



COLORADO

MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM FISCAL YEAR 2009-10 ANNUAL REPORT

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MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM FISCAL YEAR 2009-10 ANNUAL REPORT

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EXECUTIVE SUMMARY

The Department of Health Care Policy and Financing (the Department) has prepared this annual report concerning the structure, policy, statistics and payments related to the Colorado Indigent Care Program (CICP). The CICP is a financing mechanism to provide a partial solution to the health care needs of Colorado's medically indigent citizens. In FY 2009-10 total payments made to providers serving the medically indigent equaled \$310,879,968 and were distributed as follows:

Hospital Payments

▶ CICP Supplemental Medicaid Payments	\$125,253,553
▶ CICP Disproportionate Share Hospital Payments	\$152,516,415
▶ Health Care Services Fund	\$5,410,048
Total Hospital Payments	\$283,180,016

Clinic Payments

▶ The Children's Hospital Payments	\$6,059,760
▶ Health Care Services Fund	\$21,640,192
Total Clinic Payments	\$27,699,952

The number of individuals served under the CICP increased by 10.3% to 217,916 in FY 2009-10. Overall, the number of total inpatient hospital admissions increased by 10.2% while the number of outpatient visits increased by 6.4%.

In FY 2009-10 the CICP Clinics were reimbursed at 66.4% of indigent care costs, while all CICP Hospitals were reimbursed at 61.4% of indigent care costs. Denver Health Medical Center received 65.5% reimbursement relative to indigent care costs, and University of Colorado Hospital was reimbursed 44.9% of indigent care costs.

Overall, total payments to CICP providers increased 53.4% over FY 2008-09. Reimbursements to CICP Clinics grew by 2.7% and reimbursements to all CICP Hospitals grew by 61.2%. The large increase in hospital reimbursement is due to the implementation of the Colorado Health Care Affordability Act (House Bill 09-1293).

The Colorado Health Care Affordability Act authorized the Department to collect a fee from hospital providers to increase Medicaid and CICP payments to hospitals and expand coverage under public health care programs. On March 31, 2010, the Centers for Medicare and Medicaid Services (CMS) approved the FY 2009-10 hospital provider fee and payments. In FY 2009-10, more than \$590 million was paid to hospitals, including reimbursement of \$278 million for hospitals participating in the CICP – an increase of \$116 million compared to FY 2008-09.

INTRODUCTION

The Department of Health Care Policy and Financing (the Department) prepares this report pursuant to Section 25.5-3-107, C.R.S. (2010). This annual report concerning the status of the medically indigent program is delivered each February 1st to the Senate Health and Human Services Committee and the House Health and Environment Committee 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 includes:

- ▶ Eligibility requirements and utilization data
- ▶ Provider participation requirements and utilization data
- ▶ A standardized ability-to-pay schedule and coypament requirements
- ▶ Methods for allocation and disbursement of funds
- ▶ Sources of funding (including an overview of the Colorado Health Care Affordability Act)
- ▶ Medical services provided to medically indigent clients during FY 2009-10
- ▶ Plans for future years
- ▶ Program definitions

CICP PROGRAM ADMINISTRATION

PROGRAM OVERVIEW

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 following 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. (2010)

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 CICP are required to prioritize care in the following order:

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

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

FUTURE DIRECTION

HEALTH CARE COVERAGE EXPANSION IMPACT ON CICIP

The [Colorado Health Care Affordability Act \(CHCAA\)](#) will reduce the number of uninsured Coloradans but will not eliminate the need for the [Colorado Indigent Care Program \(CICP\)](#).

Two of the health coverage expansions under CHCAA in particular affect CICP clients: 1) the expansion of Medicaid parents up to 100% Federal Poverty Level (FPL), and 2) coverage for Adults without Dependent Children up to 100% FPL. While these expansions will provide health care coverage to many clients who would otherwise be eligible for CICP, not all will be covered. Those who are between 100% and 250% FPL will still be eligible for CICP. Also, legal immigrants who have been in the United States fewer than five years cannot be eligible for [Medicaid](#) or [Child Health Plan Plus \(CHP+\)](#) and will be eligible for the CICP if they meet income requirements.

When federal health care reform is implemented beginning in 2014, there will still be a need for the CICP. Legal immigrants under the 5-year bar will remain ineligible for Medicaid and CHP+. Also, while most other low-income Coloradans will be covered by either public health care programs or eligible for a federal subsidy to purchase health care, there will still likely be clients under 250% FPL who cannot meet their out-of-pocket-expenses.

While CHCAA does not eliminate the need for the CICP, a significant number of CICP clients will have health care coverage when CHCAA is fully implemented (approximately 95% of all CICP clients are adults and more than half have incomes under 100% FPL). The Department has begun engaging stakeholders to explore possibilities for the CICP after expansions under CHCAA and federal health care reform are implemented with the intent of continuing the focus of reducing uncompensated care costs for providers who serve low-income Coloradans.

STAKEHOLDER COLLABORATION

[ANNUAL PROVIDER MEETING](#)

The Department convenes an annual provider meeting to obtain provider input on various topics related to the program. All CICP providers and interested parties are invited to attend the CICP provider meetings to discuss potential program policy changes. The Department held the annual provider meeting in March 2010. The following is an overview of major discussion topics from the annual provider meeting.

- ▶ Department's Accomplishments – An update of the Department's 2007-2009 accomplishments relating to the increased numbers of insured Coloradans, improved health outcomes, increased access to health care and health care costs containment was provided. Colorado is experiencing the highest Medicaid enrollment in history with a 25% caseload growth since January 2007. Additionally, CHP+ has a 45% caseload growth since 2007.

Improved health outcomes are realized through health policy changes, the designation of Medical Homes for over 277,000 children and in collaboration with the [Center for Improving Value in Health Care \(CIVHC\)](#). Health care costs containment efforts highlighted included the recovery of over \$373 million in funds through fraud, waste and abuse detection, Colorado's Long-Term Care Partnership and cost-containment policy changes.

- ▶ [Old Age Pension \(OAP\) Health and Medical Care Program](#) – House Bill 10-1353, a Joint Budget Committee budget-balancing bill initiated by the Department of Human Services, will affect some classes of legal immigrants. Refugees, political asylees, and other types of immigrants classified as “qualified aliens” in federal law are not affected by this legislation. The bill affects those receiving the monthly OAP financial assistance and clients receiving medical care through the OAP Health and Medical Care Program for the first five years they reside in the United States. This legislation does not alter legal immigrants' eligibility for the CICIP.
- ▶ [Health Coverage Expansions](#) – New revenue generated by CHCAA, signed by Governor Ritter on April 21, 2009, allows for the expansion of public health insurance to more Coloradans. Among the health care programs included in CHCAA are expanded coverage to children and pregnant women through the Child Health Plan *Plus* (CHP+) program and expanded coverage to parents in families with a child on Medicaid, implemented May 1, 2010. Many of the potentially eligible parents and some children are currently enrolled in the CICIP. The Department developed and implemented a process to assist CICIP providers transition CICIP clients into the Medicaid Parent Expansion. The Department entered into a short-term contract with the Department of Personnel and Administration to assist with the application processing of CICIP clients potentially eligible for the expanded Medicaid coverage. An overview of the Medicaid Parent Expansion project was presented to CICIP providers.

A high level overview of plans for future expansion programs was also presented during the meeting. A Medicaid Buy-In program for working adults with disabilities and children with disabilities is scheduled for implementation in 2011. Medicaid coverage for adults without dependent children with incomes up to 100% of the federal poverty level is expected by winter of 2012. Benefits are still being formulated, but the goal is to offer an innovative benefit that will serve as many clients as possible within budgetary limits.

- ▶ [CICIP Accountability and Proposed Policy Changes](#) – The Department presented an overview of the accomplishments being realized through collaboration with the [CICIP Stakeholder Forum](#), such as the development and implementation of initiatives to increase accountability and improve customer relations.

These initiatives include the creation of a “Provider’s Statement of Responsibilities” and the development of a tool to track, monitor the resolution of, and report client complaints. CICIP staff also presented proposed policy changes originating from the CICIP Stakeholder Forum which will align the CICIP screening and income calculations with Medicaid. These efforts will ensure clients potentially eligible for the expansion programs will have similar screening requirements and an easier transition to other programs.

Other topics included presentation of the FY 2008-09 CICIP Annual Report, the hospital provider fee payment process and schedule, plans for distribution of the annual provider manual and provider packet and other major initiatives undertaken by the Department.

CICIP STAKEHOLDER FORUM

The CICIP Stakeholder Forum was created in October 2007 and meets quarterly. 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 CICIP eligibility process, provider relations, client relations, and other pertinent issues.

Attendees of the forum discuss a variety of topics. In collaboration with the CICIP Stakeholder Forum, the Department worked to improve client and provider relations and accountability. Specific efforts to improve client and provider relations and accountability during FY 2009-10 included the drafting of a Provider’s and a Client’s Statement of Responsibilities document and implementing a formal client complaint process and reporting tool. The Stakeholder Forum also advises the Department on proposed changes in policy to decrease barriers to the program and gain efficiencies in the application process, such as the exclusion of real property and business equity in the income calculation similar to Medicaid and adding an allowance for the use of a personal vehicle in the performance of job functions. The forum will also be a valuable partner in guiding the CICIP through the next few years of transition as health care expansion programs are implemented. To make this transition smoothly, the forum is discussing ways to align the CICIP application and screening policies with Medicaid. Currently in the initial development phase is an on-line CICIP prescreening tool to include a link to available CICIP provider sites. Notes from forum meetings and other information on the forum can be found on the [Department’s Web site](#).

CLIENTS

ELIGIBILITY REQUIREMENTS AND ABILITY-TO-PAY

Participating hospitals and clinics administer enrollment into the CICIP. Eligibility technicians at the CICIP 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 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 CICIP. To be eligible for services discounted under the CICIP, an individual must meet lawful presence, Colorado residency, and income/asset requirements. There are no age limitations for CICIP eligibility.

House Bill (HB) 06S-1023 and HB 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 CICIP 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 CICIP discounted health care services aged 18 years and older must sign an affidavit, indicating their citizenship status and provide acceptable documentation demonstrating that they are either a U.S. citizen or otherwise lawfully residing in the country. Applicants who do not provide a permissible document from the acceptable list may apply for a “Request for Waiver-Restrictions on Public Benefits” from the Department of Revenue. Applicants without acceptable documentation who are U.S. citizens or U.S. nationals may sign a self-declaration statement to satisfy the evidence of lawful presence requirement.

In order to qualify to receive discounted services under the CICIP, a person must have income and assets combined at or below 250% of the FPL. The Department expanded eligibility from 200% to 250% of the FPL as mandated by Senate Bill 06-044 by introducing the CICIP “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 Table 1). Ratings are based on a “snapshot” of an applicant’s financial resources as of the date of the rating. Ratings are effective from the date of the completed application. Ratings may be applied retroactively for services received up to 90 days prior to application. Therefore, when an applicant who has received services applies for the CICIP, 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. Legislation enacted in late 2009 and early 2010 prohibited publication of 2010 poverty guidelines before May 31, 2010, and required that the 2009 poverty guidelines remain in effect until publication of updated guidelines. Legislation to further delay publication of the 2010 guidelines did not pass. The procedure for updating

2010 guidelines was modified to take into account the Consumer Price Index (CPI-U) for the period for which their publication was delayed. As a result, the poverty guideline figures for the remainder of 2010 were the same as the 2009 poverty guideline figures (see [Table 1](#)).

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,
- ▶ Calculation errors are identified, or
- ▶ Information provided was not accurate.

A client's rating determines their copayment amount (see [Table 2](#)). The fee schedule has eleven 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 was 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 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 provided to OAP Health and Medical Care Program clients.

Effective July 1, 2010, applicants who are not homeless and are unemployed with resources at or below 40% FPL will qualify for an N-rating.

Table 1 — Annual Income Ranges for Each Ability-To-Pay Rate
Effective April 1, 2009 - Until Further Notice**

Family Size	Z	N	A	B
1	\$0 – \$4,332	\$0 – \$4,332	\$4,333 – \$6,715	\$6,716 – \$8,772
2	\$0 – \$5,828	\$0 – \$5,828	\$5,829 – \$9,033	\$9,034 – \$11,802
3	\$0 – \$7,324	\$0 – \$7,324	\$7,325 – \$11,352	\$11,353 – \$14,831
4	\$0 – \$8,820	\$0 – \$8,820	\$8,821 – \$13,671	\$13,671 – \$17,861
5	\$0 – \$10,316	\$0 – \$10,316	\$10,317 – \$15,990	\$15,991 – \$20,890
6	\$0 – \$11,812	\$0 – \$11,812	\$11,813 – \$18,309	\$18,310 – \$23,919
7	\$0 – \$13,304	\$0 – \$13,304	\$13,309 – \$20,627	\$20,628 – \$26,949
8	\$0 – \$14,804	\$0 – \$14,804	\$14,805 – \$22,946	\$22,947 – \$29,978
Poverty Level*	40% & Homeless	40%	62%	81%

Family Size	C	D	E	F
1	\$8,773 – \$10,830	\$10,831 – \$12,671	\$12,672 – \$14,404	\$14,405 – \$17,220
2	\$11,803 – \$14,570	\$14,571 – \$17,047	\$17,048 – \$19,378	\$19,379 – \$23,166
3	\$14,832 – \$18,310	\$18,311 – \$21,423	\$21,424 – \$24,352	\$24,353 – \$29,113
4	\$17,862 – \$22,050	\$22,051 – \$25,799	\$25,800 – \$29,327	\$29,328 – \$35,060
5	\$20,891 – \$25,790	\$25,791 – \$30,174	\$30,175 – \$34,301	\$34,302 – \$41,006
6	\$23,920 – \$29,530	\$29,531 – \$34,550	\$34,551 – \$39,275	\$39,276 – \$46,953
7	\$26,950 – \$33,270	\$33,271 – \$38,926	\$38,927 – \$44,249	\$44,250 – \$52,899
8	\$29,979 – \$37,010	\$37,011 – \$43,302	\$43,303 – \$49,223	\$49,224 – \$58,846
Poverty Level*	100%	117%	133%	159%

Family Size	G	H	I
1	\$17,221 – \$20,036	\$20,037 – \$21,660	\$21,661 – \$27,075
2	\$23,167 – \$26,955	\$26,956 – \$29,140	\$29,141 – \$36,425
3	\$29,114 – \$33,874	\$33,875 – \$36,620	\$36,621 – \$45,775
4	\$35,061 – \$40,793	\$40,794 – \$44,100	\$44,101 – \$55,125
5	\$41,007 – \$47,712	\$47,713 – \$51,580	\$51,581 – \$64,475
6	\$46,954 – \$54,631	\$54,632 – \$59,060	\$59,601 – \$73,825
7	\$52,900 – \$61,550	\$61,551 – \$66,540	\$66,541 – \$83,175
8	\$58,847 – \$68,469	\$68,470 – \$74,020	\$74,021 – \$92,525
Poverty Level*	185%	200%	250%

*Percent of Federal Poverty Level which corresponds to the upper limit of income in each rating level.

** Extended on April 15, 2010 per the Continuing Extension Act of 2010 enacted by Congress. Updates to poverty guidelines provided as they become available.

Table 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.

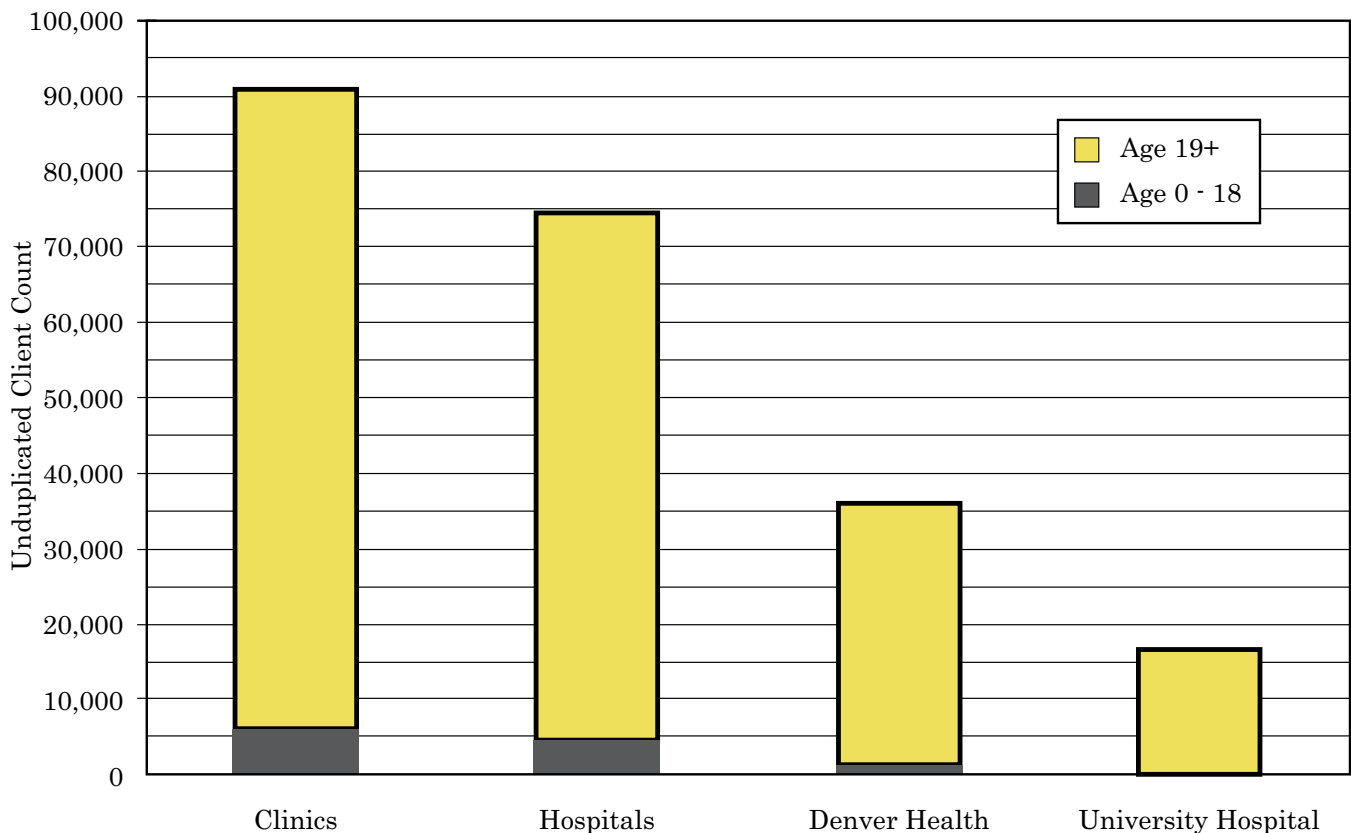
- ▶ **Prescriptions Copayment.** Prescription drugs received by a client at a provider’s pharmacy as an outpatient service.
- ▶ **Laboratory Service Copayment.** All laboratory tests received by a client not associated with an inpatient facility or hospital outpatient charge during the same period.

