



COLORADO

MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM

FISCAL YEAR 2008-09 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, 2010

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

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

Dear Senator Boyd and Representative Riesberg:

Enclosed please find the *Medically Indigent and Colorado Indigent Care Program FY 2008-09 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 \$202,722,534 in FY 2008-09. State Funds accounted for approximately 16.6%, or \$33,562,499, 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 1.5% from 194,710 to 197,597. Overall, the number of total inpatient hospital admissions increased by 7.4% while the number of outpatient visits increased by 11.6%.
- In FY 2008-09 the CICP Clinics were reimbursed at 74.7% of indigent care costs, while CICP Hospitals stood at 33.1%. Reimbursements to CICP Clinics grew by 2.8% and reimbursements to CICP Hospitals grew by 1.8%. Denver Health Medical Center received 53.6% reimbursement relative to indigent care costs and University of Colorado Hospital stood at 58.8%. When examining all CICP Hospital providers, public-owned hospitals (24 providers) received an average 51.1% reimbursement relative to indigent care costs, while the 22 private-owned hospitals received 25.9%. Overall, total payments to providers increased 4.1% 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 that reads "Joan Henneberry".

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 2008-09 total payments made to providers serving the medically indigent equaled \$202,898,858 and were distributed as follows:

Hospital Payments

<input type="checkbox"/> Low-Income Payments	\$90,726,231
<input type="checkbox"/> High-Volume Payments	\$70,119,612
<input type="checkbox"/> Health Care Services Fund	\$9,090,000
<input type="checkbox"/> Rural and Public Hospital Payments	\$5,000,000
<input type="checkbox"/> Bad Debt Payments	\$756,931
<input type="checkbox"/> Medicaid Shortfall Payments	\$176,324
Total CICP Hospital Payments	\$175,869,098

Clinic Payments

<input type="checkbox"/> The Children's Hospital Payments	\$6,119,760
<input type="checkbox"/> Health Care Services Fund	\$20,910,000
Total CICP Clinic Payments	\$27,029,760

The number of individuals served under the CICP increased by 1.5% to 197,597 in FY 2008-09. Overall, the number of total inpatient hospital admissions increased by 7.4% while the number of outpatient visits increased by 11.6%.

In FY 2008-09 the CICP Clinics were reimbursed at 74.7% of indigent care costs, while CICP Hospitals stood at 33.1%. Reimbursements to CICP Clinics grew by 2.8% and reimbursements to CICP Hospitals grew by 1.8%. Denver Health Medical Center received 53.6% reimbursement relative to indigent care costs and University of Colorado Hospital stood at 58.8%. When examining all CICP Hospital providers, public-owned hospitals (24 providers) received an average 51.1% reimbursement relative to indigent care costs, while the 22 private-owned hospitals received 25.9%. Overall, total payments to providers increased 4.1% since last fiscal year.

The Colorado Health Care Affordability Act (House Bill 09-1293) authorized the Department to implement a hospital provider fee to generate millions of dollars in additional federal Medicaid matching funds with no General Fund impact. The Act will increase the provider payments participating in CICP up to 100% of indigent care costs and expand health care coverage to the uninsured, which will ultimately reduce the population covered by the program. In addition, the Act will improve reimbursement rates for inpatient and outpatient services provided through Medicaid, institute quality incentive payments for hospitals, expand eligibility under Medicaid and Child Health Plan *Plus* (CHP+), and provide a funding source to offer medical benefits to low-income adults without dependent children. In September 2009, the Department submitted the hospital provider fee and corresponding State Plan Amendment for the payment methodology to the Centers for Medicare and Medicaid Services (CMS) for their approval. Approval for both the hospital provider fee and payment distribution is expected by April 2010. Upon federal approval, health care coverage expansions will begin and Colorado will assess the hospital provider fees and distribute payments retroactively back to July 2009.

COLORADO INDIGENT CARE PROGRAM

I. PROGRAM OVERVIEW

The Department of Health Care Policy and Financing (Department) prepares this report pursuant to Section 25.5-3-107, C.R.S. (2009). 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 (including an overview of the new Hospital Provider Fee)
- Medical services provided to medically indigent clients during FY 2008-09
- 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 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. (2009)

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, who are not eligible for Medicaid or Child Health Plan *Plus* (CHP+). The benefits offered under this program vary

from provider to provider. By statute, providers participating in the CICIP are required to prioritize care in the following order:

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

The CICIP includes these requirements in its contracts with providers to ensure that indigent clients have access to emergency care throughout the year.

CICIP PROVIDER MEETING

The Department convenes an annual provider meeting to obtain provider input on various topics related to the program. All CICIP providers and interested parties are invited to attend the CICIP provider meetings to discuss potential program policy changes. The Department recently held two meetings: the traditional annual meeting in March 2009 and a special meeting in November 2009.

Annual Meeting held in March 2009

- ❑ Department's New Web site - The Department launched a new Web site which may be found at Colorado.gov/hcpf. To find information related to the CICIP, click first on either the "Clients & Applicants" or "Providers" headings and then click on "Colorado Indigent Care Program". This site contains the CICIP Provider Manual, newsletters, reference materials, audit and billing files, as well as postings for meeting agendas and minutes.
- ❑ CMS Regulations Update - The American Recovery and Reinvestment Act of 2009 placed the following proposed regulations under moratorium until July 2009: Targeted Case Management (CMS 2237-IFC), Provider Taxes (CMS 2275-P), School-based Health and Transportation (CMS 2287-P) and Payment for Outpatient Hospital Services (CMS 2213-P). Congress instructed the Secretary of Health and Human Services to cancel Cost Limits for Public Providers (CMS 2258-FC), Payment for Graduate Medical Education (CMS 2279-P), and Coverage of Rehabilitative Services (CMS 2261-P).

On June 29, 2009 the Secretary of the Department of Health and Human Services rescinded three proposed rules that had been placed under moratorium until July 1, 2009: Targeted Case Management (CMS 2237-IFC), School-based Health and Transportation (CMS 2287-P) and Payment for Outpatient Hospital Services (CMS 2213-P). Implementation of Provider Taxes (CMS 2275-P) will be delayed until June 30, 2010.

The Department also outlined a new Disproportionate Share Hospital (DSH) Payment and Audit Rule (CMS 2158-F), that became effective January 19, 2009. In summary, the rule lays out independent audit requirements for the DSH payment, based on a hospital-specific DSH limit, which is essentially uncompensated Medicaid and uncompensated uninsured costs for inpatient and outpatient hospital services. The Department will request that the Centers for Medicare and Medicaid Services (CMS) delay implementation of this rule since the timing and cost of compliance is burdensome to states during this economic downturn.

- ❑ Colorado Health Care Accountability Act (House Bill 09-1293) - This legislation, the result of a collaborative effort between the Governor's Office, the Colorado Hospital Association, and the Department, establishes a hospital provider fee in Colorado. Upon approval from the CMS, revenue from the fee will draw federal Medicaid matching funds to increase hospital reimbursement rates, reduce uncompensated care, and provide health care coverage for the uninsured with no state General Fund impact. Approximately half of the total funds will increase hospital reimbursements through increased supplemental Medicaid inpatient and outpatient payments, CICP payments, and quality incentive payments. The remaining funds will finance health coverage expansions to approximately 100,000 uninsured Coloradans.
- ❑ CICP Provider Packet - Staff discussed the items contained in this year's CICP Provider Packet, which was mailed to providers at the end of February: CICP Provider Application and Satellite Worksheet; CICP Waiver Request Form; and a letter describing the new electronic CICP Performance Survey. The packet also contained applications for two supplemental payments as well as a request for documentation to support calculations for the certification of public expenditures.
- ❑ Other topics included presentation of the FY 2007-08 CICP Annual Report, and other major initiatives undertaken by the Department.

Special Meeting held in November 2009

- ❑ Department Budget Overview - The Budget and Finance Office Director presented an overview of the Department's budget with an emphasis on Medicaid and Child Health Plan Plus (CHP+) caseload growth projected during and following the national economic recession. In FY 2008-09, with the aid of enhanced federal Medicaid assistance participation (FMAP) through the American Recovery and Reinvestment Act (ARRA) the Department was able to meet its budget reduction targets without reducing Medicaid and CHP+ reimbursement rates. Among other things, the Department instituted a hiring freeze, eliminated a planned expansion of the CHP+ eligibility to 225% of the federal poverty level, and reduced grant awards to the Comprehensive Primary and Preventive Care (CPPC) Program. Budget plans for FY 2009-10 and FY 2010-11 include modest provider rate cuts, delays in Medicaid Management Information System (MMIS) claims payments and the permanent elimination of several supplemental Medicaid payments that impact CICP providers.
- ❑ Budget Impacts to CICP Providers:
 - Rural and Public Hospital Payments - These supplemental payments to CICP providers, totaling \$5 million, were eliminated in FY 2009-10. These were instituted under Senate Bill 07-097 through a reallocation of the Tobacco Litigation Settlement Moneys Account fund.
 - Health Care Services Fund Payments to Hospitals and Clinics - These supplemental payments, totaling \$30 million to community clinics and hospitals with primary care clinics were eliminated in FY 2009-10. The Colorado Health Care Services Fund was created through Senate Bill 06-044 in response to the voter-approved "Referendum C". Beginning in FY 2005-06, excess General Fund was made available through "Referendum C". This was a temporary funding source which was scheduled to expire in FY 2010-11, but will now expire in FY 2009-10 as part of the Governor's

budget-balancing responsibilities. It is important to note that \$6.1 million in non-Health Care Services Fund financing for CICIP provider clinics remains intact.

- Low-Income/High Volume Payments to Private Providers - Due to a \$13 million General Fund restriction in the Safety Net Programs long bill line item, \$26 million in Low-Income and High Volume payments to private-owned CICIP providers cannot be made. Public-owned hospital providers are not impacted by this reduction, since the state can access a federal match on their uncompensated costs related to the CICIP through a financing mechanism commonly referred to as certified public expenditure. Public-owned providers do not utilize any General Fund to fund these CICIP payments.
- Comprehensive Primary and Preventive Care (CPPC) Grant Program - Funding was eliminated for this program in FY 2009-10 due to budgetary constraints.
- Primary Care Fund - Through Senate Bill 09-271, the General Assembly reduced the allocation to the Primary Care Fund by \$7.4 million (approximately one quarter of the total appropriation) and allowed the option to reduce the fund up to \$15 million total. The current available appropriation for FY 2009-10 is \$24,520,000; if the additional reduction is taken, the available funds will be \$16,920,000.
- Colorado Health Care Affordability Act (House Bill 09-1293) - This Act allows the Department to collect fees from providers of inpatient and outpatient hospital services to improve reimbursement rates for Medicaid and the CICIP and to expand health coverage to approximately 100,000 uninsured Coloradans without additional state General Fund. The Department provided a general overview of the legislation and discussed the work of the Hospital Provider Fee Oversight and Advisory Board (Board) created in the enabling legislation. In September 2009 the Department submitted a waiver for the fee structure and a State Plan Amendment for the payment methodology to the CMS.

Upon CMS approval - anticipated by April 2010 - the Department will assess fees and make payments to hospitals retroactively to July 1, 2009, and the first health coverage expansions will begin.

In addition, the Department described letters sent to hospitals outlining their estimated fees and payments under the Act. Staff provided detailed information and calculations about the fee structure and the Medicaid and the CICIP supplemental hospital payments that will be funded by hospital provider fee revenue and federal matching. For additional information concerning the Act, please refer to the Department's Web site for the first annual report submitted by the Board on January 15, 2010 to the Governor, the Joint Budget Committee, and the Health and Human Services Committees of the General Assembly.

CICIP STAKEHOLDER FORUM

The CICIP Stakeholder Forum was created in October 2007 and meets periodically. Representatives of stakeholders 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 CICP eligibility process, provider relations, client relations, and other pertinent issues.

Attendees of the forum discuss a variety of topics. With the assistance of the forum, the program has drafted an optional “introductory letter” that providers may give to new CICP clients. The letter is designed to help clients understand their health care options, payment responsibilities, and contact information. The forum is also advising the Department on documenting issues and developing a resolution process for clients who have disagreements with providers on their health care protocol. The forum will also be a valuable partner in guiding the CICP through the next few years of transition. Subject to federal approval, the Department is planning for a limited Medicaid expansion to adults without dependent children up to 100% of the federal poverty to be effective January 2012. Many CICP clients will qualify for this Medicaid limited benefit. To make this transition smoothly, the forum is now studying ways to align the CICP client application with an on-line application for Medicaid now under construction. The CICP is also considering aligning other components of the application process to mesh with Medicaid. The items discussed between the Department and the members of the forum are: the definition and verification of client income, treatment of assets and resources, and copayments. Notes from forum meetings and further information on the forum can be found on the Department’s Web site.

CICP PERFORMANCE SURVEY

In FY 2008-09 the Department initiated an annual performance survey, requesting that providers rate the Department’s performance in communication, information, and service provision. Specifically, questions were asked related to data reporting and billing procedures, data requests, eligibility determination rules and procedures for CICP applicants, and payment and reimbursement services for providers. Staff used the information to evaluate performance, identify strengths, recognize weaknesses and pinpoint opportunities to improve quality of services.

Performance surveys were sent to 68 providers in March 2009. Twenty-nine were completed and returned. The responses represented a broad spectrum of CICP providers: hospitals, clinics, private-owned hospitals, public-owned hospitals, rural providers and urban providers. When asked, “How would you rate your experience with the CICP administration overall?”, 74.1% responded with “above average” or “excellent”. Qualitative responses were also sought in the survey. Of all qualitative responses received, 60% were positive in nature. For example, the CICP staff was referenced as knowledgeable and friendly.

The Department will use the results of the performance surveys as it sets performance metrics for the CICP for the next year. The CICP has set goals for the relationship between the program and providers in regards to data, eligibility, and payments. A response of “Above Average” or “Excellent” is desired from 90% of the responses from data personnel, 80% from eligibility staff, and 75% from payments/financial staff in regards to “How would you rate your experience with the CICP administration overall”.

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 Child Health Plan *Plus* (CHP+). 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, provided by the provider, 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 “T” 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. 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.

In addition, effective July 1, 2008, providers are permitted to submit write-off charges to the CICIP for Old Age Pension (OAP) Health and Medical Care Program clients who do not wish to apply for discounted health care services under the CICIP. Write-off charges equal the provider's total charges, less payment from the Department's fiscal agent, less any copayment due from the client, less any other third party payments. These clients may be reported with a CICIP rating of "N", unless an actual CICIP rating is known. This policy is intended solely as a mechanism for CICIP providers to submit legitimate write-off charges to the CICIP for services provides to OAP Health and Medical Care Program clients.

**Chart 1 - Annual Income Ranges for Each Ability-To-Pay Rate
Effective April 1, 2009 - March 31, 2010**

Family Size	Z	N	A	B	C	D
1	\$0 - \$4,332	\$0 - \$4,332	\$4,333 - \$6,715	\$6,716 - \$8,772	\$8,773 - \$10,830	\$10,831 - \$12,671
2	\$0 - \$5,828	\$0 - \$5,828	\$5,829 - \$9,033	\$9,034 - \$11,802	\$11,803 - \$14,570	\$14,571 - \$17,047
3	\$0 - \$7,324	\$0 - \$7,324	\$7,325 - \$11,352	\$11,353 - \$14,831	\$14,832 - \$18,310	\$18,311 - \$21,423
4	\$0 - \$8,820	\$0 - \$8,820	\$8,821 - \$13,671	\$13,672 - \$17,861	\$17,862 - \$22,050	\$22,051 - \$25,799
5	\$0 - \$10,316	\$0 - \$10,316	\$10,317 - \$15,990	\$15,991 - \$20,890	\$20,891 - \$25,790	\$25,791 - \$30,174
6	\$0 - \$11,812	\$0 - \$11,812	\$11,813 - \$18,309	\$18,310 - \$23,919	\$23,920 - \$29,530	\$29,531 - \$34,550
7	\$0 - \$13,308	\$0 - \$13,308	\$13,309 - \$20,627	\$20,628 - \$26,949	\$26,950 - \$33,270	\$33,271 - \$38,926
8	\$0 - \$14,804	\$0 - \$14,804	\$14,805 - \$22,946	\$22,947 - \$29,978	\$29,979 - \$37,010	\$37,011 - \$43,302
Poverty Level*	40% & Homeless	40%	62%	81%	100%	117%

Family Size	E	F	G	H	I
1	\$12,672 - \$14,404	\$14,405 - \$17,220	\$17,221 - \$20,036	\$20,037 - \$21,660	\$21,661 - \$27,075
2	\$17,048 - \$19,378	\$19,379 - \$23,166	\$23,167 - \$26,955	\$26,956 - \$29,140	\$29,141 - \$36,425
3	\$21,424 - \$24,352	\$24,353 - \$29,113	\$29,114 - \$33,874	\$33,875 - \$36,620	\$36,621 - \$45,775
4	\$25,800 - \$29,327	\$29,328 - \$35,060	\$35,061 - \$40,793	\$40,794 - \$44,100	\$44,101 - \$55,125
5	\$30,175 - \$34,301	\$34,302 - \$41,006	\$41,007 - \$47,712	\$47,713 - \$51,580	\$51,581 - \$64,475
6	\$34,551 - \$39,275	\$39,276 - \$46,953	\$46,954 - \$54,631	\$54,632 - \$59,060	\$59,061 - \$73,825
7	\$38,927 - \$44,249	\$44,250 - \$52,899	\$52,900 - \$61,550	\$61,551 - \$66,540	\$66,541 - \$83,175
8	\$43,303 - \$49,223	\$49,224 - \$58,846	\$58,847 - \$68,469	\$68,470 - \$74,020	\$74,021 - \$92,525
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

