



**COLORADO**

Department of Health Care  
Policy & Financing

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## Medically Indigent and Colorado Indigent Care Program Fiscal Year 2013-14 Annual Report

Department of Health Care Policy and Financing  
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Executive Director

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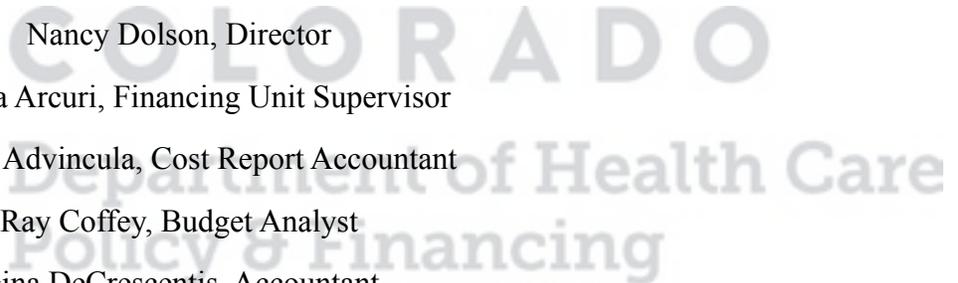
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# EXECUTIVE SUMMARY

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 2013-14 total payments made to providers serving the medically indigent were 3.0% greater than in FY 2012-13 and equaled \$314,528,771. Payments were distributed as follows:

## Hospital Payments

▶ CICP Supplemental Medicaid Payments	\$124,702,074
▶ CICP Disproportionate Share Hospital Payments	\$183,766,937
<b>Total CICP Hospital Payments</b>	<b>\$308,469,011</b>

## Clinic Payments

▶ The Children's Hospital Colorado Payments	\$6,059,760
<b>Total CICP Clinic Payments</b>	<b>\$6,059,760</b>

In FY 2013-14, there were 21 CICP Clinic providers and 49 CICP Hospital providers. CICP Clinics were reimbursed at 21.1% of indigent care costs, while all CICP Hospitals were reimbursed at 87.9% of indigent care costs. Denver Health Medical Center received 105.6% reimbursement relative to indigent care costs, and University of Colorado Hospital was reimbursed 72.4% of indigent care costs. Average reimbursement rates are significantly higher than in previous years. This is due to the fact that payments made to providers for FY 2013-14 are based on utilization and write-off data collected from FY 2011-12, prior to the Medicaid expansion to adults with incomes up to 133% of the federal poverty level (FPL). Thus, utilization of the program has decreased as a significant number of former CICP clients became eligible for Medicaid while the total reimbursement to the program has not. Providers who received funds above their write-off costs may have been more successful in moving CICP clients onto Medicaid than other providers. Note: the payments reflected here do not take into account the fees paid by hospitals to finance the CICP payments. For information on all payments under CHCAA and the net reimbursement increase to hospitals as a result of the hospital provider fee, please see the [Colorado Health Care Affordability Act Annual Reports](#) available on the Department's website.

In FY 2013-14 the number of individuals served under the CICP was 160,196 - a 23.1% decrease from the previous year. The Department believes the majority of the decrease in number served can be attributed to the January 2014 expansion of Medicaid coverage for all adults in Colorado to 133% of the FPL pursuant to Senate Bill (SB) 13-200 and the federal Affordable Care Act (ACA). This decrease in clients served, although significant, will not eliminate the need for the CICP. The Department will continue to work with its stakeholders to understand patient needs and gaps in coverage before any changes to CICP are implemented.

# INTRODUCTION

The Department of Health Care Policy and Financing (the Department) prepares this report pursuant to Section 25.5-3-107, C.R.S. (2014). 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 Public Health Care and Human Services 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;
- ▶ Medical services provided to medically indigent clients during FY 2013-14;
- ▶ Plans for future years; and
- ▶ 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. (2014) 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 Colorado Indigent Care Program (CICP) provides a partial solution to the health care needs of the state’s medically indigent citizens and does not provide a comprehensive benefits package. The program is not an insurance program, but rather a financial vehicle for providers to recoup some of their costs for providing medical services to the medically indigent who are not eligible for Medicaid or 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 CICP

The January 2014 expansion of Medicaid coverage for adults in Colorado to 133% of the federal poverty level (FPL) pursuant to Senate Bill (SB) 13-200 and the federal Affordable Care Act (ACA) reduced the number of uninsured Coloradans but did not eliminate the need for the CICP.

CICP allows low-income Coloradans with incomes up to 250% of the FPL who are not eligible for Medicaid or the CHP+ to obtain discounted health care services at participating providers. CICP provides some reimbursement for the uncompensated costs incurred by CICP 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.

After January 2014, approximately 75% of formerly-eligible CICP clients are expected to be eligible for Medicaid, with most of the remaining CICP clients eligible for discounted health insurance through the Connect for Health Colorado Marketplace. While the implementation of the ACA provides health care coverage to many clients who would otherwise be eligible for CICP, not all are covered. Those who are between 133% and 250% of the FPL are still eligible for CICP. Also, with some exceptions, legal immigrants who have been in the United States less than five (5) years cannot be eligible for Medicaid or CHP+ but can be eligible for CICP. Finally, while many low-income Coloradans may be eligible for a federal subsidy to purchase health care coverage, there will continue to be clients under 250% of the FPL who cannot meet their out-of-pocket expenses. The challenge for the CICP is to remain a safety net for lower-income individuals while encouraging enrollment in Medicaid or subsidized private health insurance through the marketplace. Although the Department is not proposing any funding or policy changes to the program at this time, the Department is working in collaboration with stakeholders to understand and meet the health needs of lower income Coloradans as the health insurance market evolves over the next few years. The Department will communicate any proposed changes to the CICP well in advance of implementation.

## STAKEHOLDER COLLABORATION

### CICP EXECUTIVE FORUM

The Department established the CICP Executive Forum, which replaced the traditional CICP annual meeting in April 2013. In consideration of all the potential changes to the CICP, the Executive Forum will meet twice a year as opposed to once a year.

The CICP Executive Forum provides the Department a venue to update senior executives in charge of administering the CICP with the Department's plans and goals for the program. The forum also provides senior executives the opportunity to have a voice in how the Department maintains and improves the program. The goal of the Executive Forum is to engage executive staff in discussions regarding CICP, in particular, focusing on high-level topics such as:

- Vision and goals of the Department and CICP;
- Policy, budget, and legislative updates; and
- The future of health care nationally and in Colorado.

While budget and legislative updates were presented during the CICP Executive Forum held in September 2014, discussion centered on how the CICP will move forward. Various scenarios for the future of CICP were discussed regarding the possibilities for new eligibility policies, changes in funding, and enhanced services as more CICP clients enroll in Medicaid or subsidized private health insurance in the marketplace.

The Department is working closely with stakeholders and has mapped out a timeline for exploring options generated during CICIP Stakeholder and Executive forums. Ideas under consideration by stakeholders and the Department for rebranding the CICIP are shifting the CICIP funding to CICIP providers in the form of a grant, permitting providers to write-off dental costs to the program, or increasing the income threshold for qualifying for the program to 400% of the FPL. The exchange of ideas will guide the Department in setting long term goals for the program in the years to come. The CICIP will continue to remain a safety net even for low income individuals and families with private insurance since the CICIP may be used secondary to primary, private health insurance.

## CICIP STAKEHOLDER FORUM

The CICIP Stakeholder Forum was created in October 2007 and meets four times per year. The Department initiated this forum to provide an informal environment for CICIP client advocates, participating providers, and other stakeholders to exchange ideas, review policies, and make recommendations to the Department that address the CICIP eligibility process, provider relations, client relations, and other pertinent issues. Notes from forum meetings and other information are communicated via the CICIP newsletter and the Department's website.

Stakeholders were instrumental in revising materials used in the 2014-15 CICIP Provider Manual. In particular, the information provided in the manual for determining CICIP eligibility was streamlined to coordinate with the expansion and restructuring of Medicaid eligibility categories that went into effect January 2014.

The Department worked with the forum in establishing policies and guidelines to steer the program through the stages of health care reform. With the Medicaid expansion to adults with incomes up to 133% of the FPL, new applicants and reapplying clients for the CICIP with incomes up to that level are instructed to apply for Medicaid prior to acceptance into the CICIP. The Department will continue to engage stakeholders in critical conversations surrounding the rebranding of the CICIP as more clients formerly eligible for CICIP obtain medical coverage either through Medicaid or subsidized private health insurance through Connect for Health Colorado.

## CICIP COMMUNICATION

The Department publishes a quarterly newsletter that provides CICIP providers and stakeholders with updates on CICIP policies and other Department news. The Department also publishes an annual CICIP Provider Manual that details program requirements including determining an applicant's eligibility for CICIP and is a comprehensive program resource for providers. The Department creates fact sheets to provide CICIP clients with program eligibility guidelines for CICIP, Medicaid and Connect for Health Colorado. The quarterly newsletter, Provider Manual, and fact sheets are published on the Department's website.

# CLIENTS

## ELIGIBILITY REQUIREMENTS AND ABILITY-TO-PAY

Participating hospitals and clinics administer enrollment into the CICP. Eligibility technicians at the CICP 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 that must be billed prior to applying the CICP copayment to medical services. To be eligible for services discounted under the CICP, an individual must meet lawful presence, Colorado residency, income/asset requirements, and be aged 18 and older or an emancipated minor.

Under regulations concerning lawful presence, promulgated pursuant to House Bills (HBs) 06S-1023 and 07-1314, all new applicants and clients reapplying for CICP aged 18 years and older must sign an affidavit indicating their citizenship status and provide acceptable documentation demonstrating that they are either a U.S. citizen or otherwise lawfully residing in the country. Applicants who do not provide a permissible document from the acceptable list may apply for a “Request for Waiver-Restrictions on Public Benefits” from the Department of Revenue. Applicants without acceptable documentation who are U.S. citizens or U.S. nationals may sign a self-declaration statement to satisfy the evidence of lawful presence requirement.

In order to qualify to receive discounted services under the CICP, a person must have income and assets combined at or below 250% of the FPL. Providers assign a “rate” to the applicant based on their total income and assets (see Table 1). Ratings are based on snapshot of an applicant’s financial resources as of the date of the rating.

A client’s rating determines their copayment amount (see Table 2). 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

**Table 1 Annual Income Ranges for Each Ability To Pay Rate  
Effective April 1, 2014 through March 31, 2015**

Family Size	Z	N	A	B
1	\$0 to \$4,668	\$0 to \$4,668	\$4,669 to \$7,235	\$7,236 to \$9,453
2	\$0 to \$6,292	\$0 to \$6,292	\$6,293 to \$9,753	\$9,754 to \$12,741
3	\$0 to \$7,916	\$0 to \$7,916	\$7,917 to \$12,270	\$12,271 to \$16,030
4	\$0 to \$9,540	\$0 to \$9,540	\$9,541 to \$14,787	\$14,788 to \$19,319
5	\$0 to \$11,164	\$0 to \$11,164	\$11,165 to \$17,304	\$17,305 to \$22,607
6	\$0 to \$12,788	\$0 to \$12,788	\$12,789 to \$19,821	\$19,822 to \$25,896
7	\$0 to \$14,412	\$0 to \$14,412	\$14,413 to \$22,339	\$22,340 to \$29,184
8	\$0 to \$16,036	\$0 to \$16,036	\$16,037 to \$24,856	\$24,857 to \$32,473
Poverty Level	40% and Homeless	40%	62%	81%

Family Size	C	D	E	F
1	\$9,454 to \$11,670	\$ 11,671 to \$ 13,654	\$13,655 to \$15,521	\$15,522 to \$18,555
2	\$12,742 to \$15,730	\$15,731 to \$18,404	\$18,405 to \$20,921	\$20,922 to \$25,011
3	\$16,031 to \$19,790	\$19,791 to \$23,154	\$23,155 to \$26,321	\$26,322 to \$31,466
4	\$19,320 to \$23,850	\$23,851 to \$27,905	\$27,906 to \$31,721	\$31,722 to \$37,922
5	\$22,608 to \$27,910	\$27,911 to \$32,655	\$32,656 to \$37,120	\$37,121 to \$44,377
6	\$25,897 to \$31,970	\$31,971 to \$37,405	\$37,406 to \$42,520	\$42,521 to \$50,832
7	\$29,185 to \$36,030	\$36,031 to \$42,155	\$42,156 to \$47,920	\$47,921 to \$57,288
8	\$32,474 to \$40,090	\$40,091 to \$46,905	\$46,906 to \$53,320	\$53,321 to \$63,743
Poverty Level	100%	117%	133%	159%