CLIENT UTILIZATION

CLIENTS SERVED

During FY 2009-10, there were 217,946 unduplicated clients who received services through the CICP. This represents a 10.3% increase from the 197,597 unduplicated clients assisted in FY 2008-09. Overall, the program provided 15,990 unduplicated clients with inpatient care, while 210,125 received outpatient services in FY 2009-10. ¹

Graph 1 — Total Unduplicated Client Count by Provider and Age Group



Tables 38 and 39 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 (41.7%), while Denver Health Medical Center was the largest individual provider. Denver Health Medical Center provided care to 35,855, or 16.5%, of all unduplicated individuals receiving discounted medical care under the CICP.

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.

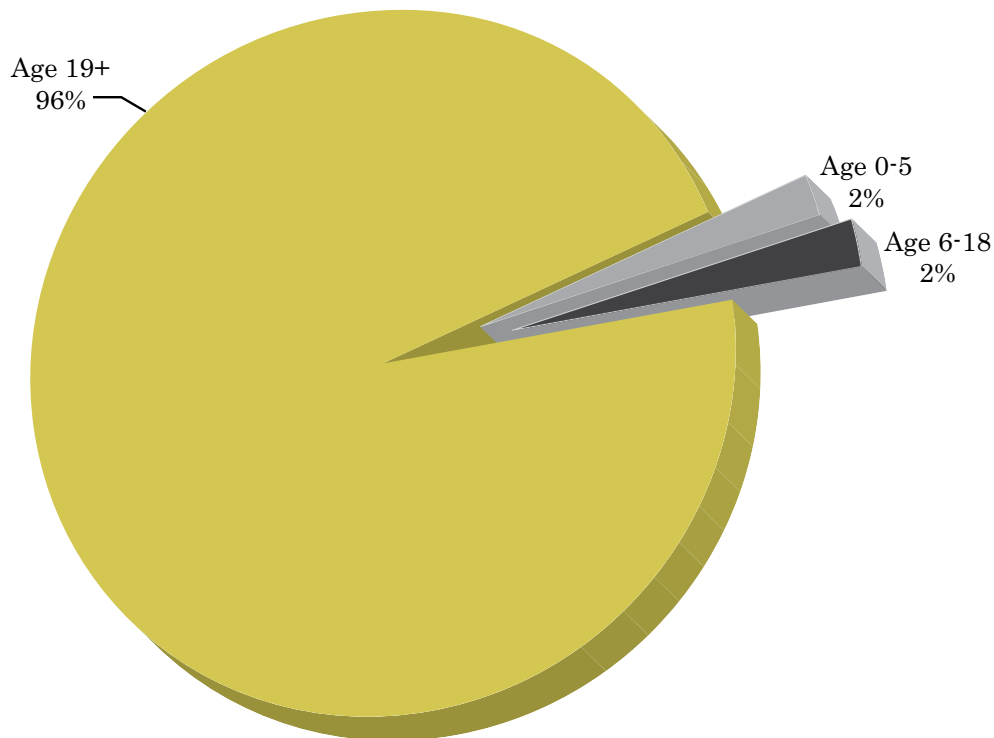
Children represented 5.6% of the total unique population receiving services, an increase of 4.8% over FY 2008-09. Historically, since FY 1999-00, the number of children receiving services in the CICIP has declined 54.5% as a result of increased enrollment into CHP+. The Department believes that the increased enrollment in FY 2009-10 is a direct result of the impact of the economic recession, which increased the number of persons served in all programs.

INPATIENT CARE

Providers reported that 15,990 unique individuals received inpatient care through the CICIP in FY 2009-10. This represented a 12.9% increase from the previous fiscal year figure of 14,166.

Denver Health Medical Center provided 24.4% of total unique client admissions, and the University of Colorado Hospital provided 11.6% of client admissions. All other CICIP Hospitals provided 64% of total unique client admissions. As seen in Graph 2, children (birth to age 18) represented 4.0% of the unique clients who received inpatient care. The percentage of children to the total declined 0.3% from FY 2008-09.

Graph 2 — CICIP Hospitals
Percent of Inpatient Unduplicated Client Count by Age Group



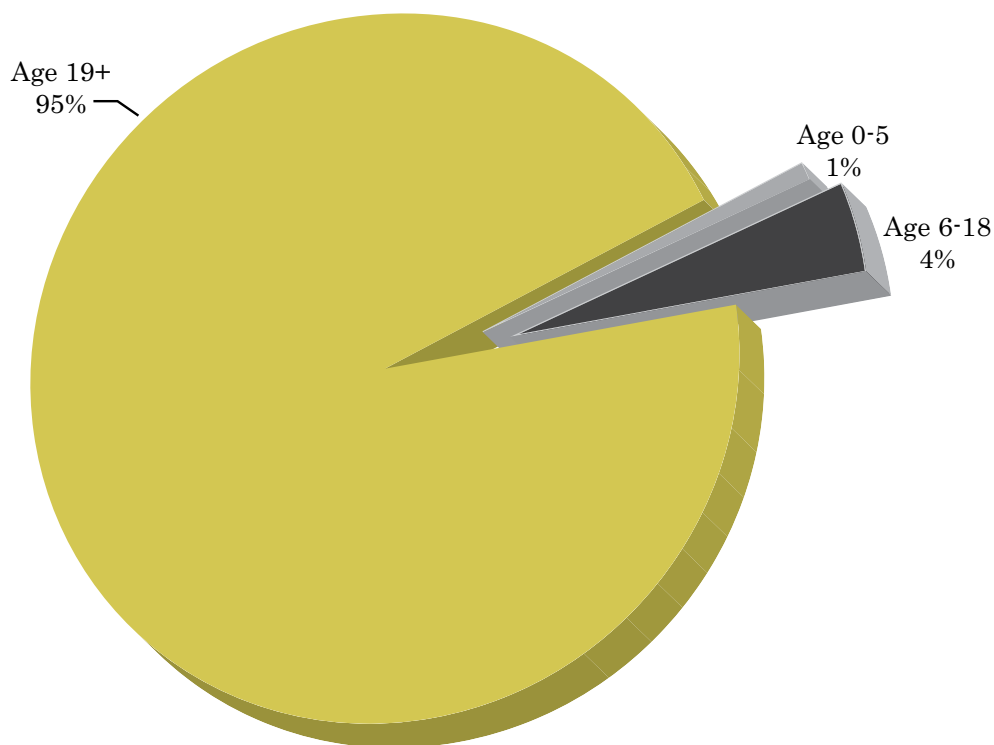
OUTPATIENT CARE

Providers reported that 210,125 unique clients received outpatient care through the CICIP in FY 2009-10. This represented a 10.4% increase from the previous fiscal year figure of 190,315 individuals.

CICIP Clinics provided care to 43.3% of the total unduplicated client count for outpatient visits. Denver Health Medical Center provided care to 16.8% of the total unduplicated client count for outpatient visits and University of Colorado Hospital to 7.6%. All other CICIP Hospitals accounted for 32.3% of the total unduplicated client count for outpatient visits.

As seen in Graph 3, children (birth to age 18) represented 5% of the total unique clients who received outpatient care.

Graph 3 — CICIP Providers
Percent of Outpatient Unduplicated Client Count by Age Group



INPATIENT ADMISSIONS

In FY 2009-10, there were 21,611 admissions reported by CICIP providers, representing an increase of 10.2% from the 19,614 admissions recorded in the previous year.

- ▶ During FY 2009-10, persons aged 18 or older accounted for 97.2% of all inpatient services.
- ▶ Total inpatient days totaled 91,887 in FY 2009-10, a 7.2% increase from the FY 2008-09 count of 85,751.

- ▶ Inpatient charges accounted for 51.7% of total charges in FY 2009-10.
- ▶ Inpatient services were distributed in the following manner:
 - Denver Health Medical Center: 24.6%
 - University of Colorado Hospital: 11.4%
 - All other CICIP Hospitals: 64.0%

Table 3 illustrates the number of inpatient admissions over the past few years. Overall inpatient admissions for all CICIP providers increased by 18.4% since FY 2007-08, with a 10.2% increase from the previous fiscal year.

At Denver Health Medical Center, inpatient admissions in FY 2009-10 have declined 3.4%, following a decrease of 2.3% during the previous fiscal year. University of Colorado Hospital has experienced a 38.2% increase since FY 2007-08, with a 15.7% increase in inpatient admissions in FY 2009-10 from the previous fiscal year. For all other CICIP Hospitals, inpatient admissions in FY 2009-10 increased 15.4% from the previous fiscal year.

Table 3 — Comparison of Inpatient Admissions

CICIP Provider	FY 2007-08 Inpatient Admissions	Percent Change	FY 2008-09 Inpatient Admissions	Percent Change	FY 2009-10 Inpatient Admissions	Percent Change
CICIP Hospitals*	10,848	9.5%	11,989	10.5%	13,838	15.4%
Denver Health	5,629	40.8%	5,498	-2.3%	5,311	-3.4%
University Hospital	1,782	5.0%	2,127	19.4%	2,462	15.7%
Total	18,259	17.0%	19,614	7.4%	21,611	10.2%

Source: Analysis of Table 8, Utilization Data FY 2007-08, FY 2008-09, and FY 2009-10 CICIP Annual Reports

*Includes CICIP speciality hospital providers

As shown in Table 4, the number of inpatient days increased from 85,751 in FY 2008-09 to 91,887 in FY 2009-10. This represents an increase of 7.2%, following the same 7.2% increase in the previous fiscal year. Overall, the total number of inpatient days has increased by 14.9% since FY 2007-08. Denver Health Medical Center had a decrease in inpatient days in FY 2009-10 of 2.7%, following a 1.8% increase in FY 2008-09. University of Colorado Hospital had an increase of 7.7% in FY 2009-10, following an increase of 18.1 % in the prior fiscal year.

Table 4 — Comparison of Inpatient Days

CICP Provider	FY 2007-08 Inpatient Days	Percent Change	FY 2008-09 Inpatient Days	Percent Change	FY 2009-10 Inpatient Days	Percent Change
CICP Hospitals*	44,808	6.7%	48,382	8.0%	54,362	12.4%
Denver Health	25,671	32.4%	26,142	1.8%	25,438	-2.7%
University Hospital	9,509	6.0%	11,227	18.1%	12,087	7.7%
Total	79,988	13.7%	85,751	7.2%	91,887	7.2%

Source: Analysis of Table 37, Utilization Data FY 2007-08, FY 2008-09, and FY 2009-10 CICP Annual Reports

*Includes CICP speciality hospital providers

The following two tables identify the top ten admitting diagnoses at the Denver Health Medical Center and University of Colorado Hospital for FY 2009-10. “Other Psychoses” accounted for 18.9% of the top ten diagnoses and was the number one most prevalent inpatient diagnosis at Denver Health Medical Center in FY 2009-10. Denver Health Medical Center is one of few hospital providers that accept patients with acute mental disorders and a significant number of these patients qualify for the CICP. Typically, these patients are admitted with complex physical health problems and the mental health disorder is noted at the time of the visit. The mental health disorder often contributes to the deterioration of their physical health. The top ten diagnoses at Denver Health Medical Center accounted for 48.5% of all inpatient admissions at the facility.

Table 5 — Top 10 Inpatient Diagnoses At Denver Health Medical Center

	Diagnosis Description	Claim Count
1	Other Psychoses (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	488
2	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	333
3	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	317
4	Organic Psychotic Conditions (Includes: Senile and Presenile Organic Psychotic Conditions, Dementia, Alcoholic and Drug Psychoses)	243
5	Intestinal Infectious Diseases (Includes : E. Coli, Shigellosis, Staphylococcus, Salmonella Infections, Food Poisoning)	235
6	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	235
7	Infections of Skin and Subcutaneous Tissue (Includes: Carbuncle and Furuncle, Cellulitis and Abscess, Impetigo, Local Infections of the Skin)	201
8	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	192
9	Chronic Obstructive Pulmonary Disease and Allied Conditions (Includes: Bronchitits, Emphysema, Asthma)	187
10	Pneumonia and Influenza (Includes: Viral and Bacterial Pneumonia)	145
Total Top Ten Inpatient Diagnoses Admission Count		2,576
Percent of All Denver Health Medical Center Inpatient Admissions		48.5%

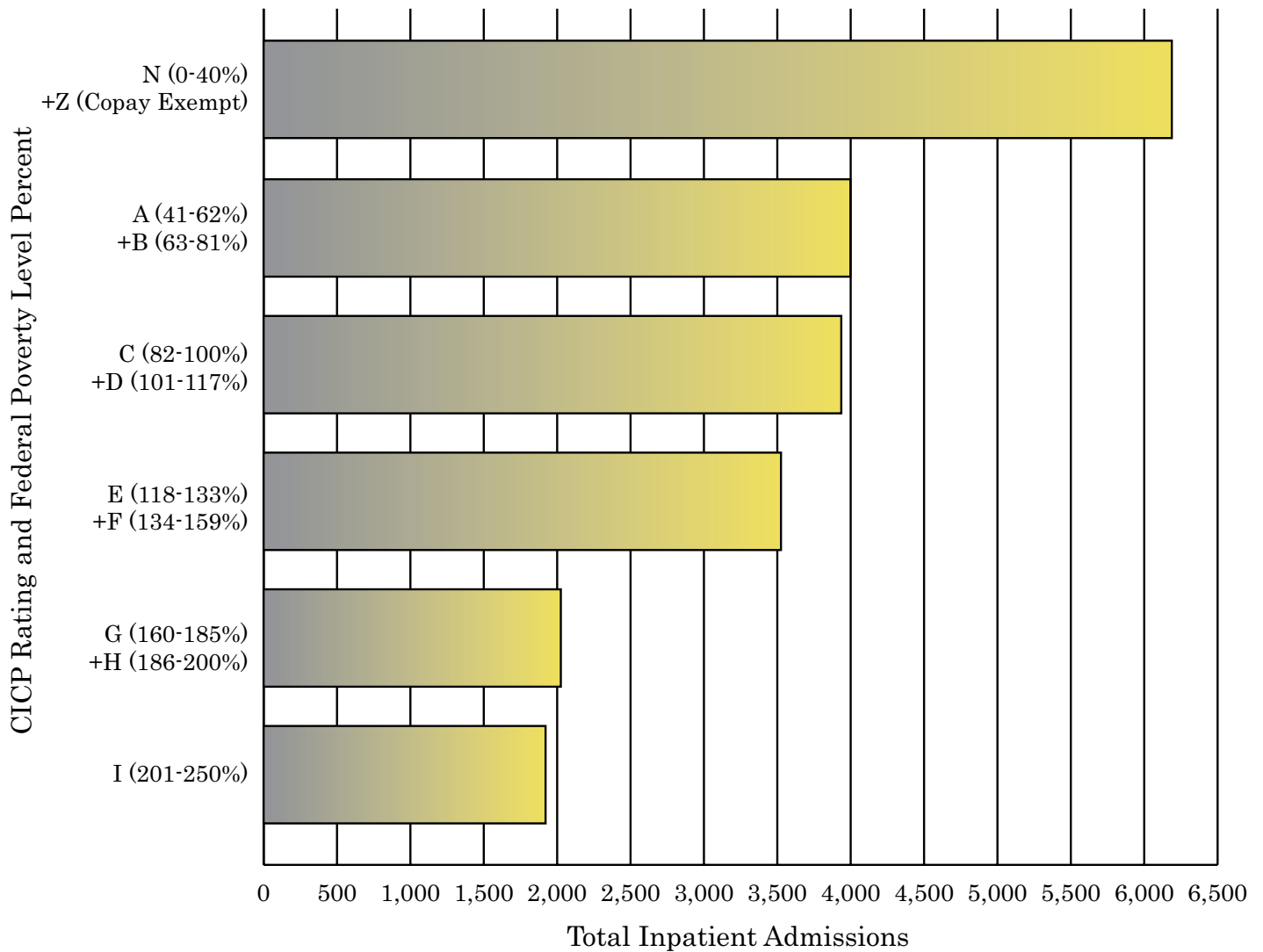
In FY 2008-09 “Other Forms of Heart Disease” was the number one reported admitting diagnosis at University of Colorado Hospital, but that diagnosis drops to second in FY 2009-10. In FY 2009-10 “Other Diseases of Digestive System” was the most prevalent inpatient diagnosis at University of Colorado Hospital, representing 15.2% of the top ten diagnoses. Overall, the following top ten diagnoses accounted for 44.0% of all inpatient admissions at University of Colorado Hospital. Denver Health Medical Center and University of Colorado Hospital shared five similar top ten inpatient diagnoses.

Table 6 — Top 10 Inpatient Diagnoses At University of Colorado Hospital

	Diagnosis Description	Claim Count
1	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	165
2	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	159
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)	139
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)	113
5	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	98
6	Ischemic Heart Disease (Includes: Acute Myocardial Infarction, Angina Pectoris, Coronary Atherosclerosis)	88
7	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	87
8	Pneumonia and Influenza (Includes: Viral and Bacterial Pneumonia)	84
9	Other Bacterial Diseases (Includes: Streptococcal Sore Throat and Scarlet Fever, Whooping Cough, Meningococcal Infection, Tetanus)	78
10	Other Diseases of Intestines and Peritoneum (Includes: Intestinal Obstruction without mention of hernia, Intussusceptions, Impaction of Intestine)	72
Total Top Ten Inpatient Diagnoses Admission Count		1,083
Percent of All University of Colorado Hospital Inpatient Admissions		44.0%

Graph 4 shows the total inpatient admissions by CICP rating and FPL percentage for FY 2009-10. Of the total inpatient admissions, 63.1% 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 31.6% of inpatient admissions, followed by the CICP C-rating (11.1%), CICP A-rating (10.3%), and the CICP B-rating (10.1%). Since FY 2004-05, the distribution of inpatient admissions for individuals living at or under 100% FPL has remained fairly constant.

Graph 4 — Inpatient Admissions by CICP Rating



Source: Utilization Data Table

OUTPATIENT VISITS

The 210,125 clients who received outpatient services in FY 2009-10 resulted in 703,990 visits to CICP providers. Additional details about outpatient visits in FY 2009-10 include:

- ▶ Total outpatient activity increased 6.4% from the 640,548 visits in FY 2008-09.

- ▶ Outpatient visits accounted for 48.3% of all charges for FY 2009-10.
- ▶ Persons age 18 or older accounted for 687,242 or 97.6% of all outpatient visits.
- ▶ Outpatient services were distributed in the following manner:
 - CICP Clinics: 42.7%
 - Denver Health Medical Center: 24.8%
 - University of Colorado Hospital: 7.1%
 - All other CICP Hospitals: 25.4%

As shown in Table 7, the overall number of outpatient visits increased 6.4% from FY 2008-09 to FY 2009-10. Denver Health Medical Center showed an 3.8% rise in outpatient visits, and University of Colorado Hospital showed an increase of 19.9% during the same time period. All other CICP Hospitals showed an increase of 16.0%, and CICP Clinics had an increase in visits of 0.7%.

