital	■	■	■
Total Number of CICIP Hospital Providers	14	18	19

FY 2007-08 PROVIDER PARTICIPATION

A total of 61 contract providers participated in the CICIP. This included 46 hospitals and 15 clinics. Most of the contracted clinic providers and several of the contracted hospital providers have multiple sites. Any site other than the main contracted facility is considered a satellite facility. There were 92 satellite CICIP facilities throughout the state, including one hospital facility (Penrose Community Hospital), which is classified as a satellite facility.

Chart 12 - FY 2007-08 CICIP Clinics and Hospitals Including Satellite Facilities by County

County	Clinics	Hospitals	Totals	County	Clinics	Hospitals	Totals
Adams	5	1	6	Kit Carson	1	0	1
Alamosa	4	1	5	La Plata	0	1	1
Arapahoe	7	2	9	Lake	0	1	1
Archuleta	0	0	0	Larimer	5	4	9
Baca	0	1	1	Las Animas	0	1	1
Bent	1	0	1	Lincoln	2	0	2
Boulder	5	2	7	Logan	2	1	3
Broomfield	0	0	0	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	1	0	1	Ouray	0	0	0
Delta	0	1	1	Park	1	0	1
Denver	12	2	14	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	9	3	12	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	1	0	1
Jefferson	6	0	6	Weld	6	1	7
Kiowa	0	0	0	Yuma	3	2	5
				Totals	106	47	153

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 Web site.

Chart 13 - FY 2007-08 CICIP Contracted Providers

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

IV. REIMBURSEMENT

REIMBURSEMENT METHODOLOGY FOR CICP HOSPITALS

Based on 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 Medicaid Disproportionate Share Hospital (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 Colorado Indigent Care Program (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.

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 "High-Volume Payment."

FY 2007-08 REIMBURSEMENT FOR CLINICS AND HOSPITALS

In the FY 2007-08 Long Bill, appropriations included the following line items:

Department of Health Care Policy and Financing
Section Four - Indigent Care Program

- Safety Net Provider Payments
- The Children's Hospital, Clinic Based Indigent Care
- Health Care Services Fund and Health Care Services Fund Programs
- Comprehensive Primary and Preventive Care Grants Program (The Senate Bill 07-097 Rural and Public Hospital Payments are funded through this line item.)

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 \$135,003,533) to reimburse CICIP Hospital providers in FY 2007-08 through the Safety Net Provider Payments line item. Low-Income, High-Volume, Bad Debt, and Medicaid Shortfall payments are made from this line item. The appropriation for the Safety Net Provider Payments line item was not fully expended by the program as a result of the difference between the budget estimates used to set the appropriation and the actual program expenditures. For FY 2007-08 this difference was \$13,295,448 in Cash Funds Exempt and federal funds. No General Fund was reverted from the line item.

The appropriation for CICIP Clinics was \$26,291,760 in total funds (General Fund \$3,059,880, federal funds \$13,145,880 and Cash Funds Exempt \$10,086,000). The appropriations included funds to reimburse The Children's Hospital (\$60,000 total funds) for administration of CICIP clinic based care. The \$10,086,000 in Cash Funds Exempt for CICIP Clinics includes funds disbursed from the Health Care Services Fund to provide primary care services to CICIP clients.

Total funds of \$11,053,421 (State Funds \$4,914,000 from the Health Care Services Fund and \$6,139,421 in federal funds) were also appropriated to the Health Care Services Fund Programs line item to support primary care services to CICIP clients offered by Denver Health Medical Center and other primary care clinics operated by CICIP Hospitals. The total spending authority for the Rural and Public Hospital Payment (combined) was \$2,911,908 (\$1,455,954 in State Funds and \$1,455,954 in federal funds). Rural hospital providers and public hospital providers share equally in the funding; each receiving 50%.

The total payment to the CICIP providers in FY 2007-08 from State Funds and federal funds is shown in Chart 14, as well as Cash Funds Exempt. Cash Funds Exempt represent public funds certified as representing expenditures incurred by public-owned hospitals that are eligible for federal financial participation, and do not represent a cash payment by the State. Health Care Services Fund appropriations and Rural and Public Hospital appropriations are included in Chart 14 under State Funds.

For FY 2007-08, the average reimbursement relative to costs for all CICIP Hospital providers (including Denver Health Medical Center and University of Colorado Hospital) equaled 52.2% and the average reimbursement relative to costs for CICIP Clinics equaled 92.3%. Charts 15 through 19 provide detailed reimbursement rates by various provider classifications.

Chart 14 - FY 2007-08 CICP Payment

	State Funds (1)	Cash Funds Exempt (2)	Federal Funds	Total Funds	Payments to Providers (3)
CICP Clinics(4)	\$13,145,880	\$0	\$13,145,880	\$26,291,760	\$26,291,760
Children's Hospital Clinic Payment	\$3,059,880	\$0	\$3,059,880	\$6,119,760	\$6,119,760
Health Care Services Fund	\$10,086,000	\$0	\$10,086,000	\$20,172,000	\$20,172,000
CICP Hospitals and Specialty Hospitals	\$15,869,547	\$34,795,167	\$51,130,970	\$101,795,684	\$67,000,517
Low-Income Payment	\$130,907	\$14,825,311	\$14,956,218	\$29,912,436	\$15,087,125
High-Volume Payment	\$12,959,609	\$19,943,377	\$32,902,986	\$65,805,972	\$45,862,595
Health Care Services Fund	\$1,892,640	\$0	\$2,358,896	\$4,251,536	\$4,251,536
Rural & Public Hospital Payment	\$886,391	\$0	\$886,391	\$1,772,782	\$1,772,782
Bad Debt Payment	\$0	\$26,479	\$26,479	\$52,958	\$26,479
Denver Health	\$3,069,374	\$57,693,313	\$61,435,995	\$122,198,682	\$64,505,369
Low-Income Payment	\$0	\$46,987,414	\$46,987,414	\$93,974,828	\$46,987,414
High-Volume Payment	\$0	\$10,625,413	\$10,625,413	\$21,250,826	\$10,625,413
Health Care Services Fund(5)	\$2,700,000	\$0	\$3,373,308	\$6,073,308	\$6,073,308
Rural & Public Hospital Payment	\$369,374	\$0	\$369,374	\$738,748	\$738,748
Bad Debt Payment	\$0	\$80,486	\$80,486	\$160,972	\$80,486
University Hospital	\$521,549	\$35,867,330	\$36,474,736	\$72,863,615	\$36,996,285
Low-Income Payment	\$0	\$20,179,362	\$20,179,362	\$40,358,724	\$20,179,362
High-Volume Payment	\$0	\$15,670,988	\$15,670,988	\$31,341,976	\$15,670,988
Health Care Services Fund	\$321,360	\$0	\$407,217	\$728,577	\$728,577
Rural & Public Hospital Payment	\$200,189	\$0	\$200,189	\$400,378	\$400,378
Bad Debt Payment	\$0	\$16,980	\$16,980	\$33,960	\$16,980
Total CICP Payment	\$32,606,350	\$128,355,810	\$162,187,581	\$323,149,741	\$194,793,931
Clinic Payment (4)(6)	\$13,145,880	\$0	\$13,145,880	\$26,291,760	\$26,291,760
Low-Income Payment (7)	\$130,907	\$81,992,087	\$82,122,994	\$164,245,988	\$82,253,901
High-Volume Payment (6)	\$12,959,609	\$46,239,778	\$59,199,387	\$118,398,774	\$72,158,996
Health Care Services Fund (8)	\$4,914,000	\$0	\$6,139,421	\$11,053,421	\$11,053,421
Rural & Public Hospital Payment (9)	\$1,455,954	\$0	\$1,455,954	\$2,911,908	\$2,911,908
Bad Debt Payment (7)	\$0	\$123,945	\$123,945	\$247,890	\$123,945

Source: Table 1, Financial Tables

(1) State Funds include State General Fund appropriations, Health Care Services Funds, and Supplemental Tobacco Litigation Settlement Moneys Account funds

(2) This amount represents public funds certified as representing expenditures incurred by public-owned hospitals that are eligible for federal financial participation under the UPL or DSH.

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

(4) \$26,291,760 was paid to The Children's Hospital, which administers payments to CICP Clinics. The Children's Hospital retained \$60,000 of the total funds for the administration of this payment, which are not reported in any statistics or diagrams in this annual report.

(5) \$673,308 of the SFY 2007-08 payment is the Federal Match for the Q4 SFY 2006-07 payment. The State Share for SFY 2006-07 was paid on 5/28/2007

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

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

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

(9) Rural and Public Hospital Payments are made using funds from the Supplemental Tobacco Litigation Settlement Moneys Account and a match of federal funds

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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 92.3% of write-off costs, while CICIP Hospital providers stood at 52.2%. Denver Health Medical Center received a 61.9% reimbursement rate and University of Colorado Hospital received 70.6%.

Chart 15 - FY 2007-08 Percentage of Write-Off Cost Reimbursed

	Payment	Write-Off Costs	Percent Reimbursed
CICIP Clinics	\$26,231,760	\$28,412,302	92.33%
CICIP Hospitals*	\$67,000,517	\$166,156,472	40.32%
Sub-Total CICIP Providers	\$93,232,277	\$194,568,774	47.92%
Denver Health Medical Center	\$64,505,369	\$104,162,102	61.93%
University of Colorado Hospital	\$36,996,285	\$52,413,675	70.59%
CICIP Hospital Providers	\$168,502,171	\$322,732,249	52.21%
Total CICIP Providers	\$194,733,931	\$351,144,551	55.46%
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 55.5% in FY 2007-08. Overall, the FY 2007-08 reimbursement percentage increased as a 10.4% increase in costs was offset by a 12.0% increase in payments (see Chart 17). The reimbursement rate to CICIP Clinics increased from 59.5% in FY 2006-07 to 92.3% in FY 2007-08, while CICIP Hospitals saw an increase from 32.7% to 40.3% during the same span. Denver Health Medical Center posted a reimbursement percentage in FY 2007-08 that was 20.8% lower than in FY 2006-07, while University of Colorado Hospital witnessed a 2.9% decline from their FY 2006-07 reimbursement percentage.

Chart 16 - Historical Percentage of Write-Off Cost Reimbursed

	Percent of CICIP Write-Off Costs Reimbursed					
	<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>	<u>FY 2007-08</u>
CICIP Clinics	26.93%	20.77%	21.36%	22.55%	59.45%	92.33%
CICIP Hospitals*	21.32%	26.07%	19.40%	27.30%	32.72%	40.32%
Sub-Total CICIP Providers	22.20%	25.26%	19.68%	26.63%	36.69%	47.92%
Denver Health Medical Center	57.81%	58.71%	55.04%	84.67%	82.70%	61.93%
University of Colorado Hospital	48.85%	57.38%	57.73%	59.27%	73.48%	70.59%
CICIP Hospital Providers	39.17%	42.85%	38.40%	49.77%	54.23%	52.21%
Average CICIP Providers	38.22%	41.10%	37.14%	47.62%	54.67%	55.46%
Source: Analysis of CICIP Annual Reports.						
*Includes CICIP Specialty Hospital providers and Medicaid DSH providers listed in previous CICIP Annual Reports.						

In FY 2007-08, reimbursements to all CICIP providers increased 12.0% over FY 2006-07 and 20.1% above FY 2005-06. Based on the amounts reported in Chart 17, the reimbursement to all CICIP Hospital providers has increased 8.0% from the FY 2005-06 level, while write-off costs increased by 2.9%. Write-off costs for CICIP Clinics increased 5.7% since FY 2005-06, while their reimbursement increased 332.9% over the same period due to the implementation of the Colorado Health Care Services Fund in FY 2006-07. In FY 2007-08, the Health Care Services Fund appropriations to the CICIP Clinics received a 50% federal match. Reimbursements to CICIP Hospitals have increased 49.5% from FY 2005-06 levels. The implementation of the Health Care Services Fund, a 50% federal match to the Health Care Services Fund, the start of Rural and Public Hospital payments, and an increase to High-Volume payments collectively contributed to the increased reimbursement to CICIP Hospitals over the three year span. In addition, since FY 2005-06, write-off costs at Denver Health Medical Center increased by 16.5% compared to a decrease of 12.6% at University of Colorado Hospital. Reimbursements at Denver Health Medical Center have declined 14.8% from FY 2005-06 levels, while University of Colorado Hospital had an increase of 4.1% over the same time span. Payments for FY 2007-08 are based on write-off costs from calendar year 2006. Calendar year 2006 spans both fiscal years 2005-06 and 2006-07, and in both of those fiscal years, University of Colorado Hospital's and Denver Health Medical Center's write-off costs declined, resulting in lower payments in FY 2007-08. Note that the decline in net payments was mitigated due to Health Care Services Fund payments and Public Hospital payments that were also made to Denver Health Medical Center in FY 2007-08.