Family Size	G	H	I
1	\$18,556 to \$21,590	\$21,591 to \$23,340	\$23,341 to \$29,175
2	\$25,012 to \$29,101	\$29,102 to \$31,460	\$31,461 to \$39,325
3	\$31,467 to \$36,612	\$36,613 to \$39,580	\$39,581 to \$49,475
4	\$37,923 to \$44,123	\$44,124 to \$47,700	\$47,701 to \$59,625
5	\$44,378 to \$51,634	\$51,635 to \$55,820	\$55,821 to \$69,775
6	\$50,833 to \$59,145	\$59,146 to \$63,940	\$63,941 to \$79,925
7	\$57,289 to \$66,656	\$66,657 to \$72,060	\$72,061 to \$90,075
8	\$63,744 to \$74,167	\$74,168 to \$80,180	\$80,181 to \$100,225
Poverty Level	185%	200%	250%

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

Table 2 Client Copayment Table Effective July 1, 2013

CICP Rating	Percent of Federal Poverty Level	Inpatient Facility & Ambulatory Surgery	Inpatient & Emergency Room Physician	Outpatient Clinic	Hospital Emergency Room, Specialty Outpatient Clinic & Emergency Transportation	Prescription Laboratory, Radiology & Imaging
N	40%	\$15	\$7	\$7	\$15	\$5
A	62%	\$65	\$35	\$15	\$25	\$10
B	81%	\$105	\$55	\$15	\$25	\$10
C	100%	\$155	\$80	\$20	\$30	\$15
D	117%	\$220	\$110	\$20	\$30	\$15
E	133%	\$300	\$150	\$25	\$35	\$20
F	159%	\$390	\$195	\$25	\$35	\$20
G	185%	\$535	\$270	\$35	\$45	\$30
H	200%	\$600	\$300	\$35	\$45	\$30
I	250%	\$630	\$315	\$40	\$50	\$35
Z	40%	\$0	\$0	\$0	\$0	\$0

Homeless clients with a “Z” CICP rating are exempt from CICP copayments

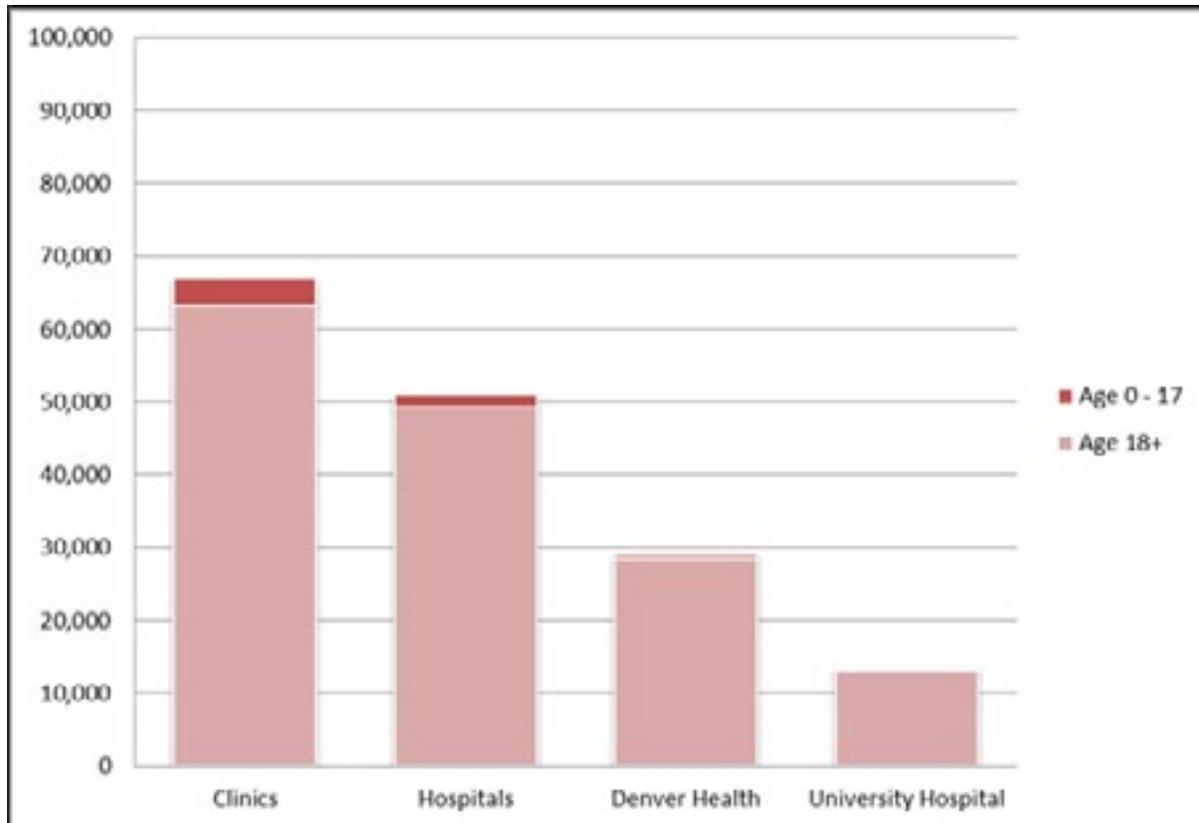
The CICP client must pay the lower of the copayment listed or actual charges. Clients are notified of their copayment obligation at or before the time that services are rendered. For all client ratings except the N-rating, annual copayments for CICP clients cannot exceed 10% of the family’s income. Annual copayments for clients with N-ratings cannot exceed \$120.

# CLIENT UTILIZATION

## CLIENTS SERVED

During FY 2013-14, there were 160,196 unduplicated clients who received services through the CICP. This represents a 23.1% decrease from the 208,449 unduplicated clients assisted in FY 2012-13. The Department believes the majority of this drop in unduplicated clients is a direct result of the expansion of Medicaid eligibility in January 2014. Overall, the program provided 9,438 unduplicated clients with inpatient care, while 156,825 received outpatient services in FY 2013-14.<sup>1</sup>

Figure 1 Total Unduplicated Client Count by Provider and Age Group



Children represented 3.8% of the total unique population receiving services. The total unduplicated count of children receiving care under the CICP decreased by 35.8% in FY 2013-14 relative to the FY 2012-13 total. With the exception of FY 2007-08, past years have demonstrated a decline in children enrolled in the CICP, primarily due to the transition to other programs such as Medicaid and CHP+. The Department believes that the continued decrease for FY 2013-14 stems partially from the elimination of the three-month waiting period for CHP+ in 2013, but mainly from the “woodwork effect” caused by the expansion of Medicaid eligibility in January 2014, where many children who were previously eligible for CHP+, but not enrolled, were discovered and added to the CHP+ program.

The Department would also like to note that starting this year we have asked providers to report their 18-year-old patients with the adults instead of the children in the unduplicated client counts. This may have added slightly to the decrease in unique children served this year over last.

<sup>1</sup> 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

As shown in Table 3, the number of inpatient days decreased from 78,224 in FY 2012-13 to 51,141 in FY 2013-14, representing a decrease of 34.6%. Overall, the total number of inpatient days has decreased by 44.9% since FY 2011-12. Relative to FY 2012-13, Denver Health Medical Center had a decrease in inpatient days in FY 2013-14 of 42.7%, while University of Colorado Hospital had a decrease of 28.9%.

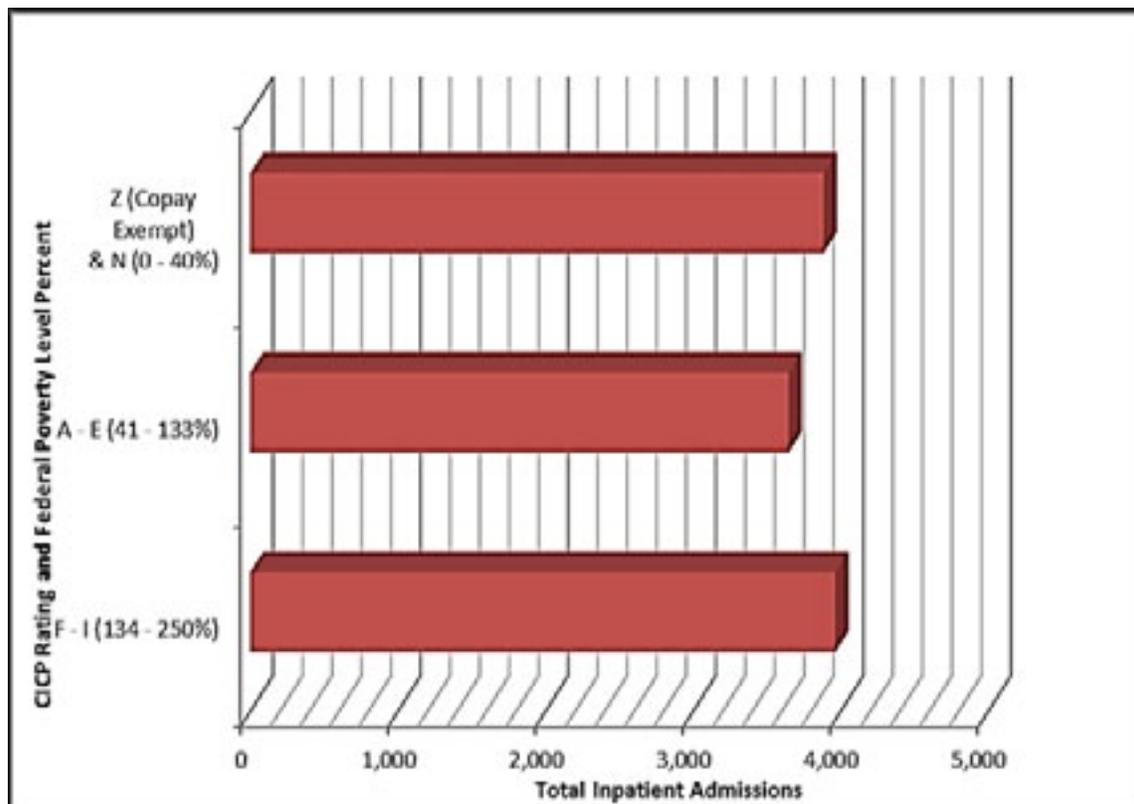
Table 3 Comparison of Inpatient Days

CICP Provider	FY 2011-12 Inpatient Days	Percent Change	FY 2012-13 Inpatient Days	Percent Change	FY 2013-14 Inpatient Days	Percent Change
CICP Hospitals <sup>2</sup>	56,022	-4.2%	44,503	-20.6%	29,723	-33.2%
Denver Health	22,463	-7.4%	18,640	-17.0%	10,689	-42.7%
University Hospital	14,344	5.0%	15,081	5.1%	10,729	-28.9%
<b>TOTAL</b>	<b>92,829</b>	<b>1.0%</b>	<b>78,224</b>	<b>-15.7%</b>	<b>51,141</b>	<b>-34.6%</b>

Source: Analysis of Data from Previous CICP Annual Reports

Figure 2 shows the total inpatient admissions by CICP rating and FPL percentage for FY 2013-14. Of the total inpatient admissions, 65.5% were made for individuals living at or below 133% FPL (CICP ratings Z, N, A, B, C, D, or E), which is almost identical to the 65.9% figure seen in FY 2012-13. The CICP N and Z ratings accounted for 33.8% of inpatient admissions, which is down from 42.8% last year. Ratings A through E (41 to 133% of the FPL) accounted for 31.7% of inpatient admissions, while F through I (134 to 250% of the FPL) accounted for 34.5% of inpatient admissions.

Figure 2 Inpatient Admissions by CICP Rating



<sup>2</sup> Includes CICP Specialty Hospital providers

As shown in Table 4, there was a 32% decrease in total outpatient visits from FY 2012-13 to FY 2013-14. All CICP providers experienced comparable decreases in outpatient visits: 32.4% for CICP clinics, 31.5% for Denver Health, 28.9% for University Hospital, and 32.7% for all other hospitals. These decreases are most likely the result of the enactment of the ACA in January 2014.