Table 7 — Comparison of Outpatient Visits

CICP Provider	FY 2007-08 Outpatient Visits	Percent Change	FY 2008-09 Outpatient Visits	Percent Change	FY 2009-10 Outpatient Visits	Percent Change
CICP Clinics	241,976	3.3%	276,402	14.2%	278,199	0.7%
CICP Hospitals*	137,696	3.3%	154,016	11.9%	178,667	16.0%
Denver Health	155,441	18.1%	168,470	8.4%	174,835	3.8%
University Hospital	38,921	-8.8%	41,660	7.0%	49,935	19.9%
Total	574,034	5.9%	640,548	11.6%	681,636	6.4%

Source: Analysis of Table 37, Utilization Data FY 2007-08, FY 2008-09, and FY 2009-10 CICP Annual Reports

*Includes CICP speciality hospital providers

For the third 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 (58.4%) of all outpatient visits at the facility. Compared to the FY 2008-09 totals, the top ten diagnoses visit count increased 0.45%.

Table 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)	19,393
2	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	17,669
3	Persons Without Reported Diagnosis Encountered During Examination (Includes: General Medical Examination, Screenings for Infectious Diseases, Screening for Mental Disorders)	13,344
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)	11,991
5	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	8,226
6	Diseases of Oral Cavity, Salivary Glands, and Jaws (Includes: Disorder of Tooth Development, Gingival Disease, Dentofacial Anomalies, Diseases of the Salivary Glands)	7,204
7	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	6,925
8	Intestinal Infectious Diseases (Includes: E. Coli, Shigellosis, Staphylococcus, Salmonella Infections, Food Poisoning)	6,724
9	Hypertensive Disease (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	5,416
10	Dorsopathies (Includes : Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	5,152
Total Top Ten Outpatient Diagnoses Visit Count		102,044
Percent of All Denver Health Medical Center Outpatient Visits		58.4%

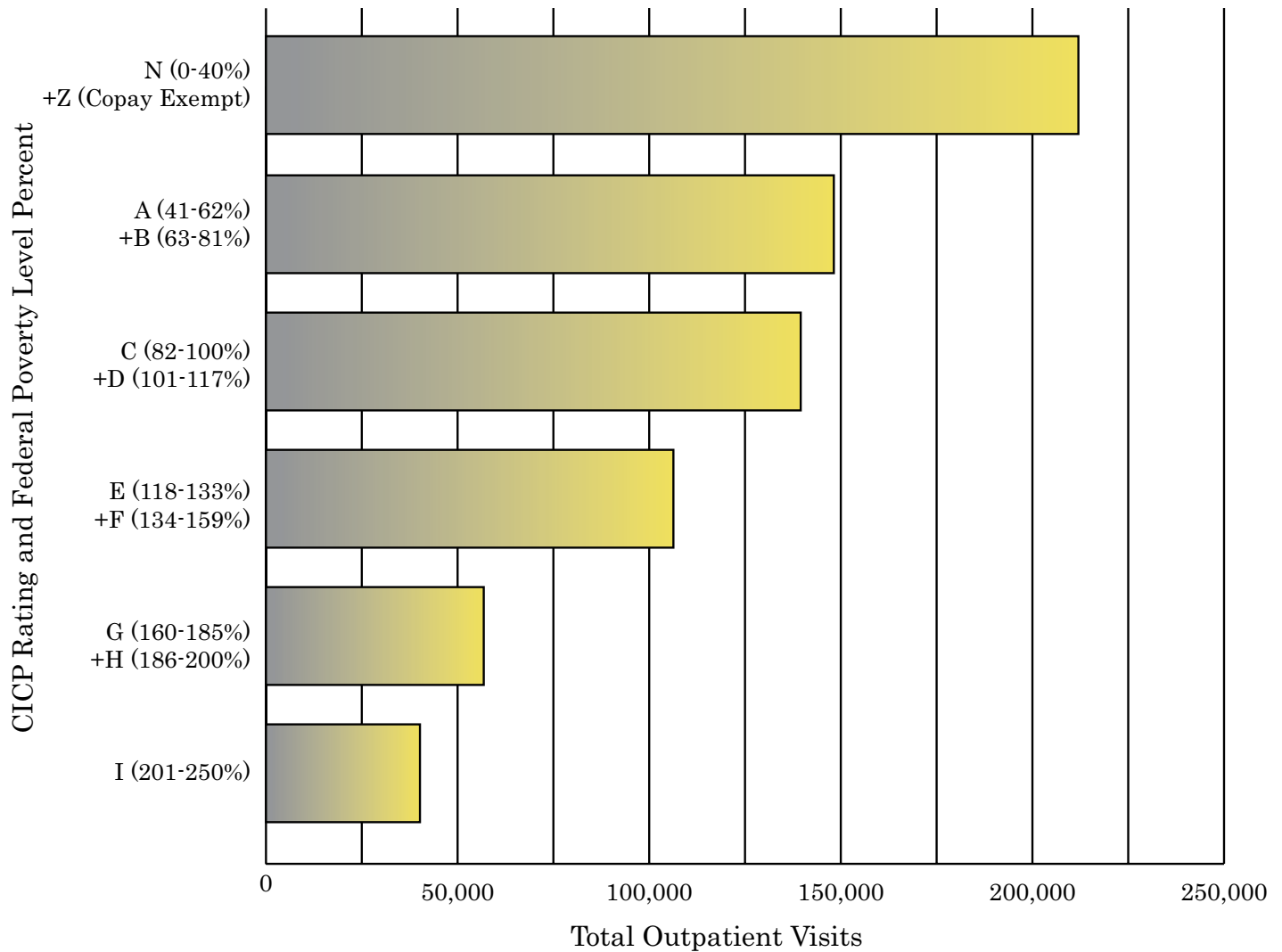
Table 9 lists the FY 2009-10 top ten outpatient diagnoses at University of Colorado Hospital, which accounted for 39.7% of the facility's outpatient visits. The most common diagnosis at University of Colorado Hospital for an outpatient visit was categorized under "Symptoms," followed by "Persons Encountering Health Services for Specific Procedures and Aftercare." The claim count for the top ten outpatient diagnoses at University of Colorado Hospital increased 20.9% from the FY 2008-09 totals. Overall, Denver Health Medical Center and University of Colorado Hospital shared five common categories of top ten diagnoses.

Table 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)	5,833
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)	2,805
3	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	1,890
4	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	1,674
5	Dorsopathies (Includes: Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	1,482
6	Human Immunodeficiency Virus (HIV) Infection (Includes: Acquired Immune Deficiency Syndrome and Related Complex)	1,394
7	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	1,305
8	Malignant Neoplasm of Lymphatic and Hematopoietic Tissue (Includes: Lymphomas and Leukemia)	1,197
9	Other Disorders of the Central Nervous System (Includes: Multiple Sclerosis, Hemiplegia and Hemiparesis, Epilepsy, Migraine, and Other and Unspecified Disorders of the Nervous System)	1,170
10	Persons With Need for Isolation, Other Potential Health Hazards and Prophylactic Measures (Includes: Desensitization to Allergens, Asymptomatic Human Immunodeficiency Virus, Infections with Drug-Resistant Microorganisms)	1,079
Total Top Ten Outpatient Diagnoses Visit Count		19,829
Percent of All University of Colorado Hospital Outpatient Visits		39.7%

In FY 2009-10 clients with ratings at or below 100% of the FPL (CICP Z, N, A, B, or C ratings) accounted for 16.7% of outpatient visits, and the number of visits increased 9.6% from the total in FY 2008-09. The following graph shows outpatient utilization by CICP rating for FY 2009-10. Clients with CICP N and Z ratings, covering clients with income and assets at 0% to 40% of the FPL, accounted for 8.1% of outpatient visits, followed by clients with a CICP C rating (3.0%), clients with a CICP B rating (2.8%), and clients with a CICP A rating (2.8%) respectively.

Graph 5 — Outpatient Visits by CICP Rating



Source: Utilization Data Table

PROVIDERS

PROVIDER REQUIREMENTS

The CICP allows participation from any interested provider that meets 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 2009-10 Annual Report, the CICIP providers are identified in the following categories by funding appropriation:

- ▶ CICIP Clinics – clinics outside the geographic area of the City and County of Denver, except for the Colorado Coalition for the Homeless, which is a Specialty Clinic operating within the City and County of Denver. For the purpose of this report, Colorado Coalition for the Homeless is identified as a CICIP Clinic.
- ▶ CICIP Hospitals – hospitals located throughout the state.
- ▶ CICIP Specialty Hospitals – this includes The Children’s Hospital and National Jewish Health. 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.
- ▶ CICIP Rural Hospitals – hospitals located outside the boundaries of a federally designated metropolitan statistical area that have 60 or fewer staffed acute care beds.
- ▶ Denver Health Medical Center – Denver Health Medical Center, including neighborhood outpatient clinics.
- ▶ University of Colorado Hospital – University of Colorado Hospital and associated specialty clinics.

Prior to FY 2009-10, hospitals designated as High Utilization Medicaid Hospital and High Utilization CICIP Hospital providers received a higher reimbursement rate than other hospitals. High Medicaid Utilization Hospital providers were defined as CICIP Hospitals whose Medicaid eligible days exceeded one standard deviation of the mean for all Colorado Medicaid hospital providers. High CICIP Utilization Hospital Providers were defined as having CICIP days above the mean of all participating providers. In prior annual reports hospitals classified as High Utilization Medicaid Hospital and High Utilization CICIP Hospital were listed. With the implementation of the Colorado Health Care Affordability Act (CHCAA), these designations no longer apply and are therefore no longer reported.

PROVIDER PARTICIPATION

A total of 67 providers participated in the CICP. This included 48 hospitals and 19 clinics. Most of the participating clinic providers and several of the hospital providers have multiple sites. Any site other than the main facility is considered a satellite facility. There were 105 satellite CICP facilities throughout the state.

Table 10 — FY 2009-10 CICP Clinics and Hospitals
Including Satellite Facilities by County

County	Clinics	Hospitals	Totals	County	Clinics	Hospitals	Totals
Adams	5	2	7	Las Animas	0	1	1
Alamosa	6	1	7	Lincoln	1	0	1
Arapahoe	5	2	7	Logan	1	1	2
Baca	0	1	1	Mesa	2	2	4
Bent	1	0	1	Mineral	1	0	1
Boulder	5	3	8	Moffat	1	1	2
Chaffee	2	1	3	Montezuma	3	1	4
Conejos	1	1	2	Montrose	2	1	3
Custer	1	0	1	Morgan	2	2	4
Delta	0	1	1	Otero	2	1	3
Denver	13	2	15	Phillips	1	1	2
Dolores	1	0	1	Pitkin	0	1	1
El Paso	11	3	14	Prowers	3	1	4
Fremont	1	1	2	Pueblo	10	2	12
Garfield	2	2	4	Rio Grande	4	1	5
Gilpin	1	0	1	Routt	0	1	1
Grand	1	1	2	Sagauache	2	0	2
Gunnison	0	1	1	San Miguel	1	0	1
Huerfano	2	1	3	Sedgwick	1	1	2
Jefferson	5	0	5	Teller	3	1	4
Kit Carson	1	0	1	Washington	1	0	1
La Plata	0	1	1	Weld	6	1	7
Lake	1	1	2	Yuma	3	2	5
Larimer	6	4	10				
				Totals	121	51	172

Table 11 on the following page lists CICP providers by the city in which the main participating provider is located. A list of all current CICP providers, including satellite facilities, and the services they offer can be found on the [Department's Web site](#).

Table 11 — FY 2009-10 CICP Participating Providers

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

PROGRAM INTEGRITY AND CONTROLS

REPORTING REQUIREMENTS AND PREVENTION OF FRAUD BY PROVIDERS

The [CICP Provider Compliance Audit Guidelines](#) for FY 2009-10 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 provider agreement 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 Department.

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 an external audit. If the provider elects to perform an internal audit, the provider’s 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 CICP regulations and manual contain remedies to be taken by the Department in the event the audit and reporting requirements are not fulfilled. Providers are required to retain patient records for six 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 or her 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;

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 receiving reimbursement through the CICP must prioritize, for each fiscal year, the medical services which it will be able to render within the limits of its funds. Each provider's CICP application to participate must specify the extent of the provider'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 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 CICIP providers in several counties.

COLLECTION OF THIRD-PARTY PAYMENTS

The CICIP guidelines require providers to collect all available payments from third-party resources. Providers are required to seek third-party reimbursement before the account is charged to the CICIP. This requirement is described in the CICIP program 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 therefore responsible to notify the Department of 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.

REIMBURSEMENT

REIMBURSEMENT FOR CLINICS AND HOSPITALS

In the FY 2009-10 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

The Colorado General Assembly appropriated \$277,769,968 in total funds (provider fees of \$124,368,097 and federal funds of \$153,401,871) to reimburse CICIP Hospital providers in FY 2009-10 through the Safety Net Provider Payments line item. The CICIP Disproportionate Share Hospital Payment and CICIP Supplemental Medicaid Payment are made from this line item.

Hospital Payments

▶ CICIP Supplemental Medicaid Payments	\$125,253,553
▶ CICIP Disproportionate Share Hospital Payments	\$152,516,415
▶ Health Care Services Fund	\$5,410,048
Total Hospital Payments	\$283,180,016

Clinic Payments

▶ The Children's Hospital Payments	\$6,059,760
▶ Health Care Services Fund	\$21,640,192
Total Clinic Payments	\$27,699,952

The appropriation for CICIP Clinics was \$27,759,952 in total funds. The appropriation included funds to reimburse The Children's Hospital (\$60,000 total funds) for administration of CICIP clinic based care. The appropriation also included \$21,640,192 from the Health Care Services Fund pursuant to House Bill (HB) 10-1321. Under HB 10-1321, \$8,311,998 was reallocated from the Primary Care Fund to the Health Care Services Fund to draw matching federal funds to allow for additional funding for CICIP Clinics.

Also pursuant to HB 10-1321, total funds of \$5,410,048 were appropriated to the Health Care Services Fund Programs line item to support primary care services to CICIP clients offered by Denver Health Medical Center.

The total payment to the CICIP providers in FY 2009-10 from State Funds and Federal Funds is shown in Table 12. Health Care Services Fund appropriations are included in Table 12 under State Funds.

Table 12 — FY 2009-10 CICP Payments

	State Funds ¹	Provider Fees ²	Federal Funds	Total Funds	Payments to Providers ³
CICP Clinics ⁴	\$11,371,878	\$0	\$16,388,074	\$27,759,952	\$27,759,952
Children's Hospital Clinic Payment	\$3,059,880	\$0	\$3,059,880	\$6,119,760	\$6,119,760
Health Care Services Fund	\$8,311,998	\$0	\$13,328,194	\$21,640,192	\$21,640,192
CICP Hospitals*	\$0	\$72,250,276	\$86,084,585	\$158,334,861	\$158,334,861
CICP DSH	\$0	\$49,326,384	\$49,326,384	\$98,652,768	\$98,652,768
CICP UPL	\$0	\$22,923,892	\$36,758,201	\$59,682,093	\$59,682,093
Denver Health Medical Center	\$2,077,999	\$37,231,911	\$49,688,591	\$88,998,502	\$88,998,502
CICP DSH	\$0	\$22,112,107	\$22,112,107	\$44,224,213	\$44,224,213
CICP UPL	\$0	\$15,119,805	\$24,244,436	\$39,364,241	\$39,364,241
Health Care Services Fund	\$2,077,999	\$0	\$3,332,049	\$5,410,048	\$5,410,048
University of Colorado Hospital	\$0	\$14,885,910	\$20,960,743	\$35,846,653	\$35,846,653
CICP DSH	\$0	\$4,819,717	\$4,819,717	\$9,639,434	\$9,639,434
CICP UPL	\$0	\$10,066,193	\$16,141,026	\$26,207,219	\$26,207,219
Total Payments	\$13,449,877	\$124,368,097	\$173,121,994	\$310,939,968	\$310,939,968
Clinic Payment ^{4,5}	\$11,371,878	\$0	\$16,388,074	\$27,759,952	\$27,759,952
CICP DSH ⁶	\$0	\$76,258,208	\$76,258,208	\$152,516,415	\$152,516,415
CICP UPL ⁵	\$0	\$48,109,890	\$77,143,663	\$125,253,553	\$125,253,553
Health Care Services Fund ⁷	\$2,077,999	\$0	\$3,332,049	\$5,410,048	\$5,410,048

Source: Table 25, Financial Tables

*Includes CICP Specialty Hospital providers.

- 1 State Funds include State General Fund appropriations, Health Care Services Funds, and Supplemental Tobacco Litigation Settlement Monies Account funds.
- 2 This amount represents the portion of the entire payment received by the provider that is comprised of fee. It does not represent the amount of fee paid by the provider.
- 3 Payments to Providers represents the actual cash payment and is the sum of State Funds, Provider Fees, and federal funds.
- 4 \$27,759,952 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 other statistics or diagrams in this annual report.
- 5 Payments classified under CICP Clinic Payment and UPL are accounted for under the Medicare Upper Payment Limit for inpatient hospital services.
- 6 Payments classified under DSH are accounted for under the Disproportionate Share Hospital Allotment.
- 7 The Health Care Services Fund is funded with tobacco tax revenues from the Primary Care Fund allocated through House Bill 10-1321.

The reimbursement rate relative to write-off costs for all CICIP provider groups is displayed in Table 13. For FY 2009-10, the average reimbursement relative to costs for all CICIP providers was 61.8%. The CICIP Clinic providers were reimbursed at 66.4% of write-off costs. Denver Health Medical Center received a 65.5% reimbursement rate, and University of Colorado Hospital received 44.9%. All other CICIP Hospital providers were reimbursed at 64.4% of write-off costs.

Table 13 — FY 2009-10 Percentage of Write-Off Cost Reimbursed

	Payment	Write-Off Costs	Percent Reimbursed
CICIP Clinics	\$27,699,952	\$41,710,890	66.41%
CICIP Hospitals*	\$158,334,861	\$245,738,187	64.43%
Sub-Total CICIP Providers	\$186,034,813	\$287,449,077	64.72%
Denver Health Medical Center	\$88,998,502	\$137,910,991	65.48%
University of Colorado Hospital	\$35,846,653	\$79,875,983	44.88%
All CICIP Hospital Providers	\$283,180,016	\$461,525,161	61.36%
Total CICIP Providers	\$310,879,968	\$503,236,051	61.78%

Source: Table 25, Financial Tables

*Includes CICIP Specialty Hospital providers.

Table 14 shows the average reimbursement as a percentage of costs for CICIP providers over the past three fiscal years. The reimbursement rate for CICIP Clinics remains higher than the reimbursement rates received prior to FY 2007-08, supported by the refinancing of tobacco tax revenue from the Primary Care Fund to the Health Care Services Fund pursuant to HB 10-1321. The FY 2009-10 overall reimbursement percentage for CICIP Hospitals increased substantially due to the increased CICIP funding available through the implementation of the CHCAA in FY 2009-10.

Table 14 — Historical Percentage of Write-Off Cost Reimbursed

	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10
CICIP Clinics	21.36%	22.55%	59.45%	92.33%	74.73%	66.41%
CICIP Hospitals*	19.40%	27.30%	32.72%	40.32%	33.05%	64.43%
Sub-Total CICIP Providers	25.26%	19.68%	26.63%	36.69%	47.92%	64.72%
Denver Health Medical Center	55.04%	84.67%	82.70%	61.93%	53.56%	65.48%
University of Colorado Hospital	57.73%	59.27%	73.48%	70.59%	58.81%	44.88%
All CICIP Hospital Providers	38.40%	49.77%	54.23%	52.21%	43.91%	61.36%
Average CICIP Providers	41.10%	37.14%	47.62%	54.67%	55.46%	61.78%

Source: Analysis of CICIP Annual Reports.