Chart 17 - Historical CICIP Charges, Costs and Payments

	Charges			Write-Off Costs			Net Payments		
	FY 2005-06	FY 2006-07	FY 2007-08	FY 2005-06	FY 2006-07	FY 2007-08	FY 2005-06	FY 2006-07	FY 2007-08
CICIP Clinics	\$32,040,984	\$33,376,221	\$34,666,864	\$26,874,123	\$27,115,897	\$28,412,302	\$6,059,760	\$16,120,483	\$26,231,760
Percent Change	-4.0%	4.2%	3.9%	-5.3%	0.9%	4.8%	0.0%	166.0%	62.7%
CICIP Hospitals*	\$452,439,414	\$461,016,331	\$524,110,968	\$164,203,646	\$155,458,588	\$166,156,472	\$44,829,095	\$50,865,203	\$67,000,517
Percent Change	-1.7%	1.9%	13.7%	-4.3%	-5.3%	6.9%	34.6%	13.5%	31.7%
Denver Health	\$193,447,975	\$181,786,711	\$259,128,852	\$89,407,080	\$79,751,965	\$104,162,102	\$75,698,495	\$65,955,590	\$64,505,369
Percent Change	-6.6%	-6.0%	42.5%	-24.3%	-10.8%	30.6%	16.5%	-12.9%	-2.2%
University Hospital	\$184,550,574	\$171,063,798	\$178,953,861	\$59,979,147	\$55,730,217	\$52,439,795	\$35,551,623	\$40,948,606	\$36,996,285
Percent Change	2.7%	-7.3%	4.6%	-10.5%	-7.1%	-5.9%	-8.1%	15.2%	-9.7%
All CICIP Hospitals	\$830,437,963	\$813,866,840	\$962,193,681	\$313,589,873	\$290,940,770	\$322,758,369	\$156,079,213	\$157,769,399	\$168,502,171
Percent Change	-1.9%	-2.0%	18.2%	-12.1%	-7.2%	10.9%	14.0%	1.1%	6.8%
Total CICIP Provider	\$862,478,947	\$847,243,061	\$996,860,545	\$340,463,996	\$318,056,667	\$351,170,671	\$162,138,973	\$173,889,882	\$194,733,931
Percent Change	-2.0%	-1.8%	17.7%	-11.6%	-6.6%	10.4%	13.4%	7.2%	12.0%

Source: CICIP Analysis of Table 1, Financial Tables FY 2005-06, FY 2006-07 and FY 2007-08 CICIP Annual Reports. Includes updated information.

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

REIMBURSEMENT PER HOSPITAL PROVIDER CLASSIFICATION

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 increased High-Volume and Low-Income payments. 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, 65.1%, was paid to providers who qualified as both High Medicaid Utilization Hospital and High CICP Utilization Hospital providers (5 providers in total, which included Denver Health Medical Center and University of Colorado Hospital). Excluding providers who qualified in both categories, those providers who qualified as a High Medicaid Utilization Hospital provider (8 providers) received an average 45.4% reimbursement rate, while those who qualified as a High CICP Utilization Hospital provider (15 providers) received an average 41.4%. Providers who did not qualify in either category (18 providers) were reimbursed an average of 28.8%.

Chart 18 - FY 2007-08 Percentage of Write-Off Costs Reimbursed by High Utilization Classification

Provider Classification	Payment	Write-Off Costs	Reimbursement Percentage
High Medicaid Utilization Hospitals Only	\$7,037,738	\$15,508,273	45.4%
High CICP Utilization Hospitals Only	\$47,849,046	\$115,450,488	41.4%
Both High Medicaid Utilization & High CICP Utilization Hospitals Only	\$104,634,966	\$160,626,735	65.1%
All Other Hospital Providers	\$8,980,421	\$31,172,873	28.8%
All Hospital Providers	\$168,502,171	\$322,758,369	52.2%

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 50.5% in FY 2006-07 and a rate of 45.4% in FY 2007-08. Providers with a rating only as a High CICP Utilization Hospital showed a reimbursement rate of 31.1% in FY 2006-07 and a rate of 41.4% in FY 2007-08. Reimbursement rates for hospitals rated as Both High Medicaid Utilization and High CICP Utilization Hospitals has decreased from 75.6% in FY 2006-07 to 65.1% in FY 2007-08, largely a result of the declines for Denver Health Medical Center and University of Colorado Hospital. All Other Hospital Providers experienced increases in reimbursement rates, from 20.6% in FY 2006-07 to 28.8% in FY 2007-08, 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 2005-06	FY 2006-07	FY 2007-08
High Medicaid Utilization Hospitals Only	63.3%	50.5%	45.4%
High CICIP Utilization Hospitals Only	25.6%	31.1%	41.4%
Both High Medicaid Utilization & High CICIP Utilization Hospitals Only	71.2%	75.6%	65.1%
All Other Hospital Providers	17.7%	20.6%	28.8%
All Hospital Providers	49.8%	54.2%	52.2%
Source: CICIP Analysis of Table 1, Financial Tables FY 2005-06, FY 2006-07 and FY 2007-08 CICIP 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 to certify public expenditures, and payments to these providers must be 50% General Fund. Therefore, public-owned hospitals receive higher reimbursement due to the availability of federal funds matched from certification of public expenditures, and private-owned hospitals receive lower reimbursement because of limited General Fund.

When examining all CICIP Hospital providers, public-owned hospitals (24 providers) received an average 59.2% reimbursement rate, while private-owned hospitals (21 providers) received 33.4%. All reimbursement rates are relative to write-off costs as detailed in Table 1. When the effects of higher payments received by High Utilization Medicaid Hospital and High Utilization CICIP Hospital providers are excluded, public-owned hospitals (13 providers) received an average reimbursement of 7.3%, while private-owned hospitals (8 providers) received 19.3%.

**Chart 20 - FY 2007-08 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	\$139,172,629	\$235,013,362	59.2%
Private-Owned Hospitals	\$29,329,542	\$87,745,007	33.4%
All Hospital Providers	\$168,502,171	\$322,758,369	52.2%
<u>Excluding All High Medicaid Utilization or High CICP Utilization Hospital Providers</u>			
Public-Owned Hospitals	\$2,733,610	\$37,670,975	7.3%
Private-Owned Hospitals	\$4,827,189	\$24,996,138	19.3%
All Hospital Providers	\$7,560,799	\$62,667,113	12.1%
Source: Table 1, Financial Tables			

An historical compilation of the reimbursement rates between public-owned hospitals and private-owned hospitals is depicted in Chart 21.

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

Provider Classification	FY 2005-06	FY 2006-07	FY 2007-08
<u>Including All Hospital Providers</u>			
Public-Owned Hospitals	57.9%	63.3%	59.2%
Private-Owned Hospitals	28.7%	32.0%	33.4%
All Hospital Providers	49.8%	54.2%	52.2%
<u>Excluding All High Medicaid Utilization or High CICP Utilization Hospital Providers</u>			
Public-Owned Hospitals	18.8%	8.0%	7.3%
Private-Owned Hospitals	17.1%	17.7%	19.3%
All Hospital Providers	17.7%	12.9%	12.1%
Source: CICP Analysis of Table 1, Financial Tables FY 2005-06, FY 2006-07 and FY 2007-08 CICP Annual Reports. Includes updated information.			

REIMBURSEMENT PER INPATIENT DAY

The reimbursement per inpatient day by provider group for FY 2007-08 is reported in Chart 22. The reimbursement per inpatient day at CICIP Hospitals was \$844.49, compared to Denver Health Medical Center at \$1,450.80 and University of Colorado Hospital at \$1,776.46.

Chart 22 - FY 2007-08 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**	44,808	\$37,840,036	\$844.49
Denver Health	25,671	\$37,243,419	\$1,450.80
University Hospital	9,509	\$16,892,349	\$1,776.46
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 2005-06 to FY 2007-08 the number of inpatient days for CICIP Hospitals declined 4.0%, while net CICIP reimbursement per inpatient day increased 50.0% to \$844.49. Over the same period, reimbursements per inpatient day at Denver Health Medical Center decreased by 21.5% and increased by 23.3% at University of Colorado Hospital. The number of inpatient days increased by 13.8% at Denver Health Medical Center and declined by 11.7% at University of Colorado Hospital over the same span. Historical reimbursement per inpatient day is shown in Chart 23.

Chart 23 - Historical Payment per Inpatient Day

CICP Provider	FY 2005-06 CICP Payment Per Inpatient Day*	FY 2006-07 CICP Payment Per Inpatient Day*	FY 2007-08 CICP Payment Per Inpatient Day*
CICP Clinics	N/A	N/A	N/A
CICP Hospitals**	\$563.13	\$663.82	\$844.49
Denver Health	\$1,848.49	\$1,794.04	\$1,450.80
University Hospital	\$1,440.48	\$1,980.16	\$1,776.46
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 2007-08 are reported in Chart 24. The reimbursement per outpatient visit at CICP Clinics was \$108.41, compared to CICP Hospitals, who were reimbursed \$211.11 per visit.

Chart 24 - FY 2007-08 Payment per Outpatient Visit

CICP Provider	Outpatient Visits	Total CICP Outpatient Payment	CICP Payment Per Outpatient Visit*
CICP Clinics	241,976	\$26,231,760	\$108.41
CICP Hospitals**	137,696	\$29,068,748	\$211.11
Denver Health	155,441	\$27,261,950	\$175.38
University Hospital	38,921	\$14,813,738	\$380.61

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 2005-06 through FY 2007-08 the number of outpatient visits at CICP Clinics increased by 3.9%, while, as demonstrated in Chart 25, the reimbursement per visit increased by 316.6%.⁶ Between the same two fiscal years, the number of CICP Hospital visits decreased by 1.7% and the reimbursement per visit rose by 62.7%.⁷ The number of outpatient visits at Denver Health Medical Center increased by 13.0%, while at University of Colorado Hospital outpatient visits decreased 19.3%. Since FY 2005-06, the average reimbursement per visit has declined 29.1% at Denver Health Medical Center and increased 22.7% at University of Colorado Hospital.

Chart 25 - Historical Payment per Outpatient Visit

CICP Provider	FY 2005-06 CICP Payment Per Outpatient Visit*	FY 2006-07 CICP Payment Per Outpatient Visit*	FY 2007-08 CICP Payment Per Outpatient Visit
CICP Clinics	\$26.02	\$68.79	\$108.41
CICP Hospitals**	\$129.74	\$171.42	\$211.11
Denver Health	\$247.19	\$236.77	\$175.38
University Hospital	\$310.10	\$417.10	\$380.61

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.

⁶ The increase to the CICP Clients reimbursement is due to the implementation of the Colorado Health Care Services Fund in FY 2006-07 and the availability to receive a 50% federal match on those funds starting FY 2007-08.

⁷ Contributing to the increased reimbursement to CICP Hospitals was the advent of the Rural and Public Hospital payments, a secured federal match to the Health Care Services Fund, and an increase in High-Volume payments in FY 2007-08.

V. PROGRAM ADMINISTRATION

REPORTING REQUIREMENTS AND PREVENTION OF FRAUD BY PROVIDERS

The Colorado Indigent Care Program (CICP) Provider Audit Guidelines for FY 2007-08 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 CICP's contract and related provider manual.

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

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

Internal Audit: If a provider received under \$1,000,000 in reimbursement from the CICP, the provider may elect to conduct the annual compliance audit internally, rather than receiving an external audit. If the provider elects to perform an internal audit, the provider administrator must submit an internal audit statement following the same Provider Compliance Audit guidelines as the External Audit. An internal audit should be conducted by the facility's auditor. If the facility does not have an auditor on staff, then personnel who do not directly determine client CICP eligibility, or handle CICP billing records, should be chosen.

The provider contract contains remedies to be taken by the Department in the event the scope of work is not fulfilled. Providers are required to retain patient records validating income and assets claimed by the patient in determining eligibility for the CICP.

PREVENTION OF FRAUD BY APPLICANTS

At the time of application, each CICP applicant is required to sign a statement that the information given to the provider is accurate and that false statements could result in a prosecution by local authorities. The 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 CICP application should be reported to the local county District Attorney's office or the local police by the provider. In accordance with 25.5-3-111, C.R.S., any 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 false information is given in an effort 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 as providers are contracted to prioritize their services of emergency and urgent care to CICIP patients. Most CICIP Hospital providers have limited services and provide only emergency and urgent care.

VI. FUTURE DIRECTION

CERTIFICATION OF PUBLIC EXPENDITURES

The certification of public expenditures is a mechanism used to fund the High-Volume and Low-Income payments for public-owned hospital providers. State-owned and non-state owned public facilities may certify their uncompensated costs incurred in association with providing qualified medical services to eligible Medicaid or Colorado Indigent Care Program (CICP) clients. This certification may be used as the state share to draw the federal financial participation. The CICP reimbursement model is designed to maximize payments to providers while minimizing the need to utilize State General Fund to qualify for a federal match. To date, certification of public expenditures has been the primary mechanism used to achieve this goal. In FY 2007-08, public providers certified nearly \$130 million towards Colorado Indigent Care Program payments. (See the “Cash Funds Exempt” column in Chart 14.)

