



COLORADO

MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM FISCAL YEAR 2010-11 ANNUAL REPORT

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MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM FISCAL YEAR 2010-11 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 2010-11 total payments made to providers serving the medically indigent equaled \$325,584,047 and were distributed as follows:

Hospital Payments

▶ CICP Supplemental Medicaid Payments	\$144,440,708
▶ CICP Disproportionate Share Hospital Payments	\$145,448,434
▶ Health Care Services Fund	\$5,927,176
Total CICP Hospital Payments	\$295,816,318

Clinic Payments

▶ The Children's Hospital Payments	\$6,059,759
▶ Health Care Services Fund	\$23,707,969
Total CICP Clinic Payments	\$29,767,728

The number of individuals served under the CICP increased by 3.6% to 225,906 in FY 2010-11. Overall, the number of total inpatient hospital admissions increased by 1.0% while the number of outpatient visits increased by 3.0%.

In FY 2010-11 the CICP Clinics were reimbursed at 67.2% of indigent care costs, while all CICP Hospitals were reimbursed at 57.7% of indigent care costs. Denver Health Medical Center received 60.8% reimbursement relative to indigent care costs, and University of Colorado Hospital was reimbursed 43.7% of indigent care costs.

Overall, total payments to CICP providers increased 4.7% over FY 2009-10. Reimbursements to CICP Clinics grew by 7.5% and reimbursements to all CICP Hospitals grew by 2.1%.

Reimbursement to CICP Clinics was maintained due to House Bill (HB) 10-1378, which appropriated funds to the Health Care Services Fund. Without HB 10-1378, reimbursement to CICP Clinics in FY 2010-11 would have totaled only \$6,059,759.

Hospital reimbursement is higher than in years past due to the implementation of the Colorado Health Care Affordability Act (CHCAA). The CHCAA 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. In FY 2010-11, more than \$745 million was paid to hospitals, including reimbursement of more than \$289 million for hospitals participating in the CICP.

INTRODUCTION

The Department of Health Care Policy and Financing (the Department) prepares this report pursuant to Section 25.5-3-107, C.R.S. (2011). 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 copayment 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 2010-11
- ▶ 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 at Section 25.5-3-102, C.R.S. (2011) 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.

The 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 the [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 \(CHCAA\)](#) and the federal [Affordable Care Act \(ACA\)](#) will reduce the number of uninsured Coloradans but will not eliminate the need for the CICIP.

CICIP allows low-income Coloradans with incomes up to 250% of the federal poverty level (FPL) who are not eligible for Medicaid or the CHP+ to obtain discounted health care services at participating providers. CICIP provides some reimbursement for the uncompensated costs incurred by CICIP providers in serving low-income Coloradans, including those who are uninsured and those who have private health coverage or Medicare but cannot meet their out-of-pocket expenses.

Two of the health coverage expansions under CHCAA in particular affect CICIP clients: 1) the expansion of Medicaid parents up to 100% of the FPL, and 2) coverage for [Adults without Dependent Children \(AwDC\)](#) up to 100% of the FPL. On May 1, 2010, the population expansion for Medicaid Parents to 100% of the FPL was implemented, and as of December 2011, approximately 35,000 Medicaid Parents were enrolled in the program. The AwDC Medicaid expansion is planned to be implemented in early 2012, limited to 10,000 individuals with incomes up to 10% of the FPL. The Department will maintain a waitlist for eligible applicants and will enroll qualified applicants as space becomes available. On January 1, 2014, all individuals on the waitlist will be automatically enrolled in Medicaid, when federal health care reform under the ACA requires states to provide Medicaid coverage for adults up to 133% of the FPL.

While the CHCAA and ACA expansions to Medicaid will provide health care coverage to many clients who would otherwise be eligible for CICIP, not all will be covered. Those who are between 133% and 250% of the FPL will still be eligible for CICIP. Also, with some exceptions, legal immigrants who have been in the United States less than 5 years cannot be eligible for Medicaid or CHP+ but can be eligible for CICIP. Finally, while many low-income Coloradans may be eligible for a federal subsidy to purchase health care, there will continue to be clients under 250% of the FPL who cannot meet their out-of-pocket expenses.

The Department is exploring how CICIP should evolve with the implementation of the CHCAA and the ACA, and continues to actively engage stakeholders to explore possibilities for CICIP.

STAKEHOLDER COLLABORATION

ANNUAL PROVIDER MEETING

The Department convenes an annual provider meeting to obtain provider input on various topics related to the program. All CICIP providers and interested parties are invited to attend the CICIP provider meetings to discuss potential program policy changes. The Department held the annual provider meeting in March 2011. The following is an overview of major discussion topics from the annual provider meeting.

- ▶ Governor Hickenlooper's Administration. Susan Birch, the Department's Executive Director, discussed the major goals under Governor Hickenlooper's administration. Those goals include focusing on five areas: economic development and recovery, water, education, budget and efficiencies, and health care. Director Birch described the administration's philosophy on government as that which is effective, efficient, and elegant.
- ▶ Health Coverage Expansions. New revenue generated by the CHCAA allows for the expansion of public health insurance to more Coloradans. In May 2010, the Department implemented the expansion for Medicaid parents up to 100% of the FPL, and CHP+ up to 250% of the FPL. The Department reported the caseload for the new expansions to date. The Department, along with CICIP providers, identified and transitioned those clients who were on CICIP and became eligible for Medicaid through the parent expansion program. A high level overview of plans for future expansion programs was also presented during the meeting.
- ▶ 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. The Department developed a feedback survey that will be sent annually to all CICIP providers. Also, providers were given the opportunity to review the Complaint/Issues report that was implemented in 2010.
- ▶ Other topics included a presentation of the FY 2009-10 CICIP Annual Report, the Department's goals and strategies, and overviews of the Department's legislative initiatives and FY 2011-12 budget.

CICP STAKEHOLDER FORUM

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

Attendees of the forum discuss a variety of topics. In collaboration with the CICP 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 2010-11 included the development of a CICP survey, which the Department developed and sent to all CICP providers. The survey was another proactive effort by the Department to ensure CICP accountability and customer service was at its highest level. Also, providers were given the opportunity to review the Complaint/Issues report that was implemented in 2010. 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. The forum will be a valuable partner in guiding the CICP as health care expansion programs are implemented. Notes from forum meetings and other information 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 and determine eligibility for the program using criteria developed by the Department. Clients 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.

HB 06S-1023 and HB 07-1314 directed the [Department of Revenue](#) (DOR) to establish rules for evidence of lawful presence for those applying for public benefits. The DOR promulgated such rules at 1 CCR 201-17. In order to comply with these requirements, the CICIP implemented rules pertaining to lawful presence and the application process. Under these regulations, all new applicants and clients reapplying for CICIP discounted health care services aged 18 years and older must sign an affidavit, provided by the provider, indicating their citizenship status and provide acceptable documentation demonstrating that they are either a U.S. citizen or otherwise lawfully residing in the country. Applicants who do not provide a permissible document from the acceptable list may apply for a “Request for Waiver-Restrictions on Public Benefits” from the DOR. 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 (SB) 06-044, by introducing the CICIP “I” rating, which became effective July 1, 2006. This new rating was accompanied by new copayments for clients falling between 201% and 250% of the FPL based on income and family size.

Providers assign a “rate” to the applicant based on their total income and assets (see [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 and may be applied retroactively for services received up to 90 days prior to application.

The CICIP 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 year.

Client eligibility ratings are valid for one year. However, initial ratings may change. A re-rating may occur when:

- ▶ Family income has changed significantly;
- ▶ Number of dependents has changed;
- ▶ Calculation errors are identified; or
- ▶ Information provided was not accurate.

A client's rating determines their copayment amount (see [Table 2](#)). The CICIP income scale has eleven (11) 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 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. 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 DOR or sign a self-declaration statement asserting that they are a U.S. citizen.

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

In addition, effective July 1, 2008, providers are permitted to submit write-off charges to the CICIP for [Old Age Pension \(OAP\)](#) Health and Medical Care Program clients who do not wish to apply for discounted health care services under the CICIP. Write-off charges equal the provider's total charges, less payment from the Department's fiscal agent, less any copayment due from the client, less any other third party payments. 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.

**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.

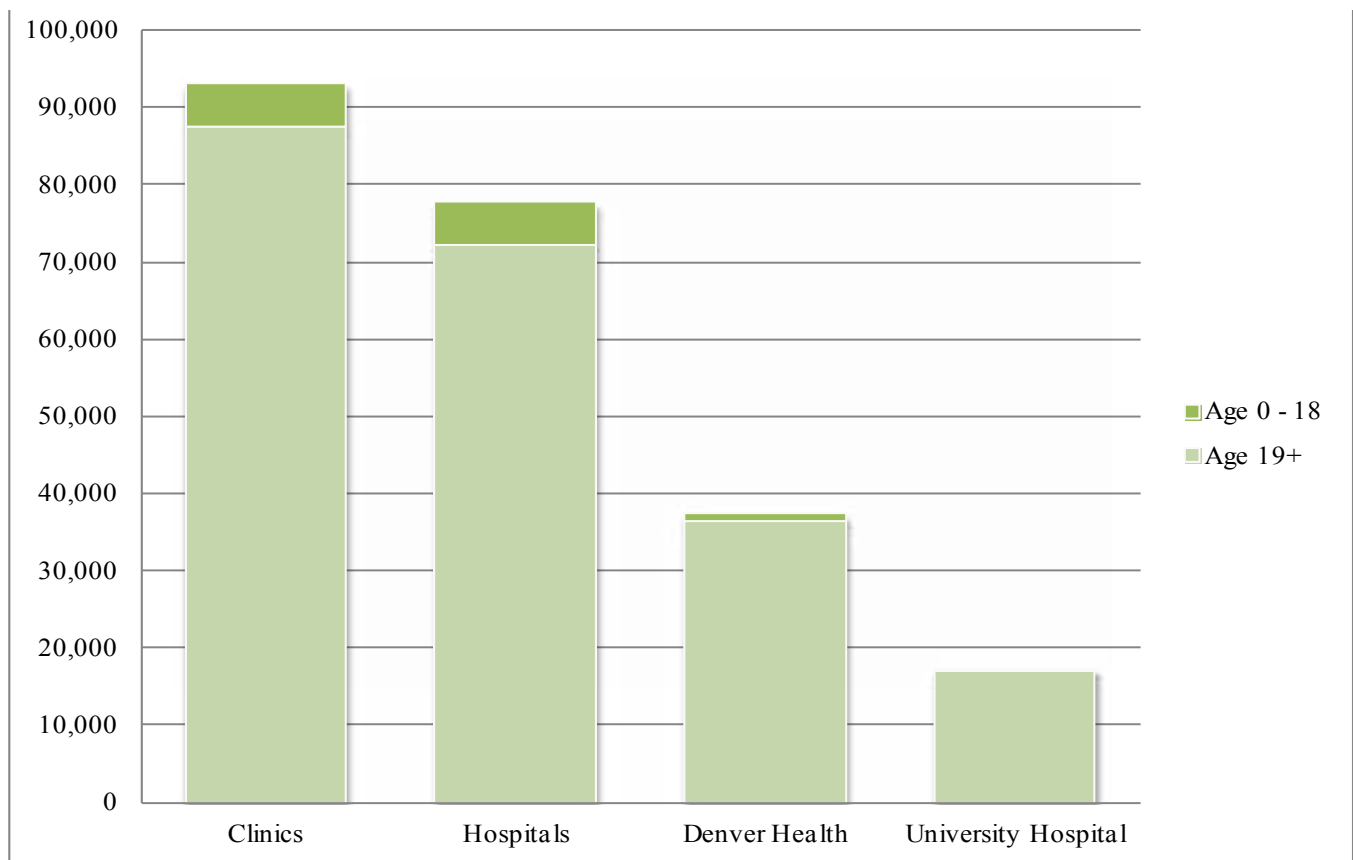
CLIENT UTILIZATION

CLIENTS SERVED

During FY 2010-11, there were 225,906 unduplicated clients who received services through the CICIP. This represents a 3.6% increase from the 217,946 unduplicated clients assisted in FY 2009-10. Overall, the program provided 15,750 unduplicated clients with inpatient care, while 215,219 received outpatient services in FY 2010-11.¹

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 CICIP Clinics (43.3%), while Denver Health Medical Center was the largest individual provider. Denver Health Medical Center provided care to 36,574, or 17.0%, of all unduplicated individuals receiving discounted medical care under the CICIP.

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



Children represented 5.5% of the total unique population receiving services. The total unduplicated count of children receiving care under the CICIP decreased by 10.7% in FY 2010-11, relative to the FY 2009-10 total. With the exception of FY 2007-08, past years have demonstrated a decline in children enrolled in the CICIP, primarily due to the transition to other programs such as Medicaid and CHP+. The Department believes that the decrease for FY 2010-11 is a direct result of the impact of increase to CHP+ eligibility from 205% of the federal poverty level to 250% of the federal poverty level implemented under the CHCAA.

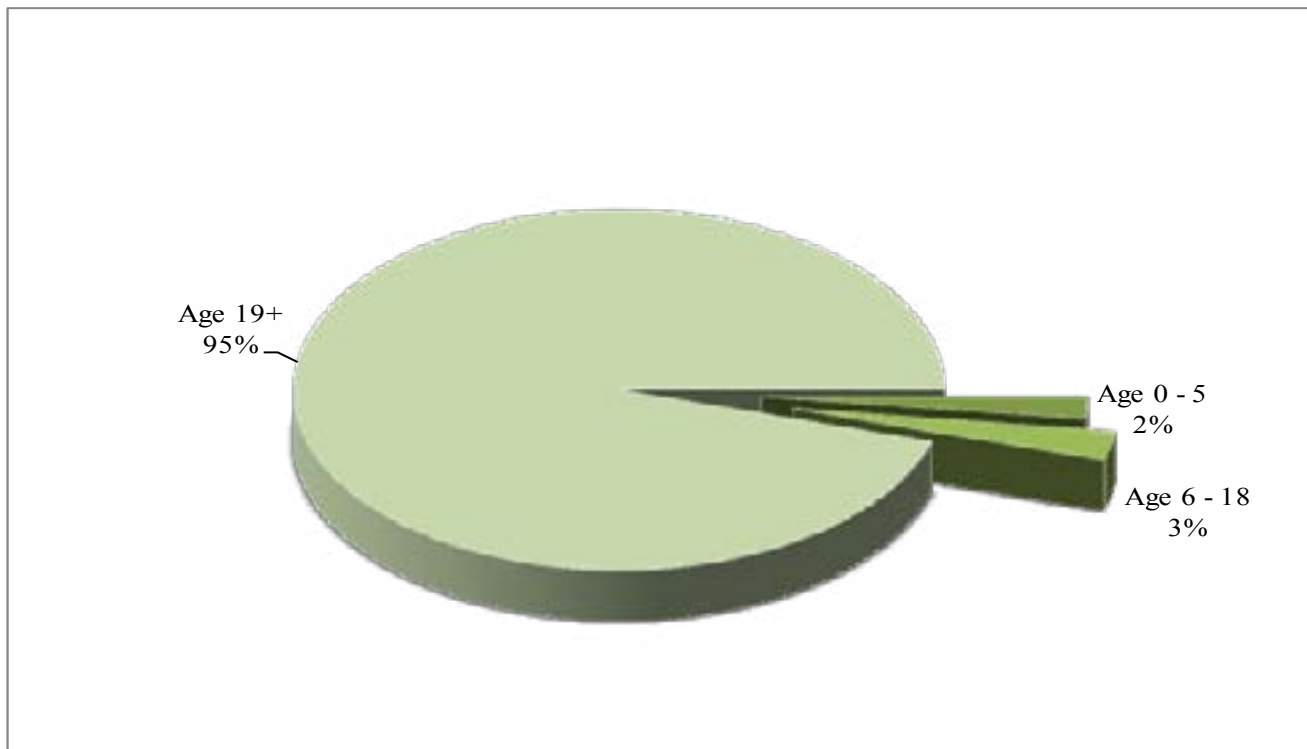
¹ Since this count is done at the provider level, a client who receives care at multiple CICIP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICIP.

INPATIENT CARE

Providers reported that 15,750 unique individuals received inpatient care through the CICP in FY 2010-11. This represented a 1.5% decrease from the previous fiscal year figure of 15,990.

Denver Health and Medical Center provided care to 30.2% of the individuals who received inpatient services, and the University Hospital provided care to 12.5%.

Figure 2 — CICP Hospitals
Percent of Inpatient Unduplicated Client Count by Age Group



INPATIENT ADMISSIONS

In FY 2010-11, there were 21,831 admissions reported by CICP providers, representing an increase of 1.0% from the 21,611 admissions recorded in the previous year.