*Includes CICIP Specialty Hospital providers.

In FY 2009-10, reimbursements to all CICIP providers increased 53.4% over FY 2008-09 and 59.6% above FY 2007-08. Based on the amounts reported in Table 15, the reimbursement to all CICIP Hospital providers has increased 68.1% from the FY 2007-08 level, while write-off costs have increased by 43.0%. Write-off costs for CICIP Clinics have increased 46.8% since FY 2007-08, while their reimbursement has increased 5.6% over the same period. Since FY 2007-08, write-off costs at Denver Health Medical Center have increased by 30.5% compared to a 52.4% increase at University of Colorado Hospital.

Table 15 — Historical CICIP Charges, Costs and Payments

	Charges			Write-Off Costs			Net Payments		
	FY 2007-08	FY 2008-09	FY 2009-10	FY 2007-08	FY 2008-09	FY 2009-10	FY 2007-08	FY 2008-09	FY 2009-10
CICIP Clinics	\$34,666,864	\$42,067,992	\$47,916,591	\$28,412,302	\$36,090,008	\$41,710,890	\$26,231,760	\$26,969,760	\$27,699,952
Percent Change	3.9%	21.3%	13.9%	4.8%	27.0%	15.6%	62.7%	2.8%	2.7%
CICIP Hospitals*	\$524,110,968	\$628,417,905	\$791,285,371	\$166,156,472	\$206,417,785	\$245,738,187	\$67,000,517	\$68,213,324	\$158,334,861
Percent Change	13.7%	19.9%	25.9%	6.9%	24.2%	19.0%	31.7%	1.8%	132.1%
Denver Health	\$259,128,852	\$303,925,098	\$331,902,104	\$104,162,102	\$122,468,256	\$135,910,991	\$64,505,369	\$65,599,653	\$88,998,502
Percent Change	42.5%	17.3%	9.2%	30.6%	17.6%	11.0%	-2.2%	1.7%	35.7%
University Hospital	\$178,953,861	\$241,907,848	\$318,381,658	\$52,413,675	\$71,210,318	\$79,875,983	\$36,996,285	\$41,879,797	\$35,846,653
Percent Change	4.6%	35.2%	31.6%	-6.0%	35.9%	12.2%	-9.7%	13.2%	-14.4%
All CICIP Hospitals	\$962,193,681	\$1,174,250,851	\$1,441,569,133	\$322,732,249	\$400,096,359	\$461,525,161	\$168,502,171	\$175,692,774	\$283,180,016
Percent Change	18.2%	22.0%	22.8%	10.9%	24.0%	15.4%	6.8%	4.3%	61.2%
Total CICIP Providers	\$996,860,545	\$1,216,318,843	\$1,489,485,724	\$351,144,551	\$436,186,367	\$503,236,051	\$194,733,931	\$202,662,534	\$310,879,968
Percent Change	17.7%	22.0%	22.5%	10.4%	24.2%	15.4%	12.0%	4.1%	53.4%

Source: CICIP Analysis of Table 25, Financial Tables FY 2007-08, FY 2008-09 and FY 2009-10 CICIP Annual Reports. Includes updated information.

*Includes CICIP Specialty Hospital providers.

REIMBURSEMENT PER INPATIENT DAY

The reimbursement per inpatient day by provider group for FY 2009-10 is reported in Table 16. The reimbursement per inpatient day at Denver Health Medical Center was \$1,874.80 and \$1,507.92 for University of Colorado Hospital. For all other CICIP Hospitals, the reimbursement per inpatient day was \$1,586.37

Table 16 — FY 2009-10 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**	54,362	\$86,238,148	\$1,586.37
Denver Health	25,438	\$47,691,042	\$1,874.80
University Hospital	12,087	\$18,226,246	\$1,507.92

Source: Analysis of Tables 25 and 26, Financial Tables and Table 34, Utilization Data.

*Estimated inpatient payment divided by the number of inpatient days.

**Includes CICP Specialty Hospital providers.

Historical reimbursement per inpatient day is shown in Table 17. From FY 2007-08 to FY 2009-10, the number of inpatient days decreased by 0.9% at Denver Health Medical Center and increased by 27.1% at University of Colorado Hospital. Over the same period, reimbursements per inpatient day at Denver Health Medical Center increased by 29.2% and decreased by 15.1% at University of Colorado Hospital.

For all other CICP Hospitals, the number of inpatient days has increased 21.3% from FY 2007-08 to FY 2009-10, while net CICP reimbursement per inpatient day has increased 87.8% to \$1,586.37.

The large increase in FY 2009-10 payment per inpatient day figures is due to increased CICP hospital reimbursement under the CHCAA.

Table 17 — Historical Payment per Inpatient Day

CICP Provider	FY 2007-08 CICP Payment per Inpatient Day*	FY 2008-09 CICP Payment per Inpatient Day*	FY 2009-10 CICP Payment per Inpatient Day*
CICP Clinics	N/A	N/A	N/A
CICP Hospitals**	\$844.49	\$773.25	\$1,586.37
Denver Health	\$1,450.80	\$1,370.41	\$1,874.80
University Hospital	\$1,776.46	\$1,737.87	\$1,507.92

Source: Analysis of CICP Annual Reports.

*Estimated inpatient payment divided by the number of inpatient days.

**Includes CICP Specialty Hospital providers.

REIMBURSEMENT PER OUTPATIENT VISIT

Outpatient visits and reimbursement payments by CICP provider group during FY 2009-10 are reported in Table 18. The reimbursement per outpatient visit at CICP Clinics was \$92.16. The reimbursement for Denver Health Medical Center was \$236.27 per outpatient visit, and \$352.87 for University of Colorado Hospital. All other CICP Hospitals were reimbursed \$403.53 per visit.

Table 18 — FY 2009-10 Payment per Outpatient Visit

CICP Provider	Outpatient Visits	Total CICP Outpatient Payment	CICP Payment Per Outpatient Visit*
CICP Clinics	300,553	\$27,699,952	\$92.16
CICP Hospitals**	178,667	\$72,096,713	\$403.53
Denver Health	174,835	\$41,307,460	\$236.27
University Hospital	49,935	\$17,620,407	\$352.87

Source: Analysis of Tables 25 and 26, Financial Tables and Table 37, Utilization Data

*Estimated outpatient payment divided by the number of outpatient visits.

**Includes CICP Specialty Hospital providers.

From FY 2007-08 through FY 2009-10 the number of outpatient visits at CICP Clinics increased by 24.2%, while, as demonstrated in Table 19, the reimbursement per visit has declined by 15.0%.

The number of outpatient visits at Denver Health Medical Center increased by 12.5%, while at University of Colorado Hospital outpatient visits increased by 28.3%. Since FY 2007-08, the average reimbursement per visit has increased 34.7% at Denver Health Medical Center and has declined by 7.3% at University of Colorado Hospital. For all other CICP Hospitals, the number of visits increased by 29.8% and the reimbursement per visit nearly doubled with a 91.2% increase over the same three fiscal years.

The large increase in FY 2009-10 payment per visit figures for hospitals is due to increased CICP hospital reimbursement under the CHCAA.

Table 19 — Historical Payment per Outpatient Visit

CICP Provider	FY 2007-08 CICP Payment per Outpatient Visit*	FY 2008-09 CICP Payment per Outpatient Visit*	FY 2009-10 CICP Payment per Outpatient Visit*
CICP Clinics	\$108.41	\$97.57	\$92.16
CICP Hospitals**	\$211.11	\$198.21	\$403.53
Denver Health	\$175.38	\$176.73	\$236.27
University Hospital	\$380.61	\$409.95	\$352.87

Source: Analysis of CICP Annual Reports.

*Estimated outpatient Payment divided by the number of outpatient visits.

**Includes CICP Specialty Hospital providers.

REIMBURSEMENT METHODOLOGY FOR HOSPITALS

The implementation of the CHCAA in FY 2009-10 changed the funding mechanism and payment methodologies for CICIP hospital payments. In FY 2009-10 under the CHCAA, hospital provider fees with approved federal matching funds increased payments for inpatient and outpatient hospital services, financed hospital payments for the CICIP, and funded additional, targeted supplemental hospital payments. Payments to hospitals totaled over \$590 million, including reimbursement of \$278 million for hospitals participating in the CICIP – an increase of \$115 million. (For information on all payments under CHCAA, please see the [Colorado Health Care Affordability Act Annual Report](#) available on the Department’s Web site.)

Prior to FY 2009-10, percentage of write-off costs reimbursed by high utilization classification were reported. Hospitals designated as High Utilization Medicaid Hospital and High Utilization CICIP Hospital providers received a higher reimbursement rate than other hospitals. Also, prior to FY 2009-10, percentage of write-off costs reimbursed were reported by public and private classification as Certified Public Expenditures (for public hospitals) and General Fund appropriations (for private hospitals) were used to draw federal funds. Now that the funding source is hospital provider fees and federal funds for all CICIP hospitals, these designations no longer apply and reimbursement is no longer distinguished between public and private hospitals.

In addition, prior to the CHCAA, there were four separate calculations or payments: Low-Income payment, High-Volume payment, Bad Debt payment, and the Medicaid Shortfall payment. These payments distributed available funds under the Medicaid Disproportionate Share Hospital (DSH) Allotment and funds under the Upper Payment Limit for inpatient hospital services (Inpatient UPL).

Total CICIP hospital reimbursement is now composed of two separate payments: the CICIP Disproportionate Share Hospital Payment and the CICIP Supplemental Medicaid Payment. The CICIP Disproportionate Share Hospital Payment distributes funds under the DSH Allotment, and the CICIP Supplemental Medicaid Payment distributes funds under the Inpatient UPL.

FY 2009-10 CICIP Hospital Reimbursement

▶ CICIP Supplemental Medicaid Payments	\$125,253,553
▶ CICIP Disproportionate Share Hospital Payments	\$152,516,415
Total CICIP Hospital Payments	\$277,769,968

These payments are calculated such that the sum equals CICIP write-off costs multiplied by 100% for rural and Critical Access Hospitals, by 75% for High Volume Medicaid and CICIP Hospitals¹, and by 90% for all other participating CICIP Hospitals.

¹ High Volume Medicaid and CICIP Hospitals are those providers with at least 35,000 Medicaid days per year that provide over 30% of their total days to Medicaid and CICIP clients. Denver Health Medical Center, Memorial Hospital in Colorado Springs, The Children’s Hospital, and University Hospital meet this definition.

CICP write-off costs equal CICP write-off charges as published in the most recent CICP Annual Report, multiplied by the cost-to-charge ratio calculated from the most recently filed CMS 2552-96 Cost Report, adjusted for inflation.

Provider payments between one fiscal year and the next are modified by changing a limited number of variables, such as the DSH Allotment, Inpatient UPL, and CICP costs. [The Hospital Provider Fee Oversight and Advisory Board](#) provides recommendations to the Department and the [Medical Services Board](#) regarding payment methodologies under the CHCAA. Since CICP hospital payments are financed with hospital provider fees and federal funds, no increase in General Fund is required to sustain these payments.

CICP DISPROPORTIONATE SHARE HOSPITAL PAYMENT

The implementation of the CHCAA in FY 2009-10 changed the funding mechanism and payment methodologies for Colorado’s DSH payments. Prior to the CHCAA, there were three separate DSH payments: Low-Income payment, Bad Debt payment, and the Medicaid Shortfall payment. These payments distributed available funds under the DSH Allotment to hospitals that participate in the CICP and to other Colorado Medicaid hospitals that provide services to a disproportionate share of Medicaid and low-income patients.

In FY 2009-10, hospital provider fees with federal matching funds financed DSH payments to CICP hospitals and other Colorado Medicaid hospitals under two separate DSH payments: the CICP Disproportionate Share Hospital Payment and the Uninsured Disproportionate Share Hospital Payment.

As shown in Table 20 below, Colorado’s FY 2009-10 DSH payments totaled \$190,502,642, which were 50% hospital provider fees and 50% federal funds. Of that total, \$152,516,415 was paid under the CICP Disproportionate Share Hospital Payment and \$37,986,227 under the Uninsured Disproportionate Share Hospital Payment.

Table 20 — Colorado DSH Payments

State Fiscal Year 2009-10 Disproportionate Share Hospital Payments	
CICP DSH Payments	\$152,516,415
Uninsured DSH Payments*	\$37,986,227
Total FY 2009-10 DSH Payments	\$190,502,642

*Uninsured DSH payments are made to reimburse a percentage of uncompensated uninsured costs for acute care hospital providers that do not participate in the CICP to reduce uncompensated uninsured costs and increase access for uninsured patients.

For FY 2009-10, the CICP Disproportionate Share Hospital Payment and the CICP Supplemental Medicaid Payment are calculated such that the sum of both payments equal 100% of estimated CICP write-off costs for rural and Critical Access Hospitals, 75% of

estimated CICP write-off costs for High Volume Medicaid and CICP Hospitals¹, and 90% of estimated CICP write-off costs for all other participating CICP hospitals.

The CICP Disproportionate Share Hospital Payment is allocated to each CICP hospital based on its proportion of CICP write-off costs compared to all CICP Hospitals. (The CICP Supplemental Medicaid Payment is then calculated as the difference between the percentage of CICP write-off costs compensated by the CICP Disproportionate Share Hospital Payment and the target percentage of CICP write-off costs to be compensated for that hospital.) FY 2009-10 The CICP Disproportionate Share Hospital Payments by hospital are listed in Table 26.

UNINSURED DISPROPORTIONATE SHARE HOSPITAL PAYMENT

Colorado Medicaid hospitals that are licensed as general, acute care hospitals and that do not participate in the CICP, are eligible for the Uninsured Disproportionate Share Hospital Payment.

The Uninsured Disproportionate Share Hospital Payment is allocated to each qualified hospital based on its proportion of uncompensated charity care costs compared to all qualified hospitals. (Uncompensated charity care costs equal charity care charges as reported on the annual hospital survey, multiplied by the most recently audited cost-to-charge ratio from the CMS 96-2552 Cost Report.) In FY 2009-10, qualified hospitals were reimbursed 42.7% of their uncompensated charity care costs through this payment. FY 2009-10 Uninsured Disproportionate Share Hospital Payment are listed by hospital in Table 21, below.

Table 21 — FY 2009-10 Uninsured DSH Payments by Hospital

Provider Name	FY 2009-10 Uninsured DSH Payment
Centura Health - Saint Anthony Central Hospital	\$6,038,689
HealthOne Medical Center of Aurora	\$5,396,816
Exempla Lutheran Medical Center	\$4,027,454
HealthOne Swedish Medical Center	\$3,998,951
Exempla Saint Joseph Hospital	\$2,576,336
HealthOne Rose Medical Center	\$2,452,416
HealthOne North Suburban Medical Center	\$2,033,007
Centura Health - Porter Adventist Hospital	\$1,963,884
HealthOne Presbyterian/St. Luke's Medical Center	\$1,745,022
Centura Health - Littleton Adventist Hospital	\$1,451,308
Centura Health - Saint Anthony North Hospital	\$1,450,317
Vail Valley Medical Center	\$1,053,575
Exempla Good Samaritan Medical Center	\$965,773
HealthOne Sky Ridge Medical Center	\$692,169
Centura Health - Avista Adventist Hospital	\$623,879

¹ High Volume Medicaid and CICP Hospitals are those providers with at least 35,000 Medicaid days per year that provide over 30% of their total days to Medicaid and CICP clients. Denver Health Medical Center, Memorial Hospital in Colorado Springs, The Children's Hospital, and University of Colorado Hospital meet this definition.

Table 21 — FY 2009-10 Uninsured DSH Payments by Hospital, Continued

Provider Name	FY 2009-10 Uninsured DSH Payment
Centura Health - Saint Anthony Summit Hospital	\$622,451
Centura Health - Parker Adventist Hospital	\$447,598
Animas Surgical Center	\$142,502
Keefe Memorial Hospital	\$78,889
Haxtun Hospital	\$67,908
Pioneers Hospital	\$53,924
Rangely District Hospital	\$37,487
Pagosa Mountain Hospital	\$26,359
Kit Carson County Memorial Hospital	\$21,779
Weisbrod Memorial County Hospital (Kiowa County Hospital Assn)	\$17,734
Total	\$37,986,227

COLORADO INDIGENT CARE PROGRAM SUPPLEMENTAL MEDICAID PAYMENT

Prior to the CHCAA, the High-Volume payment distributed available funds under the Inpatient UPL. In FY 2009-10 hospital provider fees with federal matching funds financed the CICIP Supplemental Medicaid Payment.

The CICIP Supplemental Medicaid Payment and the CICIP Disproportionate Share Hospital Payment are calculated such that the sum of both payments equals 100% of estimated CICIP write-off costs for rural and Critical Access Hospitals, 75% of estimated CICIP write-off costs for High Volume Medicaid and CICIP Hospitals¹, and 90% of estimated CICIP write-off costs for all other participating CICIP hospitals.

The CICIP Supplemental Medicaid Payment is calculated as the difference between the percentage of CICIP write-off costs compensated by the CICIP Disproportionate Share Hospital Payment and the target percentage of CICIP write-off costs to be compensated for that hospital. The FY 2009-10 CICIP Supplemental Medicaid Payments by hospital are listed in Table 26. (As noted in the previous section, the CICIP Disproportionate Share Hospital Payment is allocated to each CICIP hospital based on its proportion of CICIP write-off costs compared to all CICIP hospitals.)

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.

¹ High Volume Medicaid and CICIP Hospitals are those providers with at least 35,000 Medicaid days per year that provide over 30% of their total days to Medicaid and CICIP clients. Denver Health Medical Center, Memorial Hospital in Colorado Springs, The Children's Hospital, and University of Colorado Hospital meet this definition.

REIMBURSEMENT METHODOLOGY FOR CLINICS

Clinic Payments

▶ The Children's Hospital Payments	\$6,059,760
▶ Health Care Services Fund	\$21,640,192
Total Clinic Payments	\$27,699,952

THE CHILDREN'S HOSPITAL CLINIC PAYMENT

Effective July 1, 2002 The Children's Hospital became eligible to receive a Major Teaching Hospital Payment. This payment under the Inpatient UPL for FY 2009-10 was \$6,119,760 and is called a Pediatric Major Teaching Hospital Payment. Since The Children's Hospital is a private-owned facility, General Fund is required as the State's share of the payment to receive the matching federal funds.

An agreement was reached with The Children's Hospital and the Department, such that the hospital would administer the CICIP payments to the CICIP Clinics. Of the \$6,119,760 paid to The Children's Hospital, \$6,059,760 was paid by the facility to the CICIP Clinics as payment for services provided under the CICIP. The remaining \$60,000 was retained by The Children's Hospital to administer these payments 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.

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 CICIP 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, CICIP Clinics and primary care clinics operated by CICIP 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. The Health Care Services Fund was set to expire following FY 2009-10.

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 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 occurred to achieve consistency in payment methodologies with the 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 CICIP,
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 (SB) 06-044 and House Bill (HB) 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.