The Department is working closely with the Centers for Medicare and Medicaid Services (CMS) to establish acceptable methodologies and protocols for reimbursing public providers using the certification of public expenditures as the state share. Presently, the Department requires public-own providers to certify their uncompensated costs associated with providing Medicaid inpatient hospital services, and CICP low-income inpatient and outpatient hospital services. The Department provides detailed instructions for providers so that they may accurately compute uncompensated costs in accordance with federal regulations and guidance from the CMS. The federal CMS 2552-96 Medicare/Medicaid cost report is the cornerstone of this methodology. Uncompensated costs are estimated using a per-diem methodology for routine cost centers while a cost-to-charge ratio is calculated and applied to ancillary cost centers.

The Department is currently in discussion with the CMS on various points related to the certification process and calculations. For example, at this time, payments are made on a prospective basis. In the future, the CMS may require a reconciliation process to finalize payments based on differences between initial “as-filed” Medicare/Medicaid cost reports and final audited Medicare/Medicaid cost reports. Other details, such as clarification and modifications to certain calculations and allowable costs, may change in the future based on continuing negotiations with the CMS. The Department remains committed to working with the federal government for the good of the program and will keep providers informed of any pertinent changes.

PROVIDER FEES

For CICP payments, the Department currently uses Certified Public Expenditures (CPEs) as the state share to draw federal funds for public hospitals, and General Fund to draw federal funds for private hospitals. In collaboration with the Governor’s Office and the Colorado Hospital Association, the Department is exploring implementing a hospital provider fee in Colorado to replace this current reimbursement methodology.

Under a provider fee scenario, payments are comprised of the State share (generated by the fee) and federal matching funds. Such a model could allow the Department to increase CICP payments to providers while eliminating the use of CPEs to draw federal matching funds for public providers as well as increasing the General Fund appropriation available for CICP payments to private providers.

The provider fee model will require statutory changes and a Colorado Medicaid State Plan (State Plan) Amendment with CMS. The Department must receive approval from the General Assembly and the CMS before implementation.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) RULES

Cost Limit on Providers (CMS 2258-FC)

This proposed rule would make changes to public provider payment and financing arrangements with State Medicaid programs, especially with regards to certification of public expenditures. The proposed cost limit rule adds specific limitations on public-owned providers by redefining them as units of government with general taxing authority. The proposed rule requires entities using certified public expenditures to draw a federal share for Medicaid and Disproportionate Share Hospital payments to meet the new proposed definition of a public-owned entity and specifies documentation and reconciliation processes necessary to support the certification of public expenditures. This rule also limits reimbursement to public providers' costs, with costs defined and measured according to the rule's specifications. This rule is under moratorium until April 1, 2009.

Payment for Graduate Medical Education (CMS 2279-P)

This proposed regulation eliminates all Medicaid payments for Graduate Medical Education resulting in the elimination of supplemental funding for Colorado's teaching hospitals. These hospitals provide critical physician services to over 100,000 Medicaid and low-income clients each year. The regulation is a Medicaid policy change that would result in a significant loss of revenue to Colorado and a significant decrease in revenues to Colorado's teaching programs. As such, the regulation threatens the financial stability of these teaching programs and the safety-net provider community. This rule is under moratorium until April 1, 2009.

Payment for Hospital Outpatient Services (CMS 2213-P)

The rule limits the definition of outpatient hospital services and places restrictions on upper payment limit methodologies for private outpatient hospitals and clinics. The rule precludes services provided by entities that are not provider-based departments of hospitals. Further, the rule narrowly defines outpatient services which would be detrimental for Medicaid children who receive critical services in hospital-based clinics. The rule became effective in December 2008.

Provider Taxes (CMS 2275-P)

The purpose of the proposed regulation is to clarify issues related to provider taxes (referred to by the State as "provider fees"). In particular interpretations and applications of provisions related to "hold-harmless" requirements are addressed. This proposed rule is under moratorium until April 1, 2009. This rule may be of special concern to the Department since implementation of health-care related provider taxes are now being studied as an alternative financing mechanism to the use of certification of public expenditures.

HEALTH CARE SERVICES FUND

The funding requirement from Senate Bill 06-044 expires in FY 2010-11. These funds are identified as the Colorado Health Care Services Fund and are considered “excess” General Fund Exempt revenues from Referendum C.

With matching federal funds, the total funding loss to providers who participate in the Colorado Indigent Care Program is \$30 million when the funding ends. The funds are used by Denver Health Medical Center, community health clinics, and hospital-based primary care clinics, to offset the cost of providing primary care services to the Colorado Indigent Care Program and other low-income clients in an outpatient setting. The Department understands that through Senate Bill 06-044 the funding was time limited, but has not identified any opportunity to continue the payments to providers or receive the federal match if the General Assembly chooses not to appropriate funding to the Colorado Health Care Services Fund.

Without a continuation of the Colorado Health Care Services Fund, providers receiving the funding will see an increase in uncompensated care and may reduce non-emergency, primary care services to this uninsured population. It should be noted that Senate Bill 06-044 also increased eligibility for CICP discounted health care services from 200% to 250% of the federal poverty level. If funding for the Colorado Health Care Services Fund is not continued, the statutory requirement that CICP cover individuals up to 250% of the federal poverty level should be re-examined. In FY 2007-08 the number of people served through the Colorado Indigent Care Program rose to 194,710, a 12.9% increase. The Department believes that provider participation in the CICP would be jeopardized if the number of uninsured covered under the program continues to increase, while funding is reduced.

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 a shift in costs 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 Colorado Indigent Care Program (CICP).

FEDERAL MATCH RATES

Payments for medical services covered under the Medicaid Program, including DSH payments, earn a federal match (or federal financial participation). The federal match rate is the portion of the total payments that consists of federal funds. For example, if the federal match rate is 50%, then for every qualified payment of \$100, \$50 is federal funds while the remaining \$50 is General Fund or other public dollars from the local level. The federal match rate is based on the state median income level relative to the national average. Theoretically, states with a larger proportion of their population at low-income levels will get a higher federal match than states with a smaller proportion of low-income individuals. The federal matching rate varies from state to state, but is never less than 50% and not more than 78%.

Colorado’s federal match rate was 51.76% in FY 1989-90, and then the match peaked at 54.59% in FY 1991-92 and then in FY 2000-01 fell to 50.00%, the lowest any state can receive. In Federal Fiscal Year 2007-08, 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 76.29%⁸. The federal match rates for Colorado since 1989-90 are listed in Chart 1.

In May 2003, legislation (P.L. 108-27, subsection 401(a)), through the Jobs and Growth Tax Relief Reconciliation Act, 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

⁸ Source: Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

(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%
2007-08	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 (FFY) 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 FFY 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 FFY 2002-03, the DSH Allotment reverted to the BBA97 allotment of \$74 million plus an inflationary increase for Colorado. Using an inflationary increase (based on the CPI-U) of 1.5%, the FFY 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 Allotment for Colorado in FFY 2003-04 increased to \$87,127,600, and remained so through FFY 2007-08. Colorado's DSH Allotment is increased for FFY 2008-09 to \$90,612,704.

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
2007-08	\$87,127,600
2008-09	\$90,612,704

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 Colorado Indigent Care Program (CICP). Payments to public-owned providers are partially funded using certification of public expenditures under the DSH Allotment for inpatient and outpatient services to low-income individuals. Payments to private-owned providers require General Fund to earn a federal match. The federal fund portion of the payment stood at \$86,839,633 in FY 2006-07 and \$82,253,901 in FY 2007-08. 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 Colorado Medicaid State Plan;
3. Participates in the CICP; 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 of Colorado 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 of Colorado Hospital wish to maintain equality between the other providers who qualify as a High Medicaid Utilization Hospital provider.⁹

Chart 3, Chart 4 and Chart 5 show the Bad Debt payments made in FY 2007-08, FY 2006-07, and FY 2005-06 respectively. Payments are based on the hospital's bad debt costs.

⁹ 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 2007-08

Provider	Federal Fiscal Year 2006-07 Bad Debt Payment	Federal Fiscal Year 2007-08 Bad Debt Payment	Total State Fiscal Year 2007-08 Payment
Arkansas Valley Regional Medical Center	\$473	\$1,420	\$1,893
Conejos County Hospital District	\$96	\$288	\$384
Denver Health Medical Center	\$20,122	\$60,365	\$80,486
National Jewish Medical and Research Center	\$390	\$1,170	\$1,560
Platte Valley Medical Center	\$594	\$1,783	\$2,377
Prowers Medical Center	\$251	\$752	\$1,003
St. Vincent General Hospital District	\$345	\$1,034	\$1,379
San Luis Valley Regional Medical Center	\$623	\$1,870	\$2,493
Southwest Memorial Hospital	\$268	\$804	\$1,072
Spanish Peaks Regional Medical Center	\$249	\$747	\$996
The Children's Hospital	\$2,624	\$7,873	\$10,497
University Hospital	\$4,245	\$12,735	\$16,980
Valley View Hospital	\$706	\$2,119	\$2,825
Total	\$30,986	\$92,959	\$123,945

Chart 4 – 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 5 – 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

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 Colorado Medicaid 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, FY 2006-07, and FY 2007-08.

Chart 6 – Medicaid Shortfall Payments

Provider	State Fiscal Year 2005-06 Payment	State Fiscal Year 2006-07 Payment	State Fiscal Year 2007-08 Payment
Family Health West Hospital	\$0	\$0	\$530
Haxtun Hospital District	\$616	\$0	\$0
Kit Carson County Memorial Hospital	\$0	\$4,416	\$0
Presbyterian/St. Luke's Medical Center	\$144,854	\$185,172	\$0
Total	\$145,470	\$189,588	\$530

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 Facility.

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 2007-08, High-Volume payments to public providers totaled \$46,239,778 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 \$25,919,218, which consisted of \$12,959,609 (50%) General Fund. The amounts by provider are detailed in Table 1A, and the break down by funds is detailed in Chart 14.

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 the Colorado Indigent Care Program (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, CICP 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. In FY 2007-08 Denver Health Medical Center will receive \$2,700,000. Of the remaining funds, \$10,086,000 was allocated to the CICP Clinics and \$2,214,000 was allocated to the primary care clinics operated by CICP Hospitals. The Medical Services Board altered the allocation for fiscal years 2008-09 and 2009-10 such that CICP Clinics will receive a larger share.

In FY 2006-07, money from the Colorado Health Care Services Fund was distributed to each eligible CICP Clinic and primary care clinic operated by a CICP Hospital provider 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 distributed 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 was secured for Denver Health Medical Center, \$2,700,000, the CICP Clinics, \$10,086,000 and the \$2,214,000 allocated to the primary care clinics operated by CICP Hospitals. A match was secured from the Centers for Medicare and Medicaid Services (CMS) for Denver Health Medical Center and primary care clinics operated by CICP Hospitals retroactive to a Colorado Medicaid State Plan (State Plan) Amendment effective date of April 1, 2007. Thus, the full federal match was 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 CICP Clinics. Since the \$10,086,000 was appropriated to The Children's Hospital, Clinic Based Indigent Care line item for CICP 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 CICP Clinics through The Children's Hospital with a federal match. Thus, the Department began making quarterly disbursements to the CICP Clinics, including the federal match, during the first quarter of FY 2007-08.

IV. RURAL AND PUBLIC HOSPITAL PAYMENTS

Rural and Public Hospital Payments began in FY 2007-08, and were created under Senate Bill 07-097. Funding for these payments was modified in House Bill 07-1359. The appropriation is made to the Comprehensive Primary and Preventive Care Grants Program budget line item. Senate Bill 07-97 specifies that 50% of the moneys appropriated to the Supplemental Tobacco Litigation Settlement Moneys Account each fiscal year shall be distributed to rural hospitals with

60 or fewer beds that participate in the CICIP. State rules (Section 8.903.C.15) define “rural” as residing outside the boundaries of a federally designated metropolitan statistical area and clarify that beds should be designated as “staffed acute care beds”. Payments are distributed based on weighted medically indigent costs as defined in Section 8.903.C.10.

In accordance with Senate Bill 07-097, the remaining 50% of the moneys appropriated to the Supplemental Tobacco Litigation Settlement Moneys Account each fiscal year plus all interest and income earned on the deposit and investment of moneys in the Account is distributed to Public Hospitals. State rules (Section 8.903.C.16) define public hospitals as state-owned or local-owned and specify that payments are to be distributed based on weighted medically indigent costs as defined in Section 8.903.C.10.

In FY 2007-08 the appropriation to the Comprehensive Primary and Preventive Care Grants Program budget line item for the combined rural and public payments totaled \$1,455,954. A federal match was secured and applied. In FY 2007-08 Rural Hospital payments totaled \$1,455,954 and Public Hospital payments totaled \$1,455,954.

V. 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 of Colorado 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 Fund¹⁰, 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.

¹⁰ The FY 2001-02 amount of \$5,595,482 General Fund minus the FY 2002-03 amount of \$3,059,880 General Fund.