- ▶ During FY 2010-11, persons aged 18 or older accounted for 95.4% of all inpatient services.
- ▶ Total inpatient days totaled 96,377 in FY 2010-11, a 4.9% increase from the FY 2009-10 count of 91,887.
- ▶ Inpatient charges accounted for 49.2% of total charges in FY 2010-11.
- ▶ Inpatient services were distributed in the following manner:
 - Denver Health Medical Center: 25.1%
 - University of Colorado Hospital: 12.2%
 - All other CICP Hospitals: 62.7%

Table 3 illustrates the number of inpatient admissions over the past few years. Overall inpatient admissions for all CICP providers increased by 11.3% since FY 2008-09, with a 1.0% increase from the previous fiscal year.

Table 3 — Comparison of Inpatient Admissions

CICP Provider	FY 2008-09 Inpatient Admissions	Percent Change	FY 2009-10 Inpatient Admissions	Percent Change	FY 2010-11 Inpatient Admissions	Percent Change
CICP Hospitals*	11,989	10.5%	13,838	15.4%	13,684	-1.1%
Denver Health	5,498	-2.3%	5,311	-3.4%	5,484	3.3%
University Hospital	2,127	19.4%	2,462	15.7%	2,663	8.2%
Total	19,614	7.4%	21,611	10.2%	21,831	1.0%

Source: Analysis of Table 8, Utilization Data FY 2008-09, FY 2009-10 and FY 2010-11 CICP Annual Reports.

*Includes CICP specialty hospital providers

As shown in Table 4, the number of inpatient days increased from 91,877 in FY 2009-10 to 96,377 in FY 2010-11. This represents an increase of 4.9%, following a 7.2% increase in the previous fiscal year. Overall, the total number of inpatient days has increased by 12.4% since FY 2008-09. Denver Health Medical Center had a decrease in inpatient days in FY 2010-11 of 4.6%, following a 2.7% decrease in FY 2009-10. University of Colorado Hospital had an increase of 13.0% in FY 2010-11, following an increase of 7.8% in the prior fiscal year.

Table 4 — Comparison of Inpatient Days

CICP Provider	FY 2008-09 Inpatient Days	Percent Change	FY 2009-10 Inpatient Days	Percent Change	FY 2010-11 Inpatient Days	Percent Change
CICP Hospitals*	48,382	8.0%	54,362	12.4%	58,461	7.5%
Denver Health	26,142	1.8%	25,438	-2.7%	24,256	-4.6%
University Hospital	11,227	18.1%	12,087	7.7%	13,655	13.0%
Total	85,751	7.2%	91,887	7.2%	96,372	4.9%

Source: Analysis of Table 37, Utilization Data FY 2008-09, FY 2009-10, and FY 2010-11 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 2010-11. “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 2010-11. 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 50.1% 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)	518
2	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	406
3	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	331
4	Organic Psychotic Conditions (Includes: Senile and Presenile Organic Psychotic Conditions, Dementia, Alcoholic and Drug Psychoses)	289
5	Intestinal Infectious Diseases (Includes: E. Coli, Shigellosis, Staphylococcus, Salmonella Infections, Food Poisoning)	267
6	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	210
7	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	207
8	Infections of Skin and Subcutaneous Tissue (Includes: Carbuncle and Furuncle, Cellulitis and Abscess, Impetigo, Local Infections of the Skin)	195
9	Chronic Obstructive Pulmonary Disease and Allied Conditions (Includes: Bronchitits, Emphysema, Asthma)	184
10	Complications of Surgical and Medical Care, Not Elsewhere Classified (Includes: Mechanical Complication of Cardiac Device, Genitourinary Device or Orthopedic Device, Infection Due to Internal Prosthetic Device, Complication of Transplanted Organ)	141
Total Top Ten Inpatient Diagnoses Admission Count		2,748
Percent of All Denver Health Medical Center Inpatient Admissions		50.1%

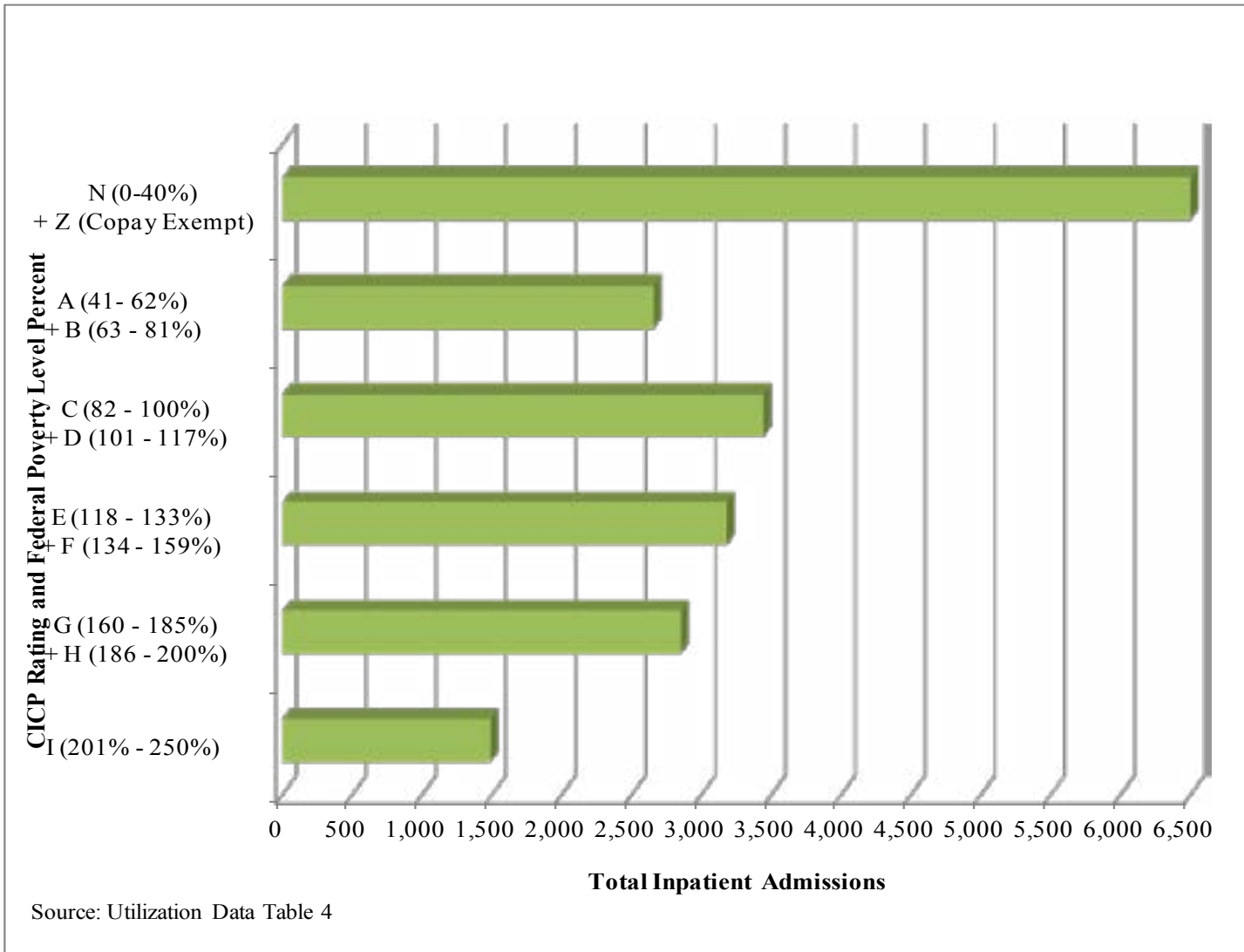
In FY 2009-10 and in FY 2010-11, “Other Diseases of Digestive System” was the number one reported admitting diagnosis at University of Colorado Hospital, representing 15.4% of the top ten diagnoses in FY 2010-11. Overall, the following top ten diagnoses accounted for 43.1% of all inpatient admissions at University of Colorado Hospital. Denver Health Medical Center and University of Colorado Hospital shared six 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)	177
2	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	166
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)	134
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)	134
5	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	102
6	Ischemic Heart Disease (Includes: Acute Myocardial Infarction, Angina Pectoris, Coronary Atherosclerosis)	100
7	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	93
8	Other Bacterial Diseases (Includes: Streptococcal Sore Throat and Scarlet Fever, Whooping Cough, Meningococcal Infection, Tetanus)	88
9	Other Diseases of Intestines and Peritoneum (Includes: Intestinal Obstruction without mention of hernia, Intussusceptions, Impaction of Intestine)	80
10	Chronic Obstructive Pulmonary Disease and Allied Conditions (Includes: Bronchitis, Emphysema, Asthma)	75
Total Top Ten Inpatient Diagnoses Admission Count		1,149
Percent of All University of Colorado Hospital Inpatient Admissions		43.1%

Figure 3 shows the total inpatient admissions by CICP rating and FPL percentage for FY 2010-11. Of the total inpatient admissions, 57.9% were made for individuals living at or below 100% FPL (CICP ratings Z, N, A, B, or C). The CICP N and Z ratings accounted for 37.5% of inpatient admissions, followed by the CICP F-rating (8.6%), CICP C-rating (8.3%), and the CICP D-rating (7.5%). Since FY 2004-05, the distribution of inpatient admissions for individuals living at or under 100% FPL has remained relatively constant.

Figure 3 — Inpatient Admissions by CICP Rating

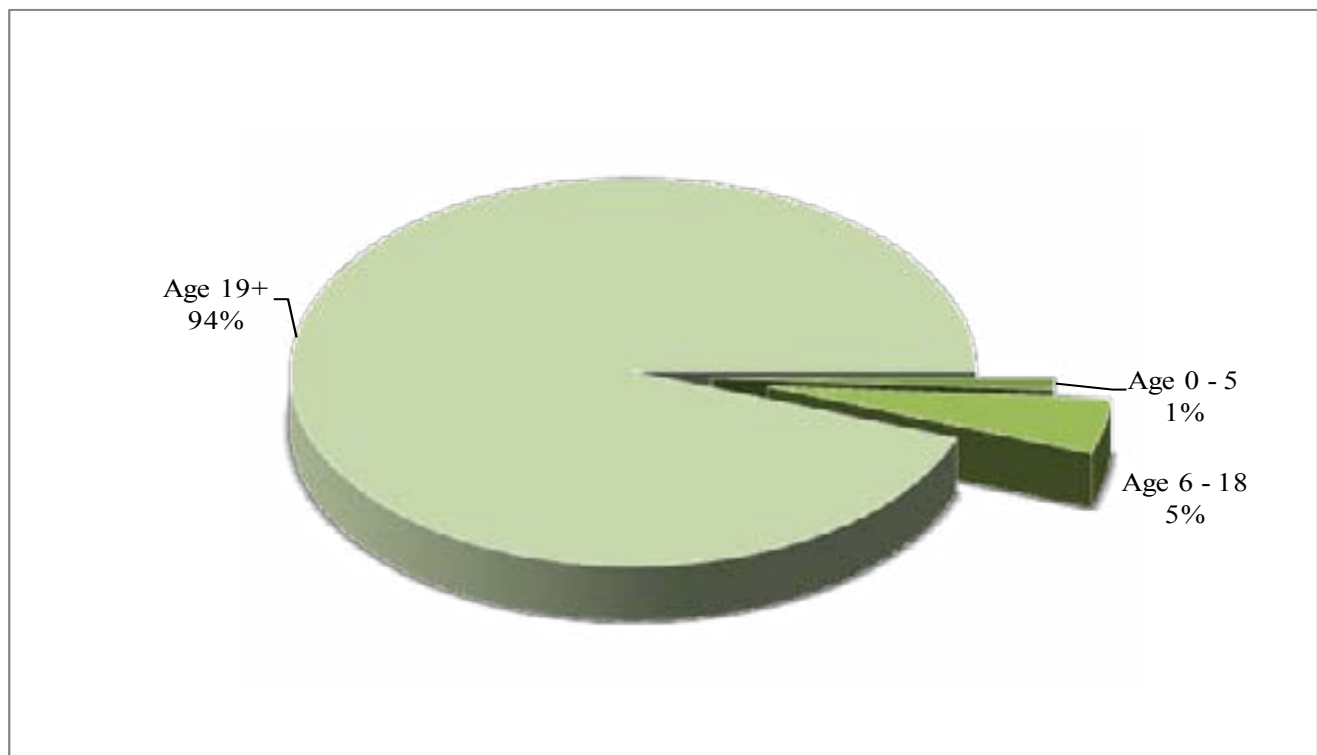


OUTPATIENT CARE

Providers reported that 215,219 unique clients received outpatient care through the CICIP in FY 2010-11. This represented a 2.4% increase from the previous fiscal year figure of 210,125 individuals.

CICIP Clinics provided care to 43.3% of the total unduplicated client count for outpatient visits. Denver Health Medical Center provided care to 17.0% of the total unduplicated client count for outpatient visits with University of Colorado Hospital providing care to 7.8%. All other CICIP Hospitals accounted for 31.9% of the total unduplicated client count for outpatient visits.

Figure 4 — CICIP Providers
Percent of Outpatient Unduplicated Client Count by Age Group



OUTPATIENT VISITS

The 215,219 clients who received outpatient services in FY 2010-11 resulted in 724,148 visits to CICP providers. Additional details about outpatient visits in FY 2010-11 include:

- ▶ Total outpatient activity increased 3.0% from the 703,346 visits in FY 2009-10.
- ▶ Outpatient visits accounted for 50.8% of all charges for FY 2010-11.
- ▶ Persons age 18 or older accounted for 709,007 or 97.9% of all outpatient visits.
- ▶ Outpatient services were distributed in the following manner:
 - CICP Clinics: 43.2%
 - Denver Health Medical Center: 23.5%
 - University of Colorado Hospital: 7.3%
 - All other CICP Hospitals: 26.0%

As shown in Table 7, the overall number of outpatient visits increased 3.0% from FY 2009-10 to FY 2010-11. Denver Health Medical Center showed a 2.8% decline in outpatient visits, and University of Colorado Hospital showed an increase of 5.3% during the same time period. All other CICP Hospitals showed an increase of 5.9%, and CICP Clinics had an increase in visits of 4.2%.

Table 7 — Comparison of Outpatient Visits

CICP Provider	FY 2008-09 Outpatient Visits	Percent Change	FY 2009-10 Outpatient Visits	Percent Change	FY 2010-11 Outpatient Visits	Percent Change
CICP Clinics	276,402	14.2%	299,909	8.5%	312,551	4.2%
CICP Hospitals*	154,016	11.9%	178,667	16.0%	189,126	5.9%
Denver Health	168,470	8.4%	174,835	3.8%	169,879	-2.8%
University Hospital	41,660	7.0%	49,935	19.9%	52,592	5.3%
Total	640,548	11.6%	703,346	9.8%	724,148	3.0%

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 most common diagnosis at Denver Health Medical Center for an outpatient visit was categorized under “Symptoms,” followed by “Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders.” The top ten outpatient diagnoses at Denver Health Medical Center accounted for more than half (58.5%) of all outpatient visits at the facility.