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. Subsequently, HB 10-1321 reallocated \$8,311,998 from the Primary Care Fund to the Health Care Services Fund to draw matching federal funds to allow for additional funding for CICIP Clinics. Pursuant to HB 10-1321, an appropriation for the Health Care Services Fund for FY 2009-10 of \$21,640,192 was made. Also pursuant to HB 10-1321, total funds of \$5,410,068 were appropriated to the Health Care Services Fund Programs line item to support primary care services to CICIP clients offered by Denver Health Medical Center.

Similarly, for FY 2010-11, HB 10-1378 reallocated tobacco tax revenue from the Primary Care Fund to the Health Care Services Fund for payments for CICP Clinics and Denver Health Medical Center. A similar proposal for FY 2011-12 is included in the Department's FY 2011-12 budget request. Transferring funds from the Primary Care Fund to the Health Care Services Fund is only possible when legislation is enacted and if the General Assembly and the Governor have declared a state fiscal emergency.

OTHER MEDICALLY INDIGENT PROVIDER GRANTS

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., (2010) 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 state Medicaid, the CHP+, or the 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.

FY 2009-10

- ▶ In the 2009 legislative session, the General Assembly significantly decreased CPPC grant funding for FY 2009-10 through the passage of SB 09-210, SB 09-269, and SB 09-259 – the 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, with approximately \$125,000 paid to grantees.

HISTORY OF THE CPPC GRANT PROGRAM

In May 2004, the General Assembly passed HB 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.

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.

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. These numbers demonstrate the impact the CPPC Grant Program is making toward expanding primary and preventive care services to Colorado's uninsured or medically indigent populations.

FUTURE OF THE CPPC GRANT PROGRAM

No appropriation for CPPC grant awards was made for FY 2010-11. The Department looks forward to awarding CPPC grants for improving access to primary and preventative care services for low-income, uninsured Coloradans when funding is available.

PRIMARY CARE FUND PROGRAM

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. HB 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 monies 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.

To be a qualified provider, an entity must:

- ▶ Accept all patients regardless of their ability to pay, using either a sliding fee schedule or providing benefits at no charge,
- ▶ Serve a population that lacks adequate health care services,
- ▶ Provide cost-effective care,
- ▶ Provide comprehensive primary care for all ages,
- ▶ Screen and report eligibility for the Medical Assistance Program, Children's Basic Health Plan, and the Indigent Care Program, and,
- ▶ Be a federally qualified health center per Section 330 of the federal Public Health Services Act or have a patient base that is at least 50% uninsured, medically indigent, a participant in the CHP+, a participant in Medicaid, or any combination thereof.

Funding for the Primary Care Fund in FY 2009-10 was affected by SB 09-259, SB 09-271, and HB 10-1321. The Primary Care Fund's initial appropriation was \$31,920,000 under SB 09-259, the Long Bill. SB 09-271, which concerned the emergency use of tobacco tax revenues during a state fiscal emergency, reduced funding to the Primary Care Fund by \$7,400,000. Finally, the Primary Care Fund was further reduced through HB 10-1321 to allow for additional funding for CICIP participating clinics through refinancing a portion of the Primary Care Fund to draw federal matching funds under the Health Care Services Fund. The final appropriation for FY 2009-10 for the Primary Care Fund totaled \$12,125,000.

Ultimately, after actual tobacco tax revenue was collected, \$11,661,526 was paid under the Primary Care Fund in FY 2009-10.

PRIMARY CARE FUND SPECIAL DISTRIBUTION

The Primary Care Fund Special Distribution fund was created during the 2010 legislative session with the passage of HB 10-1321. It was created with the intent of minimizing losses to clinics who receive money from the Primary Care Fund, which was reallocated through HB 10-1321 and HB 10-1378. This line received an appropriation of \$2,005,000 total funds in FY 2009-10, all of which were cash funds from the Primary Care Fund.

Total Primary Care Fund payments for FY 2009-10, from the Primary Care Fund and the Primary Care Fund Special Distribution, totaled \$13,666,526 and are outlined in the following table.

Table 22 — FY 2009-10 Primary Care Fund Payments

Provider	Primary Care Fund	Primary Care Fund Special Distribution	Total Primary Care Fund Payments
Denver Health Medical Center	\$2,391,260	\$0	\$2,391,260
Salud Family Health Centers	\$1,687,696	\$0	\$1,687,696
Metro Community Provider Network (MCPN)	\$1,219,179	\$0	\$1,219,179
Peak Vista Community Health Centers	\$1,124,755	\$0	\$1,124,755
Clinica Campesina Family Health Services	\$920,244	\$0	\$920,244
Marillac Clinic, Inc	\$331,612	\$350,000	\$681,612
Sunrise Community Health	\$679,282	\$0	\$679,282
Valley-Wide Health Systems	\$527,841	\$0	\$527,841
Inner City Health Center	\$237,864	\$254,673	\$492,537
La Clinica Tepeyac	\$209,919	\$224,754	\$434,673
Pueblo Community Health Center	\$419,445	\$0	\$419,445
Colorado Coalition for the Homeless	\$392,797	\$0	\$392,797
Summit Community Care Clinic	\$187,440	\$200,686	\$388,126
Rocky Mountain Youth Clinics	\$171,778	\$183,917	\$355,695
SET Family Medical Clinics	\$121,861	\$130,473	\$252,334
Fort Collins Family Residency Program	\$107,044	\$114,609	\$221,653
St Mary-Corwin Health Foundation	\$78,931	\$84,509	\$163,440
Bruner Family Medicine (Exempla Saint Joseph)	\$78,818	\$84,388	\$163,206
Mountain Family Health Centers	\$160,567	\$0	\$160,567
High Plains Community Health Center	\$155,608	\$0	\$155,608
Eagle Care Medical Clinic	\$68,959	\$73,832	\$142,791
Doctors Care	\$55,212	\$59,114	\$114,326
Northwest Colorado Community Health Center	\$52,508	\$55,000	\$107,508

Table 22 — FY 2009-10 Primary Care Fund Payments, Continued

Provider	Primary Care Fund	Primary Care Fund Special Distribution	Total Primary Care Fund Payments
St. Anthony Family Medicine	\$47,832	\$51,212	\$99,044
Community Health Services	\$46,705	\$50,006	\$96,711
Mission Medical Clinic	\$29,071	\$31,125	\$60,196
North Colorado Family Medicine	\$27,212	\$29,135	\$56,347
Plains Medical Center	\$44,395	\$0	\$44,395
Olathe Medical Clinic	\$18,479	\$19,785	\$38,264
Community Health Clinic	\$36,902	\$0	\$36,902
Uncompahgre Combined Clinics	\$23,042	\$0	\$23,042
The Pediatric Associates	\$7,268	\$7,782	\$15,050
Total	\$11,661,526	\$2,005,000	\$13,666,526

Similarly, for FY 2010-11, HB 10-1378 reallocated tobacco tax revenue from the Primary Care Fund to the Health Care Services Fund for payments for CICP Clinics and Denver Health Medical Center. A similar proposal for FY 2011-12 is included in the Department's FY 2011-12 budget request. Transferring funds from the Primary Care Fund to the Health Care Services Fund is only possible when legislation is enacted and if the General Assembly and the Governor have declared a state fiscal emergency.

FEDERAL MATCH RATES

Payments for medical services covered under Title XIX of the Social Security Act (the Medicaid Program) are matched with federal funds at the state's Federal Medical Assistance Percentage (FMAP) rate. The FMAP rate is the percentage of the total payments that consists of federal funds. For example, if the FMAP is 50%, then for every qualified payment of \$100, \$50 is federal funds while the remaining \$50 is General Fund or other public dollars. The FMAP is based on the state's 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 FMAP rate varies from state to state but is never less than 50%.

For DSH payments, the federal government matches state payments using the FMAP, but the total DSH payments in a state are subject to an annual allotment or cap.

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 (FFY) 2003 and the first three quarters of FFY 2004 (April 1, 2003 – June 30, 2004). These amounts are shown on Table 20. 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 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 FFY 2009 or FFY 2010 or the first quarter of FFY 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.

In August 2010, Congress extended the FMAP increase through June 2011 under H.R. 1586, the Education Jobs and Medicaid Assistance Act, with a phase down of the FMAP increase. For Colorado, the enhanced FMAP steps down from 61.59% to 58.77% for January through March 2011, and then to 56.88% for April through June 2011. The FMAP will return to 50% on July 1, 2011. Again these additional federal funds were specified to offset the state's General Fund and not directed to increase provider payments.

The FMAP increase under ARRA does not apply to DSH payments. The FMAP for DSH payments remain at the state's effective FMAP rate without ARRA. So, for Colorado the FMAP for DSH payments has remained 50%.

The FMAP rates for Colorado from FFY 1993-94 through FFY 2010-11 are listed in Table 23.

Table 23 — Colorado's Federal Match Rates

Federal Fiscal Year (FFY) (October - September)	Match Rate
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)	58.79%
2008-2009 (April 1, 2009 - Sept. 30, 2009)	61.59%
2009-10	61.59%
2010-11 (Oct. 1, 2010 - Dec. 31, 2010)	61.59%
2010-11 (Jan. 1, 2011 - March 31, 2011)	58.77%
2010-11 (April 1, 2011 - June 30, 2011)	56.88%
2010-11 (July 1, 2011 - Sept. 30, 2011)	50.00%

DISPROPORTIONATE SHARE HOSPITAL PAYMENT

FEDERAL LAW AND REGULATIONS

In 1987 Congress amended Title XIX of the Social Security Act (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. Disproportionate Share Hospital (DSH) payments are intended to offset the uncompensated costs of providing services to uninsured and underinsured patients. The payments assist in securing the hospitals’ financial viability and preserving access to care for the Medicaid and low-income clients, while reducing 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 the Medicaid Program, 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 \(CICP\)](#). Effective FY 2009-10, with the implementation of the [Colorado Health Care Affordability Act \(CHCAA\)](#), DSH payments are financed with hospital provider fees and federal matching funds.

FEDERAL DISPROPORTIONATE SHARE HOSPITAL 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 (FFY) 1997-98. The allotment for Colorado in 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 FFYs 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 State Fiscal Year 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.

The FFY 2010-11 DSH Allotment is the same as was applied prior to the application of the provisions of ARRA, which provided for certain increases in states' DSH Allotments only for FFY 2009 and FFY 2010. Therefore, the FFY 2011 DSH Allotment is based on the FFY 2009 and FFY 2010 DSH Allotments as it would have been determined prior to the increases under ARRA.

Colorado's federal fund DSH Allotments are shown in Table 24.

Table 24 — Colorado DSH Allotments

Federal Fiscal Year (FFY)	Disproportionate Share Hospital Allotments (Federal Funds)
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
2010-11	\$92,598,516

SUPPLEMENTAL MEDICAID PAYMENTS

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.

DEFINITIONS

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

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

Colorado Indigent Care Program (CICP) – 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 birth center or community health clinic (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.

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 – An alphabetic assigned code that designates a family's copayment and annual copayment cap and correlates to a specific ability to pay. 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.

Colorado Health Care Affordability Act or CHCAA – (House Bill 09-1293 or Hospital Provider Fee Program) – pursuant to Section 25.5-4-402.3, C.R.S., authorizes the Department, with federal approval, to collect a fee from hospital providers to increase Medicaid and CICP payments to hospitals and expand coverage under public health care programs.

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 that the covered services are medically necessary. The CICIP 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 tables) – Under the CICIP, Denver Health Medical Center primarily serves 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) – Available DSH funds are distributed to hospitals that participate in the Colorado Indigent Care Program (CICIP) and to other Colorado Medicaid hospitals under two separate DSH payments: the CICIP Disproportionate Share Hospital Payment and the Uninsured Disproportionate Share Hospital Payment. 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.

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 Medical Assistance Percentage (FMAP) or 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 Medicaid and CICIP Hospitals – CICIP hospital providers with at least 35,000 Medicaid days per year that provide over 30% of their total days to Medicaid and CICIP clients. Denver Health Medical Center, Memorial Hospital in Colorado Springs, The Children’s Hospital, and University of Colorado Hospital meet this definition.

Indigent Client – A person whose application to receive discounted health services is approved based on 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 Federal Poverty Level (FPL). For the Comprehensive Primary and Preventive Care Grant Program, the individual must have income and assets combined at or below 200% of the FPL.

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

Residency – The residence of a person is the principal or primary home or place of abode of a person. A principal or primary home or place of abode is that home or place in which a person's habitation is fixed and to which they, whenever absent, have the present intention of returning after a departure or absence there from, regardless of the duration of such absence, pursuant to Section 1-2-102, C.R.S.

Rural Hospital Provider – 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.

Subsequent Insurance Payments – Other insurance payments for services or settlements subsequently received by patients receiving coverage under the CICIP. 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 Administration 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 tables) – 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 nor 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 25 — 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	\$4,057,355	\$0	\$480,218	\$3,577,137	\$3,577,137	\$2,319,451
Colorado Coalition for the Homeless (2)	\$4,938,706	\$7,284	\$0	\$4,931,422	\$4,931,422	\$3,591,414
Community Health Clinic (2)	\$150,707	\$2,108	\$25,255	\$123,344	\$123,344	\$839,564
Custer County Medical Center	\$47,333	\$2,616	\$7,031	\$37,686	\$37,686	\$34,499
Denver Indian Health & Family Services, Inc.	\$16,950	\$0	\$0	\$16,950	\$16,950	\$14,518
High Plains Community Health Center (2)	\$981,095	\$13,889	\$139,634	\$827,572	\$827,572	\$478,040
Marillac Clinic	\$566,577	\$13,586	\$136,631	\$416,360	\$416,360	\$373,851
Metro Community Provider Network	\$5,644,614	\$0	\$709,322	\$4,935,292	\$4,935,292	\$3,270,954
Mountain Family Health Centers	\$861,617	\$0	\$88,118	\$773,499	\$773,499	\$444,306
NW Colorado Community Health Center	\$215,315	\$0	\$28,284	\$187,031	\$187,031	\$19,469
Peak Vista Community Health Centers (2)	\$10,819,105	\$531,924	\$1,706,931	\$8,580,250	\$8,580,250	\$5,812,904
Plains Medical Center	\$405,802	\$13,712	\$51,581	\$340,509	\$340,509	\$232,021
Pueblo Community Health Center (2)	\$3,850,758	\$3,571	\$561,669	\$3,285,518	\$3,285,518	\$2,032,733
Salud Family Health Centers	\$9,078,927	\$0	\$980,652	\$8,098,275	\$8,098,275	\$3,994,450
Sunrise Community Health Center	\$3,173,117	\$158	\$355,212	\$2,817,747	\$2,817,747	\$2,091,366
Uncompahgre Medical Center	\$180,398	\$3,647	\$14,316	\$162,435	\$162,435	\$159,785
Valley-Wide Health Systems	\$2,803,660	\$0	\$309,134	\$2,494,526	\$2,494,526	\$1,841,114
Sub-Total CICP Clinic Providers (5)	\$47,916,591	\$597,737	\$5,607,964	\$41,710,890	\$41,710,890	\$27,699,952

CICP Hospital Providers						
Arkansas Valley Regional Medical Center (1)	\$4,393,478	\$353,852	\$216,928	\$3,822,698	\$2,251,639	\$2,157,619
Aspen Valley Hospital	\$2,354,180	\$561,241	\$95,099	\$1,697,840	\$972,330	\$822,331
Boulder Community Hospital (1)	\$16,703,084	\$790,953	\$201,393	\$15,710,738	\$5,952,064	\$4,603,274
Colorado Plains Medical Center	\$4,224,166	\$696,392	\$116,207	\$3,411,567	\$1,144,838	\$688,771
Community Hospital	\$3,414,493	\$119,383	\$149,069	\$3,146,041	\$1,456,671	\$774,144
Conejos County Hospital	\$554,009	\$8,376	\$39,498	\$506,135	\$344,931	\$430,741
Delta County Memorial Hospital (1)	\$3,418,253	\$36,796	\$93,420	\$3,288,037	\$1,546,884	\$2,139,235
East Morgan County Hospital	\$2,451,694	\$519,809	\$99,192	\$1,832,693	\$1,206,569	\$716,873
Estes Park Medical Center	\$1,822,441	\$276,858	\$57,520	\$1,488,063	\$708,130	\$956,573
Grand River Hospital and Medical Center	\$211,470	\$4,147	\$9,936	\$197,387	\$125,822	\$872,943

Table 25 — Total Financial Activity and CICP Payment, Continued

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
Gunnison Valley Hospital	\$285,149	\$40,523	\$18,494	\$226,132	\$159,478	\$64,401
Heart of the Rockies Regional Medical Center	\$2,506,357	\$357,034	\$109,055	\$2,040,268	\$1,116,028	\$726,223
Kremmling Memorial Hospital District	\$121,388	\$6,553	\$5,509	\$109,326	\$109,326	\$52,762
Longmont United Hospital	\$29,721,623	\$1,965,838	\$26,067	\$27,729,718	\$6,573,646	\$8,687,358
McKee Medical Center	\$32,744,314	\$6,018,008	\$749,793	\$25,976,513	\$10,358,775	\$7,018,704
Medical Center of the Rockies	\$26,563,205	\$2,197,877	\$3,078,555	\$21,286,773	\$6,767,449	\$4,686,358
Melissa Memorial	\$286,703	\$100,917	\$24,462	\$161,324	\$104,458	\$93,321
Memorial Hospital (1)	\$161,819,096	\$11,596,050	\$3,147,059	\$147,075,987	\$44,785,363	\$26,273,045
Mercy Medical Center (1)	\$7,065,415	\$37,593	\$184,161	\$6,843,661	\$2,922,402	\$2,524,231
Montrose Memorial Hospital	\$8,665,772	\$1,985,336	\$266,393	\$6,414,043	\$3,363,556	\$2,383,643
Mount San Rafael Hospital	\$4,004,125	\$727,042	\$128,691	\$3,148,392	\$1,207,833	\$634,672
North Colorado Medical Center	\$87,335,615	\$16,493,026	\$1,964,181	\$68,878,408	\$25,025,895	\$14,084,352
Parkview Medical Center (1)	\$84,206,924	\$4,347,237	\$755,590	\$79,104,097	\$21,306,670	\$13,047,598
Penrose-St. Francis Health Services (1)	\$50,384,067	\$260	\$242,206	\$50,141,601	\$13,724,465	\$9,101,662
Pikes Peak Regional Hospital	\$1,473,063	\$162,934	\$33,904	\$1,276,225	\$858,536	\$343,795
Platte Valley Medical Center	\$14,926,874	\$4,300,467	\$282,635	\$10,343,772	\$3,663,734	\$2,273,493
Poudre Valley Hospital (1)	\$54,487,659	\$3,709,616	\$4,974,338	\$45,803,705	\$21,342,308	\$13,658,135
Prowers Medical Center	\$2,669,319	\$387,968	\$82,072	\$2,199,279	\$1,198,035	\$1,307,667
Rio Grande Hospital	\$948,620	\$6,305	\$47,380	\$894,935	\$594,174	\$258,975
San Luis Valley Regional Medical Center	\$4,965,912	\$112,602	\$144,709	\$4,708,601	\$1,499,011	\$1,889,815
Sedgwick County Health Center	\$286,102	\$67,452	\$22,649	\$196,001	\$131,100	\$70,101
Southeast Colorado Hospital	\$462,417	\$50,194	\$34,897	\$377,326	\$240,584	\$145,494
Southwest Memorial Hospital (1)	\$1,672,337	\$179,856	\$24,205	\$1,468,276	\$710,776	\$786,257
Spanish Peaks Regional Health Center	\$1,278,681	\$120,108	\$15,620	\$1,142,953	\$693,459	\$429,274
St. Mary-Corwin Hospital (1)	\$75,468,028	\$2,694,059	\$404,023	\$72,369,946	\$20,982,708	\$10,829,903
St. Mary's Hospital and Medical Center (1)	\$30,271,735	\$219,941	\$706,795	\$29,344,999	\$11,576,742	\$6,905,561
St. Thomas More Hospital (1)	\$20,189,468	\$1,044,857	\$176,569	\$18,968,042	\$6,240,251	\$2,761,457
St. Vincent General Hospital	\$150,691	\$30,480	\$19,062	\$101,149	\$75,109	\$123,920
Sterling Regional MedCenter	\$7,661,086	\$1,980,005	\$266,937	\$5,414,144	\$2,573,921	\$2,745,588
The Memorial Hospital (1)	\$2,202,206	\$223,348	\$70,759	\$1,908,099	\$1,222,482	\$160,808
Valley View Hospital	\$9,821,840	\$907,689	\$148,533	\$8,765,618	\$4,653,009	\$1,894,529