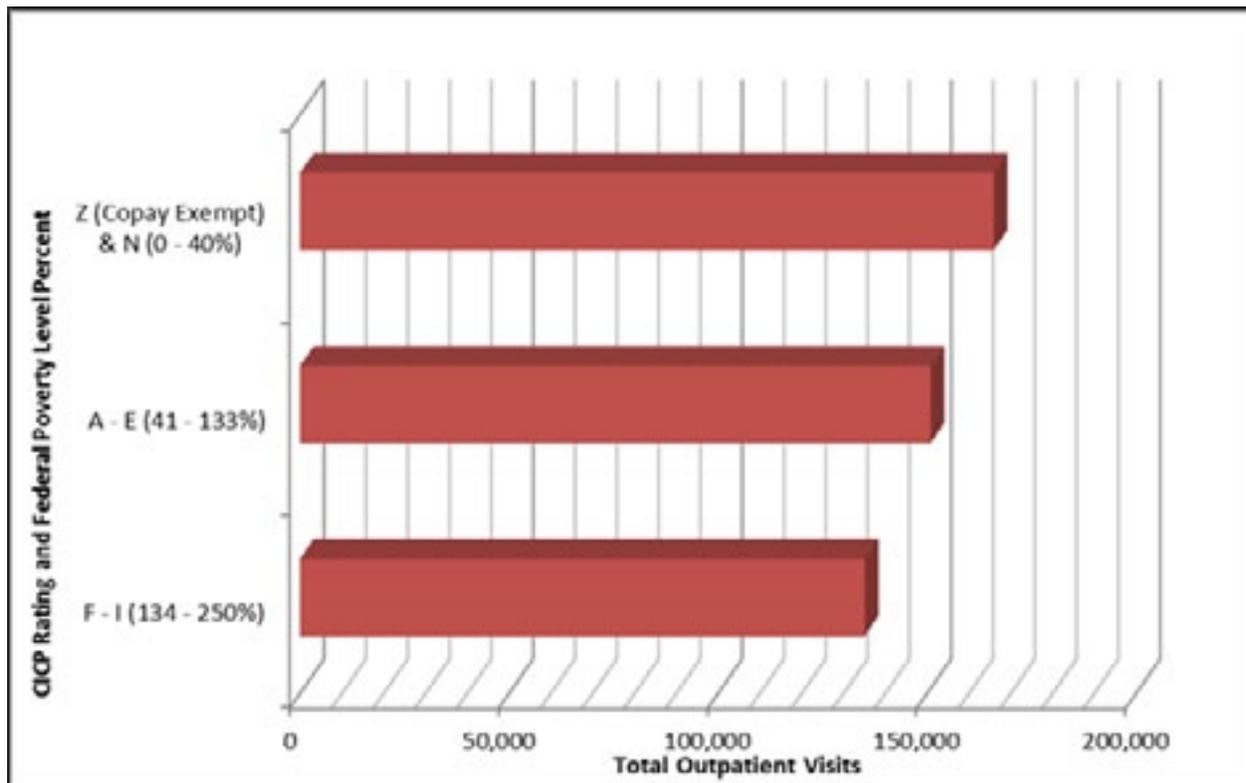
Table 4 Comparison of Outpatient Visits

CICP Provider	FY 2011-12 Outpatient Visits	Percent Change	FY 2012-13 Outpatient Visits	Percent Change	FY 2013-14 Outpatient Visits	Percent Change
CICP Clinics	319,518	2.2%	300,358	-6.0%	203,081	-32.4%
CICP Hospitals <sup>3</sup>	196,969	4.1%	180,643	-8.3%	121,553	-32.7%
Denver Health	141,743	-16.6%	134,521	-5.1%	92,100	-31.5%
University Hospital	50,689	-3.6%	51,275	1.2%	36,460	-28.9%
<b>TOTALS</b>	<b>708,919</b>	<b>-2.1%</b>	<b>666,797</b>	<b>-5.9%</b>	<b>453,194</b>	<b>-32.0%</b>

Source: Analysis of Data from Previous CICP Annual Reports

In FY 2013-14, the total number of outpatient visits for CICP clients fell by almost a third, from 666,797 in FY 2012-13 to 453,194 in FY 2013-14. Clients with a rating of Z or N continue to utilize more outpatient visits than either of the other two client groupings: ratings A through E (41 to 133% of the FPL), and ratings F through I (134 to 250% of the FPL). However, the percentage of Z and N visits fell to 36.7% of the total visits this year compared to 43.5% of the total last year, a more than 124,000 visit decrease. Ratings A through E made up 33.4% of the total visits, and ratings F through I made up 29.9%.

Figure 3 Outpatient Visits by CICP Rating



<sup>3</sup> Includes CICP Specialty Hospital providers

# PROVIDERS

## PROVIDER ELIGIBILITY REQUIREMENTS

The CICIP allows participation from any interested provider that meets 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 (DPHE), or
2. A federally qualified health center, as defined in section 1861 (aa) (4) of the federal Social Security Act, 42 U.S.C sec. 1395x (aa)(4), or
3. A rural health clinic, as defined in section 1861 (aa) (2) of the federal Social Security Act, 42 U.S.C sec. 1395x (aa) (2).
4. Assure that emergency care is available to all CICIP clients throughout the contract year.
5. 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. This 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 2013-14 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.

## PROVIDER PARTICIPATION

A total of 70 providers participated in the CICP, including 49 hospitals and 21 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 168 satellite CICP facilities throughout the state

Table 5 FY 2013-14 CICP Clinics and Hospitals Including Satellite Facilities by County

County	Clinics	Hospitals	Totals	County	Clinics	Hospitals	Totals
Adams	10	4	14	Kit Carson	0	0	0
Alamosa	7	1	8	La Plata	0	1	1
Arapahoe	8	0	8	Lake	0	1	1
Archuleta	0	0	0	Larimer	5	4	9
Baca	0	1	1	Las Animas	1	1	2
Bent	3	0	3	Lincoln	1	0	1
Boulder	3	3	6	Logan	1	1	2
Broomfield	2	0	2	Mesa	3	3	6
Chaffee	2	1	3	Mineral	1	0	1
Cheyenne	0	0	0	Moffat	1	1	2
Clear Creek	0	0	0	Montezuma	8	1	9
Conejos	3	1	4	Montrose	5	1	6
Costilla	0	0	0	Morgan	1	2	3
Crowley	0	0	0	Otero	2	1	3
Custer	1	0	1	Ouray	0	0	0
Delta	0	1	1	Phillips	1	1	2
Denver	15	2	17	Pitkin	1	1	2
Dolores	1	0	1	Prowers	4	1	5
Douglas	5	0	5	Pueblo	12	2	14
Eagle	1	0	1	Rio Blanco	0	0	0
El Paso	27	3	30	Rio Grande	6	1	7
Elbert	1	0	1	Routt	1	1	2
Fremont	1	1	2	Saguache	2	0	2
Garfield	4	2	6	San Juan	0	0	0
Gilpin	1	0	1	San Miguel	1	0	1
Grand	4	1	5	Sedgwick	1	1	2
Gunnison	0	1	1	Summit	1	0	1
Hinsdale	0	0	0	Teller	5	1	6
Huerfano	0	1	1	Washington	1	0	1
Jackson	0	1	1	Weld	11	1	12
Jefferson	8	0	8	Yuma	2	2	4
Kiowa	0	0	0	<b>Totals</b>	<b>185</b>	<b>53</b>	<b>238</b>

Table 6 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 6 FY 2013-14 CICIP Participating Providers

CICIP Hospital Providers	City
Arkansas Valley Regional Medical Center	La Junta
Aspen Valley Hospital District	Aspen
Boulder Community Hospital	Boulder
Centura Health-Penrose-St. Francis	Colorado Springs
Centura Health-St. Mary-Corwin Medical Center	Pueblo
Centura Health - St. Thomas More Hospital	Canon City
Colorado Plains Medical Center	Fort Morgan
Community Hospital	Grand Junction
Conejos County Hospital Corporation	La Jara
Delta County Memorial Hospital	Delta
East Morgan County Hospital	Brush
Estes Park Medical Center	Estes Park
Family Health West	Fruita
Grand River Hospital and Medical Center	Rifle
Gunnison Valley Hospital	Gunnison
Heart of the Rockies Regional Medical Center	Salida
Longmont United Hospital	Longmont
McKee Medical Center	Loveland
Medical Center of the Rockies	Loveland
Melissa Memorial Hospital	Holyoke
Memorial Health System	Colorado Springs
Mercy Regional Medical Center	Durango

CICIP Hospital Providers	City
Middle Park Medical Center	Kremmling
Montrose Memorial Hospital	Montrose
Mount San Rafael Hospital	Trinidad
North Colorado Medical Center	Greeley
Parkview Medical Center	Pueblo
Pikes Peak Regional Hospital	Woodland Park
Platte Valley Medical Center	Brighton
Poudre Valley Hospital	Fort Collins
Prowers Medical Center	Lamar
Rio Grande Hospital	Del Norte
San Luis Valley Regional Medical Center	Alamosa
Sedgwick County Memorial Hospital	Julesburg
Southeast Colorado Hospital District	Springfield
Southwest Memorial Hospital	Cortez
Spanish Peaks Regional Health Center	Walsenburg
St. Mary's Hospital and Medical Center	Grand Junction
St. Vincent General Hospital	Leadville
Sterling Regional Med Center	Sterling
The Memorial Hospital	Craig
Valley View Hospital	Glenwood Springs
Wray Community Hospital District	Wray
Yampa Valley Medical Center	Steamboat Springs
Yuma District Hospital	Yuma

Table 6 FY 2013-14 CICP Participating Providers Continued

CICP Specialty Hospital Providers	City
Children's Hospital Colorado	Aurora
Denver Health Medical Center	Denver
National Jewish Hospital	Denver
University of Colorado	Aurora

CICP Clinic Providers	City
Basin Clinic	Naturita
Clinica Family Health	Lafayette
Community Health Clinic	Dove Creek
Custer County Medical Center	Westcliffe
Denver Indian Health and Family Services	Denver
Grace Health Clinic	Aurora
High Plains Community Health Center, Inc.	Lamar
Marillac Clinic	Grand Junction
Metro Community Provider Network (MCPN)	Englewood
Mountain Family Health Centers	Glenwood Springs
Northwest Colorado Visiting Nurse Association	Steamboat Springs
Peak Vista Community Health Centers	Colorado Springs
Pueblo Community Health Center	Pueblo
River Valley Family Health Centers	Edwards
Salud Family Health Centers	Fort Lupton
Sheridan Health Services	Denver
Stout Street Clinic	Denver
Summit Community Care Clinic	Frisco
Sunrise Community Health	Evans
Uncompahgre Medical Center	Norwood
Valley-Wide Health Systems	Alamosa

# PROGRAM ADMINISTRATION

## REPORTING REQUIREMENTS

To meet its fiduciary responsibility, the Department requires providers that participate in the CICIP to submit a quarterly report to the Special Financing Division at [cicpcorrespondence@state.us](mailto:cicpcorrespondence@state.us).

This Quarterly Report has three forms (Summary Data, Physician, and Pharmacy). In accordance with the CICIP Provider Manual, the Quarterly Report is due as follows:

Submission	Dates of Service	Due to Department
1st	July 1 – September 30	October 31
2nd	July 1 – December 31	January 31
3rd	July 1 – March 31	April 30
4th	July 1 – June 30	July 31
Final Submission	July 1 – June 30	October 31

Please note reports for submissions 2, 3, 4 and Final are cumulative.

## CICIP PROVIDER COMPLIANCE AUDIT

In accordance with the CICIP Provider Manual, the Department requires providers that participate in the CICIP to submit a provider compliance audit statement along with a Corrective Action Plan (CAP), when required.

The provider will submit the compliance audit statement and CAP, if needed, to the Department within six (6) months of the completion of the annual financial audit related to the provider's annual CICIP audit period. The three (3) separate components of the CICIP Compliance Audit are eligibility, billing, and programmatic. Failure to submit an audit statement that is acceptable to the Department for any year in which a provider participates in the CICIP will result in the Department billing the provider for a full refund of monies received for the period in question or withholding payments until the audit has been submitted. In FY 2013-14, there were 71 audits submitted for FY 2012-13 with 20 of those audits requiring a CAP. The majority of the findings were in the "Manual Used Correctly" portion of the audit. These findings were used to determine which areas were emphasized in the CICIP provider training held in spring and summer 2014.

## PREVENTION OF FRAUD BY APPLICANTS

At the time of application, each CICIP applicant is required to sign the CICIP application, which includes 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 CICIP application should be reported to the local county District Attorney's office or the local police by the provider.

## PRIORITIES AMONG MEDICAL SERVICES RENDERED

The legislation authorizing the CICP at Section 25.5-3-108(8)(a) - (8)(b)(I)-(III), C.R.S. (2014), requires that every provider receiving reimbursement through the CICP must prioritize, for each fiscal year, the medical services which it will be able to render within the limits of its funds. Each provider's CICP application to participate must specify the extent of the provider's physical, staff, and financial capabilities. The statute prioritizes the following services:

- ▶ Emergency care for the full year;
- ▶ Any additional medical care for those conditions the Department determines to be the most serious threat to the health of medically indigent persons; and,
- ▶ Any other medical care.

## COLLECTION OF THIRD-PARTY PAYMENTS

The CICP 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 CICP.

## INCENTIVES FOR UTILIZATION CONTROL

Incentives for efficient utilization of resources are built into the CICP by the very nature of the reimbursement level as providers are contracted to prioritize their services of emergency and urgent care to CICP patients. Many CICP hospital providers have limited services and provide only emergency and urgent care.