Table 8 — Top 10 Outpatient Diagnoses At Denver Health Medical Center

	Diagnosis Description	Claim Count
1	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	17,970
2	Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders (Includes: Hysteria, Anxiety States, Phobic Disorders, Schizoid Personality Disorder, Alcohol and Drug Dependence, Eating Disorders)	17,659
3	Persons Without Reported Diagnosis Encountered During Examination (Includes: General Medical Examination, Screenings for Infectious Diseases, Screening for Mental Disorders)	13,356
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)	13,124
5	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	8,205
6	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	6,865
7	Intestinal Infectious Diseases (Includes: E. Coli, Shigellosis, Staphylococcus, Salmonella Infections, Food Poisoning)	6,094
8	Diseases of Oral Cavity, Salivary Glands, and Jaws (Includes: Disorder of Tooth Development, Gingival Disease, Dentofacial Anomalies, Diseases of the Salivary Glands)	5,743
9	Hypertensive Disease (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	5,516
10	Disorders of the Eye and Adnexa (Includes: Disorders of the Globe, Retinal Detachments and Defects, Other Retinal Disorders, Chorioretinal Inflammations, Scars and Other Disorders of the Choroid)	4,834
Total Top Ten Outpatient Diagnoses Visit Count		99,366
Percent of All Denver Health Medical Center Outpatient Visits		58.5%

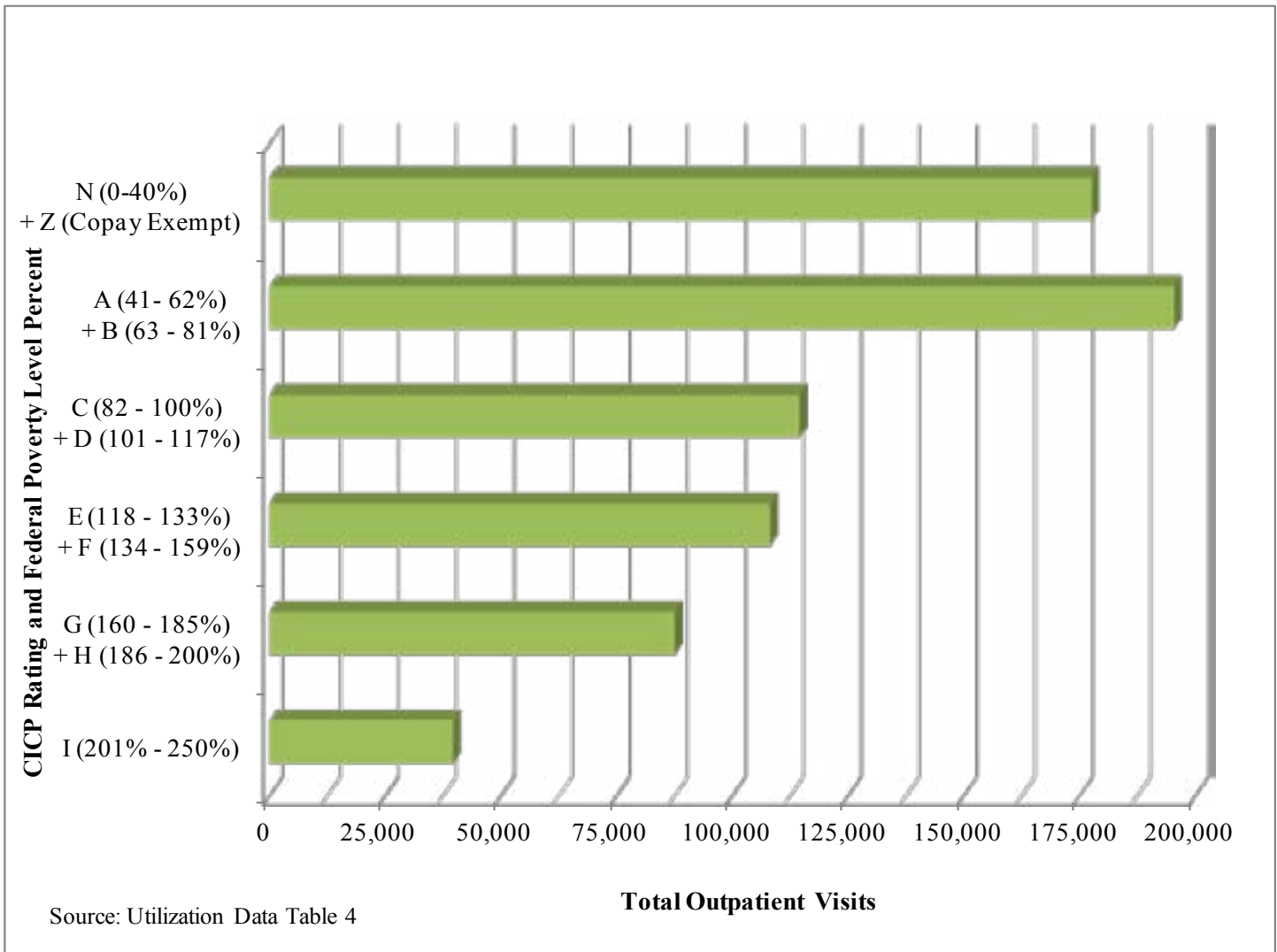
Table 9 lists the FY 2010-11 top ten outpatient diagnosis codes at University of Colorado Hospital, which accounted for 40.3% of the facility’s outpatient visits. The most common diagnosis at University of Colorado Hospital for an outpatient visit was categorized under “Symptoms,” followed by “Persons Encountering Health Services for Specific Procedures and Aftercare.” The claim count for the top ten outpatient diagnoses at University of Colorado Hospital increased 6.9% from the FY 2009-10 totals. Overall, Denver Health Medical Center and University of Colorado Hospital shared four 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)	6,213
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)	2,901
3	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	2,081
4	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	1,706
5	Malignant Neoplasm of Lymphatic and Hematopoietic Tissue (Includes: Lymphomas and Leukemia)	1,656
6	Dorsopathies (Includes: Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	1,620
7	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	1,316
8	Other Disorders of the Central Nervous System (Includes: Multiple Sclerosis, Hemiplegia and Hemiparesis, Epilepsy, Migraine, and Other and Unspecified Disorders of the Nervous System)	1,310
9	Persons With Need for Isolation, Other Potential Health Hazards and Prophylactic Measures (Includes: Desensitization to Allergens, Asymptomatic Human Immunodeficiency Virus, Infections with Drug-Resistant Microorganisms)	1,236
10	Human Immunodeficiency Virus (HIV) Infection (Includes: Acquired Immune Deficiency Syndrome and Related Complex)	1,166
Total Top Ten Outpatient Diagnoses Visit Count		21,205
Percent of All University of Colorado Hospital Outpatient Visits		40.3%

In FY 2010-11, clients with ratings at or below 100% of the FPL (CICP Z, N, A, B, or C ratings) accounted for 47.8% of outpatient visits, with the number of visits from those with these ratings decreasing 21.0% from the total in FY 2009-10. The following figure shows outpatient utilization by CICP rating for FY 2010-11. Clients with CICP N and Z ratings, covering clients with income and assets from 0% to 40% of the FPL, accounted for 24.4% of outpatient visits, followed by clients with a CICP I rating (19.3%), clients with a CICP C rating (8.4%), and clients with a CICP F rating (7.9%), respectively.

Figure 5 — Outpatient Visits by CICP Rating



PROVIDERS

PROVIDER REQUIREMENTS

The CICIP allows participation from any interested provider that meets both of the following criteria:

1. Licensed or certified as a general hospital, community health clinic, or maternity hospital (birth center) by the Department of Public Health and Environment, or certified by the U.S. Department of Health and Human Services as a federally qualified health center or rural health clinic; and,
2. If the provider is a hospital, the hospital must have at least two (2) obstetricians with staff privileges at the hospital who agree to provide obstetric services to individuals entitled to such services as Medicaid clients. In the case where a hospital is located in a rural area, the term “obstetrician” includes any physician with staff privileges at the hospital to perform non-emergency obstetric procedures. The obstetrics requirement does not apply to a hospital in which the patients are predominantly under 18 years of age, or which does not offer non-emergency obstetric services as of December 21, 1987.

For the purposes of this FY 2010-11 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 Children’s Hospital Colorado 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.
- ▶ 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 above the mean for all Colorado Medicaid hospital providers. High CICIP Utilization Hospital Providers were

defined as having CICP days above the mean of all participating providers. In prior annual reports, hospitals classified as High Utilization Medicaid Hospital and High Utilization CICP Hospital were listed. With the implementation of the CHCAA, these designations no longer apply and are therefore no longer reported.

PROVIDER PARTICIPATION

A total of 68 providers participated in the CICP. This included 48 hospitals and 20 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 110 satellite CICP facilities throughout the state.

Table 10 — FY 2010-11 CICP Clinics and Hospitals
Including Satellite Facilities by County

County	Clinics	Hospitals	Totals	County	Clinics	Hospitals	Totals
Adams	5	3	8	Kit Carson	1	0	1
Alamosa	6	1	7	La Plata	0	1	1
Arapahoe	6	1	7	Lake	0	1	1
Archuleta	0	0	0	Larimer	3	8	11
Baca	0	1	1	Las Animas	0	1	1
Bent	1	0	1	Lincoln	1	0	1
Boulder	3	5	8	Logan	1	1	2
Broomfield	0	0	0	Mesa	1	3	4
Chaffee	0	3	3	Mineral	0	1	1
Cheyenne	0	0	0	Moffat	1	1	2
Clear Creek	0	0	0	Montezuma	1	3	4
Conejos	1	1	2	Montrose	2	1	3
Costilla	0	0	0	Morgan	1	3	4
Crowley	0	0	0	Otero	2	1	3
Custer	1	0	1	Ouray	0	0	0
Delta	0	1	1	Park	0	0	0
Denver	5	9	14	Phillips	0	2	2
Dolores	1	0	1	Pitkin	0	1	1
Douglas	0	0	0	Prowers	3	1	4
Eagle	0	0	0	Pueblo	9	3	12
El Paso	12	4	16	Rio Blanco	0	0	0
Elbert	0	0	0	Rio Grande	1	4	5
Fremont	1	1	2	Routt	0	1	1

Table 10 — FY 2010-11 CICP Clinics and Hospitals
Including Satellite Facilities by County, Continued

Garfield	2	3	5	Saguache	2	0	2
Gilpin	1	0	1	San Juan	0	0	0
Grand	0	3	3	San Miguel	1	0	1
Gunnison	0	1	1	Sedgwick	0	2	2
Hinsdale	0	0	0	Summit	1	0	1
Huerfano	0	3	3	Teller	2	2	4
Jackson	0	0	0	Washington	0	1	1
Jefferson	6	0	6	Weld	7	1	8
Kiowa	0	0	0	Yuma	0	4	4
				Totals	91	87	178

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

Table 11 — FY 2010-11 CICIP Participating Providers

Provider Name	City	Provider Name	City
CICIP Clinic Providers			
Basin Clinic	Naturita	Metro Community Provider Network (MCPN)	Englewood
Clinica Campesina	Lafayette	Mountain Family Health Centers	Glenwood Springs
Colorado Alliance for Health Equity and Practice	Denver	NW Colorado Community Health Center	Craig
Community Health Clinic	Dove Creek	Peak Vista Community Health Centers	Colorado Springs
Custer County Medical Center	Westcliffe	Pueblo Community Health Center	Pueblo
Denver Indian Health & Family Services	Denver	Salud Family Health Centers	Fort Lupton
Grace Health Clinic	Denver	Stout Street Clinic	Denver
High Plains Community Health Center	Lamar	Sunrise Community Health Center	Evans
Limon Plains Medical Center	Limon	Uncompahgre Combined Clinics	Norwood
Marillac Clinic	Grand Junction	Valley-Wide Health Systems	Alamosa
CICIP Hospital Providers			
Arkansas Valley Regional Medical Center	La Junta	Parkview Medical Center	Pueblo
Aspen Valley Hospital	Aspen	Penrose St. Francis Hospital	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 District	La Jara	Prowers Medical Center	Lamar
Delta County Memorial Hospital	Delta	Rio Grande Hospital	Del Norte
East Morgan County Hospital	Brush	San Luis Valley Regional Medical Center	Alamosa
Estes Park Medical Center	Estes Park	Sedgwick County Hospital	Julesburg
Grand River Hospital	Rifle	Southeast Colorado Hospital District	Springfield
Gunnison Valley Hospital	Gunnison	Southwest Memorial Hospital	Cortez
Heart of the Rockies Regional Medical Center	Salida	Spanish Peaks Regional Health Center	Walsenburg
Kremmling Memorial Hospital District	Kremmling	St. Mary-Corwin Medical Center	Pueblo
Longmont United Hospital	Longmont	St. Mary's Hospital and Medical Center, Inc.	Grand Junction
McKee Medical Center	Loveland	St. Thomas More Hospital	Canon City

Table 11 — FY 2010-11 CICP Participating Providers, Continued

Provider Name	City	Provider Name	City
CICP Hospital Providers			
Medical Center of the Rockies	Loveland	St. Vincent General Hospital District	Leadville
Melissa Memorial Hospital	Holyoke	Sterling Regional Medical Center	Sterling
Memorial Hospital	Colorado Springs	The Memorial Hospital	Craig
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			
Children's Hospital Colorado	Aurora	Denver Health Medical Center	Denver
National Jewish Health	Denver	University of Colorado Hospital	Aurora

PROGRAM ADMINISTRATION

REPORTING REQUIREMENTS AND PREVENTION OF FRAUD BY PROVIDERS

The [CICP Provider Compliance Audit Guidelines](#) for FY 2010-11 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 contract and related provider manual.

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

- ▶ **External Audit** – If a provider received over \$1,000,000 in reimbursement from the CICP, an independent auditor must perform an annual audit and submit a formal audit statement of compliance to the 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 provider contract 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 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. (2011), 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 (2011).

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:

18-5-102, C.R.S. (2011) - 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;

18-5-114, C.R.S. (2011) - 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 CICIP at Section 25.5-3-108(8)(a) - (8)(b)(I)-(III), C.R.S. (2011), requires that every provider receiving reimbursement through the CICIP 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 CICIP 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 2011-12 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

In the FY 2010-11 Long Bill (HB 10-1376), the Colorado General Assembly appropriated \$277,769,968 through the Safety Net Provider Payments line item to reimburse CICIP Hospital providers. An additional \$12,119,174 was appropriated to this line item through a Long Bill Add-on in SB 11-209, resulting in a total appropriation of \$289,889,142. The CICIP Disproportionate Share Hospital Payment and CICIP Supplemental Medicaid Payment are made from this line item.

The appropriation for CICIP Clinics was \$35,754,905 in total funds. Included in this total is the appropriation of \$29,635,145 from the Health Care Services Fund Programs line item. HB 10-1378 appropriated \$31,085,655 to this line, with Senate Bill 11-209 reducing that appropriation by \$1,450,510, resulting in the \$29,635,145 appropriation. The remaining \$6,119,760 was appropriated through the FY 2010-11 Long Bill to the Children's Hospital, Clinic Based Indigent Care line item. The appropriation included funds to reimburse Children's Hospital Colorado (\$60,000 total funds) for the administration of CICIP clinic based care.

The total payment to the CICIP providers in FY 2010-11 from both State and federal funds is shown in Table 12. Health Care Services Fund appropriations are included in Table 12 under State Funds.

Table 12 — FY 2010-11 CICP Payments

	State Funds ¹	Provider Fees ²	Federal Funds	Total Funds	Payments to Providers ³
CICP Clinics ⁴	\$14,883,864	\$0	\$14,883,865	\$29,767,729	\$29,767,728
Children's Hospital Clinic Payment	\$3,029,880	\$0	\$3,029,879	\$6,059,760	\$6,059,759
Health Care Services Fund	\$11,853,984	\$0	\$11,853,985	\$23,707,969	\$23,707,969
CICP Hospitals*	\$0	\$81,681,969	\$81,681,969	\$163,363,938	\$163,363,938
CICP DSH	\$0	\$42,798,383	\$42,798,383	\$85,596,766	\$85,596,766
CICP UPL	\$0	\$38,883,586	\$38,883,586	\$77,767,172	\$77,767,172
Denver Health Medical Center	\$2,963,588	\$42,713,585	\$45,677,173	\$91,354,345	\$91,354,345
CICP DSH	\$0	\$23,681,877	\$23,681,877	\$47,363,754	\$47,363,754
CICP UPL	\$0	\$19,031,708	\$19,031,708	\$38,063,415	\$38,063,415
Health Care Services Fund	\$2,963,588	\$0	\$2,963,588	\$5,927,176	\$5,927,176
University of Colorado Hospital	\$0	\$20,549,018	\$20,549,018	\$41,098,035	\$41,098,035
CICP DSH	\$0	\$6,243,957	\$6,243,957	\$12,487,914	\$12,487,914
CICP UPL	\$0	\$14,305,061	\$14,305,061	\$28,610,121	\$28,610,121
Total Payments	\$17,847,452	\$144,944,571	\$162,792,024	\$325,584,047	\$325,584,046
Clinic Payment ^{4,5}	\$3,029,880	\$0	\$3,029,880	\$6,059,760	\$6,059,760
CICP DSH ⁶	\$0	\$72,724,217	\$72,724,217	\$145,448,434	\$145,448,434
CICP UPL ⁵	\$0	\$72,220,354	\$72,220,354	\$144,440,708	\$144,440,708
Health Care Services Fund ⁷	\$14,817,572	\$0	\$14,817,573	\$29,635,145	\$29,635,145

Source: Table 25, Financial Tables

(1) State Funds include State General Fund appropriations and Health Care Services 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 represent the actual cash payment and is the sum of State Funds, Provider Fees, and Federal Funds.

(4) \$29,767,729 was paid to Children's Hospital Colorado, which administers payments to CICP Clinics. Children's Hospital Colorado retained \$60,000 for the administration of this payment, which is 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 HB 10-1378.

The reimbursement rate relative to write-off costs for all CICIP provider groups is displayed in Table 13. For FY 2010-11, the average reimbursement relative to costs for all CICIP providers was 58.4%. The CICIP Clinic providers were reimbursed at 67.2% of write-off costs. Denver Health Medical Center received a 60.8% reimbursement rate, and University of Colorado Hospital received 43.7%. All other CICIP Hospital providers were reimbursed at 60.8% of write-off costs.