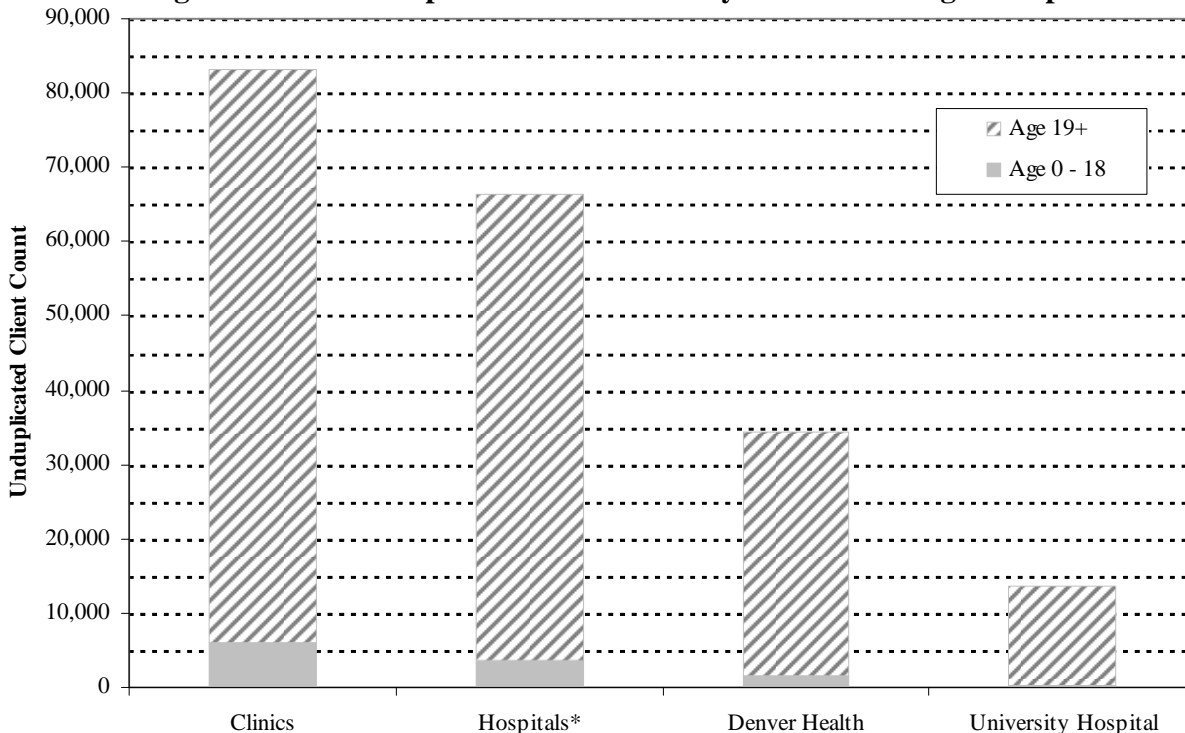
The patient must pay the lower of the copayment listed or actual charges. Clients are notified of their copayment obligation at or before the time that services are rendered. The following explains the types of medical care associated with each copayment category:

- 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 2008-09, 197,597 unduplicated clients received services through the CICP. This represents a 1.5% increase from the 194,710 unduplicated clients assisted in FY 2007-08. Overall, the program provided 14,166 unduplicated clients with inpatient care, while 190,315 received outpatient services in FY 2008-09.¹

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



Source: Table 9B *Includes CICP Specialty Hospitals

Tables 9A and 9B provide a detailed overview by provider of the total number of unduplicated clients served. The provider group which served the greatest number of unique clients was CICP Clinics (42.1%), while Denver Health Medical Center was the largest individual provider. Denver Health Medical Center provided care to 34,412, or 17.4%, of all unduplicated individuals receiving discounted medical care under the CICP.

Children represented 5.9% of the total unique population receiving services. The total unduplicated count of children receiving care under the CICP declined by 35.4% in FY 2008-09, relative to the FY 2007-08 total. The Department believes that the decline is primarily due to a transition of clients from the CICP into other programs such as Medicaid and CHP+ as a direct result of the impact of the economic recession. The total number of unduplicated children receiving care under CICP rose by 58.0% in FY 2007-08. With the creation of the CICP “I” rating, which expanded eligibility to 250% of FPL on July 1, 2006, the CICP is

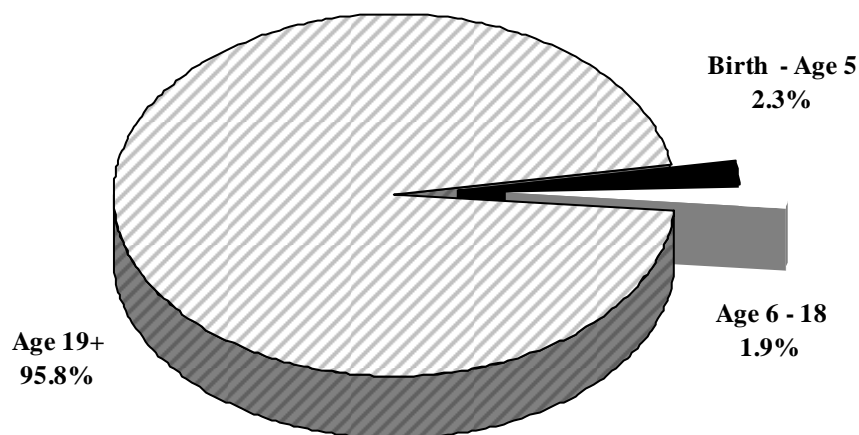
¹ Since this count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

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 CICIP in FY 2007-08 was the result of this difference in eligibility range. Historically, the total number of unduplicated children has declined primarily as a result of increased enrollment into CHP+. A comparison of FY 1999-00 to FY 2008-09 shows that the number of unique children receiving care under the CICIP has fallen by 56.5%.

Inpatient Care

Providers reported that 14,166 unique individuals received inpatient care through the CICIP in FY 2008-09. This represented a 3.8% increase from the previous fiscal year figure of 13,647. CICIP Hospitals* provided 61.1% of total unique client admissions statewide, while Denver Health Medical Center provided 27.8% of total unique client admissions, and the remaining 11.1% was provided by University of Colorado Hospital. As seen in Figure 2, children (birth-age 18) represented 4.2% of the unique clients who received inpatient care. The percentage of children to the total declined 0.7% from FY 2007-08.

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



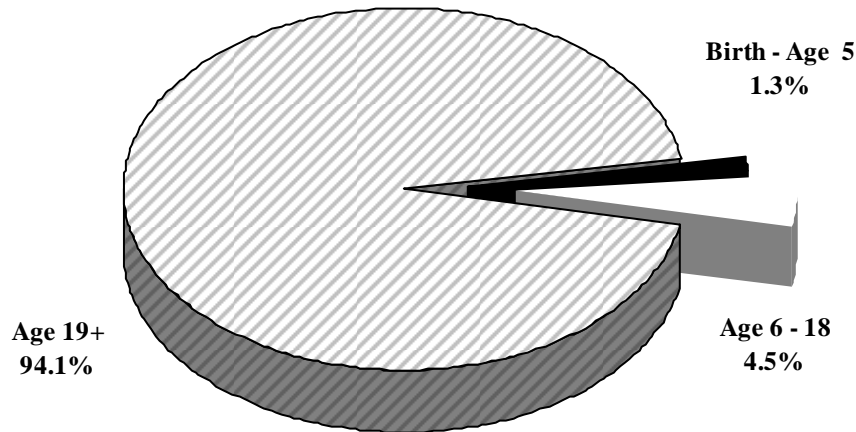
Source: Table 9A.

Outpatient Care

Providers reported that 190,315 unique clients received outpatient care through the CICIP in FY 2008-09. This represented a 1.5% increase from the previous fiscal year figure of 187,526 individuals. CICIP Clinics provided care to 43.8% of the total unduplicated client count for outpatient visits, compared to the CICIP Hospitals* who accounted for 31.5%, Denver Health Medical Center at 17.8% and University of Colorado Hospital at 6.9%. As seen in Figure 3, children (birth- age 18) represented 5.9% of the total unique clients who received outpatient care. Of the outpatient care administered by CICIP Clinics, 7.2% was provided to children compared to 5.4% by hospital providers including specialty hospital providers, 4.8% by Denver Health Medical Center and 2.2% by University of Colorado Hospital.

* Includes CICIP Specialty Hospitals

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



Source: Table 9A.

CLIENT UTILIZATION

Inpatient Admissions

In FY 2008-09, there were 19,614 admissions reported by CICIP providers, representing an increase of 7.4% from the 18,259 admissions recorded in the previous year.

- ❑ 19,078 or 97.3%, of all inpatient services were provided to persons aged 18 or older during FY 2008-09.
- ❑ Total inpatient days totaled 85,751 in FY 2008-09, a 7.2% increase from the FY 2007-08 count of 79,988.
- ❑ Inpatient charges accounted for 47.6% of total charges in FY 2008-09.
- ❑ Inpatient charges accounted for 52.6% of all FY 2008-09 inpatient and outpatient charges.
- ❑ Inpatient services were distributed in the following manner:
 - CICIP Hospitals: 61.1%
 - Denver Health Medical Center: 28.0%
 - University of Colorado Hospital: 10.8%

Chart 3 illustrates the number of inpatient admissions over the past few years. Since FY 2006-07, the number of inpatient admissions for CICIP Hospitals has increased by 25.7%. Inpatient admissions in FY 2008-09 increased 10.5% from the previous fiscal year at CICIP Hospitals. At Denver Health Medical Center, inpatient admissions in FY 2008-09 have declined 2.3%, following an increase of 40.8% during the previous fiscal year. University of Colorado Hospital has experienced a 25.3% increase since FY 2006-07, with a 19.4% increase in inpatient admissions in FY 2008-09 from the previous fiscal year.

Chart 3 - Comparison of Inpatient Admissions

CICP Provider	FY 2006-07 Inpatient Admissions	Percent Change	FY 2007-08 Inpatient Admissions	Percent Change	FY 2008-09 Inpatient Admissions	Percent Change
CICP Hospitals*	9,908	-7.5%	10,848	9.5%	11,989	10.5%
Denver Health	3,998	-7.5%	5,629	40.8%	5,498	-2.3%
University Hospital	1,697	-14.5%	1,782	5.0%	2,127	19.4%
TOTAL	15,603	-8.3%	18,259	17.0%	19,614	7.4%
Source: Analysis of Table 8, Utilization Data FY 2006-07, FY 2007-08 and FY 2008-09 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 79,988 in FY 2007-08 to 85,751 in FY 2008-09. This represents an increase of 7.2%, following a 13.7% increase in the previous fiscal year. Overall, the total number of inpatient days has increased by 21.9% since FY 2006-07. Denver Health Medical Center had an increase in inpatient days in FY 2008-09 of 1.8%, following a 32.4% increase in FY 2007-08. University of Colorado Hospital had an increase of 18.1% in FY 2008-09, following an increase of 6.0% in the prior fiscal year.

Chart 4 - Comparison of Inpatient Days

CICP Provider	FY 2006-07 Inpatient Days	Percent Change	FY 2007-08 Inpatient Days	Percent Change	FY 2008-09 Inpatient Days	Percent Change
CICP Hospitals*	41,997	-10.0%	44,808	6.7%	48,382	8.0%
Denver Health	19,387	-14.1%	25,671	32.4%	26,142	1.8%
University Hospital	8,967	-16.7%	9,509	6.0%	11,227	18.1%
TOTAL	70,351	-12.1%	79,988	13.7%	85,751	7.2%
Source: Analysis of Table 8, Utilization Data FY 2006-07, FY 2007-08 and FY 2008-09 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 2008-09. “Symptoms” accounted for 18.1% of the top ten diagnoses and was the number one most prevalent diagnosis at Denver Health Medical Center in FY 2008-09. 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 CICIP. “Other Psychoses” accounted for 17.0% 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 47.5% 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)	472
2	Other Psychoses (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	443
3	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	386
4	Organic Psychotic Conditions (Includes: Senile and Presenile Organic Psychotic Conditions, Dementia, Alcoholic and Drug Psychoses)	235
5	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	232
6	Infections of Skin and Subcutaneous Tissue (Includes: Carbuncle and Furuncle, Cellulitis and Abscess, Impetigo, Local Infections of the Skin)	229
7	Chronic Obstructive Pulmonary Disease and Allied Conditions (Includes: Bronchitis, Emphysema, Asthma)	171
8	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	163
9	Intestinal Infectious diseases (Includes : E. Coli, Shigellosis, Staphylococcus, Salmonella Infections, Food Poisoning)	149
10	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)	133
Total Top Ten Inpatient Diagnoses Admission Count		2,613
Percent of All Denver Health Medical Center Inpatient Admissions		47.5%

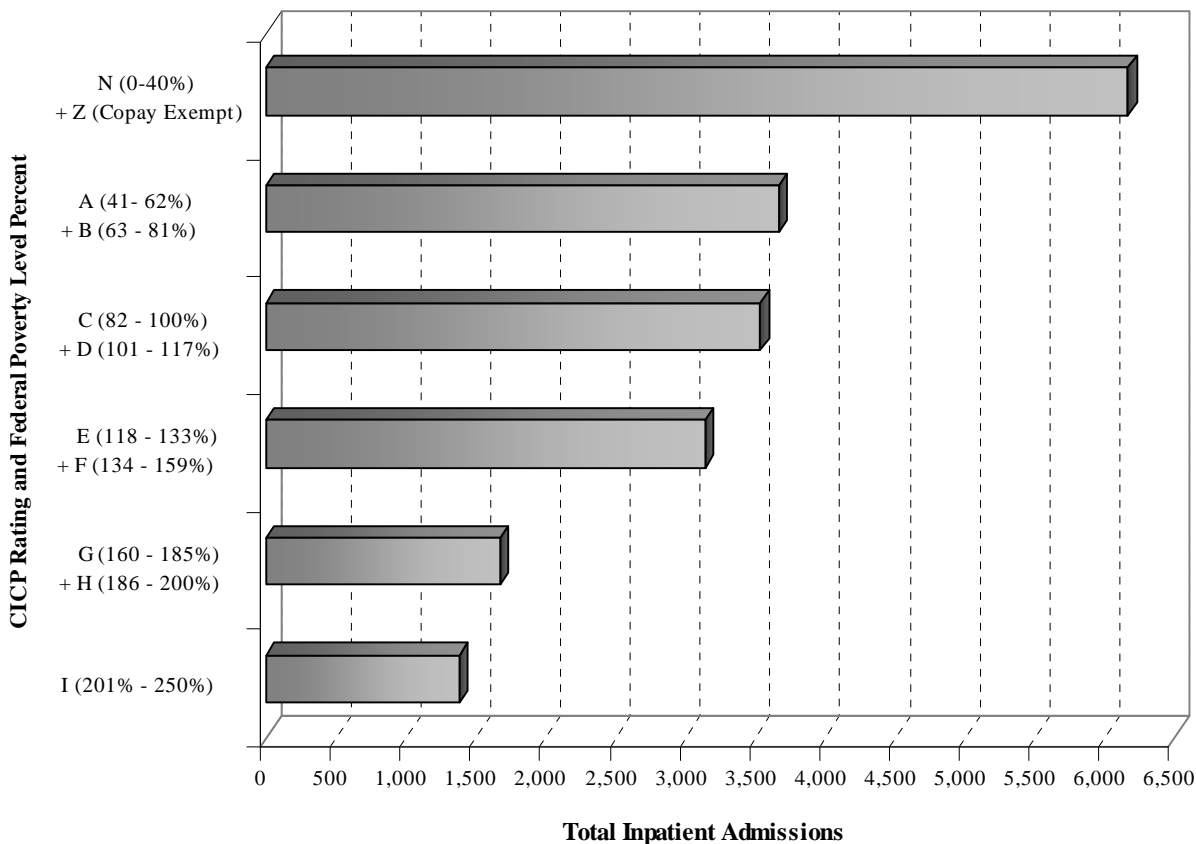
In FY 2007-08 “Other Psychoses” was the number one reported diagnosis at University of Colorado Hospital, but that diagnosis drops to eighth in FY 2008-09. In FY 2008-09 Heart Disease was the most prevalent diagnosis at University of Colorado Hospital, representing 16.6% of the top ten diagnoses. Overall, the following top ten diagnoses accounted for 44.3% 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 Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	156
2	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	141
3	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)	108
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)	95
5	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	89
6	Ischemic Heart Disease (Includes: Acute Myocardial Infarction, Angina Pectoris, Coronary Atherosclerosis)	88
7	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	84
8	Other Psychoses (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	65
9	Pneumonia and Influenza (Includes: Viral and Bacterial Pneumonia)	61
10	Chronic Obstructive Pulmonary Disease and Allied Conditions (Includes : Bronchitits, Emphysema, Asthma)	55
Total Top Ten Inpatient Diagnoses Admission Count		942
Percent of All University Hospital Inpatient Admissions		44.3%

Figure 4 shows the total inpatient admissions by CICP rating and Federal Poverty Level (FPL) percentage for FY 2008-09. Of the total inpatient admissions, 60.4% were made for individuals living under or at 100% FPL (CICP ratings Z, N, A, B, or C). The CICP N and Z ratings accounted for 31.4% of inpatient admissions, followed by the CICP C-rating (10.2%), CICP A-rating (9.9%) 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: Utilization Data Table 4

Outpatient Visits

The 190,315 clients who received outpatient services in FY 2008-09 resulted in 640,548 visits to CICIP providers. Additional details about outpatient visits in FY 2008-09 include:

- Total outpatient activity increased 11.6% from the 574,034 visits in FY 2007-08.
- Outpatient visits accounted for 42.8% of all charges for FY 2008-09.
- Outpatient visits accounted for 47.4% of total FY 2008-09 inpatient and outpatient charges.
- 623,239 or 97.3% of all outpatient visits were provided to persons age 18 or older.
- Outpatient services were distributed in the following manner:
 - CICIP Clinics: 43.2%
 - CICIP Hospitals: 24.0%
 - Denver Health Medical Center: 26.3%
 - University of Colorado Hospital: 6.5%

As shown in Chart 7, the overall number of outpatient visits increased 11.6% from FY 2007-08 to FY 2008-09. Denver Health Medical Center showed an 8.4% rise in outpatient visits, and University of Colorado Hospital showed an increase of 7.0% during the same time period. CICIP Clinics had an increase in visits of 14.2% and CICIP Hospitals showed an increase of 11.9%.

Chart 7 - Comparison of Outpatient Visits

CICIP Provider	FY 2006-07 Outpatient Visits	Percent Change	FY 2007-08 Outpatient Visits	Percent Change	FY 2008-09 Outpatient Visits	Percent Change
CICIP Clinics	234,353	0.6%	241,976	3.3%	276,402	14.2%
CICIP Hospitals*	133,289	-4.8%	137,696	3.3%	154,016	11.9%
Denver Health	131,669	-4.2%	155,441	18.1%	168,470	8.4%
University Hospital	42,665	-11.6%	38,921	-8.8%	41,660	7.0%
TOTALS	541,976	-3.0%	574,034	5.9%	640,548	11.6%

Source: Analysis of Table 8, Utilization Data FY 2006-07, FY 2007-08 and FY 2008-09 CICIP Annual Reports.
 *Includes CICIP Specialty Hospital providers and Medicaid DSH providers listed in previous CICIP Annual Reports.