# REIMBURSEMENT

## REIMBURSEMENT FOR CLINICS AND HOSPITALS

In the FY 2013-14 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

In the FY 2013-14 Long Bill (SB 13-230), the Colorado General Assembly appropriated \$311,296,186 through the Safety Net Provider Payments line item to reimburse CICIP Hospital providers. The CICIP Disproportionate Share Hospital (DSH) Payment and CICIP Supplemental Medicaid Payment are made from this line item.

The appropriation for CICIP Clinics was \$6,119,760 in total funds appropriated through the FY 2013-14 Long Bill to the 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 2013-14 from both State and federal funds is shown in Table 7.

Table 7 FY 2013-14 CICIP Payment

	State Funds <sup>4</sup>	Provider Fees <sup>5</sup>	Federal Funds	Total Funds	Payments to Providers <sup>6</sup>
CICP Clinics <sup>7</sup>	\$3,029,880	\$0	\$3,029,880	\$6,059,760	\$6,059,760
Children's Hospital Clinic Payment	\$3,029,880	\$0	\$3,029,880	\$6,059,760	\$6,059,760
CICP Hospitals and Specialty Hospitals	\$0	\$82,562,328	\$82,562,327	\$165,124,655	\$165,124,655
CICP DSH	\$0	\$46,254,333	\$46,254,333	\$92,508,666	\$92,508,666
CICP UPL	\$0	\$36,307,995	\$36,307,994	\$72,615,989	\$72,615,989
Denver Health	\$0	\$45,066,156	\$45,066,155	\$90,132,311	\$90,132,311
CICP DSH	\$0	\$26,105,933	\$26,105,933	\$52,211,866	\$52,211,866
CICP UPL	\$0	\$18,960,223	\$18,960,222	\$37,920,445	\$37,920,445
University Hospital	\$0	\$26,606,022	\$26,606,023	\$53,212,045	\$53,212,045
CICP DSH	\$0	\$19,523,202	\$19,523,203	\$39,046,405	\$39,046,405
CICP UPL	\$0	\$7,082,820	\$7,082,820	\$14,165,640	\$14,165,640
<b>Total CICIP Payment</b>	<b>\$3,029,880</b>	<b>\$154,234,506</b>	<b>\$157,264,385</b>	<b>\$314,528,771</b>	<b>\$314,528,771</b>
Clinic Payment <sup>8</sup>	\$3,029,880	\$0	\$3,029,880	\$6,059,760	\$6,059,760
CICP DSH <sup>9</sup>	\$0	\$91,883,468	\$91,883,469	\$183,766,937	\$183,766,937
CICP UPL <sup>10</sup>	\$0	\$62,351,038	\$62,351,036	\$124,702,074	\$124,702,074

4 State Funds include State General Fund appropriations

5 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

6 Payments to Providers represents the actual cash payment and is the sum of State Funds, Provider Fees, and Federal Funds

7 \$6,119,760 was paid to Children's Hospital Colorado, which administers payments to CICP Clinics. Children's Hospital Colorado retained \$60,000 of the total funds for the administration of this payment, which are not reported in any other statistics or diagrams in this annual report

8 Payments classified under CICP Clinic Payment and UPL are accounted for under the Medicare Upper Payment Limit for inpatient hospital services

9 Payments classified under DSH are accounted for under the Disproportionate Share Hospital Allotment

10 Payments classified under CICP Clinic Payment and UPL are accounted for under the Medicare Upper Payment Limit for inpatient hospital services

Displayed in Table 8 are reimbursement and total write-off costs for CICIP providers in FY 2013-14. The average reimbursement relative to costs for CICIP providers was 82.8%, an increase from last year's figure of 52.7%. Denver Health and University Hospital were reimbursed 105.6% and 72.4% of costs, respectively, while all other hospitals were reimbursed an average of 86.0% of costs. CICIP clinics were reimbursed at 21.1% of costs on average.

**Table 8 FY 2013-14 Percentage of Write-Off Cost Reimbursed**

	Payment	Write-Off Costs	Percent Reimbursed
CICIP Clinics	\$6,059,760	\$28,709,200	21.11%
CICIP Clinic Providers	\$6,059,760	\$28,709,200	21.11%
CICIP Hospitals <sup>11</sup>	\$165,124,655	\$192,099,225	85.96%
Denver Health Medical Center	\$90,132,311	\$85,338,195	105.62%
University of Colorado Hospital	\$53,212,045	\$73,531,461	72.37%
CICIP Hospital Providers	\$308,469,011	\$350,968,881	87.89%
<b>Total CICIP Providers</b>	<b>\$314,528,771</b>	<b>\$379,678,081</b>	<b>82.84%</b>

Source: Table 7, Financial Tables

Table 9 shows the average reimbursement as a percentage of costs for CICIP providers over the past six (6) fiscal years. The reimbursement rate for CICIP Clinics remains decreased due to the discontinuance of the Health Care Services Fund. The increase in overall reimbursement percentage for CICIP Hospitals beginning in FY 2009-10 was due to the implementation of HB 09-1293, the Colorado Health Care Affordability Act (CHCAA). The Department believes reimbursement percentages for this year are higher than previous years due to the expansion of Medicaid eligibility in January 2014, which resulted in lower write-off costs for CICIP providers due to increased eligibility for Medicaid.

**Table 9 Historical Percentage of Write-Off Cost Reimbursed**

	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14
CICIP Clinics	74.73%	66.41%	67.22%	55.19%	13.94%	21.11%
CICIP Clinic Providers	74.73%	66.41%	67.22%	55.19%	13.94%	21.11%
CICIP Hospitals <sup>12</sup>	33.05%	64.43%	60.78%	56.09%	56.92%	85.96%
Denver Health Medical Center	53.56%	65.48%	60.79%	54.42%	60.10%	105.62%
University of Colorado Hospital	58.81%	44.88%	43.71%	45.83%	47.34%	72.37%
CICIP Hospital Providers	43.91%	61.36%	57.66%	53.76%	55.83%	87.89%
Average CICIP Providers	46.46%	61.78%	58.42%	53.87%	52.69%	82.84%

Source: Analysis of CICIP Annual Reports

<sup>11</sup> Includes CICIP Specialty Hospital providers

<sup>12</sup> Includes CICIP Specialty Hospital providers and Medicaid DSH providers listed in previous CICIP Annual Reports

In FY 2013-14, reimbursements to all CICIP providers increased 3.0% compared to FY 2012-13, and were similar to FY 2011-12 levels. As shown by the amounts reported in Table 10, the reimbursement to CICIP Hospital providers has increased less than 1% from the FY 2011-12 level, while write-off costs have decreased by 34.2%. Write-off costs for CICIP Clinics have seen a similar decrease (36.3%) since FY 2011-12, while reimbursement has decreased 75.6% over the same period. Since FY 2011-12, write-off costs at Denver Health Medical Center have decreased by 45%. Despite seeing an increase last year over the year prior, University of Colorado has seen an overall decrease in write-off costs of 25.4% since FY 2011-12. The decrease in write-off costs, as is the case with caseload and other statistics, can most likely be largely attributed to the expansion of Medicaid in January 2014.

Table 10 Historical CICIP Costs and Payments

	Write-Off Costs			Net Payments		
	FY 2011-12	FY 2012-13	FY 2013-14	FY 2011-12	FY 2012-13	FY 2013-14
CICIP Clinics	\$45,056,893	\$43,470,828	\$28,709,200	\$24,867,760	\$6,059,760	\$6,059,760
Percent Change	1.7%	-3.5%	-34.0%	-16.5%	-75.6%	0.0%
CICIP Hospitals <sup>13</sup>	\$291,803,024	\$282,981,963	\$192,099,225	\$163,671,635	\$161,061,898	\$165,124,655
Percent Change	8.6%	-3.0%	-32.1%	0.2%	-1.6%	2.5%
Denver Health	\$155,278,217	\$144,144,522	\$85,338,195	\$84,506,702	\$86,629,160	\$90,132,311
Percent Change	3.3%	-7.2%	-40.8%	-7.5%	2.5%	4.0%
University Hospital	\$98,539,737	\$108,760,592	\$73,531,461	\$45,157,110	\$51,484,366	\$53,212,045
Percent Change	4.8%	10.4%	-32.4%	9.9%	14.0%	3.4%
All CICIP Hospitals	\$545,620,978	\$535,887,077	\$350,968,881	\$293,335,447	\$299,175,424	\$308,469,011
Percent Change	6.3%	-1.8%	-34.5%	-0.8%	2.0%	3.1%
<b>Total CICIP Providers</b>	<b>\$590,677,871</b>	<b>\$579,357,905</b>	<b>\$379,678,081</b>	<b>\$318,203,207</b>	<b>\$305,235,184</b>	<b>\$314,528,771</b>
<b>Percent Change</b>	<b>6.0%</b>	<b>-1.9%</b>	<b>-34.5%</b>	<b>-2.3%</b>	<b>-4.1%</b>	<b>3.0%</b>

Source: Analysis of Data from Previous CICIP Annual Reports

<sup>13</sup> Includes CICIP Specialty Hospital providers

# REIMBURSEMENT METHODOLOGY FOR HOSPITALS

Under the CHCAA, hospital provider fees with approved federal matching funds, finance hospital payments for the CICIP. In FY 2013-14, the hospital provider fee and federal matching funds resulted in payments to hospitals of more than \$300 million for hospitals participating in the CICIP. Note: the payments reflected here do not take into account the fees paid by hospitals to finance the CICIP payments. For information on all payments under CHCAA and the net reimbursement increase to hospitals as a result of the hospital provider fee, please see the [Colorado Health Care Affordability Act Annual Reports](#) available on the Department’s website.

Total CICIP hospital reimbursement is composed of two (2) separate payments: the CICIP DSH Payment and the CICIP Supplemental Medicaid Payment. The CICIP DSH Payment distributes funds under the DSH Allotment, and the CICIP Supplemental Medicaid Payment distributes funds under the Inpatient Upper Payment Limit (UPL). The CICIP Supplemental Medicaid Payment and CICIP DSH Payments are financed with hospital provider fees and federal matching funds. There is no increase in General Fund required to sustain these payments.

## FY 2013-14 CICIP Hospital Reimbursement

▶ CICIP Supplemental Medicaid Payments	\$ 124,702,074
▶ CICIP Disproportionate Share Hospital Payments	\$ 183,766,937
<b>Total CICIP Hospital Payments</b>	<b>\$ 308,469,011</b>

## CICIP DISPROPORTIONATE SHARE HOSPITAL PAYMENT

In FY 2013-14, hospital provider fees with federal matching funds financed DSH payments to CICIP hospitals and other Colorado Medicaid hospitals under two (2) separate DSH payments: the CICIP DSH Payment and the Uninsured DSH Payment.

As shown in Table 11 below, Colorado’s FY 2013-14 DSH payments totaled \$196,520,740, which were 50% hospital provider fees and 50% federal funds. Of that total, \$183,766,937 was paid under the CICIP DSH Payment and \$12,753,803 under the Uninsured DSH Payment. The CICIP DSH Payment is allocated to each qualified CICIP hospital, and the Uninsured DSH Payment is allocated to each qualified Colorado Medicaid hospital that does not participate in the CICIP. (The FY 2013-14 CICIP DSH Payments by hospital are listed in Table 17.)

Table 11 Colorado DSH Payments

State Fiscal Year 2013-14 Disproportionate Share Hospital Payments	
CICIP DSH Payments	\$183,766,937
Uninsured DSH Payments	\$12,753,803
<b>Total FY 2012-13 DSH Payments</b>	<b>\$196,520,740</b>

## UNINSURED DISPROPORTIONATE SHARE HOSPITAL PAYMENT

Colorado Medicaid hospitals that are licensed as general, acute care hospitals and that do not participate in the CICIP are eligible for the Uninsured DSH Payment. On October 1, 2013 hospitals that do not participate in CICIP are eligible for the Uninsured DSH Payment only if they have a Medicaid Inpatient Utilization Rate (MIUR) equal to or greater than the mean plus one standard deviation for all hospitals MIUR. 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.

The Uninsured DSH Payment allocations for SFY 2013-14 by hospital are in Table 12 below.