Table 13 — FY 2010-11 Percentage of Write-Off Cost Reimbursed

	Payment	Write-Off Costs	Percent Reimbursed
CICIP Clinics	\$29,767,728	\$44,284,107	67.22%
CICIP Hospitals*	\$163,363,938	\$268,781,805	60.78%
Sub-Total CICIP Providers	\$193,131,666	\$313,065,912	61.69%
Denver Health Medical Center	\$91,354,345	\$150,268,237	60.79%
University of Colorado Hospital	\$41,098,035	\$94,019,259	43.71%
All CICIP Hospital Providers	\$295,816,318	\$513,069,301	57.66%
Total CICIP Providers	\$325,584,046	\$557,353,408	58.42%

Source: Table 12, Financial Tables

*Includes CICIP Specialty Hospital providers.

Table 14 shows the average reimbursement as a percentage of costs for CICIP providers over the past six 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 10-1378. 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 and remains higher in FY 2010-11 than the reimbursement percentage prior to implementation of CHCAA.

Table 14 — Historical Percentage of Write-Off Cost Reimbursed

	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
CICIP Clinics	22.55%	59.45%	92.33%	74.73%	66.41%	67.22%
CICIP Hospitals*	27.30%	32.72%	40.32%	33.05%	64.43%	63.78%
Sub-Total CICIP Providers	26.63%	36.69%	47.92%	39.25%	64.72%	64.29%
Denver Health Medical Center	84.67%	82.70%	61.93%	53.56%	65.48%	67.22%
University of Colorado Hospital	59.27%	73.48%	70.59%	58.81%	44.88%	51.45%
All CICIP Hospital Providers	49.77%	54.23%	52.21%	43.91%	61.36%	59.11%
Average CICIP Providers	47.62%	54.67%	55.46%	46.46%	61.78%	64.70%

Source: Analysis of CICIP Annual Reports.

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

Due to an error in previous Annual Reports, data in Table 14 in the FY 2010-11 Annual Report may not match previous CICIP Annual Reports.

In FY 2010-11, reimbursements to all CICIP providers increased 4.7% over FY 2009-10 and 60.7% above FY 2008-09. Based on the amounts reported in Table 15, the reimbursement to all CICIP Hospital providers has increased 68.4% from the FY 2008-09 level, while write-off costs have increased by 25.1%. Write-off costs for CICIP Clinics have increased 22.7% since FY 2008-09, while reimbursement has increased 10.4% over the same period. Since FY 2008-09, write-off costs at Denver Health Medical Center have increased by 22.7% compared to a 32.0% increase at University of Colorado Hospital.

Table 15 — Historical CICIP Charges, Costs and Payments

	Charges			Write-Off Costs			Net Payments		
	FY 2008-09	FY 2009-10	FY 2010-11	FY 2008-09	FY 2009-10	FY 2010-11	FY 2008-09	FY 2009-10	FY 2010-11
CICIP Clinics	\$42,067,992	\$47,916,592	\$47,835,471	\$36,090,008	\$41,710,890	\$44,284,107	\$26,969,760	\$27,699,952	\$29,767,728
Percent Change	21.3%	13.9%	-0.2%	27.0%	15.6%	6.2%	2.8%	2.7%	7.5%
CICIP Hospitals*	\$628,417,905	\$791,285,371	\$824,800,038	\$206,417,785	\$245,738,187	\$256,144,858	\$68,213,324	\$158,334,861	\$163,363,938
Percent Change	19.9%	25.9%	4.2%	24.2%	19.0%	4.2%	1.8%	132.1%	3.2%
Denver Health	\$303,925,098	\$331,902,104	\$304,748,704	\$122,468,256	\$135,910,991	\$150,268,237	\$65,599,653	\$88,998,502	\$91,354,345
Percent Change	17.3%	9.2%	-8.2%	17.6%	11.0%	10.6%	1.7%	35.7%	2.6%
University Hospital	\$241,907,848	\$318,381,658	\$317,252,199	\$71,210,318	\$79,875,983	\$94,019,259	\$41,879,797	\$35,846,653	\$41,098,035
Percent Change	35.2%	31.6%	-0.4%	35.9%	12.2%	17.7%	13.2%	-14.4%	14.6%
All CICIP Hospitals	\$1,174,250,851	\$1,441,569,133	\$1,446,800,941	\$400,096,359	\$461,525,161	\$500,432,354	\$175,692,774	\$283,180,016	\$295,816,318
Percent Change	22.0%	22.8%	0.4%	24.0%	15.4%	8.4%	4.3%	61.2%	4.5%
Total CICIP Providers	\$1,216,318,843	\$1,489,485,725	\$1,494,636,412	\$436,186,367	\$503,236,051	\$544,716,461	\$202,662,534	\$310,879,968	\$325,584,046
Percent Change	22.0%	22.5%	0.3%	24.2%	15.4%	10.8%	4.1%	53.4%	4.7%

Source: CICIP Analysis of Table 12, Financial Tables FY 2007-08, FY 2008-09 and FY 2009-10 CICIP Annual Reports. Includes updated information.

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

REIMBURSEMENT PER INPATIENT DAY

The reimbursement per inpatient day by provider group for FY 2010-11 is reported in Table 16. The reimbursement per inpatient day at Denver Health Medical Center was \$1,910.19 and \$1,729.23 for University of Colorado Hospital. For all other CICIP Hospitals, the reimbursement per inpatient day was \$744.41

Table 16 — FY 2010-11 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**	58,461	\$43,518,765	\$744.41
Denver Health	24,256	\$46,333,577	\$1,910.19
University Hospital	13,655	\$23,612,630	\$1,729.23

Source: Analysis of Tables 1 and 2, Financial Tables and Table 8, Utilization Data.

*Percentage of inpatient charges times estimated inpatient Payment divided by the number of inpatient days.

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

Historical reimbursement per inpatient day is shown in Table 17. From FY 2008-09 to FY 2010-11, the number of inpatient days decreased by 5.5% at Denver Health Medical Center and increased by 43.6% at University of Colorado Hospital. Over the same period, reimbursements per inpatient day at Denver Health Medical Center increased by 39.4% and decreased by 0.5% at University of Colorado Hospital.

For all other CICP Hospitals, the number of inpatient days has increased 30.5% from FY 2008-09 to FY 2010-11, while net CICP reimbursement per inpatient day has decreased 3.7% to \$744.41 .

Table 17 — Historical Payment per Inpatient Day

CICP Provider	FY 2008-09 CICP Payment per Inpatient Day*	FY 2009-10 CICP Payment per Inpatient Day*	FY 2010-11 CICP Payment per Inpatient Day*
CICP Clinics	N/A	N/A	N/A
CICP Hospitals**	\$773.25	\$1,586.37	\$744.41
Denver Health	\$1,370.41	\$1,874.80	\$1,910.19
University Hospital	\$1,737.87	\$1,507.92	\$1,729.23

Source: Analysis of CICP Annual Reports.

*Percentage of inpatient charges times estimated inpatient Payment divided by the number of inpatient days.

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

REIMBURSEMENT PER OUTPATIENT VISIT

Outpatient visits and reimbursement payments by CICP provider group during FY 2010-11 are reported in Table 18. The reimbursement per outpatient visit at CICP Clinics was \$95.24. The reimbursement for Denver Health Medical Center was \$265.02 per outpatient visit, and \$332.47 for University of Colorado Hospital. All other CICP Hospitals were reimbursed \$222.49 per visit.

Table 18 — FY 2010-11 Payment per Outpatient Visit

CICP Provider	Outpatient Visits	Total CICP Outpatient Payment	CICP Payment Per Outpatient Visit*
CICP Clinics	312,551	\$29,767,728	\$95.24
CICP Hospitals**	189,126	\$42,078,001	\$222.49
Denver Health	169,879	\$45,020,768	\$265.02
University Hospital	52,592	\$17,485,405	\$332.47

Source: Analysis of Tables 1 and 2, Financial Tables and Table 8, Utilization Data

*Percentage of outpatient charges times estimated outpatient Payment divided by the number of outpatient visits.

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

From FY 2008-09 through FY 2010-11 the number of outpatient visits at CICP Clinics increased by 4.0%, while the reimbursement per visit has decreased by 2.4%, as demonstrated in Table 19.

The number of outpatient visits at Denver Health Medical Center decreased by 2.8%, while at University of Colorado Hospital outpatient visits increased by 5.3%. Since FY 2009-10, the average reimbursement per visit has increased 12.2% at Denver Health Medical Center and has declined by 5.8% at University of Colorado Hospital. For all other CICP Hospitals, the number of visits increased by 5.9% and the reimbursement per visit was down 44.9% over the prior year.

Table 19 — Historical Payment per Outpatient Visit

CICP Provider	FY 2008-09 CICP Payment per Outpatient Visit*	FY 2009-10 CICP Payment per Outpatient Visit*	FY 2010-11 CICP Payment per Outpatient Visit*
CICP Clinics	\$97.57	\$92.16	\$95.24
CICP Hospitals**	\$198.21	\$403.53	\$222.49
Denver Health	\$176.73	\$236.27	\$265.02
University Hospital	\$409.95	\$352.87	\$332.47

Source: Analysis of CICP Annual Reports.

*Percentage of outpatient charges times estimated outpatient Payment divided by the number of outpatient visits.

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

REIMBURSEMENT METHODOLOGY FOR HOSPITALS

The implementation of the CHCAA in FY 2009-10 changed the funding mechanism and payment methodologies for CICP hospital payments. Beginning 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 CICP, and funded additional, targeted supplemental hospital payments. In FY 2010-11, payments to hospitals totaled over \$745 million, including reimbursement of \$289 million for hospitals participating in the CICP. (For information on all payments under CHCAA, please see the [Colorado Health Care Affordability Act Annual Reports](#) available on the Department's website.)

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

FY 2010-11 CICP Hospital Reimbursement

▶ CICP Supplemental Medicaid Payments	\$144,440,708
▶ CICP Disproportionate Share Hospital Payments	\$145,448,434
Total CICP Hospital Payments	\$289,889,142

These payments are calculated such that the sum equals CICP write-off costs multiplied by 100% for rural and Critical Access Hospitals, by 64% for High Volume Medicaid and CICP Hospitals¹, and by 75% for all other participating CICP hospitals.

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.

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, Children's Hospital Colorado, and University Hospital meet this definition.

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 CICIP 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 CICIP hospital payments are financed with hospital provider fees and federal funds, no increase in General Fund is required to sustain these payments.

CICIP 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 CICIP and to other Colorado Medicaid hospitals that provide services to a disproportionate share of Medicaid and low-income patients.

As was the case in FY 2009-10, in FY 2010-11, hospital provider fees with federal matching funds financed DSH payments to CICIP hospitals and other Colorado Medicaid hospitals under two separate DSH payments: the CICIP Disproportionate Share Hospital Payment and the Uninsured Disproportionate Share Hospital Payment.

As shown in Table 20 below, Colorado’s FY 2010-11 DSH payments totaled \$186,680,849, which were 50% hospital provider fees and 50% federal funds. Of that total, \$145,448,434 was paid under the CICIP Disproportionate Share Hospital Payment and \$41,232,415 under the Uninsured Disproportionate Share Hospital Payment. 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.

Table 20 — Colorado DSH Payments

State Fiscal Year 2010-11 Disproportionate Share Hospital Payments	
CICIP DSH Payments	\$145,448,434
Uninsured DSH Payments*	\$41,232,415
Total FY 2010-11 DSH Payments	\$186,680,849

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

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 2552-96 Cost Report. In FY 2010-11, qualified hospitals were reimbursed approximately 51% of their uncompensated charity care costs through this payment. FY 2010-11 Uninsured Disproportionate Share Hospital Payments are listed by hospital in Table 21, below.

Table 21 — FY 2010-11 Uninsured DSH Payments by Hospital

Provider Name	FY 2010-11 Uninsured DSH Payment
Animas Surgical Center	\$46,871
Centura Health - Avista Adventist Hospital	\$1,298,620
Centura Health - Littleton Adventist Hospital	\$2,031,297
Centura Health - Parker Adventist Hospital	\$1,046,131
Centura Health - Porter Adventist Hospital	\$3,338,157
Centura Health - Saint Anthony Central Hospital	\$7,513,199
Centura Health - Saint Anthony North Hospital	\$1,671,451
Centura Health - Saint Anthony Summit Hospital	\$1,027,342
Exempla Good Samaritan Medical Center	\$654,179
Exempla Lutheran Medical Center	\$4,033,748
Exempla Saint Joseph Hospital	\$5,435,684
Family Health West	\$25,902
Haxtun Hospital	\$17,147
HealthOne Medical Center of Aurora	\$3,818,492
HealthOne North Suburban Medical Center	\$1,451,488
HealthOne Presbyterian/St. Luke's Medical Center	\$1,317,865
HealthOne Rose Medical Center	\$1,324,840
HealthOne Sky Ridge Medical Center	\$598,130
HealthOne Swedish Medical Center	\$3,248,897
Keefe Memorial Hospital	\$22,970
Kit Carson County Memorial Hospital	\$51,516
Pagosa Hospital	\$66,514
Pioneers Hospital	\$42,532
Rangely District Hospital	\$16,512
Weisbrod Memorial County Hospital	\$4,478
Vail Valley Medical Center	\$1,128,453
Total	\$41,232,415

COLORADO INDIGENT CARE PROGRAM SUPPLEMENTAL MEDICAID PAYMENT

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

In FY 2010-11, 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, 64% of estimated CICIP write-off costs for High Volume Medicaid and CICIP Hospitals¹, and 75% 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. 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. (The FY 2010-11 CICIP Supplemental Medicaid Payments by hospital are listed in [Table 26](#).)

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, Children's Hospital Colorado, and University of Colorado Hospital meet this definition.

REIMBURSEMENT METHODOLOGY FOR CLINICS

Clinic Payments

▶ Children’s Hospital Colorado Payments	\$6,059,759
▶ Health Care Services Fund	\$23,707,969
Total Clinic Payments	\$29,767,728

CHILDREN’S HOSPITAL COLORADO CLINIC PAYMENT

Effective July 1, 2002, Children’s Hospital Colorado became eligible to receive a Major Teaching Hospital Payment. This payment under the Inpatient UPL for FY 2010-11 was \$6,119,760 and is called a Pediatric Major Teaching Hospital Payment. Since Children’s Hospital Colorado 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 Children’s Hospital Colorado and the Department such that the hospital would administer the CICIP payments to the CICIP Clinics. Of the \$6,119,760 paid to Children’s Hospital Colorado, \$6,059,759 was paid by the facility to the CICIP Clinics as payment for services provided under the CICIP. The remaining \$60,000 was retained by Children’s Hospital Colorado to administer the payments to and contracts with the CICIP Clinics. The amount of funding to Children’s Hospital Colorado 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 SB 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. HB 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.

As part of budget balancing efforts, this source of funding was eliminated in FY 2009-10, which was one year earlier than scheduled in statute. Subsequently, HB 10-1321 reallocated funds 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 and SB 09-264, \$10,390,000 was appropriated from the Health Care Services Fund for FY 2009-10. Of this amount, \$5,410,049 was appropriated to the Health Care Services Fund Programs line item to support primary care services to CICIP clients offered by Denver Health Medical Center.

In FY 2010-11, HB 10-1378 reallocated tobacco tax revenue from the Primary Care Fund to the Health Care Services Fund Programs line item for payments to CICIP Clinics and Denver Health Medical Center. Pursuant to HB 10-1378, \$29,635,145 was paid to CICIP Clinics, including \$5,927,176 to Denver Health Medical Center. Similarly, for FY 2011-12, SB 11-219 reallocates funds totaling \$23,510,000 to the Health Care Services Fund Programs line item. 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 was authorized by Sections 25.5-3-201 through 25.5-3-207, C.R.S., Comprehensive Primary and Preventive Care Grant Program Act. The program provided grants to health care providers in order to expand primary and preventive services to Colorado's low-income residents. The program was not intended to supplant or expand state Medicaid, the CHP+, or the CICIP. Grants were intended to increase access to comprehensive primary care services for uninsured or medically indigent patients 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 was administered by the Department and was under the direction of the Medical Services Board.

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.

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

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. 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, the Governor's Budget Balancing Plan for FY 2009-10 presented to the Joint Budget Committee on August 25, 2009 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.

No appropriation for CPPC grant awards was made for FY 2010-11, and during the 2011 legislative session, SB 11-216 permanently eliminated the CPPC grant program.

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

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 2010-11 was affected by HB 10-1378. HB 10-1378 appropriated \$11,940,000 from the Primary Care Fund to draw federal matching funds under the Health Care Services Fund, and \$12,800,000 for General Fund relief in the Medical Services Premium Line Item. Remaining Primary Care Funds were appropriated to the Primary Care Grant Program Special Distribution Fund. A similar redistribution was appropriated for FY 2011-12 through SB 11-219.

PRIMARY CARE FUND SPECIAL DISTRIBUTION

The Primary Care Grant Program 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 \$3,560,000 total funds in FY 2010-11, all of which were cash funds from the Primary Care Fund.

Total Primary Care Grant Program Special Distribution payments for FY 2010-11 are outlined in the following table.