Table 25 — Total Financial Activity and CICP Payment, Continued

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
Wray Community District Hospital	\$1,271,006	\$131,616	\$32,320	\$1,107,070	\$750,927	\$407,080
Yampa Valley Medical Center (1)	\$4,964,913	\$1,132,179	\$181,549	\$3,651,185	\$2,460,473	\$758,659
Yuma District Hospital	\$1,335,438	\$273,659	\$68,723	\$993,056	\$594,621	\$313,932
Sub-Total CICP Hospital Providers	\$771,764,416	\$66,976,436	\$19,516,157	\$685,271,823	\$235,297,182	\$151,605,277
CICP Specialty Hospital Providers						
National Jewish Health (2)	\$9,458,727	\$553,899	\$293,150	\$8,611,678	\$6,871,186	\$2,596,342
The Children's Hospital (2)(3)	\$10,062,228	\$1,097,233	\$211,022	\$8,753,973	\$3,569,819	\$4,133,242
Sub-Total CICP Specialty Hospital Providers	\$19,520,955	\$1,651,132	\$504,172	\$17,365,651	\$10,441,005	\$6,729,584
Denver Health Medical Center (1)(2)(4)(5)	\$331,902,104	\$25,407,277	\$6,709,308	\$299,785,519	\$135,910,991	\$88,998,502
University of Colorado Hospital (2)(3)	\$318,381,658	\$26,757,070	\$3,408,049	\$288,216,539	\$79,875,983	\$35,846,653
Total CICP Hospital Providers	\$1,441,569,133	\$120,791,915	\$30,137,686	\$1,290,639,532	\$461,525,161	\$283,180,016
Total All CICP Providers	\$1,489,485,724	\$121,389,652	\$35,745,650	\$1,332,350,422	\$503,236,051	\$310,879,968

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) Includes Health Care Services Fund payments.

Table 26 — Hospital Provider Payment Detail

Providers	CICP Supplemental Medicaid Payment	CICP DSH Payment	Health Care Services Fund Payment	Total Payment
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	\$1,301,469	\$856,150	\$0	\$2,157,619
Aspen Valley Hospital	\$496,027	\$326,304	\$0	\$822,331
Boulder Community Hospital	\$1,151,640	\$3,451,634	\$0	\$4,603,274
Colorado Plains Medical Center	\$223,961	\$464,810	\$0	\$688,771
Community Hospital	\$193,674	\$580,470	\$0	\$774,144
Conejos County Hospital District	\$140,060	\$290,681	\$0	\$430,741
Delta County Memorial Hospital	\$1,290,380	\$848,855	\$0	\$2,139,235
East Morgan County Hospital	\$432,415	\$284,458	\$0	\$716,873
Estes Park Medical Center	\$577,002	\$379,571	\$0	\$956,573
Gunnison Valley Hospital	\$38,847	\$25,554	\$0	\$64,401
Grand River Hospital	\$526,556	\$346,387	\$0	\$872,943
Heart of the Rockies Regional Medical Center	\$438,056	\$288,167	\$0	\$726,223
Kremmling Memorial Hospital District	\$31,826	\$20,936	\$0	\$52,762
Longmont United Hospital	\$2,173,390	\$6,513,968	\$0	\$8,687,358
Medical Center of the Rockies	\$1,755,929	\$5,262,775	\$0	\$7,018,704
Medical Center of the Rockies	\$1,172,426	\$3,513,932	\$0	\$4,686,358
Melissa Memorial Hospital	\$56,291	\$37,030	\$0	\$93,321
Memorial Hospital	\$12,372,743	\$13,900,302	\$0	\$26,273,045
Mercy Medical Center	\$820,781	\$1,703,450	\$0	\$2,524,231
Montrose Memorial Hospital	\$1,437,806	\$945,837	\$0	\$2,383,643
Mount San Rafael Hospital	\$206,370	\$428,302	\$0	\$634,672
North Colorado Medical Center	\$7,874,669	\$6,209,683	\$0	\$14,084,352
Parkview Medical Center	\$3,264,229	\$9,783,369	\$0	\$13,047,598
Pikes Peak Regional Hospital	\$2,277,040	\$6,824,622	\$0	\$9,101,662
Pikes Peak Regional Hospital	\$111,789	\$232,006	\$0	\$343,795
Platte Valley Medical Center	\$568,779	\$1,704,714	\$0	\$2,273,493
Poudre Valley Hospital	\$7,636,367	\$6,021,768	\$0	\$13,658,135
Prowers Medical Center	\$788,781	\$518,886	\$0	\$1,307,667

Table 26 — Hospital Provider Payment Detail, Continued

Providers	CICP Supplemental Medicaid Payment	CICP DSH Payment	Health Care Services Fund Payment	Total Payment
Rio Grande Hospital	\$84,208	\$174,767	\$0	\$258,975
San Luis Valley Regional Medical Center	\$614,494	\$1,275,321	\$0	\$1,889,815
Sedgwick County Health Center	\$42,285	\$27,816	\$0	\$70,101
Southeast Colorado Hospital and LTC	\$87,762	\$57,732	\$0	\$145,494
Southwest Memorial Hospital	\$474,267	\$311,990	\$0	\$786,257
Spanish Peaks Regional Medical Center (Huerfano)	\$258,937	\$170,337	\$0	\$429,274
St. Mary-Corwin Medical Center	\$2,709,409	\$8,120,494	\$0	\$10,829,903
St. Mary's Hospital and Medical Center, Inc.	\$1,727,623	\$5,177,938	\$0	\$6,905,561
St. Thomas More Hospital	\$897,917	\$1,863,540	\$0	\$2,761,457
St. Vincent General Hospital District	\$74,748	\$49,172	\$0	\$123,920
Sterling Regional MedCenter	\$892,757	\$1,852,831	\$0	\$2,745,588
The Memorial Hospital	\$96,999	\$63,809	\$0	\$160,808
Valley View Hospital	\$616,026	\$1,278,503	\$0	\$1,894,529
Wray Community District Hospital	\$245,550	\$161,530	\$0	\$407,080
Yampa Valley Medical Center	\$246,686	\$511,973	\$0	\$758,659
Yuma District Hospital	\$189,363	\$124,569	\$0	\$313,932
Sub-Total CICP Hospital Providers	\$58,618,334	\$92,986,943	\$0	\$151,605,277
CICP Specialty Hospital Providers				
National Jewish Health	\$649,549	\$1,946,793	\$0	\$2,596,342
The Children's Hospital	\$414,210	\$3,719,032	\$0	\$4,133,242
Sub-Total CICP Specialty Hospital Providers	\$1,063,759	\$5,665,825	\$0	\$6,729,584
Denver Health Medical Center	\$39,364,241	\$44,224,213	\$5,410,048	\$88,998,502
University of Colorado Hospital	\$26,207,219	\$9,639,434	\$0	\$35,846,653
Total CICP Hospital Providers	\$125,253,553	\$152,516,415	\$5,410,048	\$283,180,016

Table 27 — Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Hospital	\$469,641	\$0	\$0	\$469,641
Denver Health Medical Center	\$40,397,328	\$2,325,656	\$0	\$38,071,672
Memorial Hospital	\$19,651,439	\$3,064	\$1,409,568	\$18,238,807
Mercy Medical Center	\$236,208	\$4,478	\$16,857	\$214,873
Parkview Medical Center	\$7,156,845	\$0	\$261,118	\$6,895,727
Poudre Valley Hospital	\$713,293	\$50,177	\$46,252	\$616,864
St. Mary-Corwin Medical Center	\$10,230,209	\$0	\$0	\$10,230,209
St. Mary's Hospital and Medical Center, Inc.	\$1,445,581	\$217,876	\$88,788	\$1,138,917
St. Thomas More Hospital	\$9,337,586	\$86,286	\$13,572	\$9,237,728
The Children's Hospital	\$2,800,095	\$190,164	\$31,249	\$2,578,682
The Memorial Hospital	\$114,945	\$2,051	\$3,006	\$109,888
University (1)	\$36,667,411	\$1,639,839	\$256,990	\$34,770,582
Yampa Valley Medical Center	\$620,995	\$27,662	\$45,076	\$548,257
Total	\$129,841,576	\$4,547,253	\$2,172,476	\$123,121,847

Notes:

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

Table 28 — Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Community Health Clinic	\$7,784	\$0	\$4,980	\$2,804
High Plains Community Health Center	\$293,950	\$0	\$68,409	\$225,541
Peak Vista Community Health Centers	\$874,194	\$0	\$520,581	\$353,613
Pueblo Community Health Center	\$694,706	\$0	\$276,481	\$418,225
Stout Street Clinic	\$733,999	\$0	\$0	\$733,999
National Jewish Health	\$316,413	\$0	\$30,501	\$285,912
The Children's Hospital	\$816,809	\$0	\$46,015	\$770,794
Denver Health Medical Center	\$5,478,982	\$0	\$1,083,650	\$4,395,332
University Hospital	\$4,747,333	\$2,395,176	\$236,912	\$2,115,245
Total	\$13,964,170	\$2,395,176	\$2,267,529	\$9,301,465

Table 29 — Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$282,093,096	\$23,047,792	\$5,625,598	\$253,419,706
Physician Services	\$40,397,328	\$2,325,656	\$0	\$38,071,672
Ambulance Services	\$3,932,698	\$33,829	\$60	\$3,898,809
Outpatient Pharmacy	\$5,478,982	\$0	\$1,083,650	\$4,395,332
Total	\$331,902,104	\$25,407,277	\$6,709,308	\$299,785,519

Table 30 — 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					
Basin Clinic	\$32,615	\$67,464	\$0	\$0	\$100,079
Clinica Campesina	\$0	\$4,057,355	\$0	\$0	\$4,057,355
Colorado Asian Health Clinical Services	\$0	\$24,476	\$0	\$0	\$24,476
Community Health Clinic	\$505	\$142,418	\$0	\$0	\$142,923
Custer County Medical Center	\$9,721	\$37,613	\$0	\$0	\$47,334
Denver Indian Health and Family Services	\$0	\$16,950	\$0	\$0	\$16,950
High Plains Community Health Center, Inc.	\$652,788	\$34,357	\$0	\$0	\$687,145
Limon Plains Medical Center	\$405,802	\$0	\$0	\$0	\$405,802
Marillac Clinic	\$0	\$566,577	\$0	\$0	\$566,577
Metro Community Provider Network (MCPN)	\$0	\$5,644,614	\$0	\$0	\$5,644,614
Mountain Family Health Centers	\$406,937	\$454,680	\$0	\$0	\$861,617
NW Colorado Community Health Center	\$0	\$215,315	\$0	\$0	\$215,315
Peak Vista Community Health Centers	\$373,541	\$9,571,371	\$0	\$0	\$9,944,912
Pueblo Community Health Center	\$0	\$3,156,052	\$0	\$0	\$3,156,052
Salud Family Health Centers	\$0	\$9,078,927	\$0	\$0	\$9,078,927
Stout Street Clinic	\$4,204,707	\$0	\$0	\$0	\$4,204,707
Sunrise Community Health	\$0	\$3,173,117	\$0	\$0	\$3,173,117
Uncompahgre Medical Center	\$164,677	\$15,721	\$0	\$0	\$180,398
Valley-Wide Health Systems	\$109,745	\$2,693,915	\$0	\$0	\$2,803,660
Sub-Total CICP Clinic Providers	\$6,361,038	\$38,950,922	\$0	\$0	\$45,311,960
CICP Hospital Providers					
Arkansas Valley Regional Medical Center	\$1,392,298	\$1,327,515	\$1,436,356	\$237,310	\$4,393,479
Aspen Valley Hospital	\$563,752	\$965,030	\$715,735	\$109,662	\$2,354,179
Boulder Community Hospital	\$4,304,288	\$1,975,242	\$7,913,757	\$2,040,156	\$16,233,443
Colorado Plains Medical Center	\$1,092,037	\$1,124,422	\$1,418,136	\$589,571	\$4,224,166
Community Hospital	\$1,493,771	\$0	\$1,920,722	\$0	\$3,414,493
Conejos County Hospital District	\$356,906	\$96,658	\$100,445	\$0	\$554,009

Table 30 — Inpatient and Outpatient Charges (Details), Continued

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
Delta County Memorial Hospital	\$844,524	\$764,762	\$1,462,457	\$346,511	\$3,418,254
East Morgan County Hospital	\$744,907	\$1,374,582	\$222,004	\$110,201	\$2,451,694
Estes Park Medical Center	\$410,720	\$882,998	\$234,197	\$294,527	\$1,822,442
Gunnison Valley Hospital	\$285,149	\$0	\$0	\$0	\$285,149
Grand River Hospital and Medical Center	\$29,567	\$57,388	\$0	\$124,516	\$211,471
Heart of the Rockies Regional Medical Center	\$1,480,555	\$0	\$1,025,801	\$0	\$2,506,356
Kremmling Memorial Hospital District	\$41,685	\$60,147	\$19,556	\$0	\$121,388
Longmont United Hospital	\$4,906,913	\$5,251,268	\$14,112,123	\$5,451,319	\$29,721,623
McKee Medical Center	\$5,764,545	\$11,283,166	\$11,627,424	\$4,069,178	\$32,744,313
Medical Center of the Rockies	\$4,584,183	\$4,395,620	\$13,053,190	\$4,530,212	\$26,563,205
Melissa Memorial Hospital	\$49,384	\$153,681	\$83,638	\$0	\$286,703
Memorial Hospital	\$37,985,928	\$28,044,223	\$64,447,953	\$11,689,553	\$142,167,657
Mercy Medical Center	\$2,080,211	\$0	\$4,748,996	\$0	\$6,829,207
Montrose Memorial Hospital	\$1,638,605	\$3,357,315	\$2,466,765	\$1,203,087	\$8,665,772
Mount San Rafael Hospital	\$1,468,259	\$1,029,262	\$549,947	\$956,657	\$4,004,125
North Colorado Medical Center	\$12,685,052	\$17,800,063	\$33,384,597	\$23,465,903	\$87,335,615
Parkview Medical Center	\$21,726,971	\$11,366,321	\$33,844,158	\$10,112,629	\$77,050,079
Penrose - St. Francis Health Services	\$12,550,846	\$8,820,610	\$23,055,071	\$5,957,540	\$50,384,067
Pikes Peak Regional Hospital	\$734,531	\$272,989	\$374,476	\$91,066	\$1,473,062
Platte Valley Medical Center	\$4,151,408	\$3,532,644	\$5,860,378	\$1,382,443	\$14,926,873
Poudre Valley Hospital	\$13,305,873	\$11,593,804	\$24,023,061	\$4,851,629	\$53,774,367
Prowers Medical Center	\$754,272	\$624,662	\$1,290,385	\$0	\$2,669,319
Rio Grande Hospital	\$386,652	\$274,015	\$287,952	\$0	\$948,619
San Luis Valley Regional Medical Center	\$1,935,616	\$121,517	\$2,488,412	\$420,366	\$4,965,911
Sedgwick County Health Center	\$2,835	\$264,694	\$0	\$18,573	\$286,102
Southeast Colorado Hospital and LTC	\$254,885	\$130,368	\$77,164	\$0	\$462,417
Southwest Memorial Hospital	\$753,174	\$85,237	\$0	\$833,926	\$1,672,337
Spanish Peaks Regional Medical Center	\$595,760	\$0	\$682,921	\$0	\$1,278,681
St. Mary-Corwin Medical Center	\$11,287,985	\$21,927,686	\$19,790,976	\$12,231,172	\$65,237,819

Table 30 — Inpatient and Outpatient Charges (Details), Continued

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
St. Mary's Hospital and Medical Center, Inc.	\$3,781,056	\$8,837,239	\$16,207,859	\$0	\$28,826,154
St. Thomas More Hospital	\$3,436,843	\$2,987,357	\$3,325,706	\$1,101,976	\$10,851,882
St. Vincent General Hospital District	\$141,830	\$0	\$8,861	\$0	\$150,691
Sterling Regional MedCenter	\$1,155,593	\$3,802,621	\$1,895,878	\$806,994	\$7,661,086
The Memorial Hospital	\$701,432	\$541,289	\$844,540	\$0	\$2,087,261
Valley View Hospital	\$1,753,634	\$2,006,138	\$5,983,857	\$78,211	\$9,821,840
Wray Community District Hospital	\$704,411	\$248,120	\$102,433	\$216,042	\$1,271,006
Yampa Valley Medical Center	\$973,411	\$0	\$3,370,507	\$0	\$4,343,918
Yuma District Hospital	\$305,978	\$733,436	\$296,023	\$0	\$1,335,437
Sub-Total CICIP Hospital Providers	\$165,598,235	\$158,114,089	\$304,754,417	\$93,320,930	\$721,787,671
CICIP Specialty Hospital Providers					
National Jewish Health	\$11,387	\$9,127,926	\$0	\$3,002	\$9,142,315
The Children's Hospital	\$1,373,426	\$1,533,821	\$3,538,077	\$0	\$6,445,324
Sub-Total CICIP Specialty Hospital Providers	\$1,384,813	\$10,661,747	\$3,538,077	\$3,002	\$15,587,639
Denver Health Medical Center	\$42,680,711	\$88,249,013	\$103,319,952	\$47,843,420	\$282,093,096
University of Colorado Hospital	\$67,298,457	\$68,844,514	\$116,795,478	\$24,028,465	\$276,966,914
Total CICIP Hospital Providers	\$276,962,216	\$325,869,363	\$528,407,924	\$165,195,817	\$1,296,435,320
Total All CICIP Providers	\$283,323,254	\$364,820,285	\$528,407,924	\$165,195,817	\$1,341,747,280

Notes:

Table does not include physician, University Physicians Inc., outpatient pharmacy, or ambulance charges. Total Charges in Tables 30 and 31 will equal Charges in Table 25 by adding physician charges from Table 27, pharmacy charges from Table 28, and Denver Health Medical Center detail charges for Ambulance from Table 29.