Table 12 Uninsured DSH Payments

Provider Name	FY 2013-14 Uninsured DSH Payment
Animas Surgical Center	\$4,259
Centura Health - Avista Adventist Hospital	\$185,947
Centura Health - Littleton Adventist Hospital	\$735,437
Centura Health - Parker Adventist Hospital	\$190,470
Centura Health - Porter Adventist Hospital	\$842,758
Centura Health - Saint Anthony Central Hospital	\$2,334,427
Centura Health - Saint Anthony North Hospital	\$310,161
Centura Health - Saint Anthony Summit Hospital	\$155,632
Exempla Good Samaritan Medical Center	\$199,325
Exempla Lutheran Medical Center	\$1,074,908
Exempla Saint Joseph Hospital	\$1,687,492
Haxtun Hospital	\$2,149
HealthOne Medical Center of Aurora	\$700,256
HealthOne North Suburban Medical Center	\$2,897,925
HealthOne Presbyterian/St. Luke's Medical Center	\$213,695
HealthOne Rose Medical Center	\$217,296
HealthOne Sky Ridge Medical Center	\$152,486
HealthOne Swedish Medical Center	\$720,389
Keefe Memorial Hospital	\$3,617
Kit Carson County Memorial Hospital	\$5,254
Pagosa Hospital	\$3,274
Pioneers Hospital	\$15,200
Rangely District Hospital	\$2,434
Vail Valley Medical Center	\$99,012
<b>Total Uninsured DSH</b>	<b>\$12,753,803</b>

#### COLORADO INDIGENT CARE PROGRAM SUPPLEMENTAL MEDICAID PAYMENT

The CICP Supplemental Medicaid Payment is subject to the Inpatient UPL. In FY 2013-14 these payments to qualified hospitals totaled \$124,702,074. (The FY 2013-14 CICP Supplemental Medicaid Payments by hospital are listed in Table 17.)

# REIMBURSEMENT METHODOLOGY FOR CLINICS

## Clinic Payments

▶ Children’s Hospital Colorado Payments	\$6,059,760
<b>Total Clinic Payments</b>	<b>\$6,059,760</b>

### 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 2013-14 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, \$6,059,760 was paid by the facility to the CICIP Clinics as payment for services provided under the CICIP. The remaining \$60,000 was retained by 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.

# OTHER MEDICALLY INDIGENT PROVIDER GRANTS

## 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. Primary Care Fund providers are required to submit with their application the tiered co-payment sliding fee schedule they use that determines the level a patient financial participation and guarantees that the patient financial participation is below usual and customary charges.

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 Medicaid, CHP+, and CACP; 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.

In FY 2013-14 \$26,684,598 was allocated to 39 Primary Care Fund providers. Because two awardees discontinued offering primary care services, 4th quarter payments were redistributed among all remaining providers. These providers served 210,966 unique medically indigent clients in the 2012 calendar year.

The Department currently does not audit the information provided on applications for funding through the Primary Care Fund for accuracy and validity. The Department has requested a budget neutral transfer of which \$50,000 would transfer to the Department's Professional Audit Contracts line item to procure a contractor for a compliance audit of the data submitted by Primary Care Fund applicant providers. If this request is approved, the Department intends to procure a contractor to audit applications submitted for the FY 2015-16 grant award.

Table 13 FY 2013-14 Primary Care Fund

Primary Care Fund Provider	Total Payments FY 2013-14
Chaffee People's Clinic	\$48,620
Clinica Campesina Family Services-Denver Metro	\$2,012,160
Clinica Colorado/Adams County	\$416,926
Clínica Tepeyac	\$692,286
Colorado Coalition For The Homeless/Denver Metro	\$753,085
Community Health Services (Kids First Health Care)	\$109,117
Denver Health/Denver/Denver County	\$5,376,485
Doctors Care	\$159,069
Dolores County Clinic/Dolores County	\$69,196
Eagle Care Medical Clinic	\$47,370
Fort Collins Family Medicine Residency Program	\$212,101
Grace Health Clinic/Aurora-Arapahoe County	\$152,881
High Plains Community Center/Prowers County	\$291,329
Inner City Health Center	\$539,764
Marillac Clinic, Inc./Mesa County	\$628,612
Metro Community Provider Network-Metro/Arapahoe County	\$2,416,649
Mission Medical Clinic (Christian Healing Network)	\$57,072
Mountain Family Health Center/Eagle County	\$470,410
Northwest Colorado Visiting Nurse/Moffat County	\$165,832
Olathe Medical Clinic	\$133,836
Open Bible Baptist Church	\$118,025
Peak Vista Community Health Centers/El Paso County	\$2,664,114
Pediatric Associates of Southern Colorado/Pueblo county	\$30,300
Plains Medical Center, Inc./Lincoln County	\$301,464
Prowers Medical Center Foundation	\$249,617
Pueblo Community Health Center/Pueblo County	\$953,415
Rocky Mountain Primary Care Clinic/Pueblo County	\$14,173
Salud Family Health Center/Weld County	\$3,270,923
SET Family Medical Clinics	\$353,152
Sister Joanne Bruner Family Medicine Center	\$253,399
St Anthony Family Medicine Center	\$78,361
St Mary-Corwin Health Foundation	\$170,228
Summit Community Care Clinic/Summit County	\$358,888
Sunrise Community Health/Weld County	\$1,560,322
The Pediatric Associates	\$7,887
The Rocky Mountain Youth Clinics	\$290,404
Uncompahgre Combined Clinics/San Miguel County	\$44,632
University of Colorado Denver (Sheridan Health Services)	\$53,741
Valley-Wide Health Systems/Conejos County	\$1,158,753
<b>Total Providers</b>	<b>\$26,684,598</b>

# 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 2013-14 are listed in Table 14.

Table 14 Colorado's Federal Match Rates

Federal Fiscal Year (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	58.78%
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%
2012-13	50.00%
2013-14	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.

## DSH AUDIT

Each year, the Department submits an independent audit of DSH Payments (DSH Audit) to the Centers for Medicare and Medicaid Services (CMS) as directed by Title 42 of the Code of Federal Regulations (CFR) Section 447 (Payments for Services, Reporting Requirements) and 42 CFR Section 455 (Subpart D—Independent Certified Audit of State Disproportionate Share Hospital Payment Adjustments). In accordance with the federal schedule, the most recent DSH Audit was submitted December 2013 for DSH payments made in FY 2009-10. The Department intends to submit its final report for DSH payments made in FY 2010-11 by February 15, 2015. Beginning with the audits for FY 2010-11, those hospitals that exceed their specific DSH payment limit must redistribute the overage to those hospitals under their specific DSH payment limit as prescribed by the Medicaid State Plan.

In response to findings from earlier years, the Department procured a contractor who developed a Uniform Inpatient and Outpatient Medicaid and Uninsured Care Cost and Charge Report specifically for Colorado (Uniform Cost Report). The Department and each hospital that receives a DSH payment supply data for this report each year. The contractor also maintains documentation that supports the data entered into this Uniform Cost Report (UCR) for later use by the DSH auditor. The UCR allocates costs according to Medicare cost principles and determines the costs eligible for DSH reimbursement and the hospital-specific DSH limit. Specifically, the UCR calculates the costs for these clients necessary for the DSH Audit: Medicaid Fee-for-Service, Medicaid Managed Care, Medicaid Out-of-State and the Uninsured.

The UCR was first used during the FY 2010-11 DSH Audit examination period. Some Colorado hospitals struggled with submitting the types of detailed claims data needed for the audit and the Department learned that some modifications to the UCR will be beneficial to future DSH Audit outcomes.

## 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 by federal fiscal year (FFY). 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 and 2011-12 DSH Allotments are 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 2008-09 and FFY 2009-10. Therefore, the FFY 2010-11 and 2011-12 DSH Allotments are based on the FFY 2008-09 and FFY 2009-10 DSH Allotments as they would have been determined prior to the increases under ARRA. The FFY 2013-14, Colorado DSH allotment was increased by 1.5% to \$98,648,517.

Based on the assumption of declining uninsured and uncompensated care, the ACA prescribed aggregate reductions to the DSH payments beginning in 2014, and scheduled through 2020. However, under the Bipartisan Budget Act of 2013 (H.J. Res. 59), the federal budget for FFY 2014-2015, the reductions for FFY 2014 were eliminated entirely, and the reductions set for FFY 2015 are to be delayed one year. The Protect Medicare Access Act of 2014 (H.R. 4302) delayed the start of the reductions one additional year to FFY 2017 to be scheduled through FFY 2024.

Table 15 Colorado DSH Allotments

Federal Fiscal Year	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	\$92,507,555
2011-12	\$94,727,736
2012-13	\$97,190,657
2013-14 <sup>14</sup>	\$98,648,517
2014-15 <sup>14</sup>	\$100,226,893

<sup>14</sup> Preliminary allotments

# DEFINITIONS

**Affordable Care Act (ACA)** – The comprehensive federal health care reform law enacted in March 2010. The law was enacted in two parts: The Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name “Affordable Care Act” is used to refer to the final, amended version of the law.

**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.

**Centers for Medicare and Medicaid Services (CMS)** – The federal agency that runs the Medicare, Medicaid, and Children’s Health Insurance Programs, and the federally facilitated health insurance marketplace.

**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.

**Child Health Plan Plus (CHP+)** – Colorado’s Children’s Health Insurance Program, which is jointly funded by the state and federal government. CHP+ is low cost health and dental insurance for Colorado’s uninsured children and pregnant women. CHP+ is public health insurance for children and pregnant women who earn too much to qualify for Medicaid, but not enough to afford private health insurance.

**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.

**Connect for Health Colorado** – Colorado’s health insurance marketplace for small employers with two to fifty (2 to 50) employees, Coloradans who buy their own health insurance or are uninsured or do not have access to affordable coverage through an employer. Connect for Health Colorado is a non-profit entity established by a state law, Senate Bill 11-200, that was passed in 2011. The organization, legally known as the Colorado Health Benefit Exchange, is governed by a Board of Directors with additional direction from a committee of state legislators, known as the Legislative Health Benefit Exchange Implementation Review Committee.

**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 CICP does not reimburse providers for outpatient mental health benefits as a primary diagnosis, but does cover limited inpatient mental health services for a period of 30 days within a calendar year, per client.

Denver Health Medical Center (“Denver Health” in tables) – Under the CICP, 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 nine (9) neighborhood health clinics, all in Denver.

Disproportionate Share Hospitals (DSH) – Available DSH funds are distributed to hospitals that participate in the CICP and to other Colorado Medicaid hospitals under two separate DSH payments: the CICP 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 CICP Hospitals – CICP hospital 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 Health System in Colorado Springs, Children’s Hospital Colorado, 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 CICIP 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.

**Supplemental Medicaid Payment** – 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.

**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 (UPL)** – The UPL is the maximum amount Medicaid can reimburse a provider and still receive the federal match rate (or federal financial participation). The UPL is calculated for three (3) distinct service categories: Inpatient Hospital, Outpatient Hospital, and Nursing Facilities. The three (3) unique UPL 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 16 Total Financial Activity and CICP Payment

CICP Clinic Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
Basin Clinic	\$58,745	\$9,465	\$9,233	\$40,047	\$40,047	\$15,089
Clinica Campesina	\$3,181,022	\$0	\$453,144	\$2,727,878	\$2,727,878	\$519,443
Community Health Clinic <sup>15</sup>	\$209,288	\$22,709	\$46,962	\$139,617	\$139,617	\$22,724
Custer County Medical Center	\$22,275	\$0	\$4,239	\$18,036	\$18,036	\$7,575
Denver Indian Health & Family Services	\$48,900	\$0	\$0	\$48,900	\$48,900	\$5,939
Grace Health Clinic	\$236,810	\$0	\$20,928	\$215,882	\$215,882	\$41,449
High Plains Community Health Center <sup>16</sup>	\$943,897	\$24,773	\$99,216	\$819,908	\$819,908	\$119,074
Marillac Clinic	\$514,653	\$0	\$65,121	\$449,532	\$449,532	\$93,260
Metro Community Provider Network (MCPN)	\$5,535,809	\$0	\$677,737	\$4,858,072	\$4,858,072	\$849,275
Mountain Family Health Centers	\$703,775	\$85,061	\$0	\$618,714	\$618,714	\$124,710
NW Colorado Community Health Center	\$243,393	\$8,031	\$14,313	\$221,049	\$221,049	\$27,511
Olathe Community Clinic	\$107,311	\$26,862	\$10,772	\$69,677	\$69,677	\$87,079
Peak Vista Community Health Centers <sup>16</sup>	\$7,733,410	\$616,259	\$1,170,493	\$5,946,658	\$5,946,658	\$1,115,965
Pueblo Community Health Center	\$1,585,735	\$712	\$171,305	\$1,413,718	\$1,413,718	\$382,795
Salud Family Health Centers	\$5,900,137	\$0	\$678,682	\$5,221,455	\$5,221,455	\$1,171,533
Sheridan Health Services	\$15,570	\$0	\$2,703	\$12,867	\$12,867	\$30,481
Stout Street Clinic <sup>16</sup>	\$2,314,117	\$63,867	\$0	\$2,250,250	\$2,250,250	\$568,648
Summit Community Care Clinic	\$169,214	\$0	\$31,363	\$137,851	\$137,851	\$15,755
Sunrise Community Health Center	\$2,317,439	\$0	\$361,752	\$1,955,687	\$1,955,687	\$490,295
Uncompahgre Combined Clinics	\$103,303	\$6,827	\$10,757	\$85,719	\$85,719	\$21,209
Valley-Wide Health Systems	\$1,751,762	\$27,110	\$266,969	\$1,457,683	\$1,457,683	\$349,951
<b>Total CICP Clinic Providers</b>	<b>\$33,696,565</b>	<b>\$891,676</b>	<b>\$4,095,689</b>	<b>\$28,709,200</b>	<b>\$28,709,200</b>	<b>\$6,059,760</b>