DEFINITIONS

Bad Debt – Amounts, including deductibles and copayment amounts, which are acquired by a CICIP 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 State program that 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 CICP 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 CICP.

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.”
- Rural hospital provider is any “CICP Hospital” that resides outside the boundaries of a federally designated metropolitan statistical area, has 60 or fewer staffed acute care beds, and qualifies for the Rural Hospital payment.

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.

CICP rating – Rating that determines a family's copayment and client copayment annual cap. Income, resources and the family household size are used to determine what percentage of the federal poverty level the family meets. The CICP ability-to-pay scale, based on federal poverty levels, is divided into eleven ratings.

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 (“Denver Health” in charts) – 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. All hospitals participating in the CICP receive a DSH payment under the State’s 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.

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 Provider 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.

Local-owned hospital provider - is any hospital provider that is either owned or operated by a government entity other than the State.

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.

Private-owned hospital provider – is any hospital provider that is privately owned and operated.

Public-owned hospital provider – is any local-owned or state-owned hospital provider.

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.

Rural Hospital Provider – is any hospital that participates in the Colorado Indigent Care Program, resides outside the boundaries of a federally designated metropolitan statistical area, has 60 or fewer staffed acute care beds, and qualifies for the Rural Hospital payment.

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.

State-owned hospital provider – is any hospital provider that is either owned or operated by the State.

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

Third Party Coverage – Any payment for health services including, but not limited to, private health insurance, medical payments under any other private insurance plan, Workers' Compensation, Medicare, CHAMPUS, The Health Care Program for Children with Special Needs, and other insurance coverage responsible for payment of medical expenses incurred by individuals. Responsibility for payment may be established by contract, by statute, or by legal liability. Third party payment does not include: 1) payment from voluntary sources or 2) payment under the Colorado Crime Victim Compensation Act, Section 24-4.1-100.1, C.R.S.

University of Colorado Hospital (“University Hospital” in charts) – Under the CICP, University of Colorado Hospital serves primarily the residents of the Denver metropolitan area who are not residents of the City and County of Denver. University of Colorado 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 Facilities. 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.

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	\$2,808,901	\$0	\$414,573	\$2,394,328	\$2,394,328	\$2,120,212
Colorado Coalition for the Homeless (2)	\$3,489,766	\$14,508	\$0	\$3,475,258	\$3,475,258	\$3,266,864
Community Health Clinic (2)	\$164,670	\$1,178	\$27,289	\$136,203	\$136,203	\$77,244
Denver Indian Health & Family Services, Inc.	\$17,100	\$0	\$0	\$17,100	\$17,100	\$11,236
High Plains Community Health Center (2)	\$780,099	\$13,680	\$139,552	\$626,867	\$626,867	\$619,564
Marillac Clinic	\$658,040	\$145,410	\$126,709	\$385,921	\$385,921	\$444,196
Metro Community Provider Network	\$3,917,291	\$0	\$540,743	\$3,376,548	\$3,376,548	\$3,554,604
Mountain Family Health Centers	\$533,095	\$0	\$74,445	\$458,650	\$458,650	\$518,896
Peak Vista Community Health Centers (2)	\$7,718,697	\$336,259	\$1,381,878	\$6,000,560	\$6,000,560	\$4,476,640
Plains Medical Center	\$161,401	\$6,458	\$23,898	\$131,045	\$131,045	\$39,216
Pueblo Community Health Center (2)	\$3,345,314	\$2,610	\$693,456	\$2,649,248	\$2,649,248	\$2,444,536
Salud Family Health Centers	\$6,196,762	\$0	\$1,660,564	\$4,536,198	\$4,536,198	\$5,000,052
Sunrise Community Health Center	\$2,433,667	\$6,599	\$268,187	\$2,158,881	\$2,158,881	\$1,722,172
Uncompahgre Medical Center	\$187,617	\$10,993	\$11,680	\$164,944	\$164,944	\$109,360
Valley-Wide Health Systems	\$2,254,444	\$0	\$353,893	\$1,900,551	\$1,900,551	\$1,826,968
Total CICP Clinic Providers (7)	\$34,666,864	\$537,695	\$5,716,867	\$28,412,302	\$28,412,302	\$26,231,760
CICP Hospital Providers						
Arkansas Valley Regional Medical Center (1)(5)(6)	\$3,753,550	\$235,335	\$71,243	\$3,446,972	\$2,030,330	\$613,116
Aspen Valley Hospital	\$1,522,850	\$105,876	\$65,767	\$1,351,207	\$773,818	\$467,324
Boulder Community Hospital (1)	\$13,709,907	\$790,671	\$215,100	\$12,704,136	\$5,286,623	\$962,990
Colorado Plains Medical Center (7)	\$2,324,040	\$313,393	\$79,228	\$1,931,419	\$648,137	\$246,243
Community Hospital	\$1,758,057	\$60	\$9,865	\$1,748,132	\$875,587	\$12,114
Conejos County Hospital (5)(7)	\$645,122	\$8,911	\$41,451	\$594,760	\$380,108	\$404,381
Delta County Memorial Hospital (1)	\$4,950,813	\$481,333	\$190,609	\$4,278,871	\$2,260,411	\$446,296
East Morgan County Hospital (7)	\$1,287,913	\$238,576	\$24,696	\$1,024,641	\$683,712	\$230,340
Estes Park Medical Center (6)	\$2,367,210	\$424,297	\$51,359	\$1,891,554	\$978,407	\$1,527,573
Gunnison Valley Hospital	\$99,031	\$8,936	\$4,165	\$85,930	\$60,602	\$118,931
Heart of the Rockies Regional Medical Center	\$1,564,208	\$210,405	\$104,481	\$1,249,322	\$683,380	\$394,772
Kremmling Memorial Hospital District (6)	\$51,420	\$0	\$1,771	\$49,649	\$49,649	\$74,597
Longmont United Hospital (6)(7)	\$26,096,377	\$1,253,182	\$53,234	\$24,789,961	\$6,186,689	\$1,313,353

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)	\$22,859,763	\$4,043,270	\$413,914	\$18,402,579	\$7,781,105	\$1,533,684
Medical Center of the Rockies	\$11,841,385	\$641,847	\$683,699	\$10,515,839	\$0	\$1,419,622
Melissa Memorial (7)	\$211,553	\$52,833	\$23,098	\$135,622	\$87,816	\$178,387
Memorial Hospital (1)(6)(7)	\$116,060,402	\$5,255,177	\$2,550,555	\$108,254,670	\$34,018,093	\$15,314,675
Mercy Medical Center (1)(6)	\$5,913,094	\$228,387	\$122,215	\$5,562,492	\$2,660,917	\$1,107,834
Montrose Memorial Hospital (6)	\$5,002,318	\$511,566	\$213,487	\$4,277,265	\$2,243,019	\$949,923
Mount San Rafael Hospital (7)	\$1,977,828	\$319,965	\$101,100	\$1,556,763	\$751,805	\$202,812
North Colorado Medical Center (6)	\$49,096,385	\$7,041,530	\$1,524,571	\$40,530,284	\$16,831,534	\$8,476,564
Parkview Medical Center (1)(5)(6)	\$54,074,222	\$2,162,634	\$1,263,475	\$50,648,113	\$14,888,224	\$4,657,288
Penrose-St. Francis Health Services (1)	\$36,954,113	\$2,028,650	\$158,016	\$34,767,447	\$9,516,342	\$2,028,650
Platte Valley Medical Center (5)(6)	\$9,692,555	\$2,773,484	\$207,904	\$6,711,167	\$2,447,867	\$1,806,543
Poudre Valley Hospital (1)(6)(7)	\$34,783,548	\$1,591,951	\$2,543,754	\$30,647,843	\$14,280,411	\$5,879,592
Prowers Medical Center (6)	\$2,755,141	\$390,995	\$105,230	\$2,258,916	\$1,173,022	\$1,049,267
Rio Grande Hospital (7)	\$434,873	\$31,673	\$36,148	\$367,052	\$243,697	\$302,678
San Luis Valley Regional Medical Center (5)	\$5,926,366	\$233,186	\$107,215	\$5,585,965	\$2,185,118	\$1,098,073
Sedgwick County Health Center (7)	\$156,219	\$43,099	\$14,498	\$98,622	\$75,161	\$53,065
Southeast Colorado Hospital (7)	\$336,974	\$96,280	\$25,967	\$214,727	\$136,911	\$112,709
Southwest Memorial Hospital (1)	\$1,783,021	\$230,546	\$24,096	\$1,528,379	\$739,871	\$731,272
Spanish Peaks Regional Health Center (5)(7)	\$801,579	\$122,239	\$13,555	\$665,785	\$403,949	\$277,502
St. Mary-Corwin Hospital (1)(6)(7)	\$42,335,635	\$2,855,853	\$425,330	\$39,054,452	\$10,937,700	\$5,162,735
St. Mary's Hospital and Medical Center (1)(7)	\$19,072,130	\$48,982	\$721,253	\$18,301,895	\$7,203,742	\$1,179,168
St. Thomas More Hospital (1)(6)	\$10,022,173	\$1,987,157	\$136,409	\$7,898,607	\$2,309,619	\$988,752
St. Vincent General Hospital (7)	\$194,995	\$23,101	\$14,856	\$157,038	\$116,609	\$89,120
Sterling Regional MedCenter (6)(7)	\$7,036,153	\$1,317,784	\$283,841	\$5,434,528	\$2,671,588	\$605,634
The Memorial Hospital (1)	\$290,764	\$43,901	\$10,676	\$236,187	\$106,284	\$100,578
Valley View Hospital (5)	\$3,860,334	\$296,144	\$205,718	\$3,358,472	\$1,824,577	\$632,273
Wray Community District Hospital (7)	\$643,069	\$48,340	\$29,989	\$564,740	\$383,064	\$231,800
Yampa Valley Medical Center (1)	\$1,345,350	\$223,158	\$62,808	\$1,059,384	\$713,902	\$195,212
Yuma District Hospital (7)	\$633,062	\$93,892	\$45,814	\$493,356	\$295,412	\$353,572
Sub-Total CICP Hospital Providers	\$506,225,502	\$38,808,599	\$12,982,160	\$454,434,743	\$157,924,812	\$63,531,014

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)	\$3,827,784	\$271,632	\$153,894	\$3,402,258	\$2,833,434	\$1,329,530
The Children's Hospital (2)(3)(5)	\$14,057,682	\$1,078,050	\$262,758	\$12,716,874	\$5,398,226	\$2,139,973
Sub-Total CICP Specialty Hospital Providers	\$17,885,466	\$1,349,682	\$416,652	\$16,119,132	\$8,231,660	\$3,469,503
Denver Health Medical Center (1)(2)(4)(5)(6)(7)	\$259,128,852	\$21,940,466	\$5,857,879	\$231,330,507	\$104,162,102	\$64,505,369
University Hospital (2)(3)(5)(6)(7)	\$178,953,861	\$14,140,332	\$2,527,237	\$162,286,292	\$52,413,675	\$36,996,285
Total CICP Hospital Providers	\$962,193,681	\$76,239,079	\$21,783,928	\$864,170,674	\$322,732,249	\$168,502,171
Total All CICP Providers	\$996,860,545	\$76,776,774	\$27,500,795	\$892,582,976	\$351,144,551	\$194,733,931