For the second straight fiscal year, 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 (60.3%) of all outpatient visits at the facility. Compared to the FY 2007-08 totals, the top ten diagnoses visit count increased 8.67%.

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)	20,234
2	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	17,723
3	Persons Without Reported Diagnosis Encountered During Examination (Includes: General Medical Examination, Screenings for Infectious Diseases, Screening for Mental Disorders)	13,401
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)	11,082
5	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	8,616
6	Diseases of Oral Cavity, Salivary Glands, and Jaws (Includes: Disorder of Tooth Development, Gingival Disease, Dentofacial Anomalies, Diseases of the Salivary Glands)	6,999
7	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	6,303
8	Intestinal Infectious diseases (Includes : E. Coli, Shigellosis, Staphylococcus, Salmonella Infections, Food Poisoning.	6,200
9	Hypertensive Disease (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	5,979
10	Dorsopathies (Includes : Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	5,051
Total Top Ten Outpatient Diagnoses Visit Count		101,588
Percent of All Denver Health Medical Center Outpatient Visits		60.3%

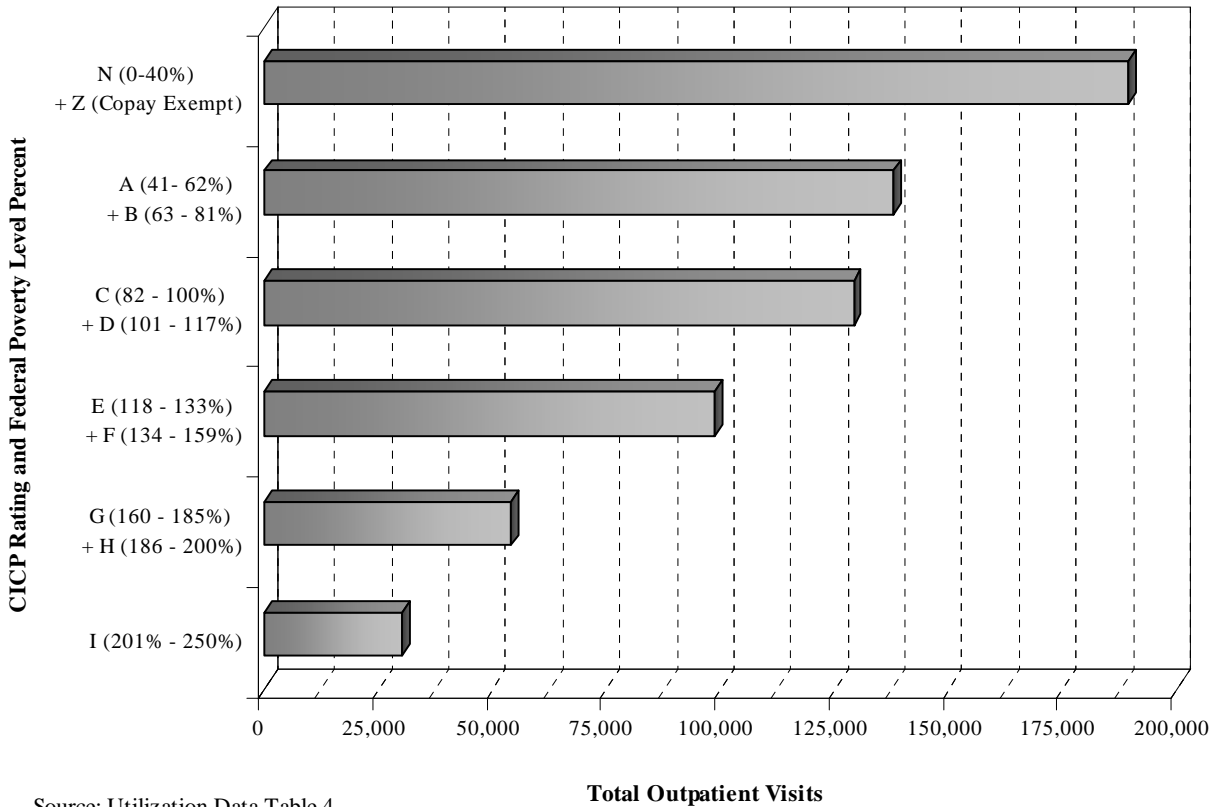
Listed in Chart 9 is the FY 2008-09 top ten outpatient diagnosis codes at University of Colorado Hospital, which accounted for 39.4% of the facility’s outpatient visits. The most common diagnosis at University of Colorado Hospital for an outpatient visit was categorized under “Symptoms”, followed by “Persons Encountering Health Services for Specific Procedures and Aftercare”. The claim count for the top ten outpatient diagnoses at University of Colorado Hospital increased 3.39% from the FY 2007-08 totals. Overall, Denver Health Medical Center and University of Colorado Hospital shared five 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)	4,484
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)	2,508
3	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	1,604
4	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	1,332
5	Human Immunodeficiency Virus (HIV) Infection (Includes: Acquired Immune Deficiency Syndrome and Related Complex)	1,282
6	Dorsopathies (Includes: Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	1,214
7	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	1,186
8	Malignant neoplasm of lymphatic and hematopoietic tissue (includes: Lymphomas and Leukemia)	957
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)	930
10	Acute Respiratory Infections (includes: Upper and lower respiratory tract infections and inflammations.)	901
Total Top Ten Outpatient Diagnoses Visit Count		16,398
Percent of All University Hospital Outpatient Visits		39.4%

In FY 2008-09 clients with ratings at or below 100% of the FPL (CICP Z, N, A, B, or C ratings) accounted for 62.4% of outpatient visits; an increase of 12.6% from FY 2007-08. The following graph shows outpatient utilization by CICP rating for FY 2008-09. Clients with CICP N and Z rating, covering clients with income and assets at 0% to 40% of the FPL, accounted for 29.6% of outpatient visits, followed by clients with a CICP C rating (11.3%) and CICP B rating (10.8%) and CICP A rating (10.7%).

Figure 5 - Outpatient Visits by CICP Rating



Source: Utilization Data Table 4

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 2008-09 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 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 CICP and whose Medicaid eligible days exceeded one standard deviation of the mean for all Colorado Medicaid hospital providers is classified as a High Medicaid Utilization Hospital Provider, but the reporting statistics will not draw historical comparisons based on this classification since the grouping does not contain the same providers over time. Chart 10 details the hospitals that have qualified as a High Medicaid Utilization Hospital Provider over the past nine fiscal years

Chart 10 - High Medicaid Utilization Hospital Providers

Providers	FY 2000-01	FY 2001-02	FY 2002-03	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
Arkansas Valley Regional Medical Center				■	■	■	■	■	■
Conejos County Hospital					■	■	■	■	
Kremmling Memorial Hospital District									■
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	9	9	9	11	12	11	11	13	11

Note:

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

Effective July 1, 2003 the program implemented another classification called High CICIP Utilization Hospital Providers. Under State regulations, these CICIP providers receive additional compensation under the Low-Income and High-Volume payments. Chart 11 lists the providers who qualified as High CICIP Utilization Hospital Providers by having CICIP days above the mean of all participating providers. As with the High Medicaid Utilization Hospital Provider classification, reporting statistics will not draw historical comparisons based on this classification since the grouping does not contain the same providers over time.

Chart 11 - High CICIP Utilization Hospital Providers

Providers	FY 2006-07	FY 2007-08	FY 2008-09
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	■	■	■
San Luis Valley Regional Medical Center		■	■
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	18	19	19

FY 2008-09 PROVIDER PARTICIPATION

A total of 64 contract providers participated in the CICIP. This included 47 hospitals and 17 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 89 satellite CICIP facilities throughout the state, including one hospital facility (Penrose Community Hospital), which is classified as a satellite facility.

Chart 12 - FY 2008-09 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	6	2	8	Lake	1	1	2
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	4	2	6	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	1	1	2
Clear Creek	0	0	0	Montezuma	3	1	4
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	10	2	12	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	1	3
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	105	48	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 2008-09 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
Custer County Medical Center	Westcliffe	Mercy Medical Center	Durango
Denver Indian Health & Family Services, Inc.	Denver	Montrose Memorial Hospital	Montrose
High Plains Community Health Center	Lamar	Mount San Rafael Hospital	Trinidad
Marillac Clinic	Grand Junction	North Colorado Medical Center	Greeley
Metro Community Provider Network	Englewood	Parkview Medical Center	Pueblo
Mountain Family Health Centers	Nederland	Penrose-St. Francis Health Services-Centura	Colorado Springs
NW Colorado Community Health Center	Craig	Pikes Peak Regional Hospital	Woodland Park
Peak Vista Community Health Centers	Colorado Springs	Platte Valley Medical Center	Brighton
Limon Plains Medical Center	Limon	Poudre Valley Hospital	Fort Collins
Pueblo Community Health Center	Pueblo	Prowers Medical Center	Lamar
Salud Family Health Centers	Fort Lupton	Rio Grande Hospital	Del Norte
Stout Street Clinic	Denver	San Luis Valley Regional Medical Center	Alamosa
Sunrise Community Health Center	Evans	Sedwick County Health Center	Julesburg
Uncompahgre Medical Center	Norwood	Southeast Colorado Hospital	Springfield
Valley-Wide Health Systems	Alamosa	Southwest Memorial Hospital	Cortez
CICIP Hospital Providers		Spanish Peaks Regional Health Center	Walsenburg
Arkansas Valley Regional Medical Center	La Junta	St. Mary-Corwin Hospital-Centura	Pueblo
Aspen Valley Hospital	Aspen	St. Mary's Hospital and Medical Center	Grand Junction
Boulder Community Hospital	Boulder	St. Thomas More Hospital-Centura	Canon City
Colorado Plains Medical Center	Fort Morgan	St. Vincent General Hospital	Leadville
Community Hospital	Grand Junction	Sterling Regional MedCenter	Sterling
Conejos County Hospital	La Jara	The Memorial Hospital	Craig
Delta County Memorial Hospital	Delta	University of Colorado Hospital	Aurora
Denver Health Medical Center	Denver	Valley View Hospital	Glenwood Springs
East Morgan County Hospital	Brush	Wray Community District Hospital	Wray
Estes Park Medical Center	Estes Park	Yampa Valley Medical Center	Steamboat Springs
Gunnison Valley Hospital	Gunnison	Yuma District Hospital	Yuma
Heart of the Rockies Regional Medical Center	Salida	CICIP Specialty Hospital Providers	
Kremmling Memorial Hospital District	Kremmling	National Jewish Medical and Research Center	Denver
Longmont United Hospital	Longmont	The Children's Hospital	Aurora
McKee Medical Center	Loveland		
Medical Center of the Rockies	Fort Collins		

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)². 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 Upper Payment Limit (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.

² 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 2008-09 REIMBURSEMENT FOR CLINICS AND HOSPITALS

In the FY 2008-09 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 \$304,357,286 in total funds (General Fund \$13,090,782, federal funds \$152,178,643 and Cash Funds Exempt \$139,087,861) to reimburse CICIP Hospital providers in FY 2008-09 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 2008-09 this difference was \$6,980,652 in Cash Funds Exempt and federal funds. No General Fund was reverted from the line item.

The appropriation for CICIP Clinics was \$27,029,760 in total funds (General Fund \$3,059,880, federal funds \$13,514,880 and Cash Funds Exempt \$10,455,000). The appropriations included funds to reimburse The Children's Hospital (\$60,000 total funds) for administration of CICIP clinic based care. The \$10,455,000 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 \$9,090,000 (State Funds \$4,545,000 from the Health Care Services Fund and \$4,545,000 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 \$5,000,000 (\$2,500,000 in State Funds and \$2,500,000 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 2008-09 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 2008-09, the average reimbursement relative to costs for all CICIP providers was 46.5%. CICIP Hospital providers (including Denver Health Medical Center and University of Colorado Hospital) equaled 43.9% and the average reimbursement relative to costs for CICIP Clinics equaled 74.7%. Charts 15 through 19 provide detailed reimbursement rates by various provider classifications.

REIMBURSEMENT TRENDS FOR CICP PROVIDERS

Chart 14 - FY 2008-09 CICP Payment

	State Funds (1)	Cash Funds Exempt (2)	Federal Funds	Total Funds	Payments to Providers (3)
CICP Clinics(4)	\$13,514,880	\$0	\$13,514,880	\$27,029,760	\$27,029,760
Children's Hospital Clinic Payment	\$3,059,880	\$0	\$3,059,880	\$6,119,760	\$6,119,760
Health Care Services Fund	\$10,455,000	\$0	\$10,455,000	\$20,910,000	\$20,910,000
CICP Hospitals and Specialty Hospitals	\$16,138,643	\$35,936,039	\$52,074,681	\$104,149,363	\$68,213,324
Low-Income Payment	\$130,907	\$17,741,563	\$17,872,470	\$35,744,940	\$18,003,377
High-Volume Payment	\$12,871,712	\$18,008,095	\$30,879,807	\$61,759,614	\$43,751,519
Health Care Services Fund	\$1,571,699	\$0	\$1,571,698	\$3,143,397	\$3,143,397
Rural & Public Hospital Payment	\$1,564,325	\$0	\$1,564,325	\$3,128,650	\$3,128,650
Bad Debt Payment	\$0	\$186,381	\$186,381	\$372,762	\$186,381
Denver Health	\$3,321,180	\$58,957,293	\$62,278,473	\$124,556,946	\$65,599,653
Low-Income Payment	\$0	\$48,109,994	\$48,109,994	\$96,219,988	\$48,109,994
High-Volume Payment	\$0	\$10,393,343	\$10,393,343	\$20,786,686	\$10,393,343
Health Care Services Fund	\$2,700,000	\$0	\$2,700,000	\$5,400,000	\$5,400,000
Rural & Public Hospital Payment	\$621,180	\$0	\$621,180	\$1,242,360	\$1,242,360
Bad Debt Payment	\$0	\$453,956	\$453,956	\$907,912	\$453,956
University Hospital	\$587,796	\$40,704,204	\$41,292,001	\$82,584,001	\$41,879,797
Low-Income Payment	\$0	\$24,612,860	\$24,612,860	\$49,225,720	\$24,612,860
High-Volume Payment	\$0	\$15,974,750	\$15,974,750	\$31,949,500	\$15,974,750
Health Care Services Fund	\$273,301	\$0	\$273,302	\$546,603	\$546,603
Rural & Public Hospital Payment	\$314,495	\$0	\$314,495	\$628,990	\$628,990
Bad Debt Payment	\$0	\$116,594	\$116,594	\$233,188	\$116,594
Total CICP Payment	\$33,562,499	\$135,597,536	\$169,160,035	\$338,320,070	\$202,722,534
Clinic Payment (4)(5)	\$13,514,880	\$0	\$13,514,880	\$27,029,760	\$27,029,760
Low-Income Payment (6)	\$130,907	\$90,464,417	\$90,595,324	\$181,190,648	\$90,726,231
High-Volume Payment (5)	\$12,871,712	\$44,376,188	\$57,247,900	\$114,495,800	\$70,119,612
Health Care Services Fund (7)	\$4,545,000	\$0	\$4,545,000	\$9,090,000	\$9,090,000
Rural & Public Hospital Payment (8)	\$2,500,000	\$0	\$2,500,000	\$5,000,000	\$5,000,000
Bad Debt Payment (6)	\$0	\$756,931	\$756,931	\$1,513,862	\$756,931

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) \$27,029,760 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) Payments classified under CICP Clinic Payment and High-Volume Payment are accounted for under the Medicare Upper Payment Limit for inpatient hospital services.
- (6) Payments classified under Low-Income Payment and Bad Debt Payment are accounted for under the Disproportionate Share Hospital Allotment.
- (7) The Health Care Services Fund is funded with General Fund revenues from Referendum C, allocated through Senate Bill 06-044.
- (8) Rural and Public Hospital Payments are made using funds from the Supplemental Tobacco Litigation Settlement Moneys Account and a match of federal funds.

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 74.7% of write-off costs, while CICIP Hospital providers stood at 33.1%. Denver Health Medical Center received a 53.6% reimbursement rate and University of Colorado Hospital received 58.8%.

Chart 15 - FY 2008-09 Percentage of Write-Off Cost Reimbursed

	Payment	Write-Off Costs	Percent Reimbursed
CICIP Clinics	\$26,969,760	\$36,090,008	74.73%
CICIP Hospitals*	\$68,213,324	\$206,417,785	33.05%
Sub-Total CICIP Providers	\$95,183,084	\$242,507,793	39.25%
Denver Health Medical Center	\$65,599,653	\$122,468,256	53.56%
University of Colorado Hospital	\$41,879,797	\$71,210,318	58.81%
CICIP Hospital Providers	\$175,692,774	\$400,096,359	43.91%
Total CICIP Providers	\$202,662,534	\$436,186,367	46.46%
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 was 46.5% in FY 2008-09. Overall, the FY 2008-09 reimbursement percentage declined as a 4.1% increase in payments was offset by a 24.2% increase in costs (see Chart 17). The reimbursement rate to CICIP Clinics was still substantially higher than the reimbursement rates received prior to FY 2007-08.

Chart 16 - Historical Percentage of Write-Off Cost Reimbursed

	Percent of CICIP Write-Off Costs Reimbursed					
	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09
CICIP Clinics	20.77%	21.36%	22.55%	59.45%	92.33%	74.73%
CICIP Hospitals*	26.07%	19.40%	27.30%	32.72%	40.32%	33.05%
Sub-Total CICIP Providers	25.26%	19.68%	26.63%	36.69%	47.92%	39.25%
Denver Health Medical Center	58.71%	55.04%	84.67%	82.70%	61.93%	53.56%
University of Colorado Hospital	57.38%	57.73%	59.27%	73.48%	70.59%	58.81%
CICIP Hospital Providers	42.85%	38.40%	49.77%	54.23%	52.21%	43.91%
Average CICIP Providers	41.10%	37.14%	47.62%	54.67%	55.46%	46.46%
Source: Analysis of CICIP Annual Reports.						
*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 Providers³ received increased High-Volume and Low-Income payments. High CICP Utilization Hospital providers⁴ 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, 56.1%, 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 47.8% reimbursement rate, while those who qualified as a High CICP Utilization Hospital provider (15 providers) received an average 33.2%. Providers who did not qualify in either category (18 providers) were reimbursed an average of 21.5%.