<sup>15</sup> Includes physician charges, third party payments and patient liabilities; Includes outpatient pharmacy charges, third party payments and patient liabilities

<sup>16</sup> Includes outpatient pharmacy charges, third party payments and patient liabilities

Table 16 Total Financial Activity and CICP Payment Continued

CICP Hospital Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
Arkansas Valley Regional Medical Center	\$2,752,490	\$369,009	\$102,092	\$2,281,389	\$1,077,936	\$1,488,509
Aspen Valley Hospital	\$2,443,535	\$675,225	\$60,735	\$1,707,575	\$1,219,135	\$1,393,884
Boulder Community Hospital <sup>17</sup>	\$14,484,668	\$656,428	\$108,095	\$13,720,145	\$4,533,926	\$4,719,885
Colorado Plains Medical Center	\$4,834,657	\$1,202,928	\$101,585	\$3,530,144	\$1,116,657	\$1,136,066
Community Hospital	\$2,848,395	\$297,540	\$94,955	\$2,455,900	\$1,102,566	\$1,067,394
Conejos County Hospital District	\$421,601	\$4,877	\$18,529	\$398,195	\$309,146	\$517,902
Delta County Memorial Hospital	\$1,718,500	\$279,948	\$20,878	\$1,417,674	\$641,452	\$659,692
East Morgan County Hospital	\$2,222,318	\$496,250	\$81,322	\$1,644,746	\$894,767	\$1,163,342
Estes Park Medical Center	\$1,502,084	\$386,084	\$29,128	\$1,086,872	\$552,270	\$868,254
Family Health West	\$270,957	\$97,388	\$24,301	\$149,268	\$144,437	\$23,430
Grand River Hospital	\$4,046,956	\$407,848	\$132,577	\$3,506,531	\$2,382,262	\$419,567
Gunnison Valley Hospital	\$589,656	\$7,516	\$19,782	\$562,358	\$357,385	\$1,478,350
Heart of the Rockies Regional Medical Center	\$3,080,789	\$558,457	\$111,078	\$2,411,254	\$1,343,446	\$1,308,469
Kremmling Memorial Hospital District	\$1,019,094	\$190,156	\$55,367	\$773,571	\$835,003	\$369,715
Longmont United Hospital	\$17,726,992	\$1,294,723	\$291,842	\$16,140,427	\$5,467,238	\$5,287,783
McKee Medical Center	\$19,854,185	\$3,953,054	\$539,544	\$15,361,587	\$4,882,053	\$4,952,181
Medical Center of the Rockies	\$47,845,232	\$8,640,724	\$595,944	\$38,608,564	\$16,154,410	\$7,423,656
Melissa Memorial Hospital	\$170,662	\$26,450	\$13,901	\$130,311	\$111,761	\$224,024
Memorial Health System	\$97,504,147	\$9,064,056	\$1,456,747	\$86,983,344	\$26,869,482	\$25,020,219
Mercy Regional Medical Center <sup>17</sup>	\$2,877,354	\$135,120	\$43,956	\$2,698,278	\$1,082,387	\$1,601,304
Montrose Memorial Hospital	\$9,787,689	\$2,414,837	\$266,281	\$7,106,571	\$3,603,557	\$4,620,471
Mount San Rafael Hospital	\$2,743,103	\$665,045	\$93,988	\$1,984,070	\$816,018	\$1,077,521
North Colorado Medical Center	\$56,571,500	\$11,270,831	\$1,214,913	\$44,085,756	\$13,661,405	\$14,487,763
Parkview Medical Center <sup>17</sup>	\$67,227,968	\$3,955,977	\$613,154	\$62,658,837	\$13,860,710	\$14,799,559
Penrose St. Francis Hospital <sup>17</sup>	\$94,597,847	\$7,883,114	\$1,571,710	\$85,143,023	\$20,872,611	\$9,417,088
Pikes Peak Regional Hospital <sup>17</sup>	\$1,586,404	\$80,067	\$50,487	\$1,455,850	\$603,924	\$758,515
Platte Valley Medical Center	\$12,228,010	\$1,218,807	\$164,243	\$10,844,960	\$4,123,013	\$2,505,776
Poudre Valley Hospital	\$55,432,816	\$10,157,203	\$899,305	\$44,376,308	\$16,932,989	\$12,206,476
Prowers Medical Center <sup>17</sup>	\$2,432,839	\$326,762	\$132,309	\$1,973,768	\$984,609	\$692,896

<sup>17</sup> Includes physician charges, third party payments and patient liabilities

Table 16 Total Financial Activity and CICP Payment Continued

CICP Hospital Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
Rio Grande Hospital	\$573,635	\$3,772	\$19,366	\$550,497	\$334,392	\$567,389
San Luis Valley Regional Medical Center	\$4,172,845	\$198,142	\$120,101	\$3,854,602	\$1,417,654	\$2,604,803
Sedgwick County Hospital	\$107,186	\$29,362	\$7,834	\$69,990	\$46,478	\$143,266
Southeast Colorado Hospital District	\$332,156	\$70,999	\$28,659	\$232,498	\$155,091	\$183,680
Southwest Memorial Hospital <sup>18</sup>	\$2,445,178	\$345,740	\$162,449	\$1,936,989	\$932,320	\$909,169
Spanish Peaks Regional Health Center	\$458,065	\$148,536	\$6,740	\$302,789	\$195,749	\$418,917
St. Mary-Corwin Medical Center <sup>18</sup>	\$53,520,678	\$3,247,008	\$641,441	\$49,632,229	\$14,097,898	\$10,375,435
St. Mary's Hospital and Medical Center, Inc. <sup>18</sup>	\$26,209,160	\$3,909,025	\$761,679	\$21,538,456	\$7,959,803	\$7,901,660
St. Thomas More Hospital <sup>18</sup>	\$8,759,414	\$1,022,997	\$270,387	\$7,466,030	\$2,665,154	\$3,053,995
St. Vincent General Hospital District	\$102,938	\$3,844	\$17,970	\$81,124	\$54,969	\$77,498
Sterling Regional Medical Center	\$5,411,717	\$1,582,291	\$156,155	\$3,673,271	\$1,560,619	\$2,042,836
The Memorial Hospital <sup>18</sup>	\$1,787,425	\$416,780	\$63,454	\$1,307,191	\$848,358	\$1,219,780
Valley View Hospital <sup>18</sup>	\$8,743,868	\$1,717,928	\$171,263	\$6,854,677	\$3,481,547	\$4,387,739
Wray Community District Hospital	\$77,439	\$18,418	\$10,025	\$48,996	\$35,801	\$58,758
Yampa Valley Medical Center <sup>18</sup>	\$5,940,100	\$1,360,207	\$226,582	\$4,353,311	\$2,692,703	\$2,660,727
Yuma District Hospital	\$729,042	\$174,745	\$38,386	\$515,911	\$350,377	\$438,803
<b>Sub-Total CICP Hospital Providers</b>	<b>\$650,193,294</b>	<b>\$80,966,218</b>	<b>\$11,611,239</b>	<b>\$557,615,837</b>	<b>\$183,365,468</b>	<b>\$158,734,147</b>

CICP Specialty Hospital Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
National Jewish Health <sup>19</sup>	\$10,256,515	\$782,511	\$280,406	\$9,193,598	\$6,487,048	\$4,482,006
Children's Hospital Colorado <sup>19</sup>	\$7,399,060	\$1,454,712	\$111,524	\$5,832,824	\$2,246,709	\$1,908,503
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>\$17,655,575</b>	<b>\$2,237,223</b>	<b>\$391,930</b>	<b>\$15,026,422</b>	<b>\$8,733,757</b>	<b>\$6,390,509</b>
Denver Health Medical Center <sup>20</sup>	\$217,750,857	\$19,328,733	\$4,198,276	\$194,223,848	\$85,338,195	\$90,132,311
University of Colorado Hospital <sup>21</sup>	\$308,016,656	\$25,338,317	\$2,919,622	\$279,758,717	\$73,531,461	\$53,212,045
<b>Total CICP Hospital Providers</b>	<b>\$1,193,616,382</b>	<b>\$127,870,491</b>	<b>\$19,121,067</b>	<b>\$1,046,624,824</b>	<b>\$350,968,881</b>	<b>\$308,469,011</b>
<b>Total All CICP Providers</b>	<b>\$1,227,312,947</b>	<b>\$128,762,167</b>	<b>\$23,216,756</b>	<b>\$1,075,334,024</b>	<b>\$379,678,081</b>	<b>\$314,528,771</b>

18 Includes physician charges, third party payments and patient liabilities

19 Includes outpatient pharmacy charges, third party payments and patient liabilities

20 Includes outpatient pharmacy charges, third party payments and patient liabilities; Includes physician charges, third party payments and patient liabilities; Includes ambulance charges, third party payments and patient liabilities

21 Includes outpatient pharmacy charges, third party payments and patient liabilities; Includes physician charges, third party payments and patient liabilities provided through University Physicians, Inc.

Table 17 Hospital Provider Payment Detail

CICP Hospital Providers	CICP Supplemental Medicaid Payment	CICP DSH Payment	Total Payment
Arkansas Valley Regional Medical Center	\$1,389,706	\$98,803	\$1,488,509
Aspen Valley Hospital	\$824,394	\$569,490	\$1,393,884
Boulder Community Hospital	\$1,625,639	\$3,094,246	\$4,719,885
Colorado Plains Medical Center	\$618,268	\$517,797	\$1,136,066
Community Hospital	\$373,305	\$694,089	\$1,067,394
Conejos County Hospital District	\$476,718	\$41,184	\$517,902
Delta County Memorial Hospital	\$388,677	\$271,016	\$659,692
East Morgan County Hospital	\$684,748	\$478,595	\$1,163,342
Estes Park Medical Center	\$519,489	\$348,765	\$868,254
Family Health West	\$22,830	\$599	\$23,430
Grand River Hospital	\$249,194	\$170,373	\$419,567
Gunnison Valley Hospital	\$871,722	\$606,628	\$1,478,350
Heart of the Rockies Regional Medical Center	\$786,751	\$521,718	\$1,308,469
Kremmling Memorial Hospital District	\$214,143	\$155,572	\$369,715
Longmont United Hospital	\$1,847,976	\$3,439,807	\$5,287,783
McKee Medical Center	\$1,732,062	\$3,220,119	\$4,952,181
Medical Center of the Rockies	\$2,554,272	\$4,869,383	\$7,423,656
Melissa Memorial Hospital	\$199,834	\$24,189	\$224,024
Memorial Health System	\$10,501,425	\$14,518,794	\$25,020,219
Mercy Regional Medical Center	\$872,705	\$728,599	\$1,601,304
Montrose Memorial Hospital	\$2,736,658	\$1,883,814	\$4,620,471
Mount San Rafael Hospital	\$585,645	\$491,876	\$1,077,521
North Colorado Medical Center	\$6,208,461	\$8,279,302	\$14,487,763
Parkview Medical Center	\$5,109,074	\$9,690,485	\$14,799,559
Penrose St. Francis Hospital	\$3,255,314	\$6,161,774	\$9,417,088
Pikes Peak Regional Hospital	\$412,563	\$345,952	\$758,515
Platte Valley Medical Center	\$865,991	\$1,639,785	\$2,505,776
Poudre Valley Hospital	\$5,216,118	\$6,990,358	\$12,206,476
Prowers Medical Center	\$689,506	\$3,390	\$692,896
Rio Grande Hospital	\$506,161	\$61,228	\$567,389
San Luis Valley Regional Medical Center	\$1,416,417	\$1,188,386	\$2,604,803
Sedgwick County Hospital	\$84,939	\$58,327	\$143,266
Southeast Colorado Hospital District	\$168,681	\$14,999	\$183,680
Southwest Memorial Hospital	\$537,650	\$371,519	\$909,169
Spanish Peaks Regional Health Center	\$249,952	\$168,965	\$418,917
St. Mary-Corwin Medical Center	\$3,585,867	\$6,789,569	\$10,375,435