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	SFY 2007-08 Bad Debt Payment	Rural and Public Hospital Payment	Health Care Services Fund Payment	Total Payment
CICP Hospital Providers						
Arkansas Valley Regional Medical Center	\$233,319	\$295,448	\$1,893	\$82,456	\$0	\$613,116
Aspen Valley Hospital	\$285,975	\$141,779	\$0	\$39,570	\$0	\$467,324
Boulder Community Hospital	\$953,360	\$9,630	\$0	\$0	\$0	\$962,990
Colorado Plains Medical Center	\$189,316	\$1,912	\$0	\$38,116	\$16,899	\$246,243
Community Hospital	\$11,994	\$120	\$0	\$0	\$0	\$12,114
Conejos County Hospital	\$224,458	\$2,266	\$384	\$45,200	\$132,073	\$404,381
Delta County Memorial Hospital	\$126,325	\$256,549	\$0	\$63,422	\$0	\$446,296
East Morgan County Hospital	\$19,532	\$102,829	\$0	\$18,526	\$89,453	\$230,340
Estes Park Medical Center	\$1,246,100	\$275,469	\$0	\$6,004	\$0	\$1,527,573
Gunnison Valley Hospital	\$111,597	\$7,334	\$0	\$0	\$0	\$118,931
Heart of the Rockies Regional Medical Center	\$125,245	\$213,427	\$0	\$56,100	\$0	\$394,772
Kremmling Memorial Hospital District	\$73,000	\$1,597	\$0	\$0	\$0	\$74,597
Longmont United Hospital	\$1,292,500	\$13,056	\$0	\$0	\$7,797	\$1,313,353
McKee Medical Center	\$1,518,348	\$15,336	\$0	\$0	\$0	\$1,533,684
Medical Center of the Rockies	\$1,405,424	\$14,198	\$0	\$0	\$0	\$1,419,622
Melissa Memorial	\$49,279	\$38,189	\$0	\$10,658	\$80,261	\$178,387
Memorial Hospital	\$8,085,902	\$6,483,782	\$0	\$141,296	\$603,695	\$15,314,675
Mercy Medical Center	\$914,462	\$9,238	\$0	\$184,134	\$0	\$1,107,834
Montrose Memorial Hospital	\$744,649	\$160,484	\$0	\$44,790	\$0	\$949,923
Mount San Rafael Hospital	\$41,026	\$416	\$0	\$8,260	\$153,110	\$202,812
North Colorado Medical Center	\$5,269,017	\$3,139,033	\$0	\$68,514	\$0	\$8,476,564
Parkview Medical Center	\$4,610,714	\$46,574	\$0	\$0	\$0	\$4,657,288
Penrose-St. Francis Health Services	\$2,008,362	\$20,288	\$0	\$0	\$0	\$2,028,650
Platte Valley Medical Center	\$1,786,124	\$18,042	\$2,377	\$0	\$0	\$1,806,543
Poudre Valley Hospital	\$2,583,146	\$2,343,645	\$0	\$51,072	\$901,729	\$5,879,592
Prowers Medical Center	\$125,175	\$774,123	\$1,003	\$148,966	\$0	\$1,049,267
Rio Grande Hospital	\$134,478	\$1,358	\$0	\$28,062	\$138,780	\$302,678
San Luis Valley Regional Medical Center	\$904,348	\$9,136	\$2,493	\$182,096	\$0	\$1,098,073
Sedgwick County Health Center	\$10,097	\$10,633	\$0	\$2,968	\$29,367	\$53,065
Southeast Colorado Hospital	\$34,961	\$17,604	\$0	\$4,914	\$55,230	\$112,709
Southwest Memorial Hospital	\$444,620	\$223,268	\$1,072	\$62,312	\$0	\$731,272
Spanish Peaks Regional Health Center	\$83,639	\$136,873	\$996	\$55,994	\$0	\$277,502

Table 1A - Hospital Provider Payment Detail

Providers	High-Volume Payment	Low-Income Payment	SFY 2007-08 Bad Debt Payment	Rural and Public Hospital Payment	Health Care Services Fund Payment	Total Payment
St. Mary-Corwin Hospital	\$3,593,594	\$36,298	\$0	\$0	\$1,532,843	\$5,162,735
St. Mary's Hospital and Medical Center	\$1,018,534	\$10,288	\$0	\$0	\$150,346	\$1,179,168
St. Thomas More Hospital	\$816,168	\$8,246	\$0	\$164,338	\$0	\$988,752
St. Vincent General Hospital	\$48,216	\$30,901	\$1,379	\$8,624	\$0	\$89,120
Sterling Regional MedCenter	\$392,424	\$3,962	\$0	\$79,022	\$130,226	\$605,634
The Memorial Hospital	\$51,959	\$38,011	\$0	\$10,608	\$0	\$100,578
Valley View Hospital	\$519,574	\$5,248	\$2,825	\$104,626	\$0	\$632,273
Wray Community District Hospital	\$160,372	\$13,333	\$0	\$4,468	\$53,627	\$231,800
Yampa Valley Medical Center	\$161,140	\$1,626	\$0	\$32,446	\$0	\$195,212
Yuma District Hospital	\$31,252	\$121,000	\$0	\$25,220	\$176,100	\$353,572
Sub-Total CICP Hospital Providers	\$42,439,725	\$15,052,549	\$14,422	\$1,772,782	\$4,251,536	\$63,531,014
CICP Specialty Hospital Providers						
National Jewish Medical and Research Center	\$1,314,690	\$13,280	\$1,560	\$0	\$0	\$1,329,530
The Children's Hospital(1)	\$2,108,180	\$21,296	\$10,497	\$0	\$0	\$2,139,973
University Physicians, Inc.	\$90,816	\$917	\$0	\$0	\$0	\$91,733
Sub-Total CICP Specialty Hospital Providers	\$3,422,870	\$34,576	\$12,057	\$0	\$0	\$3,469,503
Denver Health Medical Center	\$10,625,413	\$46,987,414	\$80,486	\$738,748	\$6,073,308	\$64,505,369
University of Colorado Hospital (1)	\$15,670,988	\$20,179,362	\$16,980	\$400,378	\$728,577	\$36,996,285
University Physicians, Inc.	\$2,312,464	\$2,977,734	\$0	\$0	\$0	\$5,290,198
				\$0	\$0	
Total CICP Hospital Providers	\$72,158,996	\$82,253,901	\$123,945	\$2,911,908	\$11,053,421	\$168,502,171

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	\$0	\$0	\$0	\$0
Boulder Community Hospital	\$411,692	\$0	\$0	\$411,692
Delta County Memorial Hospital	\$0	\$0	\$0	\$0
Denver Health Medical Center	\$29,826,189	\$1,871,002	\$0	\$27,955,187
Memorial Hospital	\$17,228,932	\$3,820	\$1,285,704	\$15,939,408
Mercy Medical Center	\$305,422	\$4,870	\$11,788	\$288,764
Parkview Medical Center	\$4,244,693	\$0	\$812,489	\$3,432,204
Penrose-St. Francis Health Services	\$4,924,985	\$0	\$0	\$4,924,985
Poudre Valley Hospital	\$289,722	\$12,930	\$3,157	\$273,635
Southwest Memorial Hospital	\$24,425	\$0	\$1,707	\$22,718
St. Mary-Corwin Hospital	\$3,738,781	\$0	\$0	\$3,738,781
St. Mary's Hospital and Medical Center	\$873,816	\$48,588	\$211,247	\$613,981
St. Thomas More Hospital	\$1,091,051	\$52,977	\$0	\$1,038,074
The Memorial Hospital	\$9,487	\$0	\$380	\$9,107
University Physicians Inc. (1)				
The Children's Hospital	\$1,908,621	\$126,553	\$17,909	\$1,764,159
University of Colorado Hospital	\$21,001,797	\$1,046,652	\$183,381	\$19,771,764
Yampa Valley Medical Center	\$160,530	\$9,577	\$16,388	\$134,565
Total	\$86,040,143	\$3,176,969	\$2,544,150	\$80,319,024

Notes:

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

Table 1C - Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Colorado Coalition for the Homeless	\$562,724	\$0	\$0	\$562,724
Community Health Clinic	\$10,807	\$0	\$7,700	\$3,107
Denver Health Medical Center	\$4,478,791	\$0	\$1,153,867	\$3,324,924
High Plains Community Health Center	\$285,729	\$0	\$71,046	\$214,683
National Jewish Medical and Research Center	\$156,721	\$0	\$21,141	\$135,580
Peak Vista Community Health Centers	\$748,618	\$0	\$440,299	\$308,319
Pueblo Community Health Center	\$512,098	\$0	\$341,944	\$170,154
The Children's Hospital	\$209,897	\$0	\$10,520	\$199,377
University of Colorado Hospital	\$2,912,262	\$1,460,882	\$230,117	\$1,221,263
Total	\$9,877,647	\$1,460,882	\$2,276,634	\$6,140,131

Table 1D - Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$222,889,713	\$20,034,064	\$4,688,706	\$198,166,943
Physician Services	\$29,826,189	\$1,871,002	\$0	\$27,955,187
Ambulance Services	\$1,934,159	\$35,400	\$15,306	\$1,883,453
Outpatient Pharmacy	\$4,478,791	\$0	\$1,153,867	\$3,324,924
Total	\$259,128,852	\$21,940,466	\$5,857,879	\$231,330,507

Table 2A - Inpatient and Outpatient Charges (Details)

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
CICP Clinic Providers					
Clinica Campesina Family Health Services	\$0	\$2,808,901	\$0	\$0	\$2,808,901
Colorado Coalition for the Homeless	\$2,927,042	\$0	\$0	\$0	\$2,927,042
Community Health Clinic	\$550	\$153,313	\$0	\$0	\$153,863
Denver Indian Health & Family Services, Inc.	\$0	\$17,100	\$0	\$0	\$17,100
High Plains Community Health Center	\$469,652	\$24,718	\$0	\$0	\$494,370
Marillac Clinic	\$0	\$658,040	\$0	\$0	\$658,040
Metro Community Provider Network	\$0	\$3,917,291	\$0	\$0	\$3,917,291
Mountain Family Health Centers	\$280,804	\$252,291	\$0	\$0	\$533,095
Peak Vista Community Health Centers	\$365,629	\$6,604,450	\$0	\$0	\$6,970,079
Plains Medical Center	\$161,401	\$0	\$0	\$0	\$161,401
Pueblo Community Health Center	\$3,105	\$2,830,111	\$0	\$0	\$2,833,216
Salud Family Health Centers	\$0	\$6,196,762	\$0	\$0	\$6,196,762
Sunrise Community Health Center	\$2,433,667	\$0	\$0	\$0	\$2,433,667
Uncompahgre Medical Center	\$168,498	\$19,119	\$0	\$0	\$187,617
Valley-Wide Health Systems	\$67,033	\$2,187,411	\$0	\$0	\$2,254,444
Total CICP Clinic Providers	\$6,877,381	\$25,669,507	\$0	\$0	\$32,546,888
CICP Hospital Providers					
Arkansas Valley Regional Medical Center	\$700,427	\$1,216,002	\$1,579,000	\$258,121	\$3,753,550
Aspen Valley Hospital	\$298,866	\$475,142	\$657,068	\$91,774	\$1,522,850
Boulder Community Hospital	\$3,175,524	\$1,799,234	\$6,616,822	\$1,706,635	\$13,298,215
Colorado Plains Medical Center	\$409,140	\$756,714	\$945,808	\$212,378	\$2,324,040
Community Hospital	\$722,256	\$0	\$1,035,801	\$0	\$1,758,057
Conejos County Hospital	\$283,953	\$160,111	\$165,057	\$36,001	\$645,122
Delta County Memorial Hospital	\$844,979	\$1,821,979	\$1,755,737	\$528,118	\$4,950,813
East Morgan County Hospital	\$374,489	\$803,622	\$94,858	\$14,944	\$1,287,913
Estes Park Medical Center	\$364,732	\$1,486,227	\$377,427	\$138,824	\$2,367,210
Gunnison Valley Hospital	\$99,031	\$0	\$0	\$0	\$99,031
Heart of the Rockies Regional Medical Center	\$967,496	\$105,014	\$491,698	\$0	\$1,564,208
Kremmling Hospital Memorial District	\$34,638	\$16,782	\$0	\$0	\$51,420
Longmont United Hospital	\$2,928,010	\$4,205,654	\$14,647,950	\$4,314,763	\$26,096,377

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	\$4,232,616	\$8,619,762	\$6,477,118	\$3,530,267	\$22,859,763
Medical Center of the Rockies	\$1,267,070	\$1,565,536	\$7,062,075	\$1,946,704	\$11,841,385
Melissa Memorial	\$83,624	\$83,448	\$44,481	\$0	\$211,553
Memorial Hospital	\$30,198,682	\$16,419,442	\$43,505,216	\$8,708,130	\$98,831,470
Mercy Medical Center	\$1,225,940	\$0	\$4,381,732	\$0	\$5,607,672
Montrose Memorial Hospital	\$988,425	\$1,254,333	\$2,153,123	\$606,437	\$5,002,318
Mount San Rafael Hospital	\$1,038,219	\$250,238	\$507,216	\$182,155	\$1,977,828
North Colorado Medical Center	\$7,291,770	\$8,935,753	\$18,953,177	\$13,915,685	\$49,096,385
Parkview Medical Center	\$12,456,034	\$5,429,024	\$25,137,220	\$6,807,251	\$49,829,529
Penrose-St. Francis Health Services	\$8,200,108	\$4,681,533	\$15,996,236	\$3,151,251	\$32,029,128
Platte Valley Medical Center	\$1,941,429	\$2,722,655	\$3,933,865	\$1,094,606	\$9,692,555
Poudre Valley Hospital	\$7,018,299	\$7,853,647	\$16,899,224	\$2,722,656	\$34,493,826
Prowers Medical Center	\$598,221	\$1,399,976	\$756,944	\$0	\$2,755,141
Rio Grande Hospital	\$200,680	\$150,418	\$83,775	\$0	\$434,873
San Luis Valley Regional Medical Center	\$2,117,595	\$1,088,075	\$2,720,696	\$0	\$5,926,366
Sedgwick County Health Center	\$132,765	\$18,882	\$4,151	\$421	\$156,219
Southeast Colorado Hospital	\$94,796	\$190,515	\$51,663	\$0	\$336,974
Southwest Memorial Hospital	\$616,085	\$180,301	\$0	\$962,210	\$1,758,596
Spanish Peaks Regional Health Center	\$523,563	\$0	\$278,016	\$0	\$801,579
St. Mary-Corwin Hospital	\$6,557,149	\$14,634,028	\$10,145,730	\$7,259,947	\$38,596,854
St. Mary's Hospital and Medical Center	\$2,191,226	\$4,701,856	\$11,246,275	\$58,957	\$18,198,314
St. Thomas More Hospital	\$2,921,049	\$1,896,868	\$3,414,163	\$699,042	\$8,931,122
St. Vincent General Hospital	\$140,513	\$0	\$54,482	\$0	\$194,995
Sterling Regional MedCenter	\$132,442	\$3,357,443	\$2,686,005	\$860,263	\$7,036,153
The Memorial Hospital	\$81,659	\$15,054	\$184,564	\$0	\$281,277
Valley View Hospital	\$859,375	\$823,313	\$1,990,784	\$186,862	\$3,860,334
Wray Community District Hospital	\$104,186	\$451,426	\$63,350	\$24,107	\$643,069
Yampa Valley Medical Center	\$218,477	\$0	\$966,343	\$0	\$1,184,820
Yuma District Hospital	\$174,504	\$406,379	\$52,179	\$0	\$633,062
Sub-Total CICIP Hospital Providers	\$104,810,042	\$99,976,386	\$208,117,029	\$60,018,509	\$472,921,966