Table 31 — 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						
Basin Clinic	\$32,615	\$67,464	\$100,079	\$100,079	\$0	\$4,057,355
Clinica Campesina	\$0	\$4,057,355	\$4,057,355	\$4,057,355	\$0	\$24,476
Colorado Asian Health Clinical Services	\$0	\$24,476	\$24,476	\$24,476	\$0	\$142,923
Community Health Clinic	\$505	\$142,418	\$142,923	\$142,923	\$0	\$47,334
Custer County Medical Center	\$9,721	\$37,613	\$47,334	\$47,334	\$0	\$16,950
Denver Indian Health and Family Services	\$0	\$16,950	\$16,950	\$16,950	\$0	\$687,145
High Plains Community Health Center, Inc.	\$652,788	\$34,357	\$687,145	\$687,145	\$0	\$405,802
Limon Plains Medical Center	\$405,802	\$0	\$405,802	\$405,802	\$0	\$566,577
Marillac Clinic	\$0	\$566,577	\$566,577	\$566,577	\$0	\$5,644,614
Metro Community Provider Network (MCPN)	\$0	\$5,644,614	\$5,644,614	\$5,644,614	\$0	\$861,617
Mountain Family Health Centers	\$406,937	\$454,680	\$861,617	\$861,617	\$0	\$215,315
NW Colorado Community Health Center	\$0	\$215,315	\$215,315	\$215,315	\$0	\$9,944,912
Peak Vista Community Health Centers	\$373,541	\$9,571,371	\$9,944,912	\$9,944,912	\$0	\$3,156,052
Pueblo Community Health Center	\$0	\$3,156,052	\$3,156,052	\$3,156,052	\$0	\$9,078,927
Salud Family Health Centers	\$0	\$9,078,927	\$9,078,927	\$9,078,927	\$0	\$4,204,707
Stout Street Clinic	\$4,204,707	\$0	\$4,204,707	\$4,204,707	\$0	\$3,173,117
Sunrise Community Health	\$0	\$3,173,117	\$3,173,117	\$3,173,117	\$0	\$180,398
Uncompahgre Medical Center	\$164,677	\$15,721	\$180,398	\$180,398	\$0	\$2,803,660
Valley-Wide Health Systems	\$109,745	\$2,693,915	\$2,803,660	\$2,803,660	\$0	\$45,311,960
Sub-Total CICP Clinic Providers	\$6,361,038	\$38,950,922	\$45,311,960	\$45,311,960	\$0	\$45,311,960
CICP Hospital Providers						
Arkansas Valley Regional Medical Center	\$2,828,654	\$1,564,825	\$4,393,479	\$2,719,813	\$1,673,666	\$4,393,479
Aspen Valley Hospital	\$1,279,487	\$1,074,692	\$2,354,179	\$1,528,782	\$825,397	\$2,354,179
Boulder Community Hospital	\$12,218,045	\$4,015,398	\$16,233,443	\$6,279,530	\$9,953,913	\$16,233,443
Colorado Plains Medical Center	\$2,510,173	\$1,713,993	\$4,224,166	\$2,216,459	\$2,007,707	\$4,224,166
Community Hospital	\$3,414,493	\$0	\$3,414,493	\$1,493,771	\$1,920,722	\$3,414,493
Conejos County Hospital	\$457,351	\$96,658	\$554,009	\$453,564	\$100,445	\$554,009

Table 31 — Inpatient and Outpatient Charges (Totals), Continued

Providers	Total Urgent Charges	Total Non-Urgent Charges	Total Charges	Total Outpatient Charges	Total Inpatient Charges	Total Charges
Delta County Memorial Hospital	\$2,306,981	\$1,111,273	\$3,418,254	\$1,609,286	\$1,808,968	\$3,418,254
East Morgan County Hospital	\$966,911	\$1,484,783	\$2,451,694	\$2,119,489	\$332,205	\$2,451,694
Estes Park Medical Center	\$644,917	\$1,177,525	\$1,822,442	\$1,293,718	\$528,724	\$1,822,442
Grand River Hospital and Medical Center	\$285,149	\$0	\$285,149	\$285,149	\$0	\$285,149
Gunnison Valley Hospital	\$29,567	\$181,904	\$211,471	\$86,955	\$124,516	\$211,471
Heart of the Rockies Regional Medical Center	\$2,506,356	\$0	\$2,506,356	\$1,480,555	\$1,025,801	\$2,506,356
Kremmling Memorial Hospital District	\$61,241	\$60,147	\$121,388	\$101,832	\$19,556	\$121,388
Longmont United Hospital	\$19,019,036	\$10,702,587	\$29,721,623	\$10,158,181	\$19,563,442	\$29,721,623
McKee Medical Center	\$17,391,969	\$15,352,344	\$32,744,313	\$17,047,711	\$15,696,602	\$32,744,313
Medical Center of the Rockies	\$17,637,373	\$8,925,832	\$26,563,205	\$8,979,803	\$17,583,402	\$26,563,205
Melissa Memorial	\$133,022	\$153,681	\$286,703	\$203,065	\$83,638	\$286,703
Memorial Hospital	\$102,433,881	\$39,733,776	\$142,167,657	\$66,030,151	\$76,137,506	\$142,167,657
Mercy Medical Center	\$6,829,207	\$0	\$6,829,207	\$2,080,211	\$4,748,996	\$6,829,207
Montrose Memorial Hospital	\$4,105,370	\$4,560,402	\$8,665,772	\$4,995,920	\$3,669,852	\$8,665,772
Mount San Rafael Hospital	\$2,018,206	\$1,985,919	\$4,004,125	\$2,497,521	\$1,506,604	\$4,004,125
North Colorado Medical Center	\$46,069,649	\$41,265,966	\$87,335,615	\$30,485,115	\$56,850,500	\$87,335,615
Parkview Medical Center	\$55,571,129	\$21,478,950	\$77,050,079	\$33,093,292	\$43,956,787	\$77,050,079
Penrose-St. Francis Health Services	\$35,605,917	\$14,778,150	\$50,384,067	\$21,371,456	\$29,012,611	\$50,384,067
Pikes Peak Regional Hospital	\$1,109,007	\$364,055	\$1,473,062	\$1,007,520	\$465,542	\$1,473,062
Platte Valley Medical Center	\$10,011,786	\$4,915,087	\$14,926,873	\$7,684,052	\$7,242,821	\$14,926,873
Poudre Valley Hospital	\$37,328,934	\$16,445,433	\$53,774,367	\$24,899,677	\$28,874,690	\$53,774,367
Prowers Medical Center	\$2,044,657	\$624,662	\$2,669,319	\$1,378,934	\$1,290,385	\$2,669,319
Rio Grande Hospital	\$674,604	\$274,015	\$948,619	\$660,667	\$287,952	\$948,619
San Luis Valley Regional Medical Center	\$4,424,028	\$541,883	\$4,965,911	\$2,057,133	\$2,908,778	\$4,965,911
Sedgwick County Health Center	\$2,835	\$283,267	\$286,102	\$267,529	\$18,573	\$286,102
Southeast Colorado Hospital	\$332,049	\$130,368	\$462,417	\$385,253	\$77,164	\$462,417
Southwest Memorial Hospital	\$753,174	\$919,163	\$1,672,337	\$838,411	\$833,926	\$1,672,337
Spanish Peaks Regional Health Center	\$1,278,681	\$0	\$1,278,681	\$595,760	\$682,921	\$1,278,681
St. Mary-Corwin Hospital	\$31,078,961	\$34,158,858	\$65,237,819	\$33,215,671	\$32,022,148	\$65,237,819

Table 31 — Inpatient and Outpatient Charges (Totals), Continued

Providers	Total Urgent Charges	Total Non-Urgent Charges	Total Charges	Total Outpatient Charges	Total Inpatient Charges	Total Charges
St. Mary's Hospital and Medical Center	\$19,988,915	\$8,837,239	\$28,826,154	\$12,618,295	\$16,207,859	\$28,826,154
St. Thomas More Hospital	\$6,762,549	\$4,089,333	\$10,851,882	\$6,424,200	\$4,427,682	\$10,851,882
St. Vincent General Hospital	\$150,691	\$0	\$150,691	\$141,830	\$8,861	\$150,691
Sterling Regional MedCenter	\$3,051,471	\$4,609,615	\$7,661,086	\$4,958,214	\$2,702,872	\$7,661,086
The Memorial Hospital	\$1,545,972	\$541,289	\$2,087,261	\$1,242,721	\$844,540	\$2,087,261
Valley View Hospital	\$7,737,491	\$2,084,349	\$9,821,840	\$3,759,772	\$6,062,068	\$9,821,840
Wray Community District Hospital	\$806,844	\$464,162	\$1,271,006	\$952,531	\$318,475	\$1,271,006
Yampa Valley Medical Center	\$4,343,918	\$0	\$4,343,918	\$973,411	\$3,370,507	\$4,343,918
Yuma District Hospital	\$602,001	\$733,436	\$1,335,437	\$1,039,414	\$296,023	\$1,335,437
Sub-Total CICP Hospital Providers	\$470,352,652	\$251,435,019	\$721,787,671	\$323,712,324	\$398,075,347	\$721,787,671
CICP Specialty Hospital Providers						
National Jewish Health	\$11,387	\$9,130,928	\$9,142,315	\$9,139,313	\$3,002	\$9,142,315
The Children's Hospital	\$4,911,503	\$1,533,821	\$6,445,324	\$2,907,247	\$3,538,077	\$6,445,324
Sub-Total CICP Specialty Hospital Providers	\$4,922,890	\$10,664,749	\$15,587,639	\$12,046,560	\$3,541,079	\$15,587,639
Denver Health Medical Center	\$146,000,663	\$136,092,433	\$282,093,096	\$130,929,724	\$151,163,372	\$282,093,096
University of Colorado Hospital	\$184,093,935	\$92,872,979	\$276,966,914	\$136,142,971	\$140,823,943	\$276,966,914
Total CICP Hospital Providers	\$805,370,140	\$491,065,180	\$1,296,435,320	\$602,831,579	\$693,603,741	\$1,296,435,320
Total All CICP Providers	\$811,731,178	\$530,016,102	\$1,341,747,280	\$648,143,539	\$693,603,741	\$1,341,747,280

Notes: Same as Table 30

CICP UTILIZATION TABLES

Table 32 — Admissions and Visits by County*

County	CICP Clinics	CICP Hospitals**	Denver Health Medical Center	University of Colorado Hospital	Total
Adams	37,752	3,932	2,478	11,540	55,702
Alamosa	5,314	808	6	19	6,147
Arapahoe	16,615	2,424	2,886	17,670	39,595
Archuleta	17	58	-	13	88
Baca	76	699	-	6	781
Bent	716	489	4	9	1,218
Boulder	23,298	6,790	90	593	30,771
Broomfield	1,592	120	42	373	2,127
Chaffee	37	1,165	-	42	1,244
Cheyenne	54	20	9	5	88
Clear Creek	776	24	15	82	897
Conejos	2,221	948	1	35	3,205
Costilla	1,479	203	11	21	1,714
Crowley	349	287	1	3	640
Custer	264	251	-	4	519
Delta	37	1,644	2	52	1,735
Denver	26,799	2,536	171,435	8,946	209,716
Dolores	744	53	13	1	811
Douglas	1,351	314	135	1,218	3,018
Eagle	276	100	18	186	580
Elbert	704	138	24	225	1,091
El Paso	65,412	39,230	67	1,123	105,832
Fremont	1,428	6,919	3	124	8,474
Garfield	2,242	1,861	18	58	4,179
Gilpin	603	23	1	25	652
Grand	11	268	10	54	343
Gunnison	18	239	-	16	273
Hindsdale	-	10	-	-	10
Huerfano	28	665	-	12	705
Jackson	5	62	1	4	72
Jefferson	14,471	1,710	2,402	6,386	24,969
Kiowa	93	22	6	1	122
Kit Carson	223	52	-	42	317
Lake	2	75	2	14	93
La Plata	310	796	11	25	1,142
Larimer	15,404	33,686	35	611	49,736
Las Animas	62	3,298	3	23	3,386
Lincoln	930	66	2	64	1,062

Table 32 — Admissions and Visits by County*, Continued

County	CICP Clinics	CICP Hospitals**	Denver Health Medical Center	University of Colorado Hospital	Total
Logan	2,012	2,909	1	100	5,022
Mesa	7,044	9,603	8	56	16,711
Mineral	7	113	-	-	120
Moffat	1,272	1,005	2	16	2,295
Montezuma	1,487	525	1	17	2,030
Montrose	490	3,059	1	64	3,614
Morgan	2,834	3,135	31	87	6,087
Otero	2,463	2,858	11	41	5,373
Ouray	58	96	-	16	170
Park	566	177	14	122	879
Phillips	121	725	-	19	865
Pitkin	206	757	2	5	970
Prowers	3,189	1,399	1	19	4,608
Pueblo	21,220	28,091	83	291	49,685
Rio Blanco	4	36	-	80	120
Rio Grande	3,475	1,499	1	-	4,975
Routt	92	1,393	1	68	1,554
Saguache	2,760	360	-	14	3,134
San Juan	2	8	-	-	10
San Miguel	597	138	-	4	739
Sedgwick	64	633	-	1	698
Summit	24	32	1	116	173
Teller	7,124	1,217	-	59	8,400
Washington	112	618	-	17	747
Weld	20,130	16,920	93	1,185	38,328
Yuma	150	1,743	1	32	1,926
Unknown	693	1,471	163	343	2,670
Total	299,909	192,505	180,146	52,397	724,957

Notes:

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

**Includes CICP Specialty Hospital providers.

Table 33 — 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
A	35,449	1.5%	20,785	11.6%	12,624	7.2%	4,641	9.3%	73,499	2.8%
B	35,399	1.6%	18,404	10.3%	15,254	8.7%	5,626	11.3%	74,683	2.8%
C	36,778	1.7%	18,845	10.5%	16,069	9.2%	6,074	12.2%	77,766	3.0%
D	26,206	1.2%	16,304	9.1%	14,250	8.2%	5,014	10.0%	61,774	2.4%
E	19,745	0.9%	12,380	6.9%	10,964	6.3%	4,286	8.6%	47,375	1.8%
F	24,155	1.1%	17,252	9.7%	12,714	7.3%	4,819	9.7%	58,940	2.2%
G	16,139	0.7%	11,906	6.7%	7,981	4.6%	2,957	5.9%	38,983	1.5%
H	6,663	0.3%	6,289	3.5%	2,944	1.7%	1,946	3.9%	17,842	0.7%
I	12,260	0.6%	12,521	7.0%	5,242	3.0%	10,159	20.3%	40,182	1.5%
N	41,562	1.9%	18,673	10.5%	18,742	10.7%	1,253	2.5%	80,230	3.1%
Z	45,513	2.1%	25,043	14.0%	58,051	33.2%	3,160	6.3%	131,767	5.0%
Unknown	1,919,048	86.5%	265	0.1%	-	-	-	-	1,919,313	73.2%
Total	2,218,917	100.1%	178,667	99.9%	174,835	100.1%	49,935	100.0%	2,622,354	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
A	-	-	1,471	10.6%	359	6.8%	193	7.8%	2,023	9.4%
B	-	-	1,289	9.3%	440	8.3%	246	10.0%	1,975	9.1%
C	-	-	1,432	10.3%	488	9.2%	263	10.7%	2,183	10.1%
D	-	-	1,208	8.7%	347	6.5%	198	8.0%	1,753	8.1%
E	-	-	1,057	7.6%	295	5.6%	185	7.5%	1,537	7.1%
F	-	-	1,415	10.2%	329	6.2%	244	9.9%	1,988	9.2%
G	-	-	979	7.1%	247	4.7%	175	7.1%	1,401	6.5%
H	-	-	441	3.2%	68	1.3%	115	4.7%	624	2.9%
I	-	-	1,230	8.9%	137	2.6%	554	22.5%	1,921	8.9%
N	-	-	1,437	10.4%	563	10.6%	75	3.1%	2,075	9.7%
Z	-	-	1,861	13.4%	2,038	38.3%	214	8.7%	4,113	19.0%
Unknown	-	-	18	0.1%	-	-	-	-	18	0.1%
Total	-	-	13,838	99.8%	5,311	100.1%	2,462	100.0%	21,611	100.1%

Note: *Includes CICP Specialty Hospital providers.

Table 34 — Inpatient Days by CICP Rating

CICP Rating	CICP Hospitals*	Denver Health Medical Center	University of Colorado Hospital	Total
A	5,745	1,974	812	8,531
B	4,856	2,366	1,088	8,310
C	5,351	2,425	1,330	9,106
D	4,756	1,946	924	7,626
E	4,088	1,528	1,052	6,668
F	5,755	1,659	1,231	8,645
G	3,870	1,183	932	5,985
H	1,764	314	550	2,628
I	4,486	627	2,659	7,772
N	5,758	2,376	354	8,488
Z	7,867	9,040	1,155	18,062
Unknown	66	-	-	66
Total	54,362	25,438	12,087	91,887

Note:

*Includes CICP Specialty Hospital providers.

Table 35 — Inpatient Admissions by Age and Sex

CICP Hospitals*							
Age Group	Female		Male		Total Inpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	167	\$1,937,348	198	\$2,145,654	365	2.6%	\$4,083,002
6-17	94	\$1,848,427	74	\$2,068,087	168	1.2%	\$3,916,514
18-24	597	\$10,640,784	642	\$14,983,838	1,239	9.0%	\$25,624,622
25-54	3,832	\$92,470,072	4,276	\$129,369,252	8,108	58.6%	\$221,839,324
55-64	1,418	\$44,702,143	1,474	\$60,278,672	2,892	20.9%	\$104,980,815
65+	549	\$19,075,094	517	\$22,097,055	1,066	7.7%	\$41,172,149
TOTAL	6,657	\$170,673,868	7,181	\$230,942,558	13,838	100.0%	\$401,616,426

Denver Health Medical Center							
Age Group	Female		Male		Total Inpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	6	\$58,754	4	\$26,847	10	0.2%	\$85,601
6-17	9	\$92,431	13	\$148,124	22	0.4%	\$240,555
18-24	130	\$2,651,435	141	\$4,413,273	271	5.1%	\$7,064,708
25-54	1,211	\$27,458,044	2,129	\$53,471,999	3,340	62.9%	\$80,930,043
55-64	415	\$13,031,970	681	\$24,035,809	1,096	20.6%	\$37,067,779
65+	280	\$14,048,324	292	\$11,726,362	572	10.8%	\$25,774,686
TOTAL	2,051	\$57,340,958	3,260	\$93,822,414	5,311	100.0%	\$151,163,372

University of Colorado Hospital							
Age Group	Female		Male		Total Inpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	13	\$837,468	16	\$180,732	29	1.2%	\$1,018,200
6-17	0	\$0	0	\$0	0	0.0%	\$0
18-24	64	\$2,415,631	74	\$3,599,035	138	5.6%	\$6,014,666
25-54	634	\$28,877,409	850	\$54,821,942	1,484	60.3%	\$83,699,351
55-64	286	\$16,566,363	318	\$21,360,541	604	24.5%	\$37,926,904
65+	111	\$5,553,774	96	\$6,611,048	207	8.4%	\$12,164,822
TOTAL	1,108	\$54,250,645	1,354	\$86,573,298	2,462	100.0%	\$140,823,943

Table 35 — Inpatient Admissions by Age and Sex, Continued

All CICP Providers							
Age Group	Female		Male		Total Inpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	186	\$2,833,570	218	\$2,353,233	404	1.9%	\$5,186,803
6-17	103	\$1,940,858	87	\$2,216,211	190	0.9%	\$4,157,069
18-24	791	\$15,707,850	857	\$22,996,146	1,648	7.6%	\$38,703,996
25-54	5,677	\$148,805,525	7,255	\$237,663,193	12,932	59.8%	\$386,468,718
55-64	2,119	\$74,300,476	2,473	\$105,675,022	4,592	21.2%	\$179,975,498
65+	940	\$38,677,192	905	\$40,434,465	1,845	8.5%	\$79,111,657
TOTAL	9,816	\$282,265,471	11,795	\$411,338,270	21,611	100.0%	\$693,603,741

Notes:

*Includes CICP Specialty Hospital providers.