Table 22 — FY 2010-11 Primary Care Grant Program Special Distribution Payments

Provider	Payment Amount
Bruner Family Medicine (Exempla Saint Joseph)	\$165,438
Castle Valley Children's Clinic	\$5,246
Community Health Services	\$103,048
Doctors Care	\$115,320
Eagle Care Medical Clinic	\$77,942
Fort Collins Family Residency Program	\$182,675
Inner City Health Center	\$410,973
La Clinica Tepeyac	\$479,078
Marillac Clinic	\$460,000
Mission Medical Clinic	\$65,857
Northwest Colorado Community Health Center	\$100,000
Olathe Medical Clinic	\$41,781
Rocky Mountain Youth Clinics	\$321,603
SET Family Medical Clinics	\$312,890
St Mary-Corwin Health Foundation	\$176,961
St. Anthony Family Medicine	\$94,523
Summit Community Care Clinic	\$379,590
The Pediatric Associates	\$67,075
Total Primary Care Fund Special Distribution	\$3,560,000

Similarly, for FY 2011-12, SB 11-219 reallocated tobacco tax revenue from the Primary Care Fund to the Health Care Services Fund for payments to CICP Clinics and Denver Health Medical Center and to the Primary Care Grant Program Special Distribution Fund. Transferring funds from the Primary Care Fund to the Health Care Services Fund and the Primary Care Grant Program Special Distribution Fund is only possible when legislation is enacted and 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 state 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 2003 and the first three quarters of Federal Fiscal Year 2004 (April 1, 2003 – June 30, 2004). These amounts are shown on Table 23. 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), provided for a temporary increase in the FMAP to assist states in meeting the costs of increasing Medicaid caseloads at a time when their revenues fell due to rising unemployment. Three types of temporary assistance applied to the costs of Medicaid items and services during the period October 1, 2008, through December 31, 2010:

- (1) States that would otherwise experience a drop in their federal matching rate under the regular FMAP formula during FY 2009 or FY 2010 or the first quarter of FY 2011 were held harmless against any decline.
- (2) Every state received 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 received an additional percentage point increase in their FMAP based on a specific 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 stepped down from 61.59% to 58.77% for January through March 2011, and then to 56.88% for April through June 2011. The FMAP returned 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 did not apply to DSH payments. The FMAP for DSH payments remained at the state's effective FMAP rate without ARRA. So, for Colorado the FMAP for DSH payments remained 50%.

The FMAP rates for Colorado from FFY 1993-94 through FFY 2011-12 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%
2011-12	50.00%

DISPROPORTIONATE SHARE HOSPITAL PAYMENT

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. 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 CICP. Effective FY 2009-10, with the implementation of the CHCAA, DSH payments are financed with hospital provider fees and federal matching funds.

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 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 FY 2002-03 were substantially lower than the previous state fiscal year.

Then, due to a provision in the Medicare Prescription Drug, Improvement and Modernization Act of 2003, the DSH Allotment for Colorado in FFY 2003-04 increased to \$87,127,600, and remained so through FFY 2007-08. In FFY 2008-09, Colorado's DSH Allotment was increased by 4.4% to \$90,961,214. Colorado's DSH Allotment was increased another 2.5% on February 17, 2009 for FFY 2008-09 under 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
2011-12*	\$94,727,736

*Preliminary Allotment

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 are lump-sum payments 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 – A community health clinic licensed by the Department of Public Health and Environment or certified by the U.S. Department of Health and Human Services as a federally qualified health center or rural health clinic.

CICP Hospital – Any "General Provider" that is a general hospital licensed or certified by the Department of Public Health and Environment pursuant to 25-1.5-103 C.R.S., 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 – (HB 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 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 state dollars.

General Provider – Licensed or certified as a general hospital, community health clinic, or maternity hospital (birth center) by the Department of Public Health and Environment, or certified by the U.S. Department of Health and Human Services as a federally qualified health center or rural health clinic.

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).

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

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

Specialty Care Program – Specialty providers must either offer unique services or serve a unique population. Additionally, at least 50% of the medical care rendered through the CICIP must be provided to individuals who reside outside the City and County of Denver.

Subsequent Insurance Payments – 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 CICP Payment

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
CICP Clinic Providers						
Basin Clinic	\$142,141	\$3,470	\$13,846	\$124,825	\$124,825	\$61,637
Clinica Campesina	\$4,641,975	\$0	\$487,710	\$4,154,265	\$4,154,265	\$2,268,097
Colorado Alliance for Health Equity and Practice	\$190,381	\$0	\$19,317	\$171,064	\$171,064	\$199,877
Community Health Clinic	\$165,275	\$4,721	\$23,225	\$137,329	\$137,329	\$86,962
Custer County Medical Center	\$45,902	\$2,638	\$8,746	\$34,518	\$34,518	\$18,932
Denver Indian Health & Family Services	\$16,650	\$0	\$0	\$16,650	\$16,650	\$10,972
Grace Health Clinic	\$687,330	\$0	\$44,522	\$642,808	\$642,808	\$191,838
High Plains Community Health Center	\$1,020,024	\$18,933	\$139,694	\$861,397	\$861,397	\$606,941
Limon Plains Medical Center	\$515,525	\$12,199	\$54,587	\$448,739	\$448,739	\$184,743
Marillac Clinic	\$663,138	\$2,319	\$102,745	\$558,074	\$558,074	\$337,683
Metro Community Provider Network (MCPN)	\$6,294,642	\$0	\$760,337	\$5,534,305	\$5,534,305	\$4,235,000
Mountain Family Health Centers	\$954,661	\$0	\$96,884	\$857,777	\$857,777	\$550,220
NW Colorado Community Health Center	\$302,905	\$0	\$38,528	\$264,377	\$264,377	\$58,029
Peak Vista Community Health Centers	\$10,184,501	\$507,224	\$1,598,239	\$8,079,038	\$8,079,038	\$6,347,620
Pueblo Community Health Center	\$3,622,155	\$2,677	\$498,331	\$3,121,147	\$3,121,147	\$2,073,548
Salud Family Health Centers	\$9,645,047	\$0	\$1,079,769	\$8,565,278	\$8,565,278	\$4,963,294
Stout Street Clinic	\$5,083,153	\$27,633	\$0	\$5,055,520	\$5,055,520	\$3,628,639
Sunrise Community Health Center	\$3,483,957	\$0	\$442,600	\$3,041,357	\$3,041,357	\$1,997,397
Uncompahgre Combined Clinics	\$174,952	\$0	\$14,363	\$160,589	\$160,589	\$134,407
Valley-Wide Health Systems	\$2,760,901	\$0	\$305,851	\$2,455,050	\$2,455,050	\$1,811,892
Sub-Total CICP Clinic Providers (5)	\$50,595,215	\$581,814	\$5,729,294	\$44,284,107	\$44,284,107	\$29,767,728
CICP Hospital Providers						
Arkansas Valley Regional Medical Center	\$3,948,703	\$325,950	\$130,098	\$3,492,655	\$1,867,005	\$1,741,291
Aspen Valley Hospital	\$2,555,271	\$466,029	\$64,099	\$2,025,143	\$1,155,391	\$1,057,289
Boulder Community Hospital	\$23,372,844	\$889,958	\$186,918	\$22,295,968	\$8,348,896	\$4,428,780
Colorado Plains Medical Center	\$5,870,355	\$969,243	\$136,602	\$4,764,510	\$1,595,321	\$930,226

Table 25 — Total Financial Activity and CICP Payment, Continued

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
Community Hospital	\$5,005,800	\$213,267	\$191,624	\$4,600,909	\$2,218,682	\$965,241
Conejos County Hospital District	\$661,366	\$19,240	\$36,852	\$605,274	\$424,723	\$393,282
Delta County Memorial Hospital	\$1,478,012	\$117,532	\$26,383	\$1,334,096	\$622,861	\$2,275,526
East Morgan County Hospital	\$2,650,233	\$680,162	\$65,025	\$1,905,046	\$1,103,430	\$882,235
Estes Park Medical Center	\$2,470,822	\$188,533	\$62,514	\$2,219,775	\$1,059,220	\$1,038,361
Grand River Hospital	\$2,267,205	\$39,796	\$94,566	\$2,132,843	\$1,342,200	\$675,265
Gunnison Valley Hospital	\$766,103	\$52,498	\$25,106	\$688,499	\$484,574	\$98,559
Heart of the Rockies Regional Medical Center	\$4,226,972	\$634,483	\$137,506	\$3,454,983	\$1,876,244	\$869,921
Kremmling Memorial Hospital District	\$252,397	\$56,133	\$9,022	\$187,242	\$187,242	\$89,042
Longmont United Hospital	\$29,790,325	\$1,959,183	\$10,264	\$27,820,878	\$10,137,838	\$8,004,091
McKee Medical Center	\$30,897,673	\$5,691,766	\$712,386	\$24,493,521	\$9,591,050	\$7,040,187
Medical Center of the Rockies	\$33,103,105	\$2,882,884	\$2,963,155	\$27,257,066	\$12,397,953	\$5,541,548
Melissa Memorial Hospital	\$319,877	\$129,675	\$24,254	\$165,948	\$128,606	\$124,230
Memorial Hospital	\$150,763,202	\$10,428,543	\$1,658,713	\$138,675,946	\$43,922,845	\$26,348,525
Mercy Regional Medical Center	\$6,809,448	\$71,829	\$121,537	\$6,616,082	\$2,797,500	\$2,685,569
Montrose Memorial Hospital	\$12,703,053	\$3,090,083	\$270,352	\$9,342,618	\$4,838,968	\$3,175,788
Mount San Rafael Hospital	\$3,909,213	\$915,907	\$131,519	\$2,861,787	\$1,181,713	\$951,685
North Colorado Medical Center	\$96,836,546	\$17,689,583	\$1,636,882	\$77,510,081	\$27,840,696	\$14,366,016
Parkview Medical Center	\$100,125,507	\$4,703,028	\$862,117	\$94,560,362	\$23,930,754	\$12,826,866
Penrose St. Francis Hospital	\$62,550,029	\$20	\$271,226	\$62,278,783	\$15,534,869	\$8,523,251
Pikes Peak Regional Hospital	\$2,440,439	\$73,494	\$94,851	\$2,272,094	\$1,128,124	\$376,585
Platte Valley Medical Center	\$16,218,397	\$4,138,830	\$251,724	\$11,827,843	\$4,118,895	\$2,405,327
Poudre Valley Hospital	\$60,539,410	\$4,618,325	\$6,006,438	\$49,914,647	\$23,036,053	\$14,053,731
Prowers Medical Center	\$3,225,153	\$370,220	\$2,735,758	\$119,176	\$59,451	\$1,468,900
Rio Grande Hospital	\$1,282,677	\$40,967	\$57,775	\$1,183,935	\$702,865	\$220,292
San Luis Valley Regional Medical Center	\$8,469,700	\$290,628	\$197,904	\$7,981,168	\$3,143,662	\$1,891,061
Sedgwick County Hospital	\$343,526	\$91,116	\$21,469	\$230,941	\$153,521	\$83,963
Southeast Colorado Hospital District	\$496,410	\$77,622	\$30,832	\$387,956	\$258,380	\$217,120
Southwest Memorial Hospital	\$2,257,510	\$320,641	\$44,691	\$1,892,178	\$915,441	\$778,018
Spanish Peaks Regional Health Center	\$964,002	\$173,403	\$12,810	\$777,789	\$522,611	\$543,980

Table 25 — Total Financial Activity and CICP Payment, Continued

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
St. Mary-Corwin Medical Center	\$65,041,554	\$2,728,220	\$215,774	\$62,097,560	\$17,064,349	\$11,418,477
St. Mary's Hospital and Medical Center, Inc.	\$34,192,164	\$607,893	\$663,374	\$32,920,897	\$12,556,270	\$6,763,052
St. Thomas More Hospital	\$12,896,923	\$1,166,433	\$126,363	\$11,604,127	\$3,805,620	\$2,963,981
St. Vincent General Hospital District	\$219,514	\$1,764	\$18,416	\$199,334	\$134,434	\$134,561
Sterling Regional Medical Center	\$8,742,140	\$1,823,888	\$269,910	\$6,648,342	\$3,125,929	\$2,465,130
The Memorial Hospital	\$2,886,845	\$403,006	\$242,671	\$2,241,168	\$1,421,507	\$861,065
Valley View Hospital	\$11,253,255	\$1,448,609	\$173,522	\$9,631,124	\$5,048,193	\$2,771,917
Wray Community District Hospital	\$138,435	\$14,780	\$13,901	\$109,754	\$77,426	\$198,114
Yampa Valley Medical Center	\$6,362,854	\$872,802	\$201,841	\$5,288,211	\$3,506,960	\$1,490,453
Yuma District Hospital	\$1,372,382	\$258,169	\$52,877	\$1,061,336	\$776,586	\$448,311
Sub-Total CICP Hospital Providers	\$822,677,351	\$71,736,135	\$21,261,621	\$729,679,595	\$256,144,858	\$156,586,812
CICP Specialty Hospital Providers						
National Jewish Health	\$11,299,472	\$694,203	\$289,943	\$10,315,326	\$8,230,513	\$3,404,238
Children's Hospital Colorado	\$12,811,138	\$2,120,480	\$212,500	\$10,478,158	\$4,406,434	\$3,372,888
Sub-Total CICP Specialty Hospital Providers	\$24,110,610	\$2,814,683	\$502,443	\$20,793,484	\$12,636,947	\$6,777,126
Denver Health Medical Center (1)(2)(4)(5)	\$357,755,877	\$26,067,206	\$5,916,828	\$325,771,843	\$150,268,237	\$91,354,345
University of Colorado Hospital (2)(3)	\$365,768,452	\$30,604,155	\$3,375,300	\$331,788,997	\$94,019,259	\$41,098,035
Total CICP Hospital Providers	\$1,570,312,290	\$131,222,179	\$31,056,192	\$1,408,033,919	\$513,069,301	\$295,816,318
Total All CICP Providers	\$1,620,907,505	\$131,803,993	\$36,785,486	\$1,452,318,026	\$557,353,408	\$325,584,046

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	\$1,094,462	\$646,829	\$0	\$1,741,291
Aspen Valley Hospital	\$669,020	\$388,269	\$0	\$1,057,289
Boulder Community Hospital	\$1,851,031	\$2,577,749	\$0	\$4,428,780
Colorado Plains Medical Center	\$516,712	\$413,514	\$0	\$930,226
Community Hospital	\$416,606	\$548,635	\$0	\$965,241
Conejos County Hospital District	\$208,502	\$184,780	\$0	\$393,282
Delta County Memorial Hospital	\$1,436,489	\$839,037	\$0	\$2,275,526
East Morgan County Hospital	\$557,969	\$324,266	\$0	\$882,235
Estes Park Medical Center	\$655,675	\$382,686	\$0	\$1,038,361
Grand River Hospital	\$424,094	\$251,171	\$0	\$675,265
Gunnison Valley Hospital	\$62,479	\$36,080	\$0	\$98,559
Heart of the Rockies Regional Medical Center	\$550,001	\$319,920	\$0	\$869,921
Kremmling Memorial Hospital District	\$56,493	\$32,549	\$0	\$89,042
Longmont United Hospital	\$3,324,194	\$4,679,897	\$0	\$8,004,091
McKee Medical Center	\$2,959,665	\$4,080,522	\$0	\$7,040,187
Medical Center of the Rockies	\$2,377,852	\$3,163,696	\$0	\$5,541,548
Melissa Memorial Hospital	\$78,639	\$45,591	\$0	\$124,230
Memorial Hospital	\$11,744,130	\$14,604,395	\$0	\$26,348,525
Mercy Regional Medical Center	\$1,453,537	\$1,232,032	\$0	\$2,685,569
Montrose Memorial Hospital	\$2,010,331	\$1,165,457	\$0	\$3,175,788
Mount San Rafael Hospital	\$533,630	\$418,055	\$0	\$951,685
North Colorado Medical Center	\$7,606,663	\$6,759,353	\$0	\$14,366,016
Parkview Medical Center	\$5,377,418	\$7,449,448	\$0	\$12,826,866
Penrose St. Francis Hospital	\$3,548,381	\$4,974,870	\$0	\$8,523,251
Pikes Peak Regional Hospital	\$204,551	\$172,034	\$0	\$376,585
Platte Valley Medical Center	\$1,018,349	\$1,386,978	\$0	\$2,405,327
Poudre Valley Hospital	\$7,440,132	\$6,613,599	\$0	\$14,053,731
Prowers Medical Center	\$927,959	\$540,941	\$0	\$1,468,900