Table 17 Hospital Provider Payment Detail Continued

CICP Hospital Providers	CICP Supplemental Medicaid Payment	CICP DSH Payment	Total Payment
St. Mary's Hospital and Medical Center, Inc.	\$2,724,663	\$5,176,997	\$7,901,660
St. Thomas More Hospital	\$1,661,119	\$1,392,876	\$3,053,995
St. Vincent General Hospital District	\$69,833	\$7,665	\$77,498
Sterling Regional Medical Center	\$1,112,475	\$930,361	\$2,042,836
The Memorial Hospital	\$726,718	\$493,063	\$1,219,780
Valley View Hospital	\$3,979,438	\$408,301	\$4,387,739
Wray Community District Hospital	\$35,248	\$23,510	\$58,758
Yampa Valley Medical Center	\$1,446,962	\$1,213,764	\$2,660,727
Yuma District Hospital	\$265,582	\$173,221	\$438,803
<b>Sub-Total CICP Hospital Providers</b>	<b>\$70,404,892</b>	<b>\$88,329,255</b>	<b>\$158,734,147</b>

CICP Specialty Hospital Providers	CICP Supplemental Medicaid Payment	CICP DSH Payment	Total Payment
National Jewish Health	\$1,547,712	\$2,934,294	\$4,482,006
Children's Hospital Colorado	\$663,386	\$1,245,117	\$1,908,503
Sub-Total CICP Specialty Hospital Providers	\$2,211,097	\$4,179,411	\$6,390,509
Denver Health Medical Center	\$37,920,445	\$52,211,866	\$90,132,311
University of Colorado Hospital <sup>22</sup>	\$14,165,640	\$39,046,405	\$53,212,045
<b>Total CICP Hospital Providers</b>	<b>\$124,702,074</b>	<b>\$183,766,937</b>	<b>\$308,469,011</b>

<sup>22</sup> University Physicians, Inc. provides services to the University of Colorado Hospital

Table 18 Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Hospital	\$363,050	\$0	\$0	\$363,050
Community Health Clinic	\$96,005	\$10,509	\$19,670	\$65,826
Denver Health Medical Center	\$23,001,218	\$2,050,851	\$0	\$20,950,367
Mercy Regional Medical Center	\$38,337	\$2,000	\$3,214	\$33,123
Parkview Medical Center	\$4,121,964	\$0	\$185,399	\$3,936,565
Penrose St. Francis Hospital	\$7,089,065	\$62,925	\$37,000	\$6,989,140
Pikes Peak Regional Hospital	\$17,411	\$0	\$1,127	\$16,284
Prowers Medical Center	\$46,989	\$4,341	\$6,788	\$35,860
Southwest Memorial Hospital	\$382	\$0	\$195	\$187
St. Mary-Corwin Medical Center	\$8,699,443	\$111,142	\$131,070	\$8,457,231
St. Mary's Hospital and Medical Center, Inc.	\$1,142,694	\$34,182	\$49,264	\$1,059,248
St. Thomas More Hospital	\$1,272,557	\$44,638	\$38,137	\$1,189,782
The Memorial Hospital	\$92,257	\$33,289	\$1,895	\$57,073
University of Colorado Hospital <sup>23</sup>	\$40,828,362	\$1,902,620	\$201,668	\$38,724,074
Valley View Hospital	\$165,314	\$0	\$871	\$164,443
Yampa Valley Medical Center	\$721,398	\$29,618	\$34,978	\$656,802
<b>Total</b>	<b>\$87,696,446</b>	<b>\$4,286,115</b>	<b>\$711,276</b>	<b>\$82,699,055</b>

Table 19 Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Community Health Clinic	\$10,257	\$0	\$7,276	\$2,981
Denver Health Medical Center	\$2,956,775	\$0	\$838,098	\$2,118,677
High Plains Community Health Center	\$394,614	\$0	\$40,070	\$354,544
National Jewish Health	\$621,906	\$0	\$31,933	\$589,973
Peak Vista Community Health Centers	\$635,844	\$0	\$354,002	\$281,842
Stout Street Clinic	\$794,851	\$0	\$0	\$794,851
University of Colorado Hospital	\$5,496,058	\$1,789,752	\$254,023	\$3,452,283
<b>Total</b>	<b>\$10,910,305</b>	<b>\$1,789,752</b>	<b>\$1,525,402</b>	<b>\$7,595,151</b>

Table 20 Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$189,503,540	\$17,231,218	\$3,349,854	\$168,922,468
Physician Services	\$23,001,218	\$2,050,851	\$0	\$20,950,367
Ambulance Services	\$2,289,324	\$46,664	\$10,324	\$2,232,336
Outpatient Pharmacy	\$2,956,775	\$0	\$838,098	\$2,118,677
<b>Total</b>	<b>\$217,750,857</b>	<b>\$19,328,733</b>	<b>\$4,198,276</b>	<b>\$194,223,848</b>

<sup>23</sup> University Physicians, Inc. provides services to the University of Colorado Hospital

Table 21 Inpatient and Outpatient Charges (Details)<sup>24</sup>

CICP Clinic Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Basin Clinic	\$0	\$58,745	\$58,745	\$0	\$0	\$0	\$58,745
Clinica Campesina	\$0	\$3,181,022	\$3,181,022	\$0	\$0	\$0	\$3,181,022
Community Health Clinic	\$2,057	\$100,969	\$103,026	\$0	\$0	\$0	\$103,026
Custer County Medical Center	\$0	\$22,275	\$22,275	\$0	\$0	\$0	\$22,275
Denver Indian Health & Family Services	\$0	\$48,900	\$48,900	\$0	\$0	\$0	\$48,900
Grace Health Clinic	\$0	\$236,810	\$236,810	\$0	\$0	\$0	\$236,810
High Plains Community Health Center	\$521,819	\$27,464	\$549,283	\$0	\$0	\$0	\$549,283
Marillac Clinic	\$0	\$514,653	\$514,653	\$0	\$0	\$0	\$514,653
Metro Community Provider Network (MCPN)	\$0	\$5,535,809	\$5,535,809	\$0	\$0	\$0	\$5,535,809
Mountain Family Health Centers	\$322,917	\$380,858	\$703,775	\$0	\$0	\$0	\$703,775
NW Colorado Community Health Center	\$0	\$243,393	\$243,393	\$0	\$0	\$0	\$243,393
Olathe Community Clinic	\$0	\$107,311	\$107,311	\$0	\$0	\$0	\$107,311
Peak Vista Community Health Centers <sup>25</sup>	\$521,769	\$6,575,797	\$7,097,566	\$0	\$0	\$0	\$7,097,566
Pueblo Community Health Center	\$0	\$1,585,735	\$1,585,735	\$0	\$0	\$0	\$1,585,735
Salud Family Health Centers	\$0	\$5,900,137	\$5,900,137	\$0	\$0	\$0	\$5,900,137
Sheridan Health Services	\$0	\$15,570	\$15,570	\$0	\$0	\$0	\$15,570
Stout Street Clinic	\$1,519,266	\$0	\$1,519,266	\$0	\$0	\$0	\$1,519,266
Summit Community Care Clinic	\$0	\$169,214	\$169,214	\$0	\$0	\$0	\$169,214
Sunrise Community Health Center	\$0	\$2,317,439	\$2,317,439	\$0	\$0	\$0	\$2,317,439
Uncompahgre Combined Clinics	\$98,138	\$5,165	\$103,303	\$0	\$0	\$0	\$103,303
Valley-Wide Health Systems	\$0	\$1,751,762	\$1,751,762	\$0	\$0	\$0	\$1,751,762
<b>Total CICP Clinic Providers</b>	<b>\$2,985,966</b>	<b>\$28,779,028</b>	<b>\$31,764,994</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$31,764,994</b>

<sup>24</sup> Table does not include physician, University Physicians Inc., outpatient pharmacy, or ambulance charges. Total Charges in Table 21 will equal Charges in Table 16 by adding physician charges from Table 18, pharmacy charges from Table 19, and Denver Health Medical Center detail charges for Ambulance from Table 20

<sup>25</sup> In FY 2013-14, Limon Plains Medical Center merged with Peak Vista Community Health Centers. Their data for 2013-14 is contained within the numbers reported for Peak Vista

Table 21 Inpatient and Outpatient Charges (Details) Continued

CICP Hospital Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Arkansas Valley Regional Medical Center	\$955,559	\$703,880	\$1,659,439	\$879,576	\$213,475	\$1,093,051	\$2,752,490
Aspen Valley Hospital	\$659,545	\$1,162,632	\$1,822,177	\$478,632	\$142,726	\$621,358	\$2,443,535
Boulder Community Hospital	\$4,428,551	\$2,168,940	\$6,597,491	\$6,086,332	\$1,437,795	\$7,524,127	\$14,121,618
Colorado Plains Medical Center	\$1,603,501	\$1,775,018	\$3,378,519	\$1,425,619	\$30,519	\$1,456,138	\$4,834,657
Community Hospital	\$928,815	\$104,858	\$1,033,673	\$1,814,722	\$0	\$1,814,722	\$2,848,395
Conejos County Hospital District	\$289,866	\$110,204	\$400,070	\$12,990	\$8,541	\$21,531	\$421,601
Delta County Memorial Hospital	\$916,269	\$0	\$916,269	\$802,231	\$0	\$802,231	\$1,718,500
East Morgan County Hospital	\$603,475	\$1,184,938	\$1,788,413	\$262,984	\$170,921	\$433,905	\$2,222,318
Estes Park Medical Center	\$372,680	\$754,194	\$1,126,874	\$334,156	\$41,054	\$375,210	\$1,502,084
Family Health West	\$99,192	\$125,366	\$224,558	\$0	\$46,399	\$46,399	\$270,957
Grand River Hospital	\$698,604	\$2,086,916	\$2,785,520	\$1,261,436	\$0	\$1,261,436	\$4,046,956
Gunnison Valley Hospital	\$341,936	\$71,171	\$413,107	\$176,549	\$0	\$176,549	\$589,656
Heart of the Rockies Regional Medical Center	\$1,952,357	\$0	\$1,952,357	\$1,128,432	\$0	\$1,128,432	\$3,080,789
Kremmling Memorial Hospital District	\$508,719	\$429,563	\$938,282	\$80,812	\$0	\$80,812	\$1,019,094
Longmont United Hospital	\$3,010,702	\$4,690,123	\$7,700,825	\$8,267,299	\$1,758,868	\$10,026,167	\$17,726,992
McKee Medical Center	\$3,701,291	\$8,551,830	\$12,253,121	\$5,857,027	\$1,744,037	\$7,601,064	\$19,854,185
Medical Center of the Rockies	\$5,919,918	\$14,043,095	\$19,963,013	\$18,967,296	\$8,914,923	\$27,882,219	\$47,845,232
Melissa Memorial Hospital	\$63,515	\$88,719	\$152,234	\$18,428	\$0	\$18,428	\$170,662
Memorial Health System	\$27,166,676	\$28,702,296	\$55,868,972	\$33,050,005	\$8,585,170	\$41,635,175	\$97,504,147
Mercy Regional Medical Center	\$836,213	\$0	\$836,213	\$2,002,804	\$0	\$2,002,804	\$2,839,017
Montrose Memorial Hospital	\$1,856,658	\$4,557,390	\$6,414,048	\$2,392,055	\$981,586	\$3,373,641	\$9,787,689
Mount San Rafael Hospital	\$993,204	\$910,227	\$1,903,431	\$525,771	\$313,901	\$839,672	\$2,743,103
North Colorado Medical Center	\$9,767,224	\$18,567,084	\$28,334,308	\$16,870,284	\$11,366,908	\$28,237,192	\$56,571,500
Parkview Medical Center	\$18,991,305	\$13,363,952	\$32,355,257	\$19,286,890	\$11,463,857	\$30,750,747	\$63,106,004
Penrose St. Francis Hospital	\$14,863,586	\$27,522,868	\$42,386,454	\$26,590,900	\$18,531,428	\$45,122,328	\$87,508,782
Pikes Peak Regional Hospital	\$814,616	\$384,248	\$1,198,864	\$241,018	\$129,111	\$370,129	\$1,568,993
Platte Valley Medical Center	\$4,408,359	\$2,054,327	\$6,462,686	\$5,400,753	\$364,571	\$5,765,324	\$12,228,010
Poudre Valley Hospital	\$11,485,743	\$20,620,788	\$32,106,531	\$18,525,639	\$4,800,646	\$23,326,285	\$55,432,816