Chart 18 - FY 2008-09 Percentage of Write-Off Costs Reimbursed by High Utilization Classification

Provider Classification	Payment	Write-Off Costs	Reimbursement Percentage
High Medicaid Utilization Hospitals Only	\$7,145,553	\$14,934,417	47.8%
High CICP Utilization Hospitals Only	\$46,148,500	\$139,041,442	33.2%
Both High Medicaid Utilization & High CICP Utilization Hospitals Only	\$112,619,901	\$200,593,420	56.1%
All Other Hospital Providers	\$9,778,820	\$45,527,080	21.5%
All Hospital Providers	\$175,692,774	\$400,096,359	43.9%

Source: Financial Table 1

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 45.4% in FY 2007-08 and a rate of 47.8% in FY 2008-09. Providers with a rating only as a High CICP Utilization Hospital showed a reimbursement rate of 41.4% in FY 2007-08 and a rate of 33.2% in FY 2008-09. Reimbursement rates for hospitals rated as Both High Medicaid Utilization and High CICP Utilization Hospitals has declined for the second consecutive year; from 75.6% in FY 2006-07 to 65.2% in FY 2007-08, and then to 56.1% in FY 2008-09. All Other Hospital Providers experienced decreases in reimbursement rates, from 28.8% in FY 2007-08 to 21.5% in FY 2008-09.

³ 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.

⁴ 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 2006-07	FY 2007-08	FY 2008-09
High Medicaid Utilization Hospitals Only	50.5%	45.4%	47.8%
High CICIP Utilization Hospitals Only	31.1%	41.4%	33.2%
Both High Medicaid Utilization & High CICIP Utilization Hospitals Only	75.6%	65.2%	56.1%
All Other Hospital Providers	20.6%	28.8%	21.5%
All Hospital Providers	54.2%	52.2%	43.9%
Source: CICIP Analysis of Table 1, Financial Tables FY 2006-07, FY 2007-08 and FY 2008-09 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 the DSH Allotment or the 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 51.1% reimbursement rate, while private-owned hospitals (22 providers) received 25.9%. All reimbursement rates are relative to write-off costs as detailed in Table 1. When the effects of higher payments received by High Utilization Medicaid Hospital and High Utilization CICIP Hospital providers are excluded, public-owned hospitals (11 providers) received an average reimbursement of 37.1%, while private-owned hospitals (6 providers) received 17.2%.

**Chart 20 - FY 2008-09 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	\$146,338,101	\$286,480,928	51.1%
Private-Owned Hospitals	\$29,354,673	\$113,615,431	25.8%
All Hospital Providers	\$175,692,774	\$400,096,359	43.9%
<u>Excluding All High Medicaid Utilization or High CICIP Utilization Hospital Providers</u>			
Public-Owned Hospitals	\$3,526,675	\$9,506,688	37.1%
Private-Owned Hospitals	\$4,862,836	\$28,315,992	17.2%
All Hospital Providers	\$8,389,511	\$37,822,680	22.2%
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 2006-07	FY 2007-08	FY 2008-09
<u>Including All Hospital Providers</u>			
Public-Owned Hospitals	63.3%	59.2%	51.1%
Private-Owned Hospitals	32.0%	33.4%	25.8%
All Hospital Providers	54.2%	52.2%	43.9%
<u>Excluding All High Medicaid Utilization or High CICP Utilization Hospital Providers</u>			
Public-Owned Hospitals	8.0%	7.3%	37.1%
Private-Owned Hospitals	17.7%	19.3%	17.2%
All Hospital Providers	12.9%	12.1%	22.2%
Source: CICP Analysis of Table 1, Financial Tables FY 2006-07, FY 2007-08 and FY 2008-09 CICP Annual Reports. Includes updated information.			

REIMBURSEMENT PER INPATIENT DAY

The reimbursement per inpatient day by provider group for FY 2008-09 is reported in Chart 22. The reimbursement per inpatient day at CICIP Hospitals was \$773.25, compared to Denver Health Medical Center at \$1,370.41 and \$1,737.87 for University of Colorado Hospital.

Chart 22 - FY 2008-09 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**	48,382	\$37,411,366	\$773.25
Denver Health	26,142	\$35,825,302	\$1,370.41
University Hospital	11,227	\$19,511,067	\$1,737.87

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 2006-07 to FY 2008-09 the number of inpatient days for CICIP Hospitals has increased 15.2%, while net CICIP reimbursement per inpatient day has increased 16.5% to \$773.25. Over the same period, reimbursements per inpatient day at Denver Health Medical Center decreased by 20.4% and by 11.4% at University of Colorado Hospital. The number of inpatient days increased by 34.8% at Denver Health Medical Center and by 25.2% 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 2006-07 CICP Payment Per Inpatient Day*	FY 2007-08 CICP Payment Per Inpatient Day*	FY 2008-09 CICP Payment Per Inpatient Day*
CICP Clinics	N/A	N/A	N/A
CICP Hospitals**	\$663.82	\$844.49	\$773.25
Denver Health	\$1,794.04	\$1,450.80	\$1,370.41
University Hospital	\$1,980.16	\$1,776.46	\$1,737.87

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 CICIP provider group during FY 2008-09 are reported in Chart 24. The reimbursement per outpatient visit at CICIP Clinics was \$97.57 compared to CICIP Hospitals, who were reimbursed \$198.21 per visit.

Chart 24 - FY 2008-09 Payment per Outpatient Visit

CICIP Provider	Outpatient Visits	Total CICIP Outpatient Payment	CICIP Payment Per Outpatient Visit*
CICIP Clinics	276,402	\$26,969,760	\$97.57
CICIP Hospitals**	154,016	\$30,527,795	\$198.21
Denver Health	168,470	\$29,774,351	\$176.73
University Hospital	41,660	\$17,078,532	\$409.95

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

From FY 2006-07 through FY 2008-09 the number of outpatient visits at CICIP Clinics increased by 17.9%, while, as demonstrated in Chart 25, the reimbursement per visit has increased by 41.8%. Between the same two fiscal years, the number of CICIP Hospital visits increased by 15.6% and the reimbursement per visit rose by an almost equivalent 15.6%. The number of outpatient visits at Denver Health Medical Center increased by 27.9%, while at University of Colorado Hospital outpatient visits decreased 2.4%. Since FY 2006-07, the average reimbursement per visit has declined 25.4% at Denver Health Medical Center and 1.7% at University of Colorado Hospital.

Chart 25 - Historical Payment per Outpatient Visit

CICIP Provider	FY 2006-07 CICIP Payment Per Outpatient Visit*	FY 2007-08 CICIP Payment Per Outpatient Visit	FY 2008-09 CICIP Payment Per Outpatient Visit
CICIP Clinics	\$68.79	\$108.41	\$97.57
CICIP Hospitals**	\$171.42	\$211.11	\$198.21
Denver Health	\$236.77	\$175.38	\$176.73
University Hospital	\$417.10	\$380.61	\$409.95

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

V. PROGRAM ADMINISTRATION

REPORTING REQUIREMENTS AND PREVENTION OF FRAUD BY PROVIDERS

The Colorado Indigent Care Program (CICP) Provider Audit Guidelines for FY 2008-09 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 for five years 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, 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 2008-09, public providers certified over \$135 million towards CICP payments. (See the “Cash Funds Exempt” column in Chart 14.)

The certification of public expenditures mechanism is not expected to be used for inpatient and outpatient hospital services CICP payments beyond FY 2008-09. Subject to federal approval, implementation of a hospital provider fee under the Colorado Health Care Affordability Act (House Bill 09-1293) will replace the present reimbursement methodology.

HOSPITAL PROVIDER FEE

The Colorado Health Care Affordability Act authorizes the Department to implement a hospital provider fee to generate millions of dollars in additional federal Medicaid matching funds to improve reimbursement rates for inpatient and outpatient hospital services provided through Medicaid and CICP, to institute quality incentive payments for hospitals, to expand eligibility under Medicaid and Child Health Plan *Plus* (CHP+), and to offer medical benefits to low-income adults without dependent children. Through the Act, the Governor appointed thirteen members to the Hospital Provider Fee Oversight and Advisory Board (Board). The Board provides oversight and makes recommendations to the Department and the Medical Services Board on the implementation of the Act, including acceptable methodologies for how hospital provider fees are assessed and payments are calculated.

Federal regulations require the hospital provider fee to be broad-based and uniform, or meet mathematical thresholds for these requirements to be waived. Payments must not be correlated to the fee, and payments must not “hold harmless” any provider. The Department and Board have strived to create a fee structure and payment methodologies that maximize payments to hospitals, subject to these requirements and the federal upper payment limit.

In accordance with the recommendations of the Board, in September 2009 the Department submitted the hospital provider fee structure and a State Plan Amendment for the payment methodology to the Centers for Medicare and Medicaid Services (CMS). The Department is currently discussing these items with CMS and informs the Board of significant developments. Based on the discussions with CMS, changes may be necessary to meet federal approval. Therefore, the exact fee and payment methodologies and amounts are not known at this time.

As currently proposed, fees are calculated on inpatient and outpatient hospital services. The proposed fee is non-uniform, with discounts for managed care inpatient days and for High

Volume Medicaid and CICIP Providers⁵. The proposed fee is also non broad-based, where psychiatric, long-term care, and rehabilitation hospitals will be exempt from paying the fee.

As currently proposed, hospital payments will be increased for Medicaid and CICIP through supplemental inpatient and outpatient Medicaid payments and payments under the federal Disproportionate Share Hospital (DSH) allotment for Colorado. These supplemental payments include targeted payments to hospitals to ensure access for Medicaid clients in rural and metropolitan areas of the state. Upon CMS approval, anticipated by April 2010, the Department will assess fees and make payments to hospitals effective retroactively to July 1, 2009. These payments will replace the following current supplemental payments:

- Low-Income
- High Volume
- Bad Debt
- Medicaid Shortfall

Effective April 2010, also contingent on CMS approval, the Department will expand eligibility for parents of children covered by Medicaid up to 100% of the federal poverty level (FPL) and expand Child Health Plan *Plus* (CHP+) for children and pregnant women up to 250% of the FPL. Implementation of additional health coverage expansions will occur over the following two years, including a Medicaid buy-in program for clients with disabilities up to 450% of the FPL, a health benefit package for adults without dependent children up to 100% of the FPL, and 12-month continuous eligibility for children covered by Medicaid.

For more information pertaining to the hospital provider fee financing mechanism, please refer to the Department's Web site for a copy of the first annual report submitted by the Board on January 15, 2010 to the Governor, the Joint Budget Committee, and the Health and Human Services Committees of the General Assembly.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) RULES

Cost Limit on Providers (CMS 2258-FC)

This rule was cancelled by the Secretary of Health and Human Services at the request of Congress. This proposed rule would have made 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 added specific limitations on public-owned providers by redefining them as units of government with general taxing authority. The proposed rule sought to require 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 would have limited reimbursement to public providers' costs, with costs defined and measured according to the rule's specifications.

⁵ High Volume Medicaid and CICIP Providers are defined as hospitals with at least 35,000 Medicaid days per year and where over 30% of their total days are for services for Medicaid and CICIP clients. This term is specific to the hospital provider fee and is not equivalent to High Medicaid Utilization Hospital Providers or to High CICIP Utilization Hospital Providers as defined under the CICIP.

Payment for Graduate Medical Education (CMS 2279-P)

This rule was cancelled by the Secretary of Health and Human Services at the request of Congress. This proposed regulation would have eliminated 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. This regulation would have resulted in a significant loss of revenue to Colorado and a significant decrease in revenues to Colorado's teaching programs.

Payment for Hospital Outpatient Services (CMS 2213-P)

The Secretary of the Department of Health and Human Services rescinded this rule on June 29, 2009. The rule would have limited the definition of outpatient hospital services and placed restrictions on upper payment limit methodologies for private outpatient hospitals and clinics. The rule precluded services provided by entities that are not provider-based departments of hospitals. Further, the rule sought to narrowly define outpatient services which would have been detrimental for Medicaid children who receive critical services in hospital-based clinics.

Provider Taxes (CMS 2275-P)

Implementation of this proposed rule has been delayed until June 30, 2010. 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.

HEALTH CARE SERVICES FUND

The Health Care Services Fund was established through Senate Bill 06-044 to make supplemental payments to Denver Health Medical Center, CICIP Clinics and primary care clinics operated by CICIP Hospitals to partially offset the cost of expanding income eligibility in the CICIP from 200% to 250% of the federal poverty level and of expanding eligibility in the program to children. These funds are considered "excess" General Fund Exempt revenues from the voter-approved Referendum C. The funding requirement from Senate Bill 06-044 was set to expire in FY 2010-11. However, the Governor eliminated this funding a year early as part of budget balancing responsibilities.

With matching federal funds, the total funding loss to providers who participate in the Colorado Indigent Care Program is \$30 million in FY 2009-10. 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 CICIP and other low-income clients in an outpatient setting.

The Department is supportive of finding a sustainable funding source for CICIP Clinic providers that draws a federal match. The Department is investigating the ability to increase payments through the Medicaid encounter rate paid to Federal Qualified Health Centers (FQHCs). Almost all CICIP clinic providers are FQHCs, with 99% of all CICIP clinic provider payments going to a FQHC. The Department presented this opportunity to the Joint Budget Committee during its annual hearing in December 2009.

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. 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, prior to the federal American Recovery and Reinvestment Act of 2009 (ARRA), was never higher than 78%. 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 (April 1, 2003 – June 30, 2004). These amounts are shown on Chart 1. These additional federal funds were specified to offset the State’s General Fund and not directed to increase provider payments.

Section 5001 of Public Law 111-5, the American Recovery and Reinvestment Act of 2009 (ARRA), provides for a temporary increase in the federal medical assistance percentage (FMAP) to assist states in meeting the costs of increasing Medicaid caseloads at a time when their

revenues are falling due to rising unemployment. Three types of temporary assistance apply to the costs of Medicaid items and services during the period October 1, 2008, through December 31, 2010:

- (1) States that would otherwise experience a drop in their federal matching rate under the regular FMAP formula during FY 2009 or FY 2010 or the first quarter of FY 2011 will be held harmless against any decline.
- (2) Every state will receive an increase in its FMAP by 4.9 percentage points for the entire nine quarter period.
- (3) States experiencing an increase in their unemployment rate will receive an additional percentage point increase in their FMAP based on a specified formula.

Congress is considering extending the enhanced FMAP beyond December 2010. At the time of publishing, a final decision has not been reached on this issue.

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%
2002-2003	
(Oct. 1, 2002 – March 31, 2003)	50.00%
2002-2003	
(April 1, 2003 – Sept. 30, 2003)	52.95%
2003-2004	
(Oct. 1, 2003 – June 30, 2004)	52.95%
2003-2004	
(July 1, 2004 – Sept. 30, 2004)	50.00%
2004-05	50.00%
2005-06	50.00%
2006-07	50.00%
2007-08	50.00%
2008-2009	
Oct. 1, 2008 - March. 31, 2009	58.78%
2008-2009	
April 1, 2009 - Sept. 30, 2009	61.59%

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. In FFY 2008-09, Colorado’s DSH Allotment was increased by 4.4% to \$90,961,214. Colorado’s DSH Allotment was increased another 2.5% on February 17, 2009 for FFY 2008-09 via section 5002 of Public Law 111-5, the American Recovery and Reinvestment Act of 2009 (ARRA). The FFY 2009-10 DSH allotment results from a 2.5% ARRA increase over the total FFY 2008-09 allotment.

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*	\$93,235,244
2009-10*	\$95,566,125

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 payment stood at \$82,253,901 in FY 2007-08 and was \$90,726,231 in FY 2008-09. 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.⁶

Chart 3, Chart 4 and Chart 5 show the Bad Debt payments made in FY 2008-09, FY 2007-08, and FY 2006-07 respectively. Payments are based on the hospital's Bad Debt costs.

⁶ For a list of qualified providers, please see Chart 10 under the section titled "Providers" under the "Colorado Indigent Care Program".

Chart 3 – Bad Debt Payments State Fiscal Year 2008-09

Provider	Federal Fiscal Year 2007-08 Bad Debt Payment	Federal Fiscal Year 2008-09 Bad Debt Payment	Total State Fiscal Year 2008-09 Payment
Arkansas Valley Regional Medical Center	\$4,377	\$13,132	\$17,509
Denver Health Medical Center	\$113,489	\$340,467	\$453,956
Kremmling Memorial Hospital District	\$1,056	\$3,167	\$4,222
National Jewish Medical and Research Center	\$2,622	\$7,865	\$10,487
Platte Valley Medical Center	\$5,398	\$16,194	\$21,592
Prowers Medical Center	\$2,619	\$7,858	\$10,477
San Luis Valley Regional Medical Center	\$5,097	\$15,290	\$20,387
Spanish Peaks Regional Medical Center	\$1,786	\$5,358	\$7,144
The Children's Hospital	\$23,641	\$70,922	\$94,563
University Hospital	\$29,149	\$87,446	\$116,594
Total	\$189,233	\$567,698	\$756,931

Chart 4 – 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	\$420	\$1,261	\$1,681
Conejos County Hospital	\$96	\$288	\$384
Denver Health	\$18,352	\$55,057	\$73,408
National Jewish Medical and Research Center	\$346	\$1,039	\$1,385
Parkview Medical Center	\$528	\$1,583	\$2,111
Platte Valley Medical Center	\$223	\$668	\$891
San Luis Valley Regional Medical Center	\$345	\$1,034	\$1,379
Spanish Peaks Regional Health Center	\$553	\$1,661	\$2,214
The Children's Hospital	\$268	\$804	\$1,072
University Hospital	\$221	\$664	\$885
Valley View Hospital	\$2,330	\$6,993	\$9,323
	\$3,872	\$11,615	\$15,487
	\$706	\$2,119	\$2,825
Total	\$28,260	\$84,785	\$113,045

Chart 5 – 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

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%;
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 2006-07, FY 2007-08, and FY 2008-09.