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	\$115,526	\$104,766	\$0	\$220,292
San Luis Valley Regional Medical Center	\$1,015,499	\$875,562	\$0	\$1,891,061
Sedgwick County Hospital	\$53,087	\$30,876	\$0	\$83,963
Southeast Colorado Hospital District	\$137,599	\$79,521	\$0	\$217,120
Southwest Memorial Hospital	\$490,645	\$287,373	\$0	\$778,018
Spanish Peaks Regional Health Center	\$344,157	\$199,823	\$0	\$543,980
St. Mary-Corwin Medical Center	\$4,832,126	\$6,586,351	\$0	\$11,418,477
St. Mary's Hospital and Medical Center, Inc.	\$2,833,778	\$3,929,274	\$0	\$6,763,052
St. Thomas More Hospital	\$1,605,970	\$1,358,011	\$0	\$2,963,981
St. Vincent General Hospital District	\$84,972	\$49,589	\$0	\$134,561
Sterling Regional Medical Center	\$1,303,656	\$1,161,474	\$0	\$2,465,130
The Memorial Hospital	\$549,526	\$311,539	\$0	\$861,065
Valley View Hospital	\$1,550,983	\$1,220,934	\$0	\$2,771,917
Wray Community District Hospital	\$123,036	\$75,078	\$0	\$198,114
Yampa Valley Medical Center	\$852,511	\$637,942	\$0	\$1,490,453
Yuma District Hospital	\$283,996	\$164,315	\$0	\$448,311
Sub-Total CICP Hospital Providers	\$75,282,031	\$81,304,781	\$0	\$156,586,812
CICP Specialty Hospital Providers				
National Jewish Health	\$1,476,993	\$1,927,245	\$0	\$3,404,238
Children's Hospital Colorado	\$1,008,148	\$2,364,740	\$0	\$3,372,888
Sub-Total CICP Specialty Hospital Providers	\$2,485,141	\$4,291,985	\$0	\$6,777,126
Denver Health Medical Center	\$38,063,415	\$47,363,754	\$5,927,176	\$91,354,345
University of Colorado Hospital (1)	\$28,610,121	\$12,487,914	\$0	\$41,098,035
Total CICP Hospital Providers	\$144,440,708	\$145,448,434	\$5,927,176	\$295,816,318

Table 27 — Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Hospital	\$503,155	\$0	\$0	\$503,155
Denver Health Medical Center	\$42,296,550	\$2,680,347	\$0	\$39,616,203
Mercy Regional Medical Center	\$194,346	\$0	\$14,578	\$179,768
Parkview Medical Center	\$9,036,392	\$0	\$271,059	\$8,765,333
Pikes Peak Regional Hospital	\$60,798	\$0	\$23,513	\$37,285
Southwest Memorial Hospital	\$20,116	\$198	\$1,951	\$17,967
St. Mary-Corwin Medical Center	\$7,326,057	\$0	\$0	\$7,326,057
St. Mary's Hospital and Medical Center, Inc.	\$1,954,327	\$605,279	\$104,304	\$1,244,744
The Memorial Hospital	\$28,843	\$0	\$211	\$28,632
University of Colorado Hospital	\$42,864,900	\$1,990,121	\$247,802	\$40,626,977
Valley View Hospital	\$45,454	\$8,605	\$1,605	\$35,244
Yampa Valley Medical Center	\$907,547	\$67,433	\$56,553	\$783,561
Total	\$105,238,485	\$5,351,983	\$721,576	\$99,164,926

Table 28 — Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Children's Hospital Colorado	\$1,356,390	\$0	\$67,288	\$1,289,102
Community Health Clinic	\$9,504	\$0	\$6,303	\$3,201
Denver Health Medical Center	\$5,086,433	\$0	\$1,087,177	\$3,999,256
High Plains Community Health Center	\$270,194	\$0	\$61,027	\$209,167
National Jewish Health	\$554,498	\$0	\$40,045	\$514,453
Peak Vista Community Health Centers	\$870,131	\$0	\$539,268	\$330,863
Pueblo Community Health Center	\$794,322	\$0	\$253,275	\$541,047
Stout Street Clinic	\$815,593	\$0	\$0	\$815,593
University of Colorado Hospital	\$5,651,353	\$2,450,996	\$263,591	\$2,936,766
Total	\$15,408,418	\$2,450,996	\$2,317,974	\$10,639,448

Table 29 — Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$304,748,704	\$23,328,260	\$4,829,034	\$276,591,410
Physician Services	\$42,296,550	\$2,680,347	\$0	\$39,616,203
Ambulance Services	\$5,624,190	\$58,599	\$617	\$5,564,974
Outpatient Pharmacy	\$5,086,433	\$0	\$1,087,177	\$3,999,256
Total	\$357,755,877	\$26,067,206	\$5,916,828	\$325,771,843

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	\$29,007	\$113,134	\$0	\$0	\$142,141
Clinica Campesina	\$0	\$4,641,975	\$0	\$0	\$4,641,975
Colorado Alliance for Health Equity and Practice	\$0	\$190,381	\$0	\$0	\$190,381
Community Health Clinic	\$1,453	\$154,318	\$0	\$0	\$155,771
Custer County Medical Center	\$15,995	\$29,907	\$0	\$0	\$45,902
Denver Indian Health & Family Services	\$0	\$16,650	\$0	\$0	\$16,650
Grace Health Clinic	\$0	\$687,330	\$0	\$0	\$687,330
High Plains Community Health Center	\$712,338	\$37,492	\$0	\$0	\$749,830
Limon Plains Medical Center	\$515,525	\$0	\$0	\$0	\$515,525
Marillac Clinic	\$0	\$663,138	\$0	\$0	\$663,138
Metro Community Provider Network (MCPN)	\$0	\$6,294,642	\$0	\$0	\$6,294,642
Mountain Family Health Centers	\$464,114	\$490,547	\$0	\$0	\$954,661
NW Colorado Community Health Center	\$0	\$302,905	\$0	\$0	\$302,905
Peak Vista Community Health Centers	\$375,428	\$8,938,942	\$0	\$0	\$9,314,370

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
Pueblo Community Health Center	\$0	\$2,827,833	\$0	\$0	\$2,827,833
Salud Family Health Centers	\$0	\$9,645,047	\$0	\$0	\$9,645,047
Stout Street Clinic	\$4,267,560	\$0	\$0	\$0	\$4,267,560
Sunrise Community Health Center	\$0	\$3,483,957	\$0	\$0	\$3,483,957
Uncompahgre Combined Clinics	\$160,025	\$14,927	\$0	\$0	\$174,952
Valley-Wide Health Systems	\$86,971	\$2,673,930	\$0	\$0	\$2,760,901
Sub-Total CICP Clinic Providers	\$6,628,416	\$41,207,055	\$0	\$0	\$47,835,471

CICP Hospital Providers					
Arkansas Valley Regional Medical Center	\$1,551,111	\$1,392,887	\$782,845	\$221,860	\$3,948,703
Aspen Valley Hospital	\$497,494	\$998,668	\$755,522	\$303,587	\$2,555,271
Boulder Community Hospital	\$6,453,517	\$3,141,189	\$11,759,333	\$1,515,650	\$22,869,689
Colorado Plains Medical Center	\$1,955,297	\$1,761,586	\$1,489,060	\$664,412	\$5,870,355
Community Hospital	\$2,012,294	\$21,925	\$2,971,581	\$0	\$5,005,800
Conejos County Hospital District	\$420,627	\$157,526	\$83,213	\$0	\$661,366
Delta County Memorial Hospital	\$509,175	\$18,258	\$912,329	\$38,250	\$1,478,012
East Morgan County Hospital	\$997,102	\$1,084,450	\$342,581	\$226,100	\$2,650,233
Estes Park Medical Center	\$544,562	\$1,140,877	\$550,277	\$235,106	\$2,470,822
Grand River Hospital	\$360,684	\$1,090,043	\$816,478	\$0	\$2,267,205
Gunnison Valley Hospital	\$766,103	\$0	\$0	\$0	\$766,103
Heart of the Rockies Regional Medical Center	\$2,212,515	\$0	\$2,014,457	\$0	\$4,226,972
Kremmling Memorial Hospital District	\$104,137	\$134,039	\$14,221	\$0	\$252,397
Longmont United Hospital	\$4,953,210	\$4,982,841	\$16,244,939	\$3,609,335	\$29,790,325
McKee Medical Center	\$6,416,052	\$10,760,516	\$8,665,183	\$5,055,922	\$30,897,673
Medical Center of the Rockies	\$5,382,447	\$7,213,112	\$16,571,176	\$3,936,370	\$33,103,105
Melissa Memorial Hospital	\$98,800	\$123,082	\$97,995	\$0	\$319,877
Memorial Hospital	\$43,796,712	\$30,885,529	\$64,214,011	\$11,866,950	\$150,763,202
Mercy Regional Medical Center	\$1,984,018	\$0	\$4,631,084	\$0	\$6,615,102
Montrose Memorial Hospital	\$1,931,050	\$5,438,982	\$4,194,248	\$1,138,773	\$12,703,053

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
Mount San Rafael Hospital	\$1,775,352	\$1,229,421	\$141,255	\$763,185	\$3,909,213
North Colorado Medical Center	\$15,043,321	\$23,384,280	\$34,987,774	\$23,421,171	\$96,836,546
Parkview Medical Center	\$28,763,755	\$15,871,959	\$34,597,877	\$11,855,524	\$91,089,115
Penrose St. Francis Hospital	\$16,626,491	\$11,410,732	\$26,482,188	\$8,030,618	\$62,550,029
Pikes Peak Regional Hospital	\$957,622	\$741,312	\$486,014	\$194,693	\$2,379,641
Platte Valley Medical Center	\$5,111,912	\$2,923,317	\$7,040,451	\$1,142,717	\$16,218,397
Poudre Valley Hospital	\$14,159,726	\$17,213,077	\$22,470,627	\$6,695,980	\$60,539,410
Prowers Medical Center	\$731,961	\$1,616,046	\$877,146	\$0	\$3,225,153
Rio Grande Hospital	\$661,267	\$304,034	\$317,376	\$0	\$1,282,677
San Luis Valley Regional Medical Center	\$2,431,243	\$2,371,324	\$2,587,502	\$1,079,631	\$8,469,700
Sedgwick County Hospital	\$9,514	\$306,881	\$0	\$27,131	\$343,526
Southeast Colorado Hospital District	\$298,503	\$129,768	\$68,139	\$0	\$496,410
Southwest Memorial Hospital	\$730,704	\$323,128	\$0	\$1,183,562	\$2,237,394
Spanish Peaks Regional Health Center	\$592,522	\$0	\$371,480	\$0	\$964,002
St. Mary-Corwin Medical Center	\$11,203,510	\$19,935,408	\$16,720,952	\$9,855,627	\$57,715,497
St. Mary's Hospital and Medical Center, Inc.	\$4,239,400	\$9,062,362	\$18,936,075	\$0	\$32,237,837
St. Thomas More Hospital	\$4,772,408	\$7,477,094	\$533,219	\$114,202	\$12,896,923
St. Vincent General Hospital District	\$88,440	\$0	\$131,074	\$0	\$219,514
Sterling Regional Medical Center	\$1,239,558	\$4,666,446	\$1,998,195	\$837,941	\$8,742,140
The Memorial Hospital	\$1,211,814	\$575,333	\$1,070,855	\$0	\$2,858,002
Valley View Hospital	\$2,458,331	\$3,662,124	\$4,336,028	\$751,318	\$11,207,801
Wray Community District Hospital	\$61,846	\$76,589	\$0	\$0	\$138,435
Yampa Valley Medical Center	\$1,237,945	\$0	\$4,217,362	\$0	\$5,455,307
Yuma District Hospital	\$235,062	\$898,361	\$238,959	\$0	\$1,372,382
Sub-Total CICP Hospital Providers	\$197,589,114	\$194,524,506	\$315,721,081	\$94,765,615	\$802,600,316

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
CICP Specialty Hospital Providers					
National Jewish Health	\$4,650	\$10,726,698	\$0	\$13,626	\$10,744,974
Children's Hospital Colorado	\$1,825,663	\$2,458,880	\$7,170,205	\$0	\$11,454,748
Sub-Total CICP Specialty Hospital Providers	\$1,830,313	\$13,185,578	\$7,170,205	\$13,626	\$22,199,722
Denver Health Medical Center					
Denver Health Medical Center	\$57,230,869	\$92,953,786	\$106,897,211	\$47,666,838	\$304,748,704
University of Colorado Hospital					
University of Colorado Hospital	\$78,267,059	\$75,642,977	\$132,200,124	\$31,142,039	\$317,252,199
Total CICP Hospital Providers					
Total CICP Hospital Providers	\$334,917,355	\$376,306,847	\$561,988,621	\$173,588,118	\$1,446,800,941
Total All CICP Providers					
Total All CICP Providers	\$341,545,771	\$417,513,902	\$561,988,621	\$173,588,118	\$1,494,636,412

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	\$29,007	\$113,134	\$142,141	\$142,141	\$0	\$142,141
Clinica Campesina	\$0	\$4,641,975	\$4,641,975	\$4,641,975	\$0	\$4,641,975
Colorado Alliance for Health Equity and Practice	\$0	\$190,381	\$190,381	\$190,381	\$0	\$190,381
Community Health Clinic	\$1,453	\$154,318	\$155,771	\$155,771	\$0	\$155,771
Custer County Medical Center	\$15,995	\$29,907	\$45,902	\$45,902	\$0	\$45,902
Denver Indian Health & Family Services	\$0	\$16,650	\$16,650	\$16,650	\$0	\$16,650
Grace Health Clinic	\$0	\$687,330	\$687,330	\$687,330	\$0	\$687,330
High Plains Community Health Center	\$712,338	\$37,491	\$749,829	\$749,829	\$0	\$749,829
Limon Plains Medical Center	\$515,525	\$0	\$515,525	\$515,525	\$0	\$515,525
Marillac Clinic	\$0	\$663,138	\$663,138	\$663,138	\$0	\$663,138
Metro Community Provider Network (MCPN)	\$0	\$6,294,642	\$6,294,642	\$6,294,642	\$0	\$6,294,642
Mountain Family Health Centers	\$464,114	\$490,547	\$954,661	\$954,661	\$0	\$954,661
NW Colorado Community Health Center	\$0	\$302,905	\$302,905	\$302,905	\$0	\$302,905
Peak Vista Community Health Centers	\$375,428	\$8,938,942	\$9,314,370	\$9,314,370	\$0	\$9,314,370
Pueblo Community Health Center	\$0	\$2,827,833	\$2,827,833	\$2,827,833	\$0	\$2,827,833
Salud Family Health Centers	\$0	\$9,645,047	\$9,645,047	\$9,645,047	\$0	\$9,645,047
Stout Street Clinic	\$4,267,560	\$0	\$4,267,560	\$4,267,560	\$0	\$4,267,560
Sunrise Community Health Center	\$0	\$3,483,957	\$3,483,957	\$3,483,957	\$0	\$3,483,957
Uncompahgre Combined Clinics	\$160,025	\$14,927	\$174,952	\$174,952	\$0	\$174,952
Valley-Wide Health Systems	\$86,971	\$2,673,930	\$2,760,901	\$2,760,901	\$0	\$2,760,901
Sub-Total CICP Clinic Providers	\$6,628,416	\$41,207,054	\$47,835,470	\$47,835,470	\$0	\$47,835,470

CICP Hospital Providers						
Arkansas Valley Regional Medical Center	\$2,333,956	\$1,614,747	\$3,948,703	\$2,943,998	\$1,004,705	\$3,948,703
Aspen Valley Hospital	\$1,253,016	\$1,302,256	\$2,555,272	\$1,496,163	\$1,059,109	\$2,555,272
Boulder Community Hospital	\$18,212,850	\$4,656,839	\$22,869,689	\$9,594,706	\$13,274,983	\$22,869,689
Colorado Plains Medical Center	\$3,444,357	\$2,425,998	\$5,870,355	\$3,716,883	\$2,153,472	\$5,870,355