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	\$5,173	\$3,650,306	\$0	\$15,584	\$3,671,063
The Children's Hospital	\$2,131,947	\$1,670,612	\$8,136,605	\$0	\$11,939,164
Sub-Total CICP Specialty Hospital Providers	\$2,137,120	\$5,320,918	\$8,136,605	\$15,584	\$15,610,227
Denver Health Medical Center	\$27,344,181	\$66,855,858	\$96,233,226	\$32,456,448	\$222,889,713
University of Colorado Hospital	\$31,763,650	\$40,674,142	\$68,398,124	\$14,203,886	\$155,039,802
Total CICP Hospital Providers	\$166,054,993	\$212,827,304	\$380,884,984	\$106,694,427	\$866,461,708
Total All CICP Providers	\$172,932,374	\$238,496,811	\$380,884,984	\$106,694,427	\$899,008,596

Notes:

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

Table 2B - Inpatient and Outpatient Charges (Totals)

Providers	Total Urgent Charges	Total Non-Urgent Charges	Total Charges	Total Outpatient Charges	Total Inpatient Charges	Total Charges
CICP Clinic Providers						
Clinica Campesina Family Health Services	\$0	\$2,808,901	\$2,808,901	\$2,808,901	\$0	\$2,808,901
Colorado Coalition for the Homeless	\$2,927,042	\$0	\$2,927,042	\$2,927,042	\$0	\$2,927,042
Community Health Clinic	\$550	\$153,313	\$153,863	\$153,863	\$0	\$153,863
Denver Indian Health & Family Services, Inc.	\$0	\$17,100	\$17,100	\$17,100	\$0	\$17,100
High Plains Community Health Center	\$469,652	\$24,718	\$494,370	\$494,370	\$0	\$494,370
Marillac Clinic	\$0	\$658,040	\$658,040	\$658,040	\$0	\$658,040
Metro Community Provider Network	\$0	\$3,917,291	\$3,917,291	\$3,917,291	\$0	\$3,917,291
Mountain Family Health Centers	\$280,804	\$252,291	\$533,095	\$533,095	\$0	\$533,095
Peak Vista Community Health Centers	\$365,629	\$6,604,450	\$6,970,079	\$6,970,079	\$0	\$6,970,079
Plains Medical Center	\$161,401	\$0	\$161,401	\$161,401	\$0	\$161,401
Pueblo Community Health Center	\$3,105	\$2,830,111	\$2,833,216	\$2,833,216	\$0	\$2,833,216
Salud Family Health Centers	\$0	\$6,196,762	\$6,196,762	\$6,196,762	\$0	\$6,196,762
Sunrise Community Health Center	\$2,433,667	\$0	\$2,433,667	\$2,433,667	\$0	\$2,433,667
Uncompahgre Medical Center	\$168,498	\$19,119	\$187,617	\$187,617	\$0	\$187,617
Valley-Wide Health Systems	\$67,033	\$2,187,411	\$2,254,444	\$2,254,444	\$0	\$2,254,444
Total CICP Clinic Providers	\$6,877,381	\$25,669,507	\$32,546,888	\$32,546,888	\$0	\$32,546,888
CICP Hospital Providers						
Arkansas Valley Regional Medical Center	\$2,279,427	\$1,474,123	\$3,753,550	\$1,916,429	\$1,837,121	\$3,753,550
Aspen Valley Hospital	\$955,934	\$566,916	\$1,522,850	\$774,008	\$748,842	\$1,522,850
Boulder Community Hospital	\$9,792,346	\$3,505,869	\$13,298,215	\$4,974,758	\$8,323,457	\$13,298,215
Colorado Plains Medical Center	\$1,354,948	\$969,092	\$2,324,040	\$1,165,854	\$1,158,186	\$2,324,040
Community Hospital	\$1,758,057	\$0	\$1,758,057	\$722,256	\$1,035,801	\$1,758,057
Conejos County Hospital	\$449,010	\$196,112	\$645,122	\$444,064	\$201,058	\$645,122
Delta County Memorial Hospital	\$2,600,716	\$2,350,097	\$4,950,813	\$2,666,958	\$2,283,855	\$4,950,813
East Morgan County Hospital	\$469,347	\$818,566	\$1,287,913	\$1,178,111	\$109,802	\$1,287,913
Estes Park Medical Center	\$742,159	\$1,625,051	\$2,367,210	\$1,850,959	\$516,251	\$2,367,210
Gunnison Valley Hospital	\$99,031	\$0	\$99,031	\$99,031	\$0	\$99,031
Heart of the Rockies Regional Medical Center	\$1,459,194	\$105,014	\$1,564,208	\$1,072,510	\$491,698	\$1,564,208
Kremmling Memorial Hospital District	\$34,638	\$16,782	\$51,420	\$51,420	\$0	\$51,420
Longmont United Hospital	\$17,575,960	\$8,520,417	\$26,096,377	\$7,133,664	\$18,962,713	\$26,096,377

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	\$10,709,734	\$12,150,029	\$22,859,763	\$12,852,378	\$10,007,385	\$22,859,763
Medical Center of the Rockies	\$8,329,145	\$3,512,240	\$11,841,385	\$2,832,606	\$9,008,779	\$11,841,385
Melissa Memorial	\$128,105	\$83,448	\$211,553	\$167,072	\$44,481	\$211,553
Memorial Hospital	\$73,703,898	\$25,127,572	\$98,831,470	\$46,618,124	\$52,213,346	\$98,831,470
Mercy Medical Center	\$5,607,672	\$0	\$5,607,672	\$1,225,940	\$4,381,732	\$5,607,672
Montrose Memorial Hospital	\$3,141,548	\$1,860,770	\$5,002,318	\$2,242,758	\$2,759,560	\$5,002,318
Mount San Rafael Hospital	\$1,545,435	\$432,393	\$1,977,828	\$1,288,457	\$689,371	\$1,977,828
North Colorado Medical Center	\$26,244,947	\$22,851,438	\$49,096,385	\$16,227,523	\$32,868,862	\$49,096,385
Parkview Medical Center	\$37,593,254	\$12,236,275	\$49,829,529	\$17,885,058	\$31,944,471	\$49,829,529
Penrose-St. Francis Health Services	\$24,196,344	\$7,832,784	\$32,029,128	\$12,881,641	\$19,147,487	\$32,029,128
Platte Valley Medical Center	\$5,875,294	\$3,817,261	\$9,692,555	\$4,664,084	\$5,028,471	\$9,692,555
Poudre Valley Hospital	\$23,917,523	\$10,576,303	\$34,493,826	\$14,871,946	\$19,621,880	\$34,493,826
Prowers Medical Center	\$1,355,165	\$1,399,976	\$2,755,141	\$1,998,197	\$756,944	\$2,755,141
Rio Grande Hospital	\$284,455	\$150,418	\$434,873	\$351,098	\$83,775	\$434,873
San Luis Valley Regional Medical Center	\$4,838,291	\$1,088,075	\$5,926,366	\$3,205,670	\$2,720,696	\$5,926,366
Sedgwick County Health Center	\$136,916	\$19,303	\$156,219	\$151,647	\$4,572	\$156,219
Southeast Colorado Hospital	\$146,459	\$190,515	\$336,974	\$285,311	\$51,663	\$336,974
Southwest Memorial Hospital	\$616,085	\$1,142,511	\$1,758,596	\$796,386	\$962,210	\$1,758,596
Spanish Peaks Regional Health Center	\$801,579	\$0	\$801,579	\$523,563	\$278,016	\$801,579
St. Mary-Corwin Hospital	\$16,702,879	\$21,893,975	\$38,596,854	\$21,191,177	\$17,405,677	\$38,596,854
St. Mary's Hospital and Medical Center	\$13,437,501	\$4,760,813	\$18,198,314	\$6,893,082	\$11,305,232	\$18,198,314
St. Thomas More Hospital	\$6,335,212	\$2,595,910	\$8,931,122	\$4,817,917	\$4,113,205	\$8,931,122
St. Vincent General Hospital	\$194,995	\$0	\$194,995	\$140,513	\$54,482	\$194,995
Sterling Regional MedCenter	\$2,818,447	\$4,217,706	\$7,036,153	\$3,489,885	\$3,546,268	\$7,036,153
The Memorial Hospital	\$266,223	\$15,054	\$281,277	\$96,713	\$184,564	\$281,277
Valley View Hospital	\$2,850,159	\$1,010,175	\$3,860,334	\$1,682,688	\$2,177,646	\$3,860,334
Wray Community District Hospital	\$167,536	\$475,533	\$643,069	\$555,612	\$87,457	\$643,069
Yampa Valley Medical Center	\$1,184,820	\$0	\$1,184,820	\$218,477	\$966,343	\$1,184,820
Yuma District Hospital	\$226,683	\$406,379	\$633,062	\$580,883	\$52,179	\$633,062
Sub-Total CICP Hospital Providers	\$312,927,071	\$159,994,895	\$472,921,966	\$204,786,428	\$268,135,538	\$472,921,966

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	\$5,173	\$3,665,890	\$3,671,063	\$3,655,479	\$15,584	\$3,671,063
The Children's Hospital	\$10,268,552	\$1,670,612	\$11,939,164	\$3,802,559	\$8,136,605	\$11,939,164
Sub-Total CICP Specialty Hospital Providers	\$10,273,725	\$5,336,502	\$15,610,227	\$7,458,038	\$8,152,189	\$15,610,227
Denver Health Medical Center	\$123,577,407	\$99,312,306	\$222,889,713	\$94,200,039	\$128,689,674	\$222,889,713
University of Colorado Hospital	\$100,161,774	\$54,878,028	\$155,039,802	\$72,437,792	\$82,602,010	\$155,039,802
Total CICP Hospital Providers	\$546,939,977	\$319,521,731	\$866,461,708	\$378,882,297	\$487,579,411	\$866,461,708
Total All CICP Providers	\$553,817,358	\$345,191,238	\$899,008,596	\$411,429,185	\$487,579,411	\$899,008,596

Notes: Same as Table 2A.