Chart 6 – Medicaid Shortfall Payments

Provider	State Fiscal Year 2006-07 Payment	State Fiscal Year 2007-08 Payment	State Fiscal Year 2008-09 Payment
Family Health West Hospital	\$0	\$530	\$0
Kit Carson County Memorial Hospital	\$4,416	\$0	\$0
Presbyterian/St. Luke's Medical Center	\$185,172	\$0	\$158,182
Vibra Long Term Acute Care Hospital	\$0	\$0	\$18,142
Total	\$189,588	\$530	\$176,324

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 any General Fund expenditure, for the difference.

II. SUPPLEMENTAL MEDICAID PAYMENT DETAIL

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 2008-09, High-Volume payments to public providers totaled \$44,376,188 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 \$25,743,424, which consisted of \$12,871,712 (50%) General Fund. The amounts by provider are detailed in Table 1A, and the break down by funds is detailed in Chart 14.

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 for five years. 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. As part of his budget balancing responsibilities, the governor eliminated this source of funding in FY 2009-10, which was one year earlier than scheduled in statute.

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 state funds. In FY 2007-08 Denver Health Medical Center received \$2,700,000. Of the remaining funds, \$10,086,000 was allocated to the CICIP Clinics and \$2,214,000 was allocated to the primary care clinics operated by CICIP Hospitals. The Medical Services Board altered the allocation for fiscal years 2008-09 and 2009-10 such that CICIP Clinics would receive a larger share each year. In FY 2008-09, after the \$2,700,000 million for Denver Health Medical Center, \$10,455,000 was allocated to the CICIP Clinics and \$1,845,000 to the primary care clinics operated by CICIP Hospitals.

In FY 2006-07, money from the Colorado Health Care Services Fund was distributed to each eligible CICIP Clinic and primary care clinic operated by a CICIP 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 (CICIP) payments. In FY 2008-09 the Department distributed money from the Colorado Health Care Services Fund to each eligible primary care clinic operated by a CICIP Hospital provider based on the number of unique low-income clients who received primary care services at a primary care clinic and their number of visits.

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, the CICIP Clinics and the primary care clinics operated by CICIP 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 CICIP 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 CICIP Clinics. Since the funds are appropriated to The Children's Hospital, Clinic Based Indigent Care line item for CICIP 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 CICIP Clinics through The Children's Hospital with a federal match. The Department began making quarterly disbursements to the CICIP Clinics, including the federal match, during the first quarter of FY 2007-08.

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. As part of his budget balancing responsibilities, the Governor eliminated this source of funding for FY 2009-10.

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 CICP. 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 2008-09 the appropriation, including federal match, to the Comprehensive Primary and Preventive Care Grants Program budget line item for the combined rural and public payments totaled \$5,000,000. In FY 2008-09 Rural Hospital payments totaled \$2,500,000 and Public Hospital payments totaled \$2,500,000.

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 CICP payments to the CICP Clinics and in return, the Department would use a portion of the General Fund available under the CICP Clinic payment to fund The Children’s Hospital Pediatric Major Teaching Hospital payment. Of the \$5,595,482 General Fund available for CICP Clinic payments in FY 2001-02, \$3,059,880 General Fund was paid as The Children’s Hospital Major Teaching Hospital payment in FY 2002-03. Total funds were \$6,119,760, since the federal funds match rate was 50% in FY 2002-03. This effectively saved \$2,535,602 General Fund⁷, while increasing the total available funds for provider payments by \$524,278. Of the \$6,119,760 paid to The Children’s Hospital, \$6,059,760 was paid by the

⁷ The FY 2001-02 amount of \$5,595,482 General Fund minus the FY 2002-03 amount of \$3,059,880 General Fund.

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 and is not affected by the Governor's budget balancing decisions.

OTHER MEDICALLY INDIGENT PROVIDER GRANTS

I. COMPREHENSIVE PRIMARY AND PREVENTIVE CARE GRANT PROGRAM

The Comprehensive Primary and Preventive Care (CPPC) Grant Program is authorized by Sections 25.5-3-201 through 25.5-3-207, C.R.S. (2009), the Comprehensive Primary and Preventive Care Grant Program Act. The program provides grants to health care providers in order to expand primary and preventive services to Colorado's low-income residents. The program is not intended to supplant or expand Medicaid, Child Health Plan *Plus* (CHP+), or the Colorado Indigent Care Program (CICP). Grants are intended to increase access to comprehensive primary care services for uninsured or medically indigent patients who are served by qualified providers; create new services or augment existing services provided to uninsured or medically indigent clients; or establish new sites that offer comprehensive primary care services in medically underserved areas of the state or to medically underserved populations. The program is administered by the Department and is under the direction of the Medical Services Board.

In May 2004 the General Assembly passed House Bill 04-1421, which permanently reduced grant funding through the CPPC Grant Program from the original six percent of the money received by the state through the tobacco settlement funds to three percent of these funds not to exceed a maximum of \$5 million per year. The CPPC Grant Program's final appropriation for FY 2008-09 was \$3,082,680 (Senate Bill 09-187).

As required in statute, the CPPC Grant Program goes through a performance audit every three years. The program's second audit commenced in June 2006 and included reviewing grantees' project contracts and documentation; visiting providers' sites; and meeting with the grant program administration. The resulting performance audit including the Department's response was published in May 2007.

The Department provided a status report on the response to the May 2007 auditor's recommendations in October 2007. As a result of the auditor's recommendations, the Department implemented a more formalized definition of "rural provider", a process to ensure consistency in establishing deliverables and written guidance to be used as a reference when determining if a grant award should be reduced or cancelled.

Since the first grant awards were made in April 2001, approximately \$32.3 million has been disbursed to health care providers. This funding has succeeded in providing medical, dental, mental health, optical and pharmaceutical services to at least 136,360 patients in 317,676 encounters and to make funding available for 40 construction/remodeling projects that resulted in additional or updated facilities.

In FY 2008-09, \$2,895,100 was awarded and paid to 14 different health care providers. This funding allowed at least 7,798 uninsured, low-income clients received services for a total of at least 22,553 encounters, specifically:

- Medical services were provided to 2,969 clients through 12,818 medical encounters ;
- Dental services were provided to 3,437 clients through 7,723 dental encounters;

- Mental health services were provided to 132 clients through 212 encounters;
- Optical services were provided to 933 clients through 1,800 encounters; and
- Pharmacy services were provided to 327 clients.

In addition, 13 health care clinics hired or maintained staff, and two health care clinics purchased medical or dental equipment. Other accomplishments include:

- In southwestern Colorado, a provider purchased and installed Electronic Practice Management System software across nineteen clinic locations.
- In Alamosa County, medical and dental services were provided through a mobile health unit to 630 clients
- In Denver, a clinic completed renovation and construction of a new medical facility, and in Pueblo site preparation and foundation construction were completed for a new medical clinic.
- In Alamosa, a Diabetes Care Program was maintained, classroom space was added and additional staff was hired, which provided diabetes testing, education and diabetes care to 103 clients through 1,366 encounters.

Future of the CPPC Grant Program

- In the 2009 legislative session, the General Assembly significantly decreased CPPC grant funding for FY 2009-10 through the passage of Senate Bill 09-210, Senate Bill 09-269, and Senate Bill 09-259 – the 2010 Long Bill. These reductions meant that available funds for previously awarded multi-year CPPC grants were reduced and that there was no funding for new projects. Therefore, no applications were sought for new grant awards for FY 2009-10.
- Subsequently, in his August 25, 2009 Budget Balancing Plan for FY 2009-10 presented to the Joint Budget Committee, Governor Bill Ritter, Jr., eliminated funding for existing CPPC grant awards effective September 1, 2009. Previously awarded multi-year CPPC grant contracts with deliverables in FY 2009-10 were terminated effective September 30, 2009.
- The Department looks forward to awarding additional CPPC grants for improving access to primary and preventative care services for low-income, uninsured Coloradans when funding is restored.

II. PRIMARY CARE FUND

In accordance with Section 21 of Article X (Tobacco Taxes for Health Related Purposes) of the State Constitution, an increase in Colorado’s tax on cigarettes and tobacco products became effective January 1, 2005 and created a cash fund that was designated for health related purposes. House Bill 05-1262 divided the tobacco tax cash fund into separate funds, assigning 19% of the moneys to establish the Primary Care Fund.

The Primary Care Fund provides an allocation of moneys to health care providers that make basic health care services available in an outpatient setting to residents of Colorado who are considered medically indigent. Awards are allocated based on the number of medically indigent patients who received services from a provider in an amount proportionate to the total number of medically indigent patients served by all health care providers who qualify for an award from this fund.

In FY 2008-09, over \$30 million was paid under the Primary Care Fund to 32 providers, including two new awardees. These providers served 198,069 unique medically indigent clients in the reported calendar year for the FY 2008-09 Primary Care Fund application. These 32 providers have an average case mix of 71% Medicaid, CHP+, or medically indigent clients. In FY 2008-09, 21.11% of the Primary Care Fund was paid to Denver Health Medical Center.

Chart 1 – Primary Care Fund Fiscal Year 2008-09

Provider	Primary Care Fund Award
Denver Health Medical Center	\$6,378,160
Plan de Salud del Valle	\$4,452,051
Metro Community Provider Network	\$3,262,057
Peak Vista Community Health Center	\$2,936,305
Clinica Campesina Family Health Services	\$2,534,100
Sunrise Community Health Center	\$1,680,737
Valley-Wide Health Systems	\$1,394,269
Pueblo Community Health Center	\$1,126,535
Colorado Coalition for the Homeless	\$1,026,815
Marillac Clinic	\$919,843
Inner City Health Center	\$645,763
Mountain Family Health Centers	\$480,772
Summit County Care Clinic	\$425,775
Rocky Mountain Youth Clinics	\$405,831
High Plains Community Health Center	\$374,706
Clinica Tepeyac, Inc.	\$357,179
Fort Collins Family Medicine Residency Program	\$245,674

Chart 1 – Primary Care Fund Fiscal Year 2008-09

Provider	Primary Care Fund Award
St. Mary-Corwin Health Foundation	\$215,154
Exempla St. Joseph Hospital, Bruner Family Medicine	\$191,584
SET Family Medical Clinics	\$155,624
St. Anthony Family Medicine	\$140,213
Doctors Care	\$124,197
Eagle Care Medical Clinic	\$99,116
North Colorado Family Medicine - Residency Program	\$92,166
Northwest Colorado Visiting Nurses Association	\$86,122
Commerce City Community Health Services	\$85,215
Plains Medical Center	\$82,194
Dove Creek / Community Health	\$69,502
Mission Medical Clinic	\$62,854
Basin Clinic	\$60,134
Olathe Medical Clinic	\$55,299
Uncompahgre Medical Center	\$52,279
Total	\$30,218,225

Future of the Primary Care Fund

Through Senate Bill 09-271, the General Assembly reduced the Primary Care Fund allocation by \$7.4 million (approximately one quarter of the total appropriation) and allowed the option to reduce the fund up to \$15 million total. The current available appropriation for FY 2009-10 is \$24,520,000; if the additional reduction is taken, the available funds will be \$16,920,000.

DEFINITIONS

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

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

Colorado Indigent Care Program (CICP) – Is a 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 eligible medical and administrative 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 CICIP, and their insurance subsequently pays for services, or if the patient is awarded a settlement, the CICIP

provider is due reimbursement for amounts paid by the CICIP for services rendered to the patient. The provider is then responsible to notify the CICIP of subsequent insurance payments it received for care so reimbursed.

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

University of Colorado Hospital (“University Hospital” in charts) – Under the CICIP, 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 CICIP Payment

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
CICP Clinic Providers						
Clinica Campesina Family Health Services	\$3,245,824	\$0	\$455,290	\$2,790,534	\$2,790,534	\$2,097,952
Colorado Coalition for the Homeless (2)	\$4,472,657	\$8,191	\$0	\$4,464,466	\$4,464,466	\$3,120,635
Community Health Clinic (2)	\$130,567	\$821	\$22,752	\$106,994	\$106,994	\$88,517
Custer County Medical Center	\$27,093	\$0	\$3,801	\$23,292	\$46,585	\$21,559
Denver Indian Health & Family Services, Inc.	\$13,500	\$0	\$0	\$13,500	\$13,500	\$14,579
High Plains Community Health Center (2)	\$899,858	\$13,550	\$139,563	\$746,745	\$746,745	\$638,626
Marillac Clinic	\$691,451	\$140,528	\$135,458	\$415,465	\$415,465	\$455,652
Metro Community Provider Network	\$5,783,481	\$0	\$572,982	\$5,210,499	\$5,210,499	\$4,015,962
Mountain Family Health Centers	\$757,024	\$0	\$80,065	\$676,959	\$676,959	\$543,941
NW Colorado Community Health Center	\$76,383	\$0	\$4,988	\$71,395	\$71,395	\$56,052
Peak Vista Community Health Centers (2)	\$9,798,577	\$457,043	\$1,531,790	\$7,809,744	\$7,809,744	\$4,603,045
Plains Medical Center	\$287,590	\$21,752	\$38,541	\$227,297	\$227,297	\$23,737
Pueblo Community Health Center (2)	\$3,123,368	\$3,751	\$568,442	\$2,551,175	\$2,551,175	\$2,738,140
Salud Family Health Centers	\$7,213,042	\$0	\$1,106,489	\$6,106,553	\$6,106,553	\$4,587,559
Sunrise Community Health Center	\$2,741,960	\$0	\$284,480	\$2,457,480	\$2,457,480	\$1,724,098
Uncompahgre Medical Center	\$190,661	\$8,858	\$16,434	\$165,369	\$165,369	\$105,851
Valley-Wide Health Systems	\$2,614,956	\$0	\$385,708	\$2,229,248	\$2,229,248	\$2,133,855
Total CICP Clinic Providers (7)	\$42,067,992	\$654,494	\$5,346,783	\$36,066,715	\$36,090,008	\$26,969,760
CICP Hospital Providers						
Arkansas Valley Regional Medical Center (1)(5)(6)	\$3,226,295	\$300,155	\$128,500	\$2,797,640	\$1,647,861	\$420,188
Aspen Valley Hospital	\$2,339,310	\$380,595	\$101,179	\$1,857,536	\$1,063,786	\$324,211
Boulder Community Hospital (1)	\$15,292,699	\$564,970	\$204,654	\$14,523,075	\$6,043,546	\$1,073,300
Colorado Plains Medical Center (7)	\$3,575,279	\$658,256	\$100,090	\$2,816,933	\$945,294	\$210,251
Community Hospital	\$2,861,277	\$101,968	\$104,354	\$2,654,955	\$1,329,787	\$13,436
Conejos County Hospital (5)(7)	\$561,468	\$10,987	\$44,060	\$506,421	\$323,651	\$288,303
Delta County Memorial Hospital (1)	\$5,541,555	\$712,763	\$189,608	\$4,639,184	\$2,450,755	\$866,906
East Morgan County Hospital (7)	\$2,010,660	\$445,932	\$54,503	\$1,510,225	\$1,007,727	\$256,429
Estes Park Medical Center (6)	\$2,407,346	\$274,042	\$49,267	\$2,084,037	\$1,077,970	\$1,066,262
Gunnison Valley Hospital	\$166,871	\$12,835	\$8,250	\$145,786	\$102,814	\$105,227
Heart of the Rockies Regional Medical Center	\$1,815,391	\$148,269	\$89,908	\$1,577,214	\$862,737	\$413,746
Kremmling Memorial Hospital District (6)	\$101,669	\$0	\$7,299	\$94,370	\$94,370	\$43,252

Table 1 - Total Financial Activity and CICP Payment

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
Longmont United Hospital (6)(7)	\$28,198,285	\$1,611,601	\$33,375	\$26,553,309	\$6,626,758	\$1,218,567
McKee Medical Center (6)	\$27,594,557	\$4,518,371	\$682,339	\$22,393,847	\$9,468,720	\$1,909,400
Medical Center of the Rockies	\$17,964,450	\$970,262	\$1,055,137	\$15,939,051	\$7,427,598	\$1,333,696
Melissa Memorial (7)	\$212,912	\$31,192	\$19,714	\$162,006	\$104,900	\$77,659
Memorial Hospital (1)(6)(7)	\$131,276,033	\$7,158,907	\$2,699,776	\$121,417,350	\$38,154,352	\$17,070,062
Mercy Medical Center (1)(6)	\$6,302,894	\$143,710	\$113,336	\$6,045,848	\$2,892,139	\$958,910
Montrose Memorial Hospital (6)	\$8,296,625	\$1,785,430	\$313,446	\$6,197,749	\$3,250,131	\$1,106,491
Mount San Rafael Hospital (7)	\$3,042,635	\$559,087	\$93,952	\$2,389,596	\$1,154,004	\$237,825
North Colorado Medical Center (6)	\$60,722,039	\$9,369,216	\$1,261,635	\$50,091,188	\$20,802,014	\$6,779,430
Parkview Medical Center (1)(5)(6)	\$66,493,876	\$3,076,462	\$713,715	\$62,703,699	\$18,432,014	\$3,458,266
Penrose-St. Francis Health Services (1)	\$41,737,105	\$561	\$181,957	\$41,554,587	\$11,374,078	\$1,978,140
Pikes Peak Regional Hospital	\$571,335	\$136,332	\$10,133	\$424,870	\$276,802	\$55,613
Platte Valley Medical Center (5)(6)	\$12,863,700	\$3,860,409	\$251,847	\$8,751,444	\$3,192,048	\$1,741,014
Poudre Valley Hospital (1)(6)(7)	\$45,058,283	\$2,785,881	\$4,026,442	\$38,245,960	\$17,820,765	\$6,499,265
Prowers Medical Center (6)	\$3,339,712	\$387,133	\$104,115	\$2,848,464	\$1,479,166	\$1,330,200
Rio Grande Hospital (7)	\$355,414	\$5,159	\$24,243	\$326,012	\$216,449	\$228,787
San Luis Valley Regional Medical Center (5)	\$4,698,016	\$74,710	\$141,938	\$4,481,368	\$1,753,022	\$1,839,017
Sedgwick County Health Center (7)	\$177,627	\$40,362	\$12,912	\$124,353	\$94,771	\$68,896
Southeast Colorado Hospital (7)	\$438,678	\$73,801	\$27,185	\$337,692	\$215,313	\$100,295
Southwest Memorial Hospital (1)	\$1,622,622	\$105,276	\$21,924	\$1,495,422	\$723,917	\$1,443,212
Spanish Peaks Regional Health Center (5)(7)	\$995,409	\$174,670	\$12,120	\$808,619	\$490,610	\$230,220
St. Mary-Corwin Hospital (1)(6)(7)	\$55,963,282	\$2,990,544	\$381,916	\$52,590,822	\$14,728,734	\$4,204,387
St. Mary's Hospital and Medical Center (1)(7)	\$22,821,831	\$209,743	\$703,684	\$21,908,404	\$8,623,287	\$1,587,709
St. Thomas More Hospital (1)(6)	\$10,026,813	\$1,273,984	\$126,566	\$8,626,263	\$2,522,392	\$570,458
St. Vincent General Hospital (7)	\$222,126	\$3,137	\$27,887	\$191,102	\$141,904	\$36,139
Sterling Regional MedCenter (6)(7)	\$6,592,908	\$1,639,505	\$246,204	\$4,707,199	\$2,314,036	\$778,167
The Memorial Hospital (1)	\$1,770,569	\$105,296	\$54,937	\$1,610,336	\$724,651	\$114,518
Valley View Hospital (5)	\$6,051,107	\$492,791	\$102,460	\$5,455,856	\$2,964,034	\$828,526
Wray Community District Hospital (7)	\$228,431	\$38,327	\$20,165	\$169,939	\$115,269	\$136,920
Yampa Valley Medical Center (1)	\$3,175,471	\$592,007	\$142,823	\$2,440,641	\$1,644,707	\$466,665
Yuma District Hospital (7)	\$814,174	\$125,276	\$60,000	\$628,898	\$376,571	\$369,123
Sub-Total CICP Hospital Providers	\$609,528,739	\$47,949,914	\$14,749,555	\$546,829,270	\$197,055,454	\$63,839,088