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
Community Hospital	\$4,983,875	\$21,925	\$5,005,800	\$2,034,219	\$2,971,581	\$5,005,800
Conejos County Hospital	\$503,841	\$157,526	\$661,367	\$578,154	\$83,213	\$661,367
Delta County Memorial Hospital	\$1,421,504	\$56,508	\$1,478,012	\$527,433	\$950,579	\$1,478,012
East Morgan County Hospital	\$1,339,683	\$1,310,550	\$2,650,233	\$2,081,552	\$568,681	\$2,650,233
Estes Park Medical Center	\$1,094,839	\$1,375,983	\$2,470,822	\$1,685,439	\$785,383	\$2,470,822
Grand River Hospital and Medical Center	\$1,177,162	\$1,090,042	\$2,267,204	\$1,450,726	\$816,478	\$2,267,204
Gunnison Valley Hospital	\$766,103	\$0	\$766,103	\$766,103	\$0	\$766,103
Heart of the Rockies Regional Medical Center	\$4,226,972	\$0	\$4,226,972	\$2,212,515	\$2,014,457	\$4,226,972
Kremmling Memorial Hospital District	\$118,358	\$134,039	\$252,397	\$238,176	\$14,221	\$252,397
Longmont United Hospital	\$21,198,149	\$8,592,176	\$29,790,325	\$9,936,051	\$19,854,274	\$29,790,325
McKee Medical Center	\$15,081,235	\$15,816,438	\$30,897,673	\$17,176,568	\$13,721,105	\$30,897,673
Medical Center of the Rockies	\$21,953,623	\$11,149,481	\$33,103,104	\$12,595,558	\$20,507,546	\$33,103,104
Melissa Memorial	\$196,795	\$123,082	\$319,877	\$221,882	\$97,995	\$319,877
Memorial Hospital	\$108,010,723	\$42,752,479	\$150,763,202	\$74,682,241	\$76,080,961	\$150,763,202
Mercy Medical Center	\$6,615,102	\$0	\$6,615,102	\$1,984,018	\$4,631,084	\$6,615,102
Montrose Memorial Hospital	\$6,125,298	\$6,577,755	\$12,703,053	\$7,370,032	\$5,333,021	\$12,703,053
Mount San Rafael Hospital	\$1,916,606	\$1,992,606	\$3,909,212	\$3,004,772	\$904,440	\$3,909,212
North Colorado Medical Center	\$50,031,095	\$46,805,451	\$96,836,546	\$38,427,601	\$58,408,945	\$96,836,546
Parkview Medical Center	\$63,361,632	\$27,727,483	\$91,089,115	\$44,635,714	\$46,453,401	\$91,089,115
Penrose-St. Francis Health Services	\$43,108,679	\$19,441,350	\$62,550,029	\$28,037,223	\$34,512,806	\$62,550,029
Pikes Peak Regional Hospital	\$1,443,636	\$936,005	\$2,379,641	\$1,698,934	\$680,707	\$2,379,641
Platte Valley Medical Center	\$12,152,363	\$4,066,034	\$16,218,397	\$8,035,229	\$8,183,168	\$16,218,397
Poudre Valley Hospital	\$36,630,353	\$23,909,056	\$60,539,409	\$31,372,802	\$29,166,607	\$60,539,409
Prowers Medical Center	\$1,609,107	\$1,616,047	\$3,225,154	\$2,348,008	\$877,146	\$3,225,154
Rio Grande Hospital	\$978,643	\$304,034	\$1,282,677	\$965,301	\$317,376	\$1,282,677
San Luis Valley Regional Medical Center	\$5,018,746	\$3,450,955	\$8,469,701	\$4,802,568	\$3,667,133	\$8,469,701
Sedgwick County Health Center	\$9,514	\$334,012	\$343,526	\$316,395	\$27,131	\$343,526
Southeast Colorado Hospital	\$366,642	\$129,768	\$496,410	\$428,271	\$68,139	\$496,410
Southwest Memorial Hospital	\$730,704	\$1,506,690	\$2,237,394	\$1,053,832	\$1,183,562	\$2,237,394

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
Spanish Peaks Regional Health Center	\$964,002	\$0	\$964,002	\$592,522	\$371,480	\$964,002
St. Mary-Corwin Hospital	\$27,924,462	\$29,791,035	\$57,715,497	\$31,138,918	\$26,576,579	\$57,715,497
St. Mary's Hospital and Medical Center	\$23,175,475	\$9,062,362	\$32,237,837	\$13,301,762	\$18,936,075	\$32,237,837
St. Thomas More Hospital	\$5,305,627	\$7,591,296	\$12,896,923	\$12,249,502	\$647,421	\$12,896,923
St. Vincent General Hospital	\$219,514	\$0	\$219,514	\$88,440	\$131,074	\$219,514
Sterling Regional MedCenter	\$3,237,753	\$5,504,387	\$8,742,140	\$5,906,004	\$2,836,136	\$8,742,140
The Memorial Hospital	\$2,282,669	\$575,334	\$2,858,003	\$1,787,148	\$1,070,855	\$2,858,003
Valley View Hospital	\$6,794,359	\$4,413,442	\$11,207,801	\$6,120,455	\$5,087,346	\$11,207,801
Wray Community District Hospital	\$61,846	\$76,589	\$138,435	\$138,435	\$0	\$138,435
Yampa Valley Medical Center	\$5,455,307	\$0	\$5,455,307	\$1,237,945	\$4,217,362	\$5,455,307
Yuma District Hospital	\$474,021	\$898,361	\$1,372,382	\$1,133,423	\$238,959	\$1,372,382
Sub-Total CICP Hospital Providers	\$513,310,196	\$289,290,121	\$802,600,317	\$392,113,621	\$410,486,696	\$802,600,317
CICP Specialty Hospital Providers						
National Jewish Health	\$4,650	\$10,740,324	\$10,744,974	\$10,731,348	\$13,626	\$10,744,974
Children's Hospital Colorado	\$8,995,868	\$2,458,880	\$11,454,748	\$4,284,543	\$7,170,205	\$11,454,748
Sub-Total CICP Specialty Hospital Providers	\$9,000,518	\$13,199,204	\$22,199,722	\$15,015,891	\$7,183,831	\$22,199,722
Denver Health Medical Center	\$164,128,080	\$140,620,625	\$304,748,705	\$150,184,656	\$154,564,049	\$304,748,705
University of Colorado Hospital	\$210,467,183	\$106,785,016	\$317,252,199	\$153,910,036	\$163,342,163	\$317,252,199
Total CICP Hospital Providers	\$896,905,977	\$549,894,966	\$1,446,800,943	\$711,224,204	\$735,576,739	\$1,446,800,943
Total All CICP Providers	\$903,534,393	\$591,102,020	\$1,494,636,413	\$759,059,674	\$735,576,739	\$1,494,636,413

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	39,546	4,833	2,767	12,094	59,240
Alamosa	5,279	1,644	5	28	6,956
Arapahoe	20,675	2,559	2,795	19,222	45,251
Archuleta	26	61	-	21	108
Baca	120	756	-	42	918
Bent	749	521	3	3	1,276
Boulder	24,660	6,576	109	724	32,069
Broomfield	1,665	205	44	199	2,113
Chaffee	50	1,344	-	36	1,430
Cheyenne	58	9	-	7	74
Clear Creek	721	27	21	128	897
Conejos	2,074	1,340	3	28	3,445
Costilla	1,466	457	6	24	1,953
Crowley	385	293	1	1	680
Custer	251	220	2	2	475
Delta	36	836	3	32	907
Denver	29,411	3,299	166,137	9,725	208,572
Dolores	971	57	30	6	1,064
Douglas	1,508	433	243	1,272	3,456
Eagle	312	64	5	154	535
Elbert	753	158	20	178	1,109
El Paso	63,710	39,329	92	1,109	104,240
Fremont	1,228	7,962	2	76	9,268
Garfield	2,465	3,894	3	68	6,430
Gilpin	463	53	5	37	558
Grand	25	376	35	69	505
Gunnison	7	359	1	15	382
Hindsdale	-	7	-	2	9
Huerfano	46	621	1	1	669
Jackson	9	52	1	1	63
Jefferson	15,798	1,850	2,493	6,004	26,145
Kiowa	134	96	22	2	254
Kit Carson	266	34	3	35	338
Lake	1	43	7	44	95
La Plata	268	604	6	55	933
Larimer	15,177	35,654	29	787	51,647
Las Animas	72	3,672	12	22	3,778

Table 32 — Admissions and Visits by County*, Continued

County	CICP Clinics	CICP Hospitals**	Denver Health Medical Center	University of Colorado Hospital	Total
Lincoln	1,128	91	2	26	1,247
Logan	1,765	2,754	3	78	4,600
Mesa	6,024	10,075	10	67	16,176
Mineral	8	164	2	-	174
Moffat	1,359	1,121	-	58	2,538
Montezuma	1,337	522	-	8	1,867
Montrose	1,057	3,337	1	69	4,464
Morgan	3,852	3,709	16	146	7,723
Otero	2,475	2,767	5	66	5,313
Ouray	14	122	3	36	175
Park	557	232	18	98	905
Phillips	183	686	2	27	898
Pitkin	214	600	9	11	834
Prowers	3,617	2,255	4	45	5,921
Pueblo	18,550	23,313	71	367	42,301
Rio Blanco	24	34	-	25	83
Rio Grande	3,524	1,943	1	2	5,470
Routt	216	2,038	8	58	2,320
Saguache	2,537	779	1	7	3,324
San Juan	3	16	-	-	19
San Miguel	610	185	-	6	801
Sedgwick	58	681	-	1	740
Summit	6	19	4	78	107
Teller	7,023	1,562	1	63	8,649
Washington	99	569	-	8	676
Weld	25,197	18,717	118	1,245	45,277
Yuma	129	1,598	-	74	1,801
Unknown	600	2,623	178	333	3,734
Total	312,551	202,810	175,363	55,255	745,979

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	23,484	7.5%	14,194	7.5%	10,232	6.0%	3,485	6.6%	51,395	7.1%
B	25,145	8.0%	14,475	7.7%	12,747	7.5%	4,695	8.9%	57,062	7.9%
C	25,760	8.2%	15,394	8.1%	14,045	8.3%	5,598	10.6%	60,797	8.4%
D	23,929	7.7%	14,662	7.8%	13,246	7.8%	4,996	9.5%	56,833	7.8%
E	18,884	6.0%	11,594	6.1%	10,930	6.4%	4,270	8.1%	45,678	6.3%
F	24,090	7.7%	16,524	8.7%	12,591	7.4%	4,308	8.2%	57,513	7.9%
G	15,975	5.1%	12,063	6.4%	7,460	4.4%	2,700	5.1%	38,198	5.3%
H	6,954	2.2%	6,704	3.5%	26,909	15.8%	1,349	2.6%	41,916	5.8%
I	13,372	4.3%	18,472	9.8%	5,480	3.2%	2,377	4.5%	39,701	5.5%
N	84,332	27.0%	37,377	19.8%	2,807	1.7%	14,987	28.5%	139,503	19.3%
Z	49,965	16.0%	27,411	14.5%	53,432	31.5%	3,827	7.3%	134,635	18.6%
Unknown	661	0.2%	256	0.1%	0	0.0%	0	0.0%	917	0.1%
Total	312,551	100.0%	189,126	100.0%	169,879	100.0%	52,592	100.0%	724,148	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	0	0.0%	889	6.5%	271	4.9%	140	5.3%	1,300	6.0%
B	0	0.0%	804	5.9%	355	6.5%	199	7.5%	1,358	6.2%
C	0	0.0%	1,094	8.0%	472	8.6%	241	9.0%	1,807	8.3%
D	0	0.0%	1,029	7.5%	408	7.4%	199	7.5%	1,636	7.5%
E	0	0.0%	856	6.3%	259	4.7%	200	7.5%	1,315	6.0%
F	0	0.0%	1,327	9.7%	326	5.9%	214	8.0%	1,867	8.6%
G	0	0.0%	955	7.0%	211	3.8%	139	5.2%	1,305	6.0%
H	0	0.0%	438	3.2%	1,031	18.8%	79	3.0%	1,548	7.1%
I	0	0.0%	1,162	8.5%	193	3.5%	135	5.1%	1,490	6.8%
N	0	0.0%	3,260	23.8%	73	1.3%	825	31.0%	4,158	19.0%
Z	0	0.0%	1,842	13.5%	1,885	34.4%	292	11.0%	4,019	18.4%
Unknown	0	0.0%	28	0.2%	0	0.0%	0	0.0%	28	0.1%
Total	-	0%	13,684	100.0%	5,484	100.0%	2,663	100.0%	21,831	100.0%

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	3,439	1,362	844	5,645
B	3,267	1,586	968	5,821
C	4,473	2,157	1,016	7,646
D	3,864	2,027	1,084	6,975
E	3,321	1,149	1,155	5,625
F	4,982	1,589	1,137	7,708
G	3,672	934	625	5,231
H	1,557	4,597	411	6,565
I	4,230	734	859	-
N	13,148	383	3,816	17,347
Z	12,424	7,738	1,740	21,902
Unknown	84	-	-	84
Total	58,461	24,256	13,655	90,549

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	178	\$1,425,323	178	\$2,265,727	356	2.6%	\$3,691,050
6-17	74	\$1,658,818	83	\$2,494,548	157	1.1%	\$4,153,366
18-24	558	\$11,252,631	641	\$17,524,053	1,199	8.8%	\$28,776,684
25-54	3,545	\$93,761,310	4,213	\$130,945,303	7,758	56.7%	\$224,706,613
55-64	1,451	\$51,390,532	1,649	\$64,593,050	3,100	22.7%	\$115,983,582
65+	551	\$17,268,326	563	\$23,090,905	1,114	8.1%	\$40,359,231
TOTAL	6,357	\$176,756,940	7,327	\$240,913,586	13,684	100.0%	\$417,670,526

Table 35 — Inpatient Admissions by Age and Sex, Continued

Denver Health Medical Center							
Female			Male			Total Inpatient	
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	8	\$73,372	3	\$18,936	11	0.2%	\$92,308
6-17	7	\$100,095	5	\$127,901	12	0.2%	\$227,996
18-24	110	\$2,102,772	195	\$6,026,351	305	5.6%	\$8,129,123
25-54	1,204	\$29,579,323	2,224	\$60,667,906	3,428	62.5%	\$90,247,229
55-64	408	\$12,083,578	710	\$22,937,540	1,118	20.4%	\$35,021,118
65+	321	\$10,187,576	289	\$10,658,699	610	11.1%	\$20,846,275
TOTAL	2,058	\$54,126,716	3,426	\$100,437,333	5,484	100.0%	\$154,564,049
University of Colorado Hospital							
Female			Male			Total Inpatient	
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	14	\$1,289,843	10	\$527,258	24	0.9%	\$1,817,101
6-17	1	\$39,326	0	\$0	1	0.0%	\$39,326
18-24	73	\$2,440,502	89	\$4,169,974	162	6.1%	\$6,610,476
25-54	632	\$32,556,669	879	\$59,362,401	1,511	56.7%	\$91,919,070
55-64	329	\$17,991,087	356	\$26,247,299	685	25.7%	\$44,238,386
65+	157	\$9,978,220	123	\$8,739,584	280	10.5%	\$18,717,804
TOTAL	1,206	\$64,295,647	1,457	\$99,046,516	2,663	100.0%	\$163,342,163
All CICP Providers							
Female			Male			Total Inpatient	
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	200	\$2,788,538	191	\$2,811,921	391	1.8%	\$5,600,459
6-17	82	\$1,798,239	88	\$2,622,449	170	0.8%	\$4,420,688
18-24	741	\$15,795,905	925	\$27,720,378	1,666	7.6%	\$43,516,283
25-54	5,381	\$155,897,302	7,316	\$250,975,610	12,697	58.2%	\$406,872,912
55-64	2,188	\$81,465,197	2,715	\$113,777,889	4,903	22.5%	\$195,243,086
65+	1,029	\$37,434,122	975	\$42,489,188	2,004	9.2%	\$79,923,310
TOTAL	9,621	\$295,179,303	12,210	\$440,397,435	21,831	100.0%	\$735,576,738

Notes:

*Includes CICP Specialty Hospital providers.

Charges reported in this table are from Table 2B.