Charges reported in this table are from Table 31.

Table 36 — 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	1,001	\$161,112	1,113	\$184,063	2,114	0.7%	\$345,175
6-17	3,738	\$570,347	3,196	\$451,869	6,934	2.3%	\$1,022,216
18-24	14,501	\$2,389,262	7,544	\$1,100,299	22,045	7.3%	\$3,489,561
25-54	118,028	\$18,424,464	76,207	\$11,232,495	194,235	64.6%	\$29,656,959
55-64	40,864	\$5,810,858	25,506	\$3,714,141	66,370	22.1%	\$9,524,999
65+	5,251	\$759,680	3,604	\$513,370	8,855	2.9%	\$1,273,050
TOTAL	183,383	\$28,115,723	117,170	\$17,196,237	300,553	100.0%	\$45,311,960

CICP Hospitals*							
Age Group	Female		Male		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	645	\$621,611	886	\$948,189	1,531	0.9%	\$1,569,800
6-17	1,541	\$2,297,383	1,555	\$2,663,205	3,096	1.7%	\$4,960,588
18-24	11,413	\$20,242,912	9,048	\$17,292,247	20,461	11.5%	\$37,535,159
25-54	62,247	\$110,727,308	48,825	\$95,465,672	111,072	62.2%	\$206,192,980
55-64	19,865	\$35,338,507	14,229	\$28,961,888	34,094	19.1%	\$64,300,395
65+	5,006	\$11,525,675	3,407	\$9,674,287	8,413	4.7%	\$21,199,962
TOTAL	100,717	\$180,753,396	77,950	\$155,005,488	178,667	100.0%	\$335,758,884

Denver Health Medical Center							
Age Group	Female		Male		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	175	\$83,728	147	\$47,775	322	0.2%	\$131,503
6-17	1,497	\$563,874	1,107	\$370,369	2,604	1.5%	\$934,243
18-24	6,232	\$4,455,137	3,654	\$3,125,400	9,886	5.7%	\$7,580,537
25-54	52,586	\$37,490,643	58,382	\$46,706,449	110,968	63.5%	\$84,197,092
55-64	18,730	\$12,832,917	17,554	\$13,471,605	36,284	20.8%	\$26,304,522
65+	8,178	\$6,489,650	6,593	\$5,292,177	14,771	8.4%	\$11,781,827
TOTAL	87,398	\$61,915,949	87,437	\$69,013,775	174,835	100.1%	\$130,929,724

Table 36 — Outpatient Activity by Age and Sex, Continued

University of Colorado Hospital							
Age Group	Female		Male		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	8	\$10,899	7	\$6,101	15	0.0%	\$17,000
6-17	74	\$434,059	58	\$176,663	132	0.3%	\$610,722
18-24	2,046	\$6,100,118	2,026	\$5,375,757	4,072	8.2%	\$11,475,875
25-54	14,854	\$40,926,901	16,146	\$42,878,376	31,000	62.1%	\$83,805,277
55-64	5,361	\$15,176,769	5,066	\$14,634,420	10,427	20.9%	\$29,811,189
65+	2,668	\$6,815,091	1,621	\$3,607,817	4,289	8.6%	\$10,422,908
TOTAL	25,011	\$69,463,837	24,924	\$66,679,134	49,935	100.0%	\$136,142,971

All CICIP Providers							
Age Group	Female		Male		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	1,829	\$877,350	2,153	\$1,186,128	3,982	0.6%	\$2,063,478
6-17	6,850	\$3,865,663	5,916	\$3,662,106	12,766	1.8%	\$7,527,769
18-24	34,192	\$33,187,429	22,272	\$26,893,703	56,464	8.0%	\$60,081,132
25-54	247,715	\$207,569,316	199,560	\$196,282,992	447,275	63.6%	\$403,852,308
55-64	84,820	\$69,159,051	62,355	\$60,782,054	147,175	20.9%	\$129,941,105
65+	21,103	\$25,590,096	15,225	\$19,087,651	36,328	5.2%	\$44,677,747
TOTAL	396,509	\$340,248,905	307,481	\$307,894,634	703,990	100.0%	\$648,143,539

Notes:

*Includes CICIP Specialty Hospital Providers.

Charges reported in this table are from Table 31.

Table 37 — Utilization by Provider

Provider Name	Visits	Admissions	Days	ALOS*
CICP Clinic Providers				
Basin Clinic	644	-	-	-
Clinica Campesina	27,059	-	-	-
Colorado Asian Health Edu & Pro	206	-	-	-
Community Health Clinic	1,352	-	-	-
Custer County Medical Center	283	-	-	-
Denver Indian Health & Family Services Inc	113	-	-	-
High Plains Community Health Center	3,661	-	-	-
Limon Plains Medical Center	3,089	-	-	-
Marillac Clinic	7,004	-	-	-
MCPN	38,504	-	-	-
Mountain Family Health Center	4,759	-	-	-
Northwest Colo Community H C	1,378	-	-	-
Peak Vista Community Health Centers	73,353	-	-	-
Pueblo Community Health Center	21,039	-	-	-
Salud Family Health Centers	53,509	-	-	-
Stout Street Clinic	22,993	-	-	-
Sunrise Community Health Center	19,253	-	-	-
Uncompahgre Combined Clinic	1,128	-	-	-
Valley-Wide Health Services	21,226	-	-	-
Sub-Total (Clinics)	300,553	-	-	-
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	2,932	155	501	3.23
Aspen Valley Hospital	896	34	89	2.62
Boulder Community Hospital	2,950	294	1,337	4.55
Colorado Plains Medical Center	1,437	127	308	2.43
Community Hospital	848	117	384	3.28
Conejos County Hospital District	875	12	37	3.08
Delta County Memorial Hospital	1,250	128	376	2.94
East Morgan County Hospital	1,283	38	145	3.82
Estes Park Medical Center	1,299	24	77	3.21
Gunnison Valley Hospital	151	-	-	-
Grand River Hospital	72	5	10	2.00
Heart of the Rockies Regional Medical Center	1,328	70	235	-
Kremmling Memorial Hospital District	175	3	10	3.33
Longmont United Hospital	4,110	598	2,582	4.32
McKee Medical Center	8,545	536	1,992	3.72
Medical Center of the Rockies	3,048	479	1,626	3.39
Melissa Memorial Hospital	629	11	32	2.91
Memorial Hospital	29,867	2,272	9,730	4.28

Table 37 — Utilization by Provider, Continued

Provider Name	Visits	Admissions	Days	ALOS*
Mercy Medical Center	751	169	602	3.56
Montrose Memorial Hospital	2,985	214	1,037	4.85
Mount San Rafael Hospital	2,866	92	332	3.61
North Colorado Medical Center	11,921	1,914	7,461	3.90
Parkview Medical Center	11,761	1,059	4,811	4.54
Penrose St. Francis Hospital	7,640	961	4,146	4.31
Pikes Peak Regional Hospital	458	24	50	2.08
Platte Valley Medical Center	2,623	326	993	3.05
Poudre Valley Hospital	20,825	1,498	5,333	3.56
Prowers Medical Center	1,081	110	394	3.58
Rio Grande Hospital	1,250	25	59	2.36
San Luis Valley Regional Medical Center	867	149	442	2.97
Sedgwick County Health Center	548	2	5	2.50
Southeast Colorado Hospital and LTC	610	10	24	2.40
Southwest Memorial Hospital	438	49	149	3.04
Spanish Peaks Regional Medical Center (Huerfano)	321	54	160	2.96
St. Mary-Corwin Medical Center	17,019	780	3,829	4.91
St. Mary's Hospital and Medical Center, Inc.	8,725	479	2,189	4.57
St. Thomas More Hospital	5,770	184	612	3.33
St. Vincent General Hospital District	70	1	2	2.00
Sterling Regional MedCenter	2,884	148	462	3.12
The Memorial Hospital	817	53	158	2.98
Valley View Hospital	1,486	157	617	3.93
Wray Community District Hospital	922	12	52	4.33
Yampa Valley Medical Center	1,228	344	518	1.51
Yuma District Hospital	1,111	15	45	3.00
Sub-Total CICP Hospital Providers	168,672	13,732	53,953	3.93
CICP Specialty Hospital Providers				
National Jewish Health	7,948	1	1	-
The Children's Hospital	2,047	105	408	3.89
Sub-Total CICP Specialty Hospital Providers	9,995	106	409	3.86
Denver Health Medical Center	174,835	5,311	25,438	4.79
University of Colorado Hospital	49,935	2,462	12,087	4.91
Total CICP Hospital Providers	403,437	21,611	91,887	4.25
Total All CICP Providers	703,990	21,611	91,887	4.25

Notes:

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

Table 38 — 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								
Basin Clinic	-	-	-	-	12	31	302	345
Clinica Campesina	-	-	-	-	155	346	6,924	7,425
Colorado Asian Health Edu & Pro	-	-	-	-	-	-	77	77
Community Health Clinic	-	-	-	-	2	22	1,328	1,352
Custer County Medical Center	-	-	-	-	-	11	127	138
Denver Indian Health & Family Services Inc	-	-	-	-	-	1	58	59
High Plains Community Health Center	-	-	-	-	13	67	1,108	1,188
Limon Plains Medical Center	-	-	-	-	43	130	988	1,161
Marillac Clinic	-	-	-	-	5	13	2,532	2,550
MCPN	-	-	-	-	84	357	11,210	11,651
Mountain Family Health Center	-	-	-	-	13	37	1,766	1,816
Northwest Colo Community H C	-	-	-	-	-	13	469	482
Peak Vista Community Health Centers	-	-	-	-	652	2,700	16,223	19,575
Pueblo Community Health Center	-	-	-	-	19	119	5,524	5,662
Salud Family Health Centers	-	-	-	-	74	488	17,866	18,428
Stout Street Clinic	-	-	-	-	95	86	5,676	5,857
Sunrise Community Health Center	-	-	-	-	58	218	5,179	5,455
Uncompahgre Combined Clinic	-	-	-	-	16	35	367	418
Valley-Wide Health Services	-	-	-	-	19	98	7,133	7,250
Sub-Total CICP Clinic Providers	-	-	-	-	1,260	4,772	84,857	90,889
CICP Hospital Providers								
Arkansas Valley Regional Medical Center	1	-	127	128	8	20	1,171	1,199
Aspen Valley Hospital	1	-	31	32	1	2	184	187
Boulder Community Hospital	-	-	243	243	4	13	1,385	1,402
Colorado Plains Medical Center	8	6	109	123	24	27	909	960
Community Hospital	-	1	95	96	2	4	463	469
Conejos County Hospital District	-	-	7	7	1	3	340	344

Table 38 — Unduplicated Inpatient and Outpatient Count by Age Group, Continued

	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
Delta County Memorial Hospital	-	3	101	104	6	18	551	575
East Morgan County Hospital	-	-	32	32	11	22	423	456
Estes Park Medical Center	-	-	6	6	-	10	530	540
Gunnison Valley Hospital	-	-	-	-	-	2	111	113
Grand River Hospital	-	-	4	4	1	-	27	28
Heart of the Rockies Regional Medical Center	1	2	38	41	3	9	460	472
Kremmling Memorial Hospital District	-	-	3	3	-	3	62	65
Longmont United Hospital	3	1	423	427	8	26	2,023	2,057
Medical Center of the Rockies	8	7	322	337	27	94	1,799	1,920
Melissa Memorial Hospital	-	-	10	10	2	12	104	118
Memorial Hospital	20	127	1,622	1,769	127	1,177	10,078	11,382
Mercy Medical Center	2	2	141	145	3	10	247	260
Montrose Memorial Hospital	2	1	173	176	10	39	1,135	1,184
Mount San Rafael Hospital	-	3	56	59	9	57	1,246	1,312
North Colorado Medical Center	56	36	1,322	1,414	102	194	4,181	4,477
Parkview Medical Center	7	5	826	838	17	98	4,084	4,199
Pikes Peak Regional Hospital	-	-	15	15	2	3	248	253
Platte Valley Medical Center	31	3	192	226	21	68	1,464	1,553
Poudre Valley Hospital	60	28	685	773	97	263	8,010	8,370
Prowers Medical Center	1	-	91	92	14	23	524	561
Rio Grande Hospital	-	1	19	20	1	9	421	431
San Luis Valley Regional Medical Center	-	1	103	104	1	16	563	580
Sedgwick County Health Center	-	-	2	2	-	2	102	104
Southeast Colorado Hospital and LTC	-	-	10	10	4	2	211	217
Southwest Memorial Hospital	-	-	28	28	5	18	250	273
Spanish Peaks Regional Medical Center (Huerfano)	-	-	12	12	-	4	64	68
St. Mary-Corwin Medical Center	9	2	599	610	20	97	6,182	6,299
St. Mary's Hospital and Medical Center, Inc.	8	8	385	401	11	53	2,893	2,957
St. Thomas More Hospital	3	1	149	153	13	41	1,309	1,363

Table 38 — Unduplicated Inpatient and Outpatient Count by Age Group, Continued

	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
St. Vincent General Hospital District	-	-	1	1	-	2	32	34
Sterling Regional MedCenter	13	2	109	124	24	43	811	878
The Memorial Hospital	-	1	38	39	3	22	260	285
Valley View Hospital	4	1	104	109	4	12	437	453
Wray Community District Hospital	-	-	7	7	4	9	233	246
Yampa Valley Medical Center	5	11	265	281	13	16	332	361
Yuma District Hospital	-	1	13	14	5	32	388	425
Sub-Total CICP Hospital Providers	268	263	9,617	10,148	644	2,696	61,926	65,266
CICP Specialty Hospital Providers								
National Jewish Health	-	1	-	1	10	26	1,890	1,926
The Children's Hospital	59	17	1	77	197	349	155	701
Sub-Total CICP Specialty Hospital Providers	59	18	1	78	207	375	2,045	2,627
Denver Health Medical Center	10	26	3,869	3,905	159	1,187	33,953	35,299
University of Colorado Hospital	29	5	1,825	1,859	15	248	15,781	16,044
Total CICP Hospital Providers	366	312	15,312	15,990	1,025	4,506	113,705	119,236
Total All CICP Providers	366	312	15,312	15,990	2,285	9,278	198,562	210,125

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 39 — Unduplicated Total Count by Age Group

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
CICP Clinic Providers				
Basin Clinic	12	31	302	345
Clinica Campesina	155	346	6,924	7,425
Colorado Asian Health Edu & Pro	-	-	77	77
Community Health Clinic	2	22	1,328	1,352
Custer County Medical Center	-	11	127	138
Denver Indian Health & Family Services Inc	-	1	58	59
High Plains Community Health Center	13	67	1,108	1,188
Limon Plains Medical Center	43	130	988	1,161
Marillac Clinic	5	13	2,532	2,550
MCPN	84	357	11,210	11,651
Mountain Family Health Center	13	37	1,766	1,816
Northwest Colo Community H C	-	13	469	482
Peak Vista Community Health Centers	652	2,700	16,223	19,575
Pueblo Community Health Center	19	119	5,524	5,662
Salud Family Health Centers	74	488	17,866	18,428
Stout Street Clinic	95	86	5,676	5,857
Sunrise Community Health Center	58	218	5,179	5,455
Uncompahgre Combined Clinic	16	35	367	418
Valley-Wide Health Services	19	98	7,133	7,250
Sub-Total CICP Clinic Providers	1,260	4,772	84,857	90,889
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	9	20	1,224	1,253
Aspen Valley Hospital	2	2	211	215
Boulder Community Hospital	4	13	1,620	1,637
Colorado Plains Medical Center	32	33	1,018	1,083
Community Hospital	2	10	510	522
Conejos County Hospital District	1	3	340	344
Delta County Memorial Hospital	6	20	653	679

Table 39 — Unduplicated Total Count by Age Group, Continued

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
East Morgan County Hospital	11	22	455	488
Estes Park Medical Center	-	10	530	540
Gunnison Valley Hospital	-	2	111	113
Grand River Hospital	1	-	29	30
Heart of the Rockies Regional Medical Center	4	11	498	513
Kremmling Memorial Hospital District	-	3	47	50
Longmont United Hospital	10	27	2,194	2,231
McKee Medical Center	53	79	3,185	3,317
Medical Center of the Rockies	35	101	2,121	2,257
Melissa Memorial Hospital	2	12	114	128
Memorial Hospital	140	1,241	10,553	11,934
Mercy Medical Center	2	8	382	392
Montrose Memorial Hospital	12	40	1,308	1,360
Mount San Rafael Hospital	9	59	1,286	1,354
North Colorado Medical Center	158	230	5,503	5,891
Parkview Medical Center	24	101	4,423	4,548
Penrose St. Francis Hospital	8	51	3,593	3,652
Pikes Peak Regional Hospital	2	3	263	268
Platte Valley Medical Center	52	71	1,656	1,779
Poudre Valley Hospital	157	291	8,695	9,143
Prowers Medical Center	15	23	615	653
Rio Grande Hospital	1	9	429	439
San Luis Valley Regional Medical Center	1	17	666	684
Sedgwick County Health Center	-	5	101	106
Southeast Colorado Hospital and LTC	4	2	221	227
Southwest Memorial Hospital	5	18	278	301
Spanish Peaks Regional Medical Center (Huerfano)	-	4	76	80
St. Mary-Corwin Medical Center	29	99	6,781	6,909
St. Mary's Hospital and Medical Center, Inc.	19	57	2,986	3,062
St. Thomas More Hospital	1	117	550	668

Table 39 — Unduplicated Total Count by Age Group, Continued

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
St. Vincent General Hospital District	-	2	32	34
Sterling Regional MedCenter	37	45	920	1,002
The Memorial Hospital	3	23	287	313
Valley View Hospital	8	13	541	562
Wray Community District Hospital	4	9	233	246
Yampa Valley Medical Center	17	24	484	525
Yuma District Hospital	5	33	401	439
Sub-Total CICP Hospital Providers	885	2,963	68,123	71,971
CICP Specialty Hospital Providers				
National Jewish Health	10	27	1,890	1,927
The Children's Hospital	256	366	156	778
Sub-Total CICP Specialty Hospital Providers	266	393	2,046	2,705
Denver Health Medical Center	159	1,196	34,500	35,855
University of Colorado Hospital	44	249	16,233	16,526
Total CICP Hospital Providers	1,354	4,801	120,902	127,057
Total All CICP Providers	2,614	9,573	205,759	217,946

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.