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)	\$6,337,501	\$396,989	\$211,780	\$5,728,732	\$4,770,945	\$1,317,639
The Children's Hospital (2)(3)(5)	\$12,551,665	\$1,497,258	\$238,245	\$10,816,162	\$4,591,386	\$3,056,597
Sub-Total CICP Specialty Hospital Providers	\$18,889,166	\$1,894,247	\$450,025	\$16,544,894	\$9,362,331	\$4,374,236
Denver Health Medical Center (1)(2)(4)(5)(6)(7)	\$303,925,098	\$25,909,479	\$6,029,518	\$271,986,101	\$122,468,256	\$65,599,653
University Hospital (2)(3)(5)(6)(7)	\$241,907,848	\$18,744,732	\$2,677,555	\$220,485,561	\$71,210,318	\$41,879,797
Total CICP Hospital Providers	\$1,174,250,851	\$94,498,372	\$23,906,653	\$1,055,845,826	\$400,096,359	\$175,692,774
Total All CICP Providers	\$1,216,318,843	\$95,152,866	\$29,253,436	\$1,091,912,541	\$436,186,367	\$202,662,534

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	Low-Income	SFY 2007-08	Rural and	Health Care	Total
	Payment	Payment	Bad Debt	Public Hospital	Services Fund	
			Payment	Payment	Payment	Payment
CICP Hospital Providers						
Arkansas Valley Regional Medical Center	\$85,797	\$298,140	\$17,509	\$18,742	\$0	\$420,188
Aspen Valley Hospital	\$95,405	\$162,340	\$0	\$66,466	\$0	\$324,211
Boulder Community Hospital	\$1,062,494	\$10,806	\$0	\$0	\$0	\$1,073,300
Colorado Plains Medical Center	\$147,932	\$1,504	\$0	\$54,940	\$5,875	\$210,251
Community Hospital	\$13,300	\$136	\$0	\$0	\$0	\$13,436
Conejos County Hospital	\$89,510	\$910	\$0	\$33,242	\$164,641	\$288,303
Delta County Memorial Hospital	\$354,852	\$363,310	\$0	\$148,744	\$0	\$866,906
East Morgan County Hospital	\$5,926	\$142,487	\$0	\$44,944	\$63,072	\$256,429
Estes Park Medical Center	\$834,319	\$223,825	\$0	\$8,118	\$0	\$1,066,262
Gunnison Valley Hospital	\$100,226	\$5,001	\$0	\$0	\$0	\$105,227
Heart of the Rockies Regional Medical Center	\$57,968	\$272,116	\$0	\$83,662	\$0	\$413,746
Kremmling Memorial Hospital District	\$35,711	\$3,319	\$4,222	\$0	\$0	\$43,252
Longmont United Hospital	\$1,193,396	\$12,136	\$0	\$0	\$13,035	\$1,218,567
McKee Medical Center	\$1,890,176	\$19,224	\$0	\$0	\$0	\$1,909,400
Medical Center of the Rockies	\$1,320,270	\$13,426	\$0	\$0	\$0	\$1,333,696
Melissa Memorial	\$11,921	\$12,396	\$0	\$8,362	\$44,980	\$77,659
Memorial Hospital	\$8,147,938	\$7,873,407	\$0	\$277,656	\$771,061	\$17,070,062
Mercy Medical Center	\$694,082	\$7,058	\$0	\$257,770	\$0	\$958,910
Montrose Memorial Hospital	\$735,195	\$263,440	\$0	\$107,856	\$0	\$1,106,491
Mount San Rafael Hospital	\$156,648	\$1,592	\$0	\$58,176	\$21,409	\$237,825
North Colorado Medical Center	\$2,762,174	\$3,874,444	\$0	\$142,812	\$0	\$6,779,430
Parkview Medical Center	\$3,423,450	\$34,816	\$0	\$0	\$0	\$3,458,266
Penrose-St. Francis Health Services	\$1,932,258	\$19,650	\$0	\$0	\$26,232	\$1,978,140
Pikes Peak Regional Hospital	\$55,052	\$561	\$0	\$0	\$0	\$55,613
Platte Valley Medical Center	\$1,702,110	\$17,312	\$21,592	\$0	\$0	\$1,741,014
Poudre Valley Hospital	\$3,024,723	\$2,913,725	\$0	\$99,958	\$460,859	\$6,499,265
Prowers Medical Center	\$245,440	\$807,425	\$10,477	\$266,858	\$0	\$1,330,200
Rio Grande Hospital	\$106,972	\$1,088	\$0	\$39,728	\$80,999	\$228,787
San Luis Valley Regional Medical Center	\$1,316,368	\$13,386	\$20,387	\$488,876	\$0	\$1,839,017
Sedgwick County Health Center	\$4,133	\$25,948	\$0	\$7,626	\$0	\$68,896
Southeast Colorado Hospital	\$4,242	\$46,498	\$0	\$13,124	\$36,431	\$100,295

Table 1A - Hospital Provider Payment Detail

Providers	High-Volume	Low-Income	SFY 2007-08	Rural and	Health Care	Total
	Payment	Payment	Bad Debt	Public Hospital	Services Fund	
	Payment	Payment	Payment	Payment	Payment	Payment
Southwest Memorial Hospital	\$1,178,682	\$187,688	\$0	\$76,842	\$0	\$1,443,212
Spanish Peaks Regional Health Center	\$20,265	\$117,223	\$7,144	\$85,588	\$0	\$230,220
St. Mary-Corwin Hospital	\$3,139,616	\$31,930	\$0	\$0	\$1,032,841	\$4,204,387
St. Mary's Hospital and Medical Center	\$1,448,990	\$14,736	\$0	\$0	\$123,983	\$1,587,709
St. Thomas More Hospital	\$412,910	\$4,200	\$0	\$153,348	\$0	\$570,458
St. Vincent General Hospital	\$8,559	\$19,568	\$0	\$8,012	\$0	\$36,139
Sterling Regional MedCenter	\$474,200	\$4,824	\$0	\$176,110	\$123,033	\$778,167
The Memorial Hospital	\$88,196	\$18,676	\$0	\$7,646	\$0	\$114,518
Valley View Hospital	\$599,706	\$6,098	\$0	\$222,722	\$0	\$828,526
Wray Community District Hospital	\$57,804	\$21,775	\$0	\$8,916	\$48,425	\$136,920
Yampa Valley Medical Center	\$337,780	\$3,439	\$0	\$125,446	\$0	\$466,665
Yuma District Hospital	\$148,619	\$88,812	\$0	\$36,360	\$95,332	\$369,123
Sub-Total CICP Hospital Providers	\$39,525,315	\$17,960,395	\$81,331	\$3,128,650	\$3,143,397	\$63,839,088
CICP Specialty Hospital Providers						
National Jewish Medical and Research Center	\$1,293,992	\$13,160	\$10,487	\$0	\$0	\$1,317,639
The Children's Hospital(1) University Physicians, Inc.	\$2,932,212	\$29,822	\$94,563	\$0	\$0	\$3,056,597
Sub-Total CICP Specialty Hospital Providers	\$4,226,204	\$42,982	\$105,050	\$0	\$0	\$4,374,236
Denver Health Medical Center	\$10,393,343	\$48,109,994	\$453,956	\$1,242,360	\$5,400,000	\$65,599,653
University of Colorado Hospital (1) University Physicians, Inc.	\$15,974,750	\$24,612,860	\$116,594	\$628,990	\$546,603	\$41,879,797
Total CICP Hospital Providers	\$70,119,612	\$90,726,231	\$756,931	\$5,000,000	\$9,090,000	\$175,692,774

Notes:
(1) Includes University Physicians, Inc.

Table 1B - Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Hospital	\$456,999	\$0	\$0	\$456,999
Denver Health Medical Center	\$34,061,600	\$2,361,679	\$0	\$31,699,921
Memorial Hospital	\$17,985,968	\$1,717	\$1,310,028	\$16,674,223
Mercy Medical Center	\$306,265	\$156	\$13,415	\$292,694
Parkview Medical Center	\$5,250,342	\$0	\$243,294	\$5,007,048
Penrose-St. Francis Health Services	\$4,677,746	\$0	\$0	\$4,677,746
Poudre Valley Hospital	\$53,315	\$11,287	\$3,160	\$38,868
Southwest Memorial Hospital	\$33,482	\$0	\$1,707	\$31,775
St. Mary-Corwin Hospital	\$5,042,268	\$0	\$0	\$5,042,268
St. Mary's Hospital and Medical Center	\$1,130,850	\$209,138	\$111,479	\$810,233
St. Thomas More Hospital	\$932,107	\$67,582	\$0	\$864,525
The Memorial Hospital	\$97,575	\$565	\$2,313	\$94,697
University Physicians Inc. (1)				
The Children's Hospital	\$2,135,766	\$150,903	\$19,153	\$1,965,710
University of Colorado Hospital	\$29,721,404	\$1,335,518	\$202,924	\$28,182,962
Yampa Valley Medical Center	\$251,148	\$11,702	\$32,455	\$206,991
Total	\$102,136,835	\$4,150,247	\$1,939,928	\$96,046,660

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	\$652,256	\$0	\$0	\$652,256
Community Health Clinic	\$9,116	\$0	\$5,631	\$3,485
Denver Health Medical Center	\$5,709,278	\$0	\$1,123,637	\$4,585,641
National Jewish Medical and Research Center	\$231,876	\$0	\$26,685	\$205,191
Peak Vista Community Health Centers	\$764,666	\$0	\$456,303	\$308,363
Pueblo Community Health Center	\$471,455	\$0	\$276,387	\$195,068
The Children's Hospital	\$500,929	\$0	\$30,750	\$470,179
University of Colorado Hospital	\$3,544,539	\$1,816,178	\$214,176	\$1,514,185
Total	\$12,167,352	\$1,816,178	\$2,201,772	\$8,149,402

Table 1D - Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$262,228,703	\$23,544,751	\$4,896,391	\$233,787,562
Physician Services	\$34,061,600	\$2,361,679	\$0	\$31,699,921
Ambulance Services	\$1,925,517	\$3,049	\$9,490	\$1,912,977
Outpatient Pharmacy	\$5,709,278	\$0	\$1,123,637	\$4,585,641
Total	\$303,925,098	\$25,909,479	\$6,029,518	\$271,986,101

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	\$3,245,824	\$0	\$0	\$3,245,824
Colorado Coalition for the Homeless Community Health Clinic	\$3,820,401	\$0	\$0	\$0	\$3,820,401
Custer County Medical Center	\$9,442	\$121,451	\$0	\$0	\$121,451
Denver Indian Health & Family Services, Inc.	\$0	\$17,651	\$0	\$0	\$17,651
High Plains Community Health Center	\$585,790	\$13,500	\$0	\$0	\$13,500
Marillac Clinic	\$0	\$30,831	\$0	\$0	\$30,831
Metro Community Provider Network	\$0	\$691,451	\$0	\$0	\$691,451
Mountain Family Health Centers	\$399,500	\$5,783,481	\$0	\$0	\$5,783,481
NW Colorado Community Health Center	\$0	\$357,524	\$0	\$0	\$357,524
Peak Vista Community Health Centers	\$345,412	\$76,383	\$0	\$0	\$76,383
Plains Medical Center	\$287,590	\$8,688,499	\$0	\$0	\$9,033,911
Pueblo Community Health Center	\$2,238	\$0	\$0	\$0	\$287,590
Salud Family Health Centers	\$0	\$2,649,675	\$0	\$0	\$2,651,913
Sunrise Community Health Center	\$0	\$7,213,042	\$0	\$0	\$7,213,042
Uncompahgre Medical Center	\$175,263	\$2,741,960	\$0	\$0	\$2,741,960
Valley-Wide Health Systems	\$76,021	\$15,398	\$0	\$0	\$190,661
Total CICP Clinic Providers	\$5,701,657	\$34,185,605	\$0	\$0	\$39,887,262
CICP Hospital Providers					
Arkansas Valley Regional Medical Center	\$1,069,475	\$1,116,214	\$791,830	\$248,776	\$3,226,295
Aspen Valley Hospital	\$498,718	\$723,866	\$875,071	\$241,655	\$2,339,310
Boulder Community Hospital	\$3,776,364	\$1,641,545	\$7,973,931	\$1,443,860	\$14,835,700
Colorado Plains Medical Center	\$715,577	\$1,250,529	\$895,259	\$713,914	\$3,575,279
Community Hospital	\$1,369,545	\$0	\$1,491,732	\$0	\$2,861,277
Conejos County Hospital	\$335,137	\$128,011	\$98,320	\$0	\$561,468
Delta County Memorial Hospital	\$1,151,466	\$2,049,935	\$2,016,404	\$323,750	\$5,541,555
East Morgan County Hospital	\$439,313	\$1,096,099	\$159,411	\$315,837	\$2,010,660
Estes Park Medical Center	\$376,430	\$1,292,250	\$595,817	\$142,849	\$2,407,346
Gunnison Valley Hospital	\$166,871	\$0	\$0	\$0	\$166,871
Heart of the Rockies Regional Medical Center	\$942,042	\$13,600	\$859,749	\$0	\$1,815,391
Kremmling Hospital Memorial District	\$15,152	\$63,685	\$15,173	\$7,659	\$101,669

Table 2A - Inpatient and Outpatient Charges (Details)

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
Longmont United Hospital	\$3,800,397	\$4,516,822	\$14,671,995	\$5,209,071	\$28,198,285
McKee Medical Center	\$5,224,730	\$11,349,168	\$6,806,486	\$4,214,173	\$27,594,557
Medical Center of the Rockies	\$2,721,176	\$2,495,448	\$9,803,836	\$2,943,990	\$17,964,450
Melissa Memorial	\$72,116	\$82,373	\$58,423	\$0	\$212,912
Memorial Hospital	\$32,330,668	\$20,353,842	\$52,350,089	\$8,255,466	\$113,290,065
Mercy Medical Center	\$1,363,275	\$0	\$4,633,354	\$0	\$5,996,629
Montrose Memorial Hospital	\$1,933,434	\$3,091,371	\$2,418,530	\$853,290	\$8,296,625
Mount San Rafael Hospital	\$1,436,063	\$621,306	\$653,470	\$331,796	\$3,042,635
North Colorado Medical Center	\$8,965,567	\$11,853,401	\$23,417,081	\$16,485,990	\$60,722,039
Parkview Medical Center	\$16,357,347	\$6,930,192	\$31,491,002	\$6,464,993	\$61,243,534
Penrose-St. Francis Health Services	\$8,823,485	\$7,083,197	\$16,099,564	\$5,053,113	\$37,059,359
Pikes Peak Regional Hospital	\$260,558	\$60,122	\$250,655	\$0	\$571,335
Platte Valley Medical Center	\$2,455,592	\$2,801,603	\$6,029,583	\$1,576,922	\$12,863,700
Poudre Valley Hospital	\$10,499,286	\$9,335,065	\$21,904,081	\$3,266,536	\$45,004,968
Prowers Medical Center	\$756,147	\$1,560,440	\$1,023,125	\$0	\$3,339,712
Rio Grande Hospital	\$162,456	\$140,975	\$51,983	\$0	\$355,414
San Luis Valley Regional Medical Center	\$1,738,458	\$39,277	\$2,607,360	\$312,921	\$4,698,016
Sedgwick County Health Center	\$810	\$155,645	\$0	\$21,172	\$177,627
Southeast Colorado Hospital	\$180,785	\$188,786	\$69,107	\$0	\$438,678
Southwest Memorial Hospital	\$744,800	\$203,432	\$0	\$640,908	\$1,589,140
Spanish Peaks Regional Health Center	\$479,280	\$0	\$516,129	\$0	\$995,409
St. Mary-Corwin Hospital	\$9,712,432	\$18,787,227	\$15,825,884	\$6,595,471	\$50,921,014
St. Mary's Hospital and Medical Center	\$2,949,471	\$6,070,153	\$12,671,357	\$0	\$21,690,981
St. Thomas More Hospital	\$3,090,456	\$2,132,620	\$3,062,832	\$808,798	\$9,094,706
St. Vincent General Hospital	\$124,928	\$0	\$97,198	\$0	\$222,126
Sterling Regional MedCenter	\$995,563	\$2,747,583	\$1,853,706	\$996,056	\$6,592,908
The Memorial Hospital	\$710,561	\$272,956	\$689,477	\$0	\$1,672,994
Valley View Hospital	\$1,124,431	\$1,347,875	\$3,544,340	\$34,461	\$6,051,107
Wray Community District Hospital	\$62,407	\$126,493	\$19,333	\$20,198	\$228,431
Yampa Valley Medical Center	\$821,160	\$0	\$2,103,163	\$0	\$2,924,323
Yuma District Hospital	\$237,811	\$501,658	\$74,705	\$0	\$814,174
Sub-Total CICP Hospital Providers	\$130,991,740	\$124,224,764	\$250,570,545	\$67,523,625	\$573,310,674