Table 36 — Outpatient Activity by Age and Sex

CICP Clinics							
	Female		Male		Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	808	\$131,848	891	\$138,944	1,699	0.5%	\$270,792
6-17	3,301	\$510,313	3,085	\$469,424	6,386	2.0%	\$979,737
18-24	14,164	\$2,300,931	8,625	\$1,268,040	22,789	7.3%	\$3,568,971
25-54	113,365	\$18,015,261	79,238	\$11,879,463	192,603	61.6%	\$29,894,724
55-64	46,527	\$6,788,999	30,215	\$4,540,447	76,742	24.6%	\$11,329,446
65+	7,472	\$1,080,604	4,860	\$711,195	12,332	3.9%	\$1,791,799
TOTAL	185,637	\$28,827,956	126,914	\$19,007,513	312,551	100.0%	\$47,835,469

CICP Hospitals*							
	Female		Male		Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	683	\$822,181	874	\$1,082,482	1,557	0.8%	\$1,904,663
6-17	1,445	\$2,192,126	1,474	\$2,491,616	2,919	1.5%	\$4,683,742
18-24	11,584	\$22,331,064	9,796	\$21,843,589	21,380	11.3%	\$44,174,653
25-54	63,076	\$129,963,301	52,012	\$116,252,064	115,088	60.9%	\$246,215,365
55-64	21,971	\$43,256,672	16,526	\$39,908,394	38,497	20.4%	\$83,165,066
65+	5,631	\$15,032,632	4,054	\$11,953,392	9,685	5.1%	\$26,986,024
TOTAL	104,390	\$213,597,976	84,736	\$193,531,537	189,126	100.0%	\$407,129,513

Denver Health Medical Center							
	Female		Male		Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	124	\$56,953	144	\$69,004	268	0.2%	\$125,957
6-17	1,216	\$538,469	989	\$338,607	2,205	1.3%	\$877,076
18-24	5,912	\$5,134,430	3,795	\$4,981,083	9,707	5.7%	\$10,115,513
25-54	49,308	\$39,284,845	54,357	\$54,366,641	103,665	61.0%	\$93,651,486
55-64	19,461	\$15,117,588	17,884	\$16,112,438	37,345	22.0%	\$31,230,026
65+	9,503	\$7,714,252	7,186	\$6,470,346	16,689	9.8%	\$14,184,598
TOTAL	85,524	\$67,846,537	84,355	\$82,338,119	169,879	100.0%	\$150,184,656

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	3	\$3,383	7	\$194,795	10	0.0%	\$198,178
6-17	50	\$149,999	47	\$141,382	97	0.2%	\$291,381
18-24	2,088	\$6,820,771	1,960	\$5,716,032	4,048	7.7%	\$12,536,803
25-54	15,011	\$44,939,588	16,110	\$45,047,105	31,121	59.2%	\$89,986,693
55-64	6,026	\$18,663,418	5,986	\$17,771,043	12,012	22.8%	\$36,434,461
65+	3,161	\$8,033,173	2,143	\$6,429,347	5,304	10.1%	\$14,462,520
TOTAL	26,339	\$78,610,332	26,253	\$75,299,704	52,592	100.0%	\$153,910,036

All CICP Providers							
Age Group	Female		Male		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	1,618	\$1,014,365	1,916	\$1,485,225	3,534	0.5%	\$2,499,590
6-17	6,012	\$3,390,907	5,595	\$3,441,029	11,607	1.6%	\$6,831,936
18-24	33,748	\$36,587,196	24,176	\$33,808,744	57,924	8.0%	\$70,395,940
25-54	240,760	\$232,202,995	201,717	\$227,545,273	442,477	61.2%	\$459,748,268
55-64	93,985	\$83,826,677	70,611	\$78,332,322	164,596	22.7%	\$162,158,999
65+	25,767	\$31,860,661	18,243	\$25,564,280	44,010	6.1%	\$57,424,941
TOTAL	401,890	\$388,882,801	322,258	\$370,176,873	724,148	100.0%	\$759,059,674

Notes:

*Includes CICP Specialty Hospital Providers.

Charges reported in this table are from Table 2B.

Table 37 — Utilization by Provider

Provider Name	Visits	Admissions	Days	ALOS*
CICP Clinic Providers				
Basin Clinic	860	0	0	0
Clinica Campesina	30,244	0	0	0
Colorado Alliance for Health Equity and Practice	1,153	0	0	0
Community Health Clinic	1,635	0	0	0
Custer County Medical Center	210	0	0	0
Denver Indian Health & Family Services	111	0	0	0
Grace Health Clinic	2,829	0	0	0
High Plains Community Health Center	4,148	0	0	0
Limon Plains Medical Center	3,826	0	0	0
Marillac Clinic	5,930	0	0	0
Metro Community Provider Network (MCPN)	40,043	0	0	0
Mountain Family Health Centers	4,869	0	0	0
NW Colorado Community Health Center	1,649	0	0	0
Peak Vista Community Health Centers	71,502	0	0	0
Pueblo Community Health Center	18,691	0	0	0
Salud Family Health Centers	60,543	0	0	0
Stout Street Clinic	23,258	0	0	0
Sunrise Community Health Center	19,737	0	0	0
Uncompahgre Combined Clinics	817	0	0	0
Valley-Wide Health Systems	20,496	0	0	0
Sub-Total (Clinics)	312,551	-	-	-
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	2,748	81	260	3.21
Aspen Valley Hospital	764	33	104	3.15
Boulder Community Hospital	3,134	342	1,561	4.56
Colorado Plains Medical Center	1,982	123	286	2.33
Community Hospital	1,246	150	564	3.76
Conejos County Hospital District	1,049	18	34	1.89
Delta County Memorial Hospital	298	71	240	3.38
East Morgan County Hospital	1,375	41	115	2.80
Estes Park Medical Center	1,073	29	85	2.93
Grand River Hospital	1,448	40	80	2.00
Gunnison Valley Hospital	273	0	0	0.00
Heart of the Rockies Regional Medical Center	1,515	110	491	4.46
Kremmling Memorial Hospital District	289	1	10	10.00
Longmont United Hospital	3,798	539	2,439	4.53
McKee Medical Center	9,121	519	1,548	2.98
Medical Center of the Rockies	3,619	487	1,825	3.75
Melissa Memorial Hospital	620	13	30	2.31
Memorial Hospital	29,587	2,151	9,337	4.34

Table 37 — Utilization by Provider, Continued

Provider Name	Visits	Admissions	Days	ALOS*
Mercy Regional Medical Center	581	133	672	5.05
Montrose Memorial Hospital	3,510	286	5,777	20.20
Mount San Rafael Hospital	3,288	79	167	2.11
North Colorado Medical Center	13,467	1,829	7,270	3.97
Parkview Medical Center	14,489	1,126	5,319	4.72
Penrose St. Francis Hospital	7,968	922	4,023	4.36
Pikes Peak Regional Hospital	922	39	108	2.77
Platte Valley Medical Center	2,648	313	1,028	3.28
Poudre Valley Hospital	23,505	1,421	5,192	3.65
Prowers Medical Center	2,265	79	230	2.91
Rio Grande Hospital	1,355	32	77	2.41
San Luis Valley Regional Medical Center	3,138	211	539	2.55
Sedgwick County Hospital	601	3	14	4.67
Southeast Colorado Hospital District	609	11	26	2.36
Southwest Memorial Hospital	456	50	185	3.70
Spanish Peaks Regional Health Center	322	32	87	2.72
St. Mary-Corwin Medical Center	9,271	676	3,000	4.44
St. Mary's Hospital and Medical Center, Inc.	8,672	549	2,565	4.67
St. Thomas More Hospital	6,866	182	653	3.59
St. Vincent General Hospital District	39	7	31	4.43
Sterling Regional Medical Center	2,764	120	430	3.58
The Memorial Hospital	949	67	200	2.99
Valley View Hospital	2,077	152	528	3.47
Wray Community District Hospital	579	0	0	0.00
Yampa Valley Medical Center	1,767	449	590	1.31
Yuma District Hospital	1,230	19	37	1.95
Sub-Total CICIP Hospital Providers	177,277	13,535	57,757	4.27
CICIP Specialty Hospital Providers				
National Jewish Health	9,323	1	5	5.00
Children's Hospital Colorado	2,526	148	699	4.72
Sub-Total CICIP Specialty Hospital Providers	11,849	149	704	4.72
Denver Health Medical Center	169,879	5,484	24,256	4.42
University of Colorado Hospital	52,592	2,663	13,655	5.13
Total CICIP Hospital Providers	411,597	21,831	96,372	4.41
Total All CICIP Providers	724,148	21,831	96,372	4.41

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	-	-	-	-	6	59	414	479
Clinica Campesina	-	-	-	-	108	228	7,396	7,732
Colorado Alliance for Health Equity and Practice	-	-	-	-	-	24	780	804
Community Health Clinic	-	-	-	-	6	13	1,010	1,029
Custer County Medical Center	-	-	-	-	-	1	118	119
Denver Indian Health & Family Services	-	-	-	-	-	-	44	44
Grace Health Clinic	-	-	-	-	12	38	2,239	2,289
High Plains Community Health Center	-	-	-	-	14	55	1,159	1,228
Limon Plains Medical Center	-	-	-	-	28	115	1,174	1,317
Marillac Clinic	-	-	-	-	2	17	2,437	2,456
Metro Community Provider Network (MCPN)	-	-	-	-	70	313	10,568	10,951
Mountain Family Health Centers	-	-	-	-	14	59	1,986	2,059
NW Colorado Community Health Center	-	-	-	-	3	5	273	281
Peak Vista Community Health Centers	-	-	-	-	563	2,600	15,977	19,140
Pueblo Community Health Center	-	-	-	-	10	66	5,341	5,417
Salud Family Health Centers	-	-	-	-	96	620	18,496	19,212
Stout Street Clinic	-	-	-	-	47	69	5,700	5,816
Sunrise Community Health Center	-	-	-	-	38	212	5,273	5,523
Uncompahgre Combined Clinics	-	-	-	-	3	14	270	287
Valley-Wide Health Systems	-	-	-	-	9	68	6,988	7,065
Sub-Total CICP Clinic Providers	-	-	-	-	1,029	4,576	87,643	93,248

CICP Hospital Providers								
Arkansas Valley Regional Medical Center	-	2	71	73	7	19	1,145	1,171
Aspen Valley Hospital	2	-	28	30	1	1	190	192
Boulder Community Hospital	-	1	263	264	1	22	1,422	1,445
Colorado Plains Medical Center	10	3	107	120	25	44	1,404	1,473
Community Hospital	-	1	135	136	2	13	674	689
Conejos County Hospital District	-	-	8	8	3	2	319	324

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

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
Delta County Memorial Hospital	-	-	71	71	1	11	286	298
East Morgan County Hospital	-	1	36	37	9	20	484	513
Estes Park Medical Center	-	-	4	4	3	5	470	478
Grand River Hospital	-	-	36	36	2	4	317	323
Gunnison Valley Hospital	-	-	-	-	1	9	196	206
Heart of the Rockies Regional Medical Center	3	4	68	75	5	11	516	532
Kremmling Memorial Hospital District	-	-	1	1	2	3	88	93
Longmont United Hospital	3	1	407	411	8	23	1,927	1,958
McKee Medical Center	22	4	372	398	39	85	2,977	3,101
Medical Center of the Rockies	11	5	254	270	28	86	1,566	1,680
Melissa Memorial Hospital	-	-	13	13	3	12	103	118
Memorial Hospital	4	230	1,395	1,629	96	2,202	8,761	11,059
Mercy Regional Medical Center	1	2	109	112	1	7	313	321
Montrose Memorial Hospital	3	1	209	213	9	20	1,215	1,244
Mount San Rafael Hospital	-	-	78	78	10	48	1,331	1,389
North Colorado Medical Center	59	30	1,219	1,308	92	246	4,519	4,857
Parkview Medical Center	12	-	887	899	28	69	4,502	4,599
Penrose St. Francis Hospital	3	4	699	706	16	53	3,204	3,273
Pikes Peak Regional Hospital	-	-	14	14	-	3	418	421
Platte Valley Medical Center	27	2	163	192	25	58	1,450	1,533
Poudre Valley Hospital	51	18	503	572	78	217	8,554	8,849
Prowers Medical Center	1	-	71	72	12	37	738	787
Rio Grande Hospital	-	-	24	24	-	3	434	437
San Luis Valley Regional Medical Center	-	1	108	109	2	20	1,470	1,492
Sedgwick County Hospital	-	-	3	3	-	3	203	206
Southeast Colorado Hospital District	1	-	10	11	1	4	209	214
Southwest Memorial Hospital	-	-	28	28	1	9	246	256
Spanish Peaks Regional Health Center	-	-	9	9	-	2	76	78
St. Mary-Corwin Medical Center	6	6	538	550	13	44	3,789	3,846

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. Mary's Hospital and Medical Center, Inc.	8	5	437	450	12	47	3,021	3,080
St. Thomas More Hospital	-	-	-	-	-	-	-	-
St. Vincent General Hospital District	-	-	5	5	-	4	20	24
Sterling Regional Medical Center	5	-	92	97	13	33	812	858
The Memorial Hospital	1	1	48	50	2	18	328	348
Valley View Hospital	9	2	76	87	15	11	585	611
Wray Community District Hospital	-	-	-	-	-	3	144	147
Yampa Valley Medical Center	6	6	320	332	11	7	356	374
Yuma District Hospital	1	3	14	18	6	51	430	487
Sub-Total CICP Hospital Providers	249	333	8,933	9,515	583	3,589	61,212	65,384
CICP Specialty Hospital Providers								
National Jewish Health	-	-	1	1	7	29	2,120	2,156
Children's Hospital Colorado	29	59	23	111	358	441	229	1,028
Sub-Total CICP Specialty Hospital Providers	29	59	24	112	365	470	2,349	3,184
Denver Health Medical Center	11	18	4,130	4,159	116	964	35,494	36,574
University of Colorado Hospital	24	3	1,937	1,964	7	234	16,588	16,829
Total CICP Hospital Providers	313	413	15,024	15,750	1,071	5,257	115,643	121,971
Total All CICP Providers	313	413	15,024	15,750	2,100	9,833	203,286	215,219

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	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
CICP Clinic Providers				
Basin Clinic	6	59	414	479
Clinica Campesina	108	228	7,396	7,732
Colorado Alliance for Health Equity and Practice	-	24	780	804
Community Health Clinic	6	13	1,010	1,029
Custer County Medical Center	-	1	118	119
Denver Indian Health & Family Services	-	-	44	44
Grace Health Clinic	12	38	2,239	2,289
High Plains Community Health Center	14	55	1,159	1,228
Limon Plains Medical Center	28	115	1,174	1,317
Marillac Clinic	2	17	2,437	2,456
Metro Community Provider Network (MCPN)	70	313	10,568	10,951
Mountain Family Health Centers	14	59	1,986	2,059
NW Colorado Community Health Center	3	5	273	281
Peak Vista Community Health Centers	563	2,600	15,977	19,140
Pueblo Community Health Center	10	66	5,341	5,417
Salud Family Health Centers	96	620	18,496	19,212
Stout Street Clinic	47	69	5,700	5,816
Sunrise Community Health Center	38	212	5,273	5,523
Uncompahgre Combined Clinics	3	14	270	287
Valley-Wide Health Systems	9	68	6,988	7,065
Sub-Total CICP Clinic Providers	1,029	4,576	87,643	93,248

CICP Hospital Providers				
Arkansas Valley Regional Medical Center	7	21	1,167	1,195
Aspen Valley Hospital	3	1	218	222
Boulder Community Hospital	1	23	1,535	1,559
Colorado Plains Medical Center	35	47	1,511	1,593
Community Hospital	1	13	748	762

Table 39 — Unduplicated Total Count by Age Group, Continued

Provider Name	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
Conejos County Hospital District	3	2	319	324
Delta County Memorial Hospital	1	11	357	369
East Morgan County Hospital	9	21	520	550
Estes Park Medical Center	3	5	474	482
Grand River Hospital	2	4	320	326
Gunnison Valley Hospital	1	9	196	206
Heart of the Rockies Regional Medical Center	8	56	543	607
Kremmling Memorial Hospital District	2	3	89	94
Longmont United Hospital	11	24	2,334	2,369
McKee Medical Center	61	89	3,349	3,499
Medical Center of the Rockies	39	91	1,820	1,950
Melissa Memorial Hospital	3	12	116	131
Memorial Hospital	100	2,280	9,190	11,570
Mercy Regional Medical Center	2	8	386	396
Montrose Memorial Hospital	9	20	1,282	1,311
Mount San Rafael Hospital	10	48	1,335	1,393
North Colorado Medical Center	151	276	5,738	6,165
Parkview Medical Center	35	69	4,849	4,953
Penrose St. Francis Hospital	19	57	3,903	3,979
Pikes Peak Regional Hospital	-	3	432	435
Platte Valley Medical Center	52	60	1,613	1,725
Poudre Valley Hospital	129	235	9,057	9,421
Prowers Medical Center	13	37	809	859
Rio Grande Hospital	-	3	445	448
San Luis Valley Regional Medical Center	2	21	1,578	1,601
Sedgwick County Hospital	-	3	206	209
Southeast Colorado Hospital District	1	4	220	225
Southwest Memorial Hospital	1	9	274	284
Spanish Peaks Regional Health Center	-	2	85	87

Table 39 — Unduplicated Total Count by Age Group, Continued

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
St. Mary-Corwin Medical Center	19	50	4,327	4,396
St. Mary's Hospital and Medical Center, Inc.	18	51	3,132	3,201
St. Thomas More Hospital	12	38	2,349	2,399
St. Vincent General Hospital District	-	4	25	29
Sterling Regional Medical Center	18	33	904	955
The Memorial Hospital	2	11	340	353
Valley View Hospital	24	13	661	698
Wray Community District Hospital	-	3	144	147
Yampa Valley Medical Center	15	10	529	554
Yuma District Hospital	7	54	444	505
Sub-Total CICP Hospital Providers	829	3,834	69,873	74,536
CICP Specialty Hospital Providers				
National Jewish Health	7	29	2,121	2,157
Children's Hospital Colorado	387	500	252	1,139
Sub-Total CICP Specialty Hospital Providers	394	529	2,373	3,296
Denver Health Medical Center	120	973	36,420	37,513
University of Colorado Hospital	31	237	17,045	17,313
Total CICP Hospital Providers	1,374	5,573	125,711	132,658
Total All CICP Providers	2,403	10,149	213,354	225,906

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.