CICP UTILIZATION DATA

Table 3 - Admissions and Visits by County*

County	CICP Clinics	CICP Hospitals**	Denver Health Medical Center	University of Colorado Hospital	Total
Adams	24,686	2,692	2,409	9,145	38,932
Alamosa	4,229	2,122	9	14	6,374
Arapahoe	11,512	1,801	2,605	13,292	29,210
Archuleta	7	83	-	10	100
Baca	76	724	-	14	814
Bent	590	309	3	-	902
Boulder	18,435	5,964	80	575	25,054
Broomfield	1,091	101	44	234	1,470
Chaffee	31	941	-	26	998
Cheyenne	46	19	-	4	69
Clear Creek	567	41	7	60	675
Conejos	1,909	1,498	1	12	3,420
Costilla	1,199	468	-	15	1,682
Crowley	421	308	4	17	750
Custer	34	166	1	7	208
Delta	24	2,529	-	26	2,579
Denver	20,845	2,090	152,820	7,426	183,181
Dolores	913	68	4	2	987
Douglas	966	310	96	1,017	2,389
Eagle	102	58	23	72	255
Elbert	304	84	4	95	487
El Paso	49,142	27,731	46	822	77,741
Fremont	1,873	3,834	4	84	5,795
Garfield	1,524	1,231	7	25	2,787
Gilpin	464	28	4	60	556
Grand	24	182	2	46	254
Gunnison	1	109	4	17	131
Hindsdale	1	6	-	-	7
Huerfano	9	527	1	7	544
Jackson	6	19	1	13	39
Jefferson	11,544	892	2,341	4,984	19,761
Kiowa	97	57	7	3	164
Kit Carson	162	35	3	52	252
Lake	8	78	2	7	95
La Plata	197	1,461	6	22	1,686
Larimer	13,919	22,156	32	326	36,433
Las Animas	17	1,624	27	22	1,690
Lincoln	590	44	1	49	684
Logan	1,915	2,381	2	72	4,370
Mesa	6,239	7,237	7	59	13,542
Mineral	9	157	-	-	166
Moffat	6	131	-	1	138
Montezuma	1,161	502	2	17	1,682
Montrose	497	2,087	7	48	2,639
Morgan	3,137	1,758	32	112	5,039
Otero	2,802	3,177	1	31	6,011
Ouray	43	43	1	1	88
Park	522	80	3	74	679

Table 3 - Admissions and Visits by County*

County	CICP Clinics	CICP Hospitals**	Denver Health Medical Center	University of Colorado Hospital	Total
Phillips	-	489	-	7	496
Pitkin	84	363	13	3	463
Prowers	2,878	1,445	-	69	4,392
Pueblo	22,087	28,067	40	267	50,461
Rio Blanco	13	11	-	23	47
Rio Grande	2,990	1,733	10	-	4,733
Routt	6	285	6	21	318
Saguache	2,154	664	-	4	2,822
San Juan	1	7	-	-	8
San Miguel	629	109	-	1	739
Sedgwick	4	339	-	1	344
Summit	23	18	9	75	125
Teller	6,029	764	-	34	6,827
Washington	102	376	-	21	499
Weld	18,778	10,763	88	752	30,381
Yuma	112	1,197	13	10	1,332
Unknown	2,190	1,971	238	398	4,797
Total	241,976	148,544	161,070	40,703	592,293

Notes:

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

**Includes CICP Specialty Hospital providers.

Table 4 - Outpatient Visits and Inpatient Admissions by CICP Rating

Outpatient Visits

CICP Rating	CICP Clinics		CICP Hospitals*		Denver Health		University Hospital		All Providers	
	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total
A	30,555	12.5%	16,319	11.7%	12,933	8.3%	4,350	11.6%	64,157	11.3%
B	29,041	12.0%	13,918	10.0%	15,183	9.8%	5,146	13.7%	63,288	11.0%
C	29,378	12.1%	14,602	10.5%	15,308	9.8%	5,228	13.9%	64,516	11.2%
D	21,826	9.0%	12,505	9.0%	13,823	8.9%	4,904	13.1%	53,058	9.2%
E	16,581	6.9%	10,269	7.4%	11,082	7.1%	3,701	9.9%	41,633	7.3%
F	21,047	8.7%	13,244	9.5%	11,928	7.7%	3,727	9.9%	49,946	8.7%
G	13,491	5.6%	9,195	6.6%	7,989	5.1%	1,956	5.2%	32,631	5.7%
H	6,978	2.9%	3,987	2.9%	2,678	1.7%	915	2.4%	14,558	2.5%
I	10,082	4.2%	10,665	7.7%	4,927	3.2%	0	0.0%	25,674	4.5%
N	36,495	15.0%	20,585	14.9%	33,501	21.7%	6,502	17.4%	97,083	17.0%
Z	26,112	10.8%	12,645	9.1%	26,089	16.8%	1,051	2.8%	65,897	11.5%
Unknown	390	0.2%	1,203	0.9%	-	-	-	-	1,593	0.3%
Total	241,976	99.9%	139,137	100.2%	155,441	100.1%	37,480	99.9%	574,034	100.2%

Inpatient Admissions

CICP Rating	CICP Clinics		CICP Hospitals*		Denver Health		University Hospital		All Providers	
	Visits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total
A	-	-	1,282	11.8%	358	6.4%	183	10.3%	1,823	10.0%
B	-	-	1,021	9.4%	410	7.3%	171	9.6%	1,602	8.8%
C	-	-	1,079	9.9%	451	8.0%	214	12.0%	1,744	9.6%
D	-	-	978	9.0%	339	6.0%	171	9.6%	1,488	8.1%
E	-	-	816	7.5%	269	4.8%	142	8.0%	1,227	6.7%
F	-	-	1,032	9.5%	330	5.9%	165	9.3%	1,527	8.4%
G	-	-	766	7.1%	219	3.9%	87	4.9%	1,072	5.9%
H	-	-	352	3.2%	84	1.5%	36	2.0%	472	2.6%
I	-	-	992	9.1%	179	3.2%	84	4.7%	1,255	6.9%
N	-	-	1,474	13.6%	1,681	29.9%	367	20.7%	3,522	19.2%
Z	-	-	901	8.3%	1,309	23.3%	162	9.1%	2,372	13.0%
Unknown	-	-	155	1.4%	-	-	-	-	155	0.8%
Total	-	-	10,848	99.8%	5,629	100.2%	1,782	100.2%	18,259	100.0%

Note:

*Includes CICP Specialty Hospital providers.

Table 5 - Inpatient Days by CICP Rating

CICP Rating	CICP Hospitals*	Denver Health Medical Center	University of Colorado Hospital	Total
A	5,697	1,692	919	8,308
B	4,063	1,880	822	6,765
C	4,401	2,455	1,111	7,967
D	3,984	1,835	913	6,732
E	3,079	1,417	775	5,271
F	4,099	1,322	897	6,318
G	2,966	973	422	4,361
H	1,240	381	256	1,877
I	3,712	902	394	5,008
N	6,542	6,787	1,878	15,207
Z	4,424	6,027	1,122	11,573
Unknown	601	-	-	601
Total	44,808	25,671	9,509	79,988

Note:

*Includes CICP Specialty Hospital providers.

Table 6 - Inpatient Admissions by Age and Sex

CICP Hospitals*

<u>Age Group</u>	Female		Male		Total Inpatient		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	136	\$1,396,374	199	\$3,166,515	335	3.1%	\$4,562,889
6-17	88	\$2,065,773	104	\$2,213,013	192	1.8%	\$4,278,786
18-24	535	\$10,666,320	485	\$11,882,759	1,020	9.4%	\$22,549,079
25-54	3,022	\$64,024,615	3,305	\$90,511,298	6,327	58.3%	\$154,535,913
55-64	1,094	\$29,536,631	1,100	\$38,044,706	2,194	20.2%	\$67,581,337
65+	422	\$11,475,392	358	\$11,304,331	780	7.2%	\$22,779,723
TOTAL	5,297	\$119,165,105	5,551	\$157,122,622	10,848	100.0%	\$276,287,727

Denver Health Medical Center

<u>Age Group</u>	Female		Male		Total Inpatient		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	19	\$94,733	22	\$132,248	41	0.7%	\$226,981
6-17	21	\$233,453	33	\$517,156	54	1.0%	\$750,609
18-24	158	\$2,204,147	239	\$5,079,895	397	7.1%	\$7,284,042
25-54	1,229	\$24,189,647	2,405	\$55,928,485	3,634	64.5%	\$80,118,132
55-64	412	\$9,796,299	613	\$16,425,223	1,025	18.2%	\$26,221,522
65+	235	\$6,441,134	243	\$7,647,254	478	8.5%	\$14,088,388
TOTAL	2,074	\$42,959,413	3,555	\$85,730,261	5,629	100.0%	\$128,689,674

University of Colorado Hospital

<u>Age Group</u>	Female		Male		Total Inpatient		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	15	\$79,439	23	\$390,438	38	2.1%	\$469,877
6-17	3	\$102,473	3	\$50,575	6	0.3%	\$153,048
18-24	59	\$2,534,071	52	\$3,915,729	111	6.2%	\$6,449,800
25-54	491	\$17,723,634	587	\$29,042,605	1,078	60.5%	\$46,766,239
55-64	154	\$7,650,649	249	\$12,890,843	403	22.6%	\$20,541,492
65+	73	\$3,932,947	73	\$4,288,607	146	8.2%	\$8,221,554
TOTAL	795	\$32,023,213	987	\$50,578,797	1,782	100.0%	\$82,602,010

Table 6 - Inpatient Admissions by Age and Sex

All CICP Providers

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Inpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	170	\$1,570,546	244	\$3,689,201	414	2.3%	\$5,259,747
6-17	112	\$2,401,699	140	\$2,780,744	252	1.4%	\$5,182,443
18-24	752	\$15,404,538	776	\$20,878,383	1,528	8.4%	\$36,282,921
25-54	4,742	\$105,937,896	6,297	\$175,482,388	11,039	60.5%	\$281,420,284
55-64	1,660	\$46,983,579	1,962	\$67,360,772	3,622	19.8%	\$114,344,351
65+	730	\$21,849,473	674	\$23,240,192	1,404	7.7%	\$45,089,665
TOTAL	8,166	\$194,147,731	10,093	\$293,431,680	18,259	100.0%	\$487,579,411

Notes:

*Includes CICP Specialty Hospital providers.

Charges reported in this table are from Table 2B.

Table 7 - Outpatient Activity by Age and Sex

CICP Clinics

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	1,557	\$214,354	1,688	\$226,270	3,245	1.3%	\$440,624
6-17	3,539	\$502,269	2,937	\$396,370	6,476	2.7%	\$898,639
18-24	13,412	\$2,005,259	5,677	\$729,062	19,089	7.9%	\$2,734,321
25-54	97,964	\$13,577,250	58,402	\$7,554,235	156,366	64.6%	\$21,131,485
55-64	31,172	\$4,062,762	18,498	\$2,393,219	49,670	20.5%	\$6,455,981
65+	4,368	\$537,464	2,762	\$348,374	7,130	2.9%	\$885,838
TOTAL	152,012	\$20,899,358	89,964	\$11,647,530	241,976	100.0%	\$32,546,888

CICP Hospitals*

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	774	\$652,781	1,095	\$1,257,601	1,869	1.4%	\$1,910,382
6-17	1,570	\$1,914,722	1,788	\$2,068,963	3,358	2.4%	\$3,983,685
18-24	9,686	\$13,071,401	6,465	\$10,768,640	16,151	11.7%	\$23,840,041
25-54	50,795	\$70,976,737	35,746	\$60,100,685	86,541	62.8%	\$131,077,422
55-64	14,544	\$21,736,719	9,106	\$16,128,118	23,650	17.2%	\$37,864,837
65+	3,431	\$6,376,336	2,696	\$7,191,763	6,127	4.4%	\$13,568,099
TOTAL	80,800	\$114,728,696	56,896	\$97,515,770	137,696	100.0%	\$212,244,466

Denver Health Medical Center

<u>Age Group</u>	<u>Female</u>		<u>Male</u>		<u>Total Outpatient</u>		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	280	\$79,336	188	\$48,145	468	0.3%	\$127,481
6-17	1,834	\$602,776	1,338	\$490,933	3,172	2.0%	\$1,093,709
18-24	5,309	\$3,349,603	3,472	\$2,676,418	8,781	5.6%	\$6,026,021
25-54	46,386	\$26,645,608	51,228	\$32,702,208	97,614	62.8%	\$59,347,816
55-64	16,679	\$9,696,035	14,504	\$8,825,426	31,183	20.1%	\$18,521,461
65+	7,748	\$4,272,967	6,475	\$4,810,584	14,223	9.2%	\$9,083,551
TOTAL	78,236	\$44,646,325	77,205	\$49,553,714	155,441	100.0%	\$94,200,039

Table 7 - Outpatient Activity by Age and Sex

University of Colorado Hospital

<u>Age Group</u>	Female		Male		Total Outpatient		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	14	\$15,236	17	\$131,392	31	0.1%	\$146,628
6-17	137	\$231,773	75	\$135,067	212	0.5%	\$366,840
18-24	1,673	\$3,239,955	1,297	\$2,724,420	2,970	7.6%	\$5,964,375
25-54	11,518	\$22,063,117	12,242	\$22,839,567	23,760	61.0%	\$44,902,684
55-64	4,070	\$7,898,345	3,622	\$6,318,346	7,692	19.8%	\$14,216,691
65+	2,446	\$3,433,406	1,810	\$3,407,168	4,256	10.9%	\$6,840,574
TOTAL	19,858	\$36,881,832	19,063	\$35,555,960	38,921	100.0%	\$72,437,792

All CICIP Providers

<u>Age Group</u>	Female		Male		Total Outpatient		
	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Charges</u>	<u>Count</u>	<u>Percent of Total</u>	<u>Charges</u>
0-5	2,625	\$961,707	2,988	\$1,663,408	5,613	1.0%	\$2,625,115
6-17	7,080	\$3,251,540	6,138	\$3,091,333	13,218	2.3%	\$6,342,873
18-24	30,080	\$21,666,218	16,911	\$16,898,540	46,991	8.2%	\$38,564,758
25-54	206,663	\$133,262,712	157,618	\$123,196,695	364,281	63.6%	\$256,459,407
55-64	66,465	\$43,393,861	45,730	\$33,665,109	112,195	19.5%	\$77,058,970
65+	17,993	\$14,620,173	13,743	\$15,757,889	31,736	5.5%	\$30,378,062
TOTAL	330,906	\$217,156,211	243,128	\$194,272,974	574,034	100.0%	\$411,429,185

Notes:

*Includes CICIP 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	22,571	-	-	-
Colorado Coalition for the Homeless	17,737	-	-	-
Community Health Clinic	1,456	-	-	-
Denver Indian Health & Family Services, Inc.	114	-	-	-
High Plains Community Health Center	3,295	-	-	-
Marillac Clinic	6,219	-	-	-
Metro Community Provider Network	29,368	-	-	-
Mountain Family Health Centers	3,428	-	-	-
Peak Vista Community Health Centers	56,021	-	-	-
Plains Medical Center	1,157	-	-	-
Pueblo Community Health Center	21,892	-	-	-
Salud Family Health Centers	40,076	-	-	-
Sunrise Community Health Center	18,680	-	-	-
Uncompahgre Medical Center	1,152	-	-	-
Valley-Wide Health Systems	18,810	-	-	-
Total CICP Clinic Providers	241,976	-	-	-
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	3,074	148	578	3.91
Aspen Valley Hospital	479	30	112	3.73
Boulder Community Hospital	3,046	262	1,221	4.66
Colorado Plains Medical Center	750	97	222	2.29
Community Hospital	601	58	239	4.12
Conejos County Hospital	1,063	28	77	2.75
Delta County Memorial Hospital	2,296	196	555	2.83
East Morgan County Hospital	812	15	44	2.93
Estes Park Medical Center	1,091	31	126	4.06
Gunnison Valley Hospital	67	-	-	-
Heart of the Rockies Regional Medical Center	1,022	56	162	2.89
Kremmling Memorial Hospital District	114	-	-	-
Longmont United Hospital	3,111	674	2,903	4.31
McKee Medical Center	7,508	453	1,668	3.68
Medical Center of the Rockies	1,070	221	949	4.29
Melissa Memorial	481	6	20	3.33
Memorial Hospital	21,797	1,885	7,751	4.11
Mercy Medical Center	681	136	520	3.82
Montrose Memorial Hospital	1,850	186	832	4.47
Mount San Rafael Hospital	1,294	58	166	2.86
North Colorado Medical Center	7,792	1,190	5,229	4.39
Parkview Medical Center	9,100	917	4,560	4.97
Penrose-St. Francis Health Services	4,639	763	3,330	4.36
Platte Valley Medical Center	1,849	257	748	2.91
Poudre Valley Hospital	12,863	1,013	3,900	3.85
Prowers Medical Center	1,447	70	217	3.10
Rio Grande Hospital	851	14	25	1.79
San Luis Valley Regional Medical Center	4,203	160	512	3.20
Sedgwick County Health Center	312	2	3	1.50
Southeast Colorado Hospital	609	10	15	1.50

Table 8 - Utilization by Provider

Provider Name	Visits	Admissions	Days	ALOS*
Southwest Memorial Hospital	418	55	191	3.47
Spanish Peaks Regional Health Center	301	31	66	2.13
St. Mary-Corwin Hospital	20,085	577	2,872	4.98
St. Mary's Hospital and Medical Center	6,517	433	1,840	4.25
St. Thomas More Hospital	2,652	228	877	3.85
St. Vincent General Hospital	81	5	8	1.60
Sterling Regional MedCenter	2,268	153	711	4.65
The Memorial Hospital	59	18	63	3.50
Valley View Hospital	1,047	87	347	3.99
Wray Community District Hospital	537	9	24	2.67
Yampa Valley Medical Center	224	97	174	1.79
Yuma District Hospital	841	7	13	1.86
Sub-Total CICIP Hospital Providers	130,902	10,636	43,870	4.12
CICIP Specialty Hospital Providers				
National Jewish Medical and Research Center	3,569	2	7	3.50
The Children's Hospital	3,225	210	931	4.43
Sub-Total CICIP Specialty Hospital Providers	6,794	212	938	4.42
Denver Health Medical Center	155,441	5,629	25,671	4.56
University of Colorado Hospital	38,921	1,782	9,509	5.34
Total CICIP Hospital Providers	332,058	18,259	79,988	4.38
Total All CICIP Providers	574,034	18,259	79,988	4.38

Notes:

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

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

Provider Name	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
CICP Clinic Providers								
Clinica Campesina Family Health Services	-	-	-	-	270	5,641	344	6,255
Colorado Coalition for the Homeless	-	-	-	-	118	159	4,739	5,016
Community Health Clinic	-	-	-	-	2	8	1,446	1,456
Denver Indian Health & Family Services, Inc.	-	-	-	-	1	-	50	51
High Plains Community Health Center	-	-	-	-	9	60	1,024	1,093
Marillac Clinic	-	-	-	-	2	24	2,305	2,331
Metro Community Provider Network	-	-	-	-	102	337	9,406	9,845
Mountain Family Health Centers	-	-	-	-	13	13	1,576	1,602
Peak Vista Community Health Centers	-	-	-	-	785	2,007	12,664	15,456
Plains Medical Center	-	-	-	-	17	45	448	510
Pueblo Community Health Center	-	-	-	-	61	208	5,619	5,888
Salud Family Health Centers	-	-	-	-	350	1,011	13,590	14,951
Sunrise Community Health Center	-	-	-	-	70	320	5,039	5,429
Uncompahgre Medical Center	-	-	-	-	9	53	290	352
Valley-Wide Health Systems	-	-	-	-	39	139	5,832	6,010
Total CICP Clinic Providers	-	-	-	-	1,848	10,025	64,372	76,245
CICP Hospital Providers								
Arkansas Valley Regional Medical Center	2	1	65	68	4	23	991	1,018
Aspen Valley Hospital	1	2	22	25	-	1	99	100
Boulder Community Hospital	1	2	207	210	4	41	1,352	1,397
Colorado Plains Medical Center	6	1	87	94	4	11	503	518
Community Hospital	-	-	35	35	-	-	236	236
Conejos County Hospital	-	-	21	21	3	18	373	394
Delta County Memorial Hospital	10	2	156	168	16	50	782	848
East Morgan County Hospital	-	-	11	11	5	18	262	285
Estes Park Medical Center	-	-	10	10	4	3	448	455
Gunnison Valley Hospital	-	-	-	-	1	2	52	55
Heart of the Rockies Regional Medical Center	3	-	45	48	7	10	374	391
Kremmling Memorial Hospital District	-	-	-	-	-	-	20	20
Longmont United Hospital	15	4	458	477	35	54	1,524	1,613

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

Provider Name	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
McKee Medical Center	19	3	311	333	28	86	2,434	2,548
Medical Center of the Rockies	2	3	165	170	11	32	663	706
Melissa Memorial	-	-	5	5	3	18	92	113
Memorial Hospital	22	21	1,411	1,454	92	276	8,129	8,497
Mercy Medical Center	2	1	113	116	1	5	207	213
Montrose Memorial Hospital	2	3	104	109	13	24	555	592
Mount San Rafael Hospital	-	5	48	53	28	31	571	630
North Colorado Medical Center	22	25	826	873	54	165	2,802	3,021
Parkview Medical Center	10	17	681	708	21	126	3,427	3,574
Penrose-St. Francis Health Services	3	7	562	572	29	77	2,214	2,320
Platte Valley Medical Center	12	5	147	164	26	71	987	1,084
Poudre Valley Hospital	36	23	442	501	49	177	5,159	5,385
Prowers Medical Center	1	-	64	65	6	40	622	668
Rio Grande Hospital	-	-	14	14	3	8	306	317
San Luis Valley Regional Medical Center	2	3	61	66	5	48	2,134	2,187
Sedgwick County Health Center	-	-	1	1	2	1	62	65
Southeast Colorado Hospital	-	1	8	9	1	4	225	230
Southwest Memorial Hospital	-	3	36	39	6	18	222	246
Spanish Peaks Regional Health Center	-	-	27	27	9	17	221	247
St. Mary-Corwin Hospital	5	4	547	556	96	265	18,894	19,255
St. Mary's Hospital and Medical Center	13	9	345	367	22	67	2,417	2,506
St. Thomas More Hospital	7	1	199	207	26	53	2,115	2,194
St. Vincent General Hospital	-	1	4	5	-	4	30	34
Sterling Regional MedCenter	16	3	107	126	26	43	627	696
The Memorial Hospital	-	-	16	16	1	2	44	47
Valley View Hospital	2	2	38	42	2	13	304	319
Wray Community District Hospital	-	-	8	8	-	5	180	185
Yampa Valley Medical Center	1	1	78	80	3	3	100	106
Yuma District Hospital	-	-	7	7	-	3	344	347
Sub-Total CICP Hospital Providers	215	153	7,492	7,860	646	1,913	63,103	65,662

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

Provider Name	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
CICP Specialty Hospital Providers								
National Jewish Medical and Research Center	1	-	1	2	2	22	906	930
The Children's Hospital	63	84	19	166	336	543	184	1,063
Sub-Total CICP Specialty Hospital Providers	64	84	20	168	338	565	1,090	1,993
Denver Health Medical Center	38	68	4,157	4,263	246	1,500	29,889	31,635
University of Colorado Hospital	38	11	1,307	1,356	28	299	11,664	11,991
Total CICP Hospital Providers	355	316	12,976	13,647	1,258	4,277	105,746	111,281
Total All CICP Providers	355	316	12,976	13,647	3,106	14,302	170,118	187,526

Note:

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

Table 9B - Unduplicated Total Count by Age Group

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
CICP Clinic Providers				
Clinica Campesina Family Health Services	270	5,641	344	6,255
Colorado Coalition for the Homeless	118	159	4,739	5,016
Community Health Clinic	2	8	1,446	1,456
Denver Indian Health & Family Services, Inc.	1	-	50	51
High Plains Community Health Center	9	60	1,024	1,093
Marillac Clinic	2	24	2,305	2,331
Metro Community Provider Network	102	337	9,406	9,845
Mountain Family Health Centers	13	13	1,576	1,602
Peak Vista Community Health Centers	785	2,007	12,664	15,456
Plains Medical Center	17	45	448	510
Pueblo Community Health Center	61	208	5,619	5,888
Salud Family Health Centers	350	1,011	13,590	14,951
Sunrise Community Health Center	70	320	5,039	5,429
Uncompahgre Medical Center	9	53	290	352
Valley-Wide Health Systems	39	139	5,832	6,010
Total CICP Clinic Providers	1,848	10,025	64,372	76,245
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	6	24	1,056	1,086
Aspen Valley Hospital	1	3	119	123
Boulder Community Hospital	5	43	1,557	1,605
Colorado Plains Medical Center	10	12	590	612
Community Hospital	3	10	238	251
Conejos County Hospital	3	18	373	394
Delta County Memorial Hospital	24	50	834	908
East Morgan County Hospital	5	18	273	296
Estes Park Medical Center	4	3	458	465
Gunnison Valley Hospital	1	2	52	55
Heart of the Rockies Regional Medical Center	10	10	384	404
Kremmling Hospital Memorial District	-	5	1	6
Longmont United Hospital	47	57	1,743	1,847

Table 9B - Unduplicated Total Count by Age Group

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
McKee Medical Center	47	88	2,745	2,880
Medical Center of the Rockies	13	35	828	876
Melissa Memorial	3	18	97	118
Memorial Hospital	109	290	8,597	8,996
Mercy Medical Center	3	6	253	262
Montrose Memorial Hospital	13	26	588	627
Mount San Rafael Hospital	23	33	523	579
North Colorado Medical Center	76	190	3,628	3,894
Parkview Medical Center	30	141	3,724	3,895
Penrose-St. Francis Health Services	32	84	2,776	2,892
Platte Valley Medical Center	38	76	1,134	1,248
Poudre Valley Hospital	85	200	5,601	5,886
Prowers Medical Center	7	40	686	733
Rio Grande Hospital	3	8	309	320
San Luis Valley Regional Medical Center	7	51	2,195	2,253
Sedgwick County Health Center	2	1	63	66
Southeast Colorado Hospital	1	7	231	239
Southwest Memorial Hospital	6	21	258	285
Spanish Peaks Regional Health Center	9	17	248	274
St. Mary-Corwin Hospital	101	269	19,441	19,811
St. Mary's Hospital and Medical Center	31	71	2,531	2,633
St. Thomas More Hospital	32	55	2,259	2,346
St. Vincent General Hospital	-	4	31	35
Sterling Regional MedCenter	42	46	734	822
The Memorial Hospital	1	2	52	55
Valley View Hospital	4	15	342	361
Wray Community District Hospital	-	6	180	186
Yampa Valley Medical Center	4	4	139	147
Yuma District Hospital	-	3	351	354
Sub-Total CICP Hospital Providers	841	2,062	68,222	71,125

Table 9B - Unduplicated Total Count by Age Group

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
CICP Specialty Hospital Providers				
National Jewish Medical and Research Center	3	22	907	932
The Children's Hospital	399	627	203	1,229
Sub-Total CICP Specialty Hospital Providers	402	649	1,110	2,161
Denver Health Medical Center	269	1,536	30,929	32,734
University of Colorado Hospital	60	303	12,082	12,445
Total CICP Hospital Providers	1,572	4,550	112,343	118,465
Total All CICP Providers	3,420	14,575	176,715	194,710

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.