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	\$25	\$6,105,600	\$0	\$0	\$6,105,625
The Children's Hospital	\$1,361,799	\$2,126,290	\$6,426,881	\$0	\$9,914,970
Sub-Total CICP Specialty Hospital Providers	\$1,361,824	\$8,231,890	\$6,426,881	\$0	\$16,020,595
Denver Health Medical Center	\$37,637,358	\$81,382,930	\$105,720,315	\$37,488,100	\$262,228,703
University of Colorado Hospital	\$46,060,966	\$51,324,563	\$90,891,076	\$20,365,300	\$208,641,905
Total CICP Hospital Providers	\$216,051,888	\$265,164,147	\$453,608,817	\$125,377,025	\$1,060,201,877
Total All CICP Providers	\$221,753,545	\$299,349,752	\$453,608,817	\$125,377,025	\$1,100,089,139

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	\$3,245,824	\$3,245,824	\$3,245,824	\$0	\$3,245,824
Colorado Coalition for the Homeless	\$3,820,401	\$0	\$3,820,401	\$3,820,401	\$0	\$3,820,401
Community Health Clinic	\$0	\$121,451	\$121,451	\$121,451	\$0	\$121,451
Custer County Medical Center	\$9,442	\$17,651	\$27,093	\$27,093	\$0	\$27,093
Denver Indian Health & Family Services, Inc.	\$0	\$13,500	\$13,500	\$13,500	\$0	\$13,500
High Plains Community Health Center	\$585,790	\$30,831	\$616,621	\$616,621	\$0	\$616,621
Marillac Clinic	\$0	\$691,451	\$691,451	\$691,451	\$0	\$691,451
Metro Community Provider Network	\$0	\$5,783,481	\$5,783,481	\$5,783,481	\$0	\$5,783,481
Mountain Family Health Centers	\$399,500	\$357,524	\$757,024	\$757,024	\$0	\$757,024
NW Colorado Community Health Center	\$0	\$76,383	\$76,383	\$76,383	\$0	\$76,383
Peak Vista Community Health Centers	\$345,412	\$8,688,499	\$9,033,911	\$9,033,911	\$0	\$9,033,911
Plains Medical Center	\$287,590	\$0	\$287,590	\$287,590	\$0	\$287,590
Pueblo Community Health Center	\$2,238	\$2,649,675	\$2,651,913	\$2,651,913	\$0	\$2,651,913
Salud Family Health Centers	\$0	\$7,213,042	\$7,213,042	\$7,213,042	\$0	\$7,213,042
Sunrise Community Health Center	\$0	\$2,741,960	\$2,741,960	\$2,741,960	\$0	\$2,741,960
Uncompahgre Medical Center	\$175,263	\$15,398	\$190,661	\$190,661	\$0	\$190,661
Valley-Wide Health Systems	\$76,021	\$2,538,935	\$2,614,956	\$2,614,956	\$0	\$2,614,956
Total CICP Clinic Providers	\$5,701,657	\$34,185,605	\$39,887,262	\$39,887,262	\$0	\$39,887,262
CICP Hospital Providers						
Arkansas Valley Regional Medical Center	\$1,861,305	\$1,364,990	\$3,226,295	\$2,185,689	\$1,040,606	\$3,226,295
Aspen Valley Hospital	\$1,373,789	\$965,521	\$2,339,310	\$1,222,584	\$1,116,726	\$2,339,310
Boulder Community Hospital	\$11,750,295	\$3,085,405	\$14,835,700	\$5,417,909	\$9,417,791	\$14,835,700
Colorado Plains Medical Center	\$1,610,836	\$1,964,443	\$3,575,279	\$1,966,106	\$1,609,173	\$3,575,279
Community Hospital	\$2,861,277	\$0	\$2,861,277	\$1,369,545	\$1,491,732	\$2,861,277
Conejos County Hospital	\$433,457	\$128,011	\$561,468	\$463,148	\$98,320	\$561,468
Delta County Memorial Hospital	\$3,167,870	\$2,373,685	\$5,541,555	\$3,201,401	\$2,340,154	\$5,541,555
East Morgan County Hospital	\$598,724	\$1,411,936	\$2,010,660	\$1,535,412	\$475,248	\$2,010,660
Estes Park Medical Center	\$972,247	\$1,435,099	\$2,407,346	\$1,668,680	\$738,666	\$2,407,346
Gunnison Valley Hospital	\$166,871	\$0	\$166,871	\$166,871	\$0	\$166,871
Heart of the Rockies Regional Medical Center	\$1,801,791	\$13,600	\$1,815,391	\$955,642	\$859,749	\$1,815,391
Kremmling Memorial Hospital District	\$30,325	\$71,344	\$101,669	\$78,837	\$22,832	\$101,669

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
Longmont United Hospital	\$18,472,392	\$9,725,893	\$28,198,285	\$8,317,219	\$19,881,066	\$28,198,285
McKee Medical Center	\$12,031,216	\$15,563,341	\$27,594,557	\$16,573,898	\$11,020,659	\$27,594,557
Medical Center of the Rockies	\$12,525,012	\$5,439,438	\$17,964,450	\$5,216,624	\$12,747,826	\$17,964,450
Melissa Memorial	\$130,539	\$82,373	\$212,912	\$154,489	\$58,423	\$212,912
Memorial Hospital	\$84,680,757	\$28,609,308	\$113,290,065	\$52,684,510	\$60,605,555	\$113,290,065
Mercy Medical Center	\$5,996,629	\$0	\$5,996,629	\$1,363,275	\$4,633,354	\$5,996,629
Montrose Memorial Hospital	\$4,351,964	\$3,944,661	\$8,296,625	\$5,024,805	\$3,271,820	\$8,296,625
Mount San Rafael Hospital	\$2,089,533	\$953,102	\$3,042,635	\$2,057,369	\$985,266	\$3,042,635
North Colorado Medical Center	\$32,382,648	\$28,339,391	\$60,722,039	\$20,818,968	\$39,903,071	\$60,722,039
Parkview Medical Center	\$47,848,349	\$13,395,185	\$61,243,534	\$23,287,539	\$37,955,995	\$61,243,534
Penrose-St. Francis Health Services	\$24,923,049	\$12,136,310	\$37,059,359	\$15,906,682	\$21,152,677	\$37,059,359
Pikes Peak Regional Hospital	\$511,213	\$60,122	\$571,335	\$320,680	\$250,655	\$571,335
Platte Valley Medical Center	\$8,485,175	\$4,378,525	\$12,863,700	\$5,257,195	\$7,606,505	\$12,863,700
Poudre Valley Hospital	\$32,403,367	\$12,601,601	\$45,004,968	\$19,834,351	\$25,170,617	\$45,004,968
Prowers Medical Center	\$1,779,272	\$1,560,440	\$3,339,712	\$2,316,587	\$1,023,125	\$3,339,712
Rio Grande Hospital	\$214,439	\$140,975	\$355,414	\$303,431	\$51,983	\$355,414
San Luis Valley Regional Medical Center	\$4,345,818	\$352,198	\$4,698,016	\$1,777,735	\$2,920,281	\$4,698,016
Sedgwick County Health Center	\$810	\$176,817	\$177,627	\$156,455	\$21,172	\$177,627
Southeast Colorado Hospital	\$249,892	\$188,786	\$438,678	\$369,571	\$69,107	\$438,678
Southwest Memorial Hospital	\$744,800	\$844,340	\$1,589,140	\$948,232	\$640,908	\$1,589,140
Spanish Peaks Regional Health Center	\$995,409	\$0	\$995,409	\$479,280	\$516,129	\$995,409
St. Mary-Corwin Hospital	\$25,538,316	\$25,382,698	\$50,921,014	\$28,499,659	\$22,421,355	\$50,921,014
St. Mary's Hospital and Medical Center	\$15,620,828	\$6,070,153	\$21,690,981	\$9,019,624	\$12,671,357	\$21,690,981
St. Thomas More Hospital	\$6,153,288	\$2,941,418	\$9,094,706	\$5,223,076	\$3,871,630	\$9,094,706
St. Vincent General Hospital	\$222,126	\$0	\$222,126	\$124,928	\$97,198	\$222,126
Sterling Regional MedCenter	\$2,849,269	\$3,743,639	\$6,592,908	\$3,743,146	\$2,849,762	\$6,592,908
The Memorial Hospital	\$1,400,038	\$272,956	\$1,672,994	\$983,517	\$689,477	\$1,672,994
Valley View Hospital	\$4,668,771	\$1,382,336	\$6,051,107	\$2,472,306	\$3,578,801	\$6,051,107
Wray Community District Hospital	\$81,740	\$146,691	\$228,431	\$188,900	\$39,531	\$228,431
Yampa Valley Medical Center	\$2,924,323	\$0	\$2,924,323	\$821,160	\$2,103,163	\$2,924,323
Yuma District Hospital	\$312,516	\$501,658	\$814,174	\$739,469	\$74,705	\$814,174
Sub-Total CICP Hospital Providers	\$381,562,285	\$191,748,389	\$573,310,674	\$255,216,504	\$318,094,170	\$573,310,674

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	\$25	\$6,105,600	\$6,105,625	\$6,105,625	\$0	\$6,105,625
The Children's Hospital	\$7,788,680	\$2,126,290	\$9,914,970	\$3,488,089	\$6,426,881	\$9,914,970
Sub-Total CICP Specialty Hospital Providers	\$7,788,705	\$8,231,890	\$16,020,595	\$9,593,714	\$6,426,881	\$16,020,595
Denver Health Medical Center	\$143,357,673	\$118,871,030	\$262,228,703	\$119,020,288	\$143,208,415	\$262,228,703
University of Colorado Hospital	\$136,952,042	\$71,689,863	\$208,641,905	\$97,385,529	\$111,256,376	\$208,641,905
Total CICP Hospital Providers	\$669,660,705	\$390,541,172	\$1,060,201,877	\$481,216,035	\$578,985,842	\$1,060,201,877
Total All CICP Providers	\$675,362,362	\$424,726,777	\$1,100,089,139	\$521,103,297	\$578,985,842	\$1,100,089,139

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	33,031	3,284	2,658	9,392	48,365
Alamosa	4,925	890	3	26	5,844
Arapahoe	16,038	1,945	2,908	14,557	35,448
Archuleta	10	69	-	14	93
Baca	94	901	3	8	1,006
Bent	703	411	2	1	1,117
Boulder	17,070	6,061	79	526	23,736
Broomfield	1,249	161	55	308	1,773
Chaffee	35	748	-	72	855
Cheyenne	37	25	-	18	80
Clear Creek	736	52	24	61	873
Conejos	1,904	958	2	53	2,917
Costilla	1,384	187	3	8	1,582
Crowley	381	272	-	7	660
Custer	103	210	-	7	320
Delta	33	2,902	13	38	2,986
Denver	25,666	2,204	164,796	8,295	200,961
Dolores	716	36	14	3	769
Douglas	1,404	341	133	1,017	2,895
Eagle	179	129	13	66	387
Elbert	393	136	1	113	643
El Paso	59,702	32,162	44	986	92,894
Fremont	1,777	4,494	8	118	6,397
Garfield	1,713	1,407	12	34	3,166
Gilpin	666	31	3	36	736
Grand	21	258	14	38	331
Gunnison	24	180	2	16	222
Hindsdale	-	7	-	-	7
Huerfano	10	490	3	5	508
Jackson	-	22	-	6	28
Jefferson	14,662	1,043	2,480	5,231	23,416
Kiowa	102	58	7	-	167
Kit Carson	191	50	-	40	281
Lake	13	74	-	7	94
La Plata	169	656	18	14	857
Larimer	15,258	30,271	50	449	46,028
Las Animas	22	2,678	10	27	2,737
Lincoln	860	36	4	42	942
Logan	1,967	2,695	2	137	4,801
Mesa	6,432	8,589	1	61	15,083
Mineral	10	69	-	-	79
Moffat	516	811	7	32	1,366
Montezuma	1,143	533	4	7	1,687
Montrose	586	3,234	2	24	3,846
Morgan	2,589	2,769	28	93	5,479
Otero	2,830	2,546	5	23	5,404
Ouray	36	93	-	2	131
Park	774	134	28	66	1,002

Table 3 - Admissions and Visits by County*

County	CICP Clinics	CICP Hospitals**	Denver Health Medical Center	University of Colorado Hospital	Total
Phillips	-	574	3	5	582
Pitkin	108	585	-	6	699
Prowers	3,126	1,719	-	27	4,872
Pueblo	20,005	25,012	73	320	45,410
Rio Blanco	4	32	-	32	68
Rio Grande	3,560	859	11	-	4,430
Routt	25	882	2	37	946
Saguache	2,872	270	-	3	3,145
San Juan	1	12	-	-	13
San Miguel	657	111	-	1	769
Sedgwick	-	368	-	1	369
Summit	10	20	4	37	71
Teller	6,608	1,011	-	33	7,652
Washington	102	505	-	17	624
Weld	19,508	13,198	92	875	33,673
Yuma	124	1,220	2	6	1,352
Unknown	1,528	2,316	342	303	4,489
Total	276,402	166,006	173,968	43,787	660,163

Notes:

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

**Includes CICP Specialty Hospital providers.

Table 4 - Outpatient Visits and Inpatient Admissions by CICP Rating

Outpatient Visits			CICP Clinics			CICP Hospitals*			Denver Health			University Hospital			All Providers		
CICP Rating	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	
A	33,709	12.1%	18,118	11.8%	12,727	7.6%	4,128	9.9%	68,682	10.7%							
B	32,819	11.9%	15,487	10.1%	15,767	9.4%	5,244	12.6%	69,317	10.8%							
C	33,205	12.0%	16,166	10.5%	17,760	10.5%	5,140	12.3%	72,271	11.3%							
D	24,431	8.8%	13,894	9.0%	13,763	8.2%	4,787	11.5%	56,875	8.9%							
E	18,237	6.6%	11,042	7.2%	10,817	6.4%	3,466	8.3%	43,562	6.8%							
F	22,819	8.3%	14,960	9.7%	12,780	7.6%	4,526	10.9%	55,085	8.6%							
G	14,554	5.3%	10,846	7.0%	7,822	4.6%	2,374	5.7%	35,596	5.6%							
H	9,821	3.6%	5,314	3.5%	2,652	1.6%	843	2.0%	18,630	2.9%							
I	11,638	4.2%	11,713	7.6%	5,245	3.1%	1,619	3.9%	30,215	4.7%							
N	39,004	14.1%	18,004	11.7%	26,609	15.8%	7,798	18.7%	91,415	14.3%							
Z	35,855	13.0%	17,933	11.6%	42,528	25.2%	1,735	4.2%	98,051	15.3%							
Unknown	310	0.1%	539	0.3%	-	-	-	-	849	0.1%							
Total	276,402	100.0%	154,016	100.0%	168,470	100.0%	41,660	100.0%	640,548	100.0%							
Inpatient Admissions			CICP Clinics			CICP Hospitals*			Denver Health			University Hospital			All Providers		
CICP Rating	Visits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	
A	-	-	1,354	11.3%	399	7.3%	186	8.7%	1,939	9.9%							
B	-	-	1,113	9.3%	407	7.4%	206	9.7%	1,726	8.8%							
C	-	-	1,253	10.5%	542	9.9%	215	10.1%	2,010	10.2%							
D	-	-	969	8.1%	371	6.7%	183	8.6%	1,523	7.8%							
E	-	-	855	7.1%	304	5.5%	171	8.0%	1,330	6.8%							
F	-	-	1,250	10.4%	344	6.3%	217	10.2%	1,811	9.2%							
G	-	-	814	6.8%	237	4.3%	114	5.4%	1,165	5.9%							
H	-	-	401	3.3%	69	1.3%	37	1.7%	507	2.6%							
I	-	-	1,088	9.1%	177	3.2%	112	5.3%	1,377	7.0%							
N	-	-	1,259	10.5%	714	13.0%	496	23.4%	2,469	12.7%							
Z	-	-	1,570	13.1%	1,934	35.1%	190	8.9%	3,694	18.8%							
Unknown	-	-	63	0.5%	-	-	-	-	63	0.3%							
Total	-	-	11,989	100.0%	5,498	100.0%	2,127	100.0%	19,614	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	5,295	1,844	840	7,979
B	4,449	2,138	1,151	7,738
C	4,945	3,198	1,264	9,407
D	3,866	1,790	784	6,440
E	3,594	1,450	889	5,933
F	5,113	1,707	1,072	7,892
G	3,093	974	503	4,570
H	1,402	285	298	1,985
I	4,240	834	455	5,529
N	5,194	2,774	2,666	10,634
Z	6,927	9,148	1,305	17,380
Unknown	264	-	-	264
Total	48,382	26,142	11,227	85,751

Note:

*Includes CICP Specialty Hospital providers.

Table 6 - Inpatient Admissions by Age and Sex

CICP Hospitals*

Age Group	Female		Male		Total Inpatient Percent of Total	Charges
	Count	Charges	Count	Charges		
0-5	156	\$1,562,701	161	\$2,654,580	317	\$4,217,281
6-17	64	\$1,675,211	90	\$2,362,828	154	\$4,038,039
18-24	536	\$9,036,099	534	\$12,338,443	1,070	\$21,374,542
25-54	3,369	\$73,893,852	3,735	\$103,838,399	7,104	\$177,732,251
55-64	1,278	\$40,532,889	1,147	\$42,510,488	2,425	\$83,043,377
65+	474	\$16,669,284	445	\$17,446,277	919	\$34,115,561
TOTAL	5,877	\$143,370,036	6,112	\$181,151,015	11,989	\$324,521,051

Denver Health Medical Center

Age Group	Female		Male		Total Inpatient Percent of Total	Charges
	Count	Charges	Count	Charges		
0-5	4	\$21,346	8	\$68,822	12	\$90,168
6-17	11	\$151,981	11	\$160,733	22	\$312,714
18-24	121	\$2,220,323	144	\$5,014,759	265	\$7,235,082
25-54	1,222	\$25,601,998	2,377	\$60,130,952	3,599	\$85,732,950
55-64	394	\$9,587,885	679	\$20,820,856	1,073	\$30,408,741
65+	253	\$9,357,417	274	\$10,071,343	527	\$19,428,760
TOTAL	2,005	\$46,940,950	3,493	\$96,267,465	5,498	\$143,208,415

University of Colorado Hospital

Age Group	Female		Male		Total Inpatient Percent of Total	Charges
	Count	Charges	Count	Charges		
0-5	13	\$101,818	16	\$135,321	29	\$237,139
6-17	2	\$43,715	0	\$0	2	\$43,715
18-24	56	\$1,718,195	67	\$3,015,467	123	\$4,733,662
25-54	524	\$25,083,600	700	\$38,932,667	1,224	\$64,016,267
55-64	239	\$11,400,915	325	\$18,481,550	564	\$29,882,465
65+	89	\$5,039,285	96	\$7,303,843	185	\$12,343,128
TOTAL	923	\$43,387,528	1,204	\$67,868,848	2,127	\$111,256,376

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>
0-5	173	\$1,685,865	185	\$2,858,723	358	1.8%
6-17	77	\$1,870,907	101	\$2,523,561	178	0.9%
18-24	713	\$12,974,617	745	\$20,368,669	1,458	7.4%
25-54	5,115	\$124,579,450	6,812	\$202,902,018	11,927	60.8%
55-64	1,911	\$61,521,689	2,151	\$81,812,894	4,062	20.7%
65+	816	\$31,065,986	815	\$34,821,463	1,631	8.3%
TOTAL	8,805	\$233,698,514	10,809	\$345,287,328	19,614	100.0%
						\$578,985,842

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

Age Group	Female		Male		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	1,135	\$158,557	1,211	\$168,828	2,346	0.8%	\$327,385
6-17	3,533	\$509,252	2,751	\$390,735	6,284	2.3%	\$899,987
18-24	14,769	\$2,265,964	6,667	\$947,770	21,436	7.8%	\$3,213,734
25-54	110,806	\$16,509,223	68,545	\$9,609,085	179,351	64.9%	\$26,118,308
55-64	35,847	\$5,019,802	22,247	\$3,079,973	58,094	21.0%	\$8,099,775
65+	5,334	\$740,472	3,557	\$487,601	8,891	3.2%	\$1,228,073
TOTAL	171,424	\$25,203,270	104,978	\$14,683,992	276,402	100.0%	\$39,887,262

CICP Hospitals*

Age Group	Female		Male		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	694	\$636,157	923	\$1,033,479	1,617	1.0%	\$1,669,636
6-17	1,724	\$2,315,723	1,656	\$2,261,673	3,380	2.2%	\$4,577,396
18-24	10,146	\$15,517,124	7,671	\$14,286,631	17,817	11.6%	\$29,803,755
25-54	54,569	\$88,948,160	41,332	\$74,751,209	95,901	62.3%	\$163,699,369
55-64	17,001	\$27,854,403	11,066	\$22,726,631	28,067	18.2%	\$50,581,034
65+	4,376	\$7,701,126	2,858	\$6,777,902	7,234	4.7%	\$14,479,028
TOTAL	88,510	\$142,972,693	65,506	\$121,837,525	154,016	100.0%	\$264,810,218

Denver Health Medical Center

Age Group	Female		Male		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	241	\$73,692	244	\$72,327	485	0.3%	\$146,019
6-17	1,783	\$624,641	1,250	\$438,801	3,033	1.8%	\$1,063,442
18-24	6,010	\$4,332,843	3,748	\$3,049,710	9,758	5.8%	\$7,382,553
25-54	49,831	\$33,576,088	55,937	\$41,506,138	105,768	62.8%	\$75,082,226
55-64	17,588	\$11,808,408	16,117	\$11,652,780	33,705	20.0%	\$23,461,188
65+	8,795	\$6,358,310	6,926	\$5,526,550	15,721	9.3%	\$11,884,860
TOTAL	84,248	\$56,773,982	84,222	\$62,246,306	168,470	100.0%	\$119,020,288

Table 7 - Outpatient Activity by Age and Sex

University of Colorado Hospital

Age Group	Female		Male		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	10	\$17,229	6	\$6,124	16	0.0%	\$23,353
6-17	99	\$168,012	49	\$202,694	148	0.4%	\$370,706
18-24	1,850	\$5,033,982	1,591	\$4,010,380	3,441	8.3%	\$9,044,362
25-54	12,345	\$28,975,487	12,737	\$29,302,163	25,082	60.2%	\$58,277,650
55-64	4,097	\$9,754,592	4,518	\$10,499,279	8,615	20.7%	\$20,253,871
65+	2,575	\$5,204,515	1,783	\$4,211,072	4,358	10.5%	\$9,415,587
TOTAL	20,976	\$49,153,817	20,684	\$48,231,712	41,660	100.0%	\$97,385,529

All CICP Providers

Age Group	Female		Male		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	2,080	\$885,635	2,384	\$1,280,758	4,464	0.7%	\$2,166,393
6-17	7,139	\$3,617,628	5,706	\$3,293,903	12,845	2.0%	\$6,911,531
18-24	32,775	\$27,149,913	19,677	\$22,294,491	52,452	8.2%	\$49,444,404
25-54	227,551	\$168,008,958	178,551	\$155,168,595	406,102	63.5%	\$323,177,553
55-64	74,533	\$54,437,205	53,948	\$47,958,663	128,481	20.1%	\$102,395,868
65+	21,080	\$20,004,423	15,124	\$17,003,125	36,204	5.7%	\$37,007,548
TOTAL	365,158	\$274,103,762	275,390	\$246,999,535	640,548	100.0%	\$521,103,297

Notes:

*Includes CICP Specialty Hospital Providers.

Charges reported in this table are from Table 2B.

Table 8 - Utilization by Provider

Provider Name	Visits	Admissions	Days	ALOS*
CICP Clinic Providers				
Clinica Campesina Family Health Services	25,329	-	-	-
Colorado Coalition for the Homeless	22,111	-	-	-
Community Health Clinic	1,186	-	-	-
Custer County Medical Center	130	-	-	-
Denver Indian Health & Family Services, Inc.	90	-	-	-
High Plains Community Health Center	3,613	-	-	-
Marillac Clinic	6,410	-	-	-
Metro Community Provider Network	38,967	-	-	-
Mountain Family Health Centers	4,166	-	-	-
NW Colorado Community Health Center	552	-	-	-
Peak Vista Community Health Centers	67,150	-	-	-
Plains Medical Center	1,960	-	-	-
Pueblo Community Health Center	19,828	-	-	-
Salud Family Health Centers	43,676	-	-	-
Sunrise Community Health Center	19,054	-	-	-
Uncompahgre Medical Center	1,298	-	-	-
Valley-Wide Health Systems	20,882	-	-	-
Total CICP Clinic Providers	276,402	-	-	-
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	2,551	97	336	3.46
Aspen Valley Hospital	727	48	146	3.04
Boulder Community Hospital	2,863	282	1,316	4.67
Colorado Plains Medical Center	1,441	101	258	2.55
Community Hospital	758	78	307	3.94
Conejos County Hospital	984	15	38	2.53
Delta County Memorial Hospital	2,780	199	567	2.85
East Morgan County Hospital	1,042	29	129	4.45
Estes Park Medical Center	1,466	33	125	3.79
Gunnison Valley Hospital	106	-	-	-
Heart of the Rockies Regional Medical Center	834	59	232	3.93
Kremmling Memorial Hospital District	201	3	11	-
Longmont United Hospital	3,583	593	2,776	4.68
McKee Medical Center	8,949	459	1,575	3.43
Medical Center of the Rockies	2,092	331	1,244	3.76
Melissa Memorial	566	7	25	3.57
Memorial Hospital	25,291	1,986	8,606	4.33
Mercy Medical Center	610	149	591	3.97
Montrose Memorial Hospital	2,957	215	804	3.74
Mount San Rafael Hospital	2,316	82	319	3.89
North Colorado Medical Center	9,315	1,355	5,810	4.29
Parkview Medical Center	10,230	1,037	4,726	4.56
Penrose-St. Francis Health Services	6,108	809	3,572	4.42
Pikes Peak Regional Hospital	184	13	65	5.00
Platte Valley Medical Center	2,047	339	1,026	3.03
Poudre Valley Hospital	17,429	1,406	4,882	3.47
Prowers Medical Center	1,660	103	316	3.07
Rio Grande Hospital	564	7	11	1.57
San Luis Valley Regional Medical Center	958	176	470	2.67

Table 8 - Utilization by Provider

Provider Name	Visits	Admissions	Days	ALOS*
Sedgwick County Health Center	323	2	9	4.50
Southeast Colorado Hospital	769	10	19	1.90
Southwest Memorial Hospital	444	33	120	3.64
Spanish Peaks Regional Health Center	257	42	113	2.69
St. Mary-Corwin Hospital	15,449	595	3,084	5.18
St. Mary's Hospital and Medical Center	7,702	452	1,850	4.09
St. Thomas More Hospital	3,524	152	664	4.37
St. Vincent General Hospital	66	8	31	3.88
Sterling Regional MedCenter	2,611	141	481	3.41
The Memorial Hospital	645	44	190	4.32
Valley View Hospital	1,236	112	457	4.08
Wray Community District Hospital	467	5	12	2.40
Yampa Valley Medical Center	751	242	365	1.51
Yuma District Hospital	983	7	11	1.57
Sub-Total CICP Hospital Providers	145,839	11,856	47,689	4.02
CICP Specialty Hospital Providers				
National Jewish Medical and Research Center	5,381	0	0	-
The Children's Hospital	2,796	133	693	5.21
Sub-Total CICP Specialty Hospital Providers	8,177	133	693	5.21
Denver Health Medical Center	168,470	5,498	26,142	4.75
University of Colorado Hospital	41,660	2,127	11,227	5.28
Total CICP Hospital Providers	364,146	19,614	85,751	4.37
Total All CICP Providers	640,548	19,614	85,751	4.37

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	-	-	-	-	197	344	5,921	6,462
Colorado Coalition for the Homeless	-	-	-	-	158	145	5,839	6,142
Community Health Clinic	-	-	-	-	-	22	1,164	1,186
Custer County Medical Center	-	-	-	-	-	7	60	67
Denver Indian Health & Family Services, Inc.	-	-	-	-	1	-	33	34
High Plains Community Health Center	-	-	-	-	15	72	1,130	1,217
Marillac Clinic	-	-	-	-	3	20	2,511	2,534
Metro Community Provider Network	-	-	-	-	84	397	10,954	11,435
Mountain Family Health Centers	-	-	-	-	4	12	1,302	1,318
NW Colorado Community Health Center	-	-	-	-	2	13	207	222
Peak Vista Community Health Centers	-	-	-	-	658	2,232	15,120	18,010
Plains Medical Center	-	-	-	-	23	73	578	674
Pueblo Community Health Center	-	-	-	-	40	142	5,397	5,579
Salud Family Health Centers	-	-	-	-	136	638	14,820	15,594
Sunrise Community Health Center	-	-	-	-	45	259	5,216	5,520
Uncompahgre Medical Center	-	-	-	-	23	63	457	543
Valley-Wide Health Systems	-	-	-	-	24	149	6,566	6,739
Total CICP Clinic Providers	-	-	-	-	1,413	4,588	77,275	83,276
CICP Hospital Providers								
Arkansas Valley Regional Medical Center	-	-	75	75	3	19	1,037	1,059
Aspen Valley Hospital	1	-	40	41	3	9	181	193
Boulder Community Hospital	2	-	206	208	4	30	1,275	1,309
Colorado Plains Medical Center	10	2	88	100	15	43	922	980
Community Hospital	-	-	66	66	1	8	426	435
Conejos County Hospital	-	-	15	15	-	5	340	345
Delta County Memorial Hospital	5	3	159	167	16	52	971	1,039
East Morgan County Hospital	-	-	26	26	6	11	325	342
Estes Park Medical Center	-	-	6	6	2	9	473	484
Gunnison Valley Hospital	-	-	-	-	3	5	84	92
Heart of the Rockies Regional Medical Center	3	46	-	49	3	7	346	356
Kremmling Memorial Hospital District	-	-	3	3	-	1	66	67

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
Longmont United Hospital	7	10	414	431	18	49	1,805	1,872
McKee Medical Center	19	1	317	337	34	77	2,627	2,738
Medical Center of the Rockies	4	5	221	230	14	52	1,206	1,272
Melissa Memorial	-	-	5	5	3	11	82	96
Memorial Hospital	32	23	1,527	1,582	105	266	9,546	9,917
Mercy Medical Center	-	1	116	117	5	7	306	318
Montrose Memorial Hospital	2	2	168	172	13	39	1,028	1,080
Mount San Rafael Hospital	-	-	38	38	22	54	905	981
North Colorado Medical Center	33	18	937	988	67	196	3,278	3,541
Parkview Medical Center	4	12	809	825	26	106	3,730	3,862
Pentrose-St. Francis Health Services	7	8	580	595	10	52	2,403	2,465
Pikes Peak Regional Hospital	1	-	11	12	1	4	136	141
Platte Valley Medical Center	23	6	207	236	25	70	1,137	1,232
Poudre Valley Hospital	40	18	558	616	64	233	6,524	6,821
Prowers Medical Center	1	-	85	86	14	30	643	687
Rio Grande Hospital	-	-	7	7	1	8	250	259
San Luis Valley Regional Medical Center	-	2	127	129	1	20	596	617
Sedgwick County Health Center	-	-	1	1	-	6	54	60
Southeast Colorado Hospital	-	-	10	10	2	4	221	227
Southwest Memorial Hospital	1	3	15	19	8	29	259	296
Spanish Peaks Regional Health Center	-	-	14	14	2	2	70	74
St. Mary-Corwin Hospital	7	2	480	489	16	124	5,864	6,004
St. Mary's Hospital and Medical Center	17	7	356	380	18	57	2,677	2,752
St. Thomas More Hospital	1	1	65	67	22	38	1,524	1,584
St. Vincent General Hospital	-	-	7	7	-	4	24	28
Sterling Regional MedCenter	8	1	98	107	26	57	745	828
The Memorial Hospital	-	1	26	27	1	11	193	205
Valley View Hospital	2	1	46	49	4	8	281	293
Wray Community District Hospital	-	1	4	5	2	10	139	151
Yampa Valley Medical Center	4	6	187	197	4	6	187	197
Yuma District Hospital	1	-	6	7	1	8	373	382
Sub-Total CICP Hospital Providers	235	180	8,126	8,541	585	1,837	55,259	57,681

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	-	-	-	-	7	19	1,276	1,302
The Children's Hospital	48	55	11	114	290	519	187	996
Sub-Total CICP Specialty Hospital Providers	48	55	11	114	297	538	1,463	2,298
Denver Health Medical Center	11	28	3,895	3,934	216	1,402	32,263	33,881
University of Colorado Hospital	29	7	1,541	1,577	16	271	12,892	13,179
Total CICP Hospital Providers	323	270	13,573	14,166	1,114	4,048	101,877	107,039
Total All CICP Providers	323	270	13,573	14,166	2,527	8,636	179,152	190,315

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	197	344	5,921	6,462
Colorado Coalition for the Homeless	158	145	5,839	6,142
Community Health Clinic	-	22	1,164	1,186
Custer County Medical Center	-	7	60	67
Denver Indian Health & Family Services, Inc.	1	-	33	34
High Plains Community Health Center	15	72	1,130	1,217
Marillac Clinic	3	20	2,511	2,534
Metro Community Provider Network	84	397	10,954	11,435
Mountain Family Health Centers	4	12	1,302	1,318
NW Colorado Community Health Center	2	13	207	222
Peak Vista Community Health Centers	658	2,232	15,120	18,010
Plains Medical Center	23	73	578	674
Pueblo Community Health Center	40	142	5,397	5,579
Salud Family Health Centers	136	638	14,820	15,594
Sunrise Community Health Center	45	259	5,216	5,520
Uncompahgre Medical Center	23	63	457	543
Valley-Wide Health Systems	24	149	6,566	6,739
Total CICP Clinic Providers	1,413	4,588	77,275	83,276
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	3	19	1,058	1,080
Aspen Valley Hospital	4	9	205	218
Boulder Community Hospital	6	30	1,440	1,476
Colorado Plains Medical Center	25	45	1,010	1,080
Community Hospital	1	8	461	470
Conejos County Hospital	-	5	340	345
Delta County Memorial Hospital	19	52	1,008	1,079
East Morgan County Hospital	6	11	351	368
Estes Park Medical Center	2	9	479	490
Gunnison Valley Hospital	3	5	84	92
Heart of the Rockies Regional Medical Center	6	7	392	405
Kremmling Hospital Memorial District	-	1	69	70

Table 9B - Unduplicated Total Count by Age Group

Provider Name	Total		
	Age 0 thru 5	Age 6 thru 18	Age 19+
Longmont United Hospital	25	59	2,219
McKee Medical Center	53	78	2,944
Medical Center of the Rockies	18	57	1,427
Melissa Memorial	3	11	87
Memorial Hospital	127	276	10,036
Mercy Medical Center	5	7	384
Montrose Memorial Hospital	14	40	1,079
Mount San Rafael Hospital	22	54	940
North Colorado Medical Center	100	214	4,215
Parkview Medical Center	28	113	4,034
Penrose-St. Francis Health Services	17	60	2,983
Pikes Peak Regional Hospital	2	4	147
Platte Valley Medical Center	48	76	1,344
Poudre Valley Hospital	104	251	7,082
Prowers Medical Center	15	30	728
Rio Grande Hospital	1	8	252
San Luis Valley Regional Medical Center	1	22	723
Sedgwick County Health Center	-	6	55
Southeast Colorado Hospital	2	3	234
Southwest Memorial Hospital	9	32	274
Spanish Peaks Regional Health Center	2	2	84
St. Mary-Corwin Hospital	23	126	6,344
St. Mary's Hospital and Medical Center	31	61	2,780
St. Thomas More Hospital	23	39	1,589
St. Vincent General Hospital	-	-	28
Sterling Regional MedCenter	34	58	843
The Memorial Hospital	1	11	193
Valley View Hospital	6	9	326
Wray Community District Hospital	2	10	139
Yampa Valley Medical Center	10	13	356
Yuma District Hospital	2	8	379
Sub-Total CICP Hospital Providers	803	1,939	61,145
			63,887

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	7	19	1,276	1,302
The Children's Hospital	338	574	198	1,110
Sub-Total CICP Specialty Hospital Providers	345	593	1,474	2,412
Denver Health Medical Center	218	1,415	32,779	34,412
University of Colorado Hospital	41	273	13,296	13,610
Total CICP Hospital Providers	1,407	4,220	108,694	114,321
Total All CICP Providers	2,820	8,808	185,969	197,597

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.