Table 21 Inpatient and Outpatient Charges (Details) Continued

CICP Hospital Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Prowers Medical Center	\$722,918	\$1,234,833	\$1,957,751	\$428,099	\$0	\$428,099	\$2,385,850
Rio Grande Hospital	\$308,391	\$145,368	\$453,759	\$119,876	\$0	\$119,876	\$573,635
San Luis Valley Regional Medical Center	\$1,379,644	\$1,462,061	\$2,841,705	\$1,040,038	\$291,102	\$1,331,140	\$4,172,845
Sedgwick County Hospital	\$1,942	\$104,577	\$106,519	\$0	\$667	\$667	\$107,186
Southeast Colorado Hospital District	\$181,765	\$84,149	\$265,914	\$66,242	\$0	\$66,242	\$332,156
Southwest Memorial Hospital	\$1,062,814	\$743,083	\$1,805,897	\$405,453	\$233,446	\$638,899	\$2,444,796
Spanish Peaks Regional Health Center	\$342,116	\$0	\$342,116	\$115,949	\$0	\$115,949	\$458,065
St. Mary-Corwin Medical Center	\$8,709,040	\$19,557,575	\$28,266,615	\$11,411,900	\$5,142,720	\$16,554,620	\$44,821,235
St. Mary's Hospital and Medical Center, Inc.	\$3,201,971	\$7,232,694	\$10,434,665	\$10,463,404	\$4,168,397	\$14,631,801	\$25,066,466
St. Thomas More Hospital	\$2,169,083	\$2,679,466	\$4,848,549	\$1,835,033	\$803,275	\$2,638,308	\$7,486,857
St. Vincent General Hospital District	\$80,123	\$0	\$80,123	\$22,815	\$0	\$22,815	\$102,938
Sterling Regional Medical Center	\$772,735	\$3,440,980	\$4,213,715	\$677,214	\$520,788	\$1,198,002	\$5,411,717
The Memorial Hospital	\$610,214	\$445,792	\$1,056,006	\$639,162	\$0	\$639,162	\$1,695,168
Valley View Hospital	\$2,332,170	\$3,474,334	\$5,806,504	\$1,712,570	\$1,059,480	\$2,772,050	\$8,578,554
Wray Community District Hospital	\$52,533	\$24,906	\$77,439	\$0	\$0	\$0	\$77,439
Yampa Valley Medical Center	\$1,235,689	\$0	\$1,235,689	\$3,983,013	\$0	\$3,983,013	\$5,218,702
Yuma District Hospital	\$183,342	\$475,524	\$658,866	\$70,176	\$0	\$70,176	\$729,042
<b>Sub-Total CICP Hospital Providers</b>	<b>\$141,584,569</b>	<b>\$195,839,969</b>	<b>\$337,424,538</b>	<b>\$205,731,584</b>	<b>\$83,266,311</b>	<b>\$288,997,895</b>	<b>\$626,422,433</b>
CICP Specialty Hospital Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
National Jewish Health	\$5,873	\$9,628,736	\$9,634,609	\$0	\$0	\$0	\$9,634,609
Children's Hospital Colorado	\$1,853,428	\$1,533,680	\$3,387,108	\$4,011,952	\$0	\$4,011,952	\$7,399,060
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>\$1,859,301</b>	<b>\$11,162,416</b>	<b>\$13,021,717</b>	<b>\$4,011,952</b>	<b>\$0</b>	<b>\$4,011,952</b>	<b>\$17,033,669</b>
Denver Health Medical Center	\$41,634,502	\$60,584,761	\$102,219,263	\$60,348,847	\$26,935,430	\$87,284,277	\$189,503,540
University of Colorado Hospital	\$56,921,970	\$64,632,755	\$121,554,725	\$111,848,219	\$28,289,292	\$140,137,511	\$261,692,236
<b>Total CICP Hospital Providers</b>	<b>\$242,000,342</b>	<b>\$332,219,901</b>	<b>\$574,220,243</b>	<b>\$381,940,602</b>	<b>\$138,491,033</b>	<b>\$520,431,635</b>	<b>\$1,094,651,878</b>
<b>Total All CICP Providers</b>	<b>\$244,986,308</b>	<b>\$360,998,929</b>	<b>\$605,985,237</b>	<b>\$381,940,602</b>	<b>\$138,491,033</b>	<b>\$520,431,635</b>	<b>\$1,126,416,872</b>

# CICP UTILIZATION TABLES

Table 22 Admissions and Visits by County<sup>26</sup>

County	CICP Clinics	CICP Hospitals <sup>27</sup>	Denver Health Medical Center	University of Colorado Hospital	Total
Adams	29,461	3,597	1,116	8,474	42,648
Alamosa	2,521	897	2	35	3,455
Arapahoe	15,292	1,880	1,366	12,453	30,991
Archuleta	7	29	0	5	41
Baca	106	468	0	0	574
Bent	653	296	13	4	966
Boulder	14,415	3,548	46	618	18,627
Broomfield	1,210	57	25	21	1,313
Chaffee	44	1,002	0	59	1,105
Cheyenne	57	24	1	3	85
Clear Creek	210	11	4	36	261
Conejos	1,032	795	4	29	1,860
Costilla	746	169	1	10	926
Crowley	200	97	2	0	299
Custer	153	167	0	17	337
Delta	123	589	4	5	721
Denver	12,522	2,081	89,819	8,889	113,311
Dolores	593	188	1	1	783
Douglas	1,201	351	66	1,008	2,626
Eagle	390	131	4	44	569
Elbert	38	174	9	86	307
El Paso	48,018	26,849	28	599	75,494
Fremont	1,276	2,627	5	47	3,955
Garfield	2,128	3,847	6	123	6,104
Gilpin	131	16	4	12	163
Grand	23	1,390	85	39	1,537
Gunnison	2	383	1	23	409
Hinsdale	0	0	0	0	0
Huerfano	22	333	0	16	371
Jackson	12	71	0	3	86
Jefferson	11,854	1,196	1,111	3,412	17,573
Kiowa	141	55	1	0	197
Kit Carson	34	21	0	47	102
Lake	66	46	3	17	132

<sup>26</sup> Utilization by County is the sum of admissions and visits by reported patient residency

<sup>27</sup> Includes CICP Specialty Hospital providers

Table 22 Admissions and Visits by County Continued<sup>26</sup>

County	CICP Clinics	CICP Hospitals <sup>27</sup>	Denver Health Medical Center	University of Colorado Hospital	Total
La Plata	4	303	2	2	311
Larimer	9,018	17,883	21	479	27,401
Las Animas	11	1,853	1	30	1,895
Lincoln	25	117	2	28	172
Logan	812	2,012	3	34	2,861
Mesa	3,793	6,531	6	48	10,378
Mineral	12	74	0	0	86
Moffat	1,013	735	0	1	1,749
Montezuma	334	1,753	0	39	2,126
Montrose	1,177	2,596	1	68	3,842
Morgan	2,025	2,841	2	103	4,971
Otero	1,771	1,175	5	31	2,982
Ouray	16	102	0	19	137
Park	471	191	5	51	718
Phillips	70	401	0	7	478
Pitkin	297	653	0	2	952
Prowers	2,527	1,418	1	47	3,993
Pueblo	9,851	12,211	21	238	22,321
Rio Blanco	17	17	0	0	34
Rio Grande	2,008	1,023	1	47	3,079
Routt	428	1,565	5	36	2,034
Saguache	1,719	437	0	42	2,198
San Juan	0	13	0	0	13
San Miguel	294	98	0	0	392
Sedgwick	25	199	1	24	249
Summit	1,047	56	5	26	1,134
Teller	4,103	1,425	2	34	5,564
Washington	50	232	0	42	324
Weld	14,677	13,857	79	632	29,245
Yuma	87	828	1	26	942
Unknown	718	2,820	400	299	4,237
<b>Total</b>	<b>203,081</b>	<b>128,804</b>	<b>94,291</b>	<b>38,570</b>	<b>464,746</b>

<sup>26</sup> Utilization by County is the sum of admissions and visits by reported patient residency

<sup>27</sup> Includes CICP Specialty Hospital providers

Table 23 Outpatient Visits and Inpatient Admissions by CICP Rating

Outpatient Visits

CICP Rating	CICP Clinics		CICP Hospitals <sup>28</sup>		Denver Health		University Hospital		All Providers	
	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total
Z	18,503	9.1%	8,771	7.2%	19,686	21.4%	2,607	7.2%	49,567	10.9%
N	61,948	30.5%	29,156	24.0%	16,161	17.5%	9,144	25.1%	116,409	25.7%
A	8,180	4.0%	5,600	4.6%	4,113	4.5%	1,836	5.0%	19,729	4.4%
B	9,676	4.8%	7,300	6.0%	6,415	7.0%	2,375	6.5%	25,766	5.7%
C	14,357	7.1%	8,660	7.1%	8,464	9.2%	3,179	8.7%	34,660	7.6%
D	16,204	8.0%	9,510	7.8%	8,410	9.1%	3,884	10.7%	38,008	8.4%
E	12,927	6.4%	9,252	7.6%	7,674	8.3%	2,870	7.9%	32,723	7.2%
F	22,075	10.9%	13,901	11.4%	8,277	9.0%	4,492	12.3%	48,745	10.8%
G	15,941	7.8%	10,594	8.7%	5,344	5.8%	2,437	6.7%	34,316	7.6%
H	7,284	3.6%	5,454	4.5%	2,346	2.5%	1,332	3.7%	16,416	3.6%
I	15,939	7.8%	12,199	10.0%	5,210	5.7%	2,304	6.3%	35,652	7.9%
Unknown	47	0.0%	1,156	1.0%	0	0.0%	0	0.0%	1,203	0.3%
<b>Total</b>	<b>203,081</b>	<b>100.0%</b>	<b>121,553</b>	<b>100.0%</b>	<b>92,100</b>	<b>100.0%</b>	<b>36,460</b>	<b>100.0%</b>	<b>453,194</b>	<b>100.0%</b>

Inpatient Admissions

CICP Rating	CICP Clinics		CICP Hospitals <sup>28</sup>		Denver Health		University Hospital		All Providers	
	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total
Z	0	0.0%	506	7.0%	512	23.4%	221	10.5%	1,239	10.7%
N	0	0.0%	1,565	21.6%	483	22.0%	599	28.4%	2,647	22.9%
A	0	0.0%	277	3.8%	91	4.2%	97	4.6%	465	4.0%
B	0	0.0%	378	5.2%	139	6.3%	133	6.3%	650	5.6%
C	0	0.0%	466	6.4%	196	8.9%	169	8.0%	831	7.2%
D	0	0.0%	564	7.8%	195	8.9%	142	6.7%	901	7.8%
E	0	0.0%	495	6.8%	170	7.8%	137	6.5%	802	6.9%
F	0	0.0%	908	12.5%	138	6.3%	225	10.7%	1,271	11.0%
G	0	0.0%	732	10.1%	105	4.8%	154	7.3%	991	8.6%
H	0	0.0%	385	5.3%	49	2.2%	84	4.0%	518	4.5%
I	0	0.0%	924	12.7%	113	5.2%	149	7.1%	1,186	10.3%
Unknown	0	0.0%	51	0.7%	0	0.0%	0	0.0%	51	0.4%
<b>Total</b>	<b>0</b>	<b>0.0%</b>	<b>7,251</b>	<b>100.0%</b>	<b>2,191</b>	<b>100.0%</b>	<b>2,110</b>	<b>100.0%</b>	<b>11,552</b>	<b>100.0%</b>

<sup>28</sup> Includes CICP Specialty Hospital providers

Table 24 Inpatient Admissions and Days by CICIP Rating

CICIP Rating	CICIP Hospitals <sup>29</sup>		Denver Health Medical Center		University of Colorado Hospital		Total	
	Admits	Days	Admits	Days	Admits	Days	Admits	Days
Z	506	2,278	512	2,441	221	1,053	1,239	5,772
N	1,565	6,531	483	2,070	599	2,911	2,647	11,512
A	277	1,050	91	647	97	473	465	2,170
B	378	1,513	139	822	133	623	650	2,958
C	466	2,074	196	954	169	957	831	3,985
D	564	2,370	195	869	142	654	901	3,893
E	495	2,136	170	947	137	773	802	3,856
F	908	3,656	138	632	225	1,257	1,271	5,545
G	732	2,779	105	554	154	852	991	4,185
H	385	1,534	49	158	84	424	518	2,116
I	924	3,605	113	595	149	752	1,186	4,952
Unknown	51	197	0	0	0	0	51	197
<b>Total</b>	<b>7,251</b>	<b>29,723</b>	<b>2,191</b>	<b>10,689</b>	<b>2,110</b>	<b>10,729</b>	<b>11,552</b>	<b>51,141</b>

<sup>29</sup> Includes CICIP Specialty Hospital providers

Table 25 Utilization by Provider

CICP Clinic Providers	Visits	Admissions	Days	ALOS <sup>30</sup>
Basin Clinic	371	0	0	0
Clinica Campesina	24,802	0	0	0
Community Health Clinic	961	0	0	0
Custer County Medical Center	219	0	0	0
Denver Indian Health & Family Services	326	0	0	0
Grace Health Clinic	1,269	0	0	0
High Plains Community Health Center	2,991	0	0	0
Marillac Clinic	3,741	0	0	0
Metro Community Provider Network (MCPN)	32,984	0	0	0
Mountain Family Health Centers	3,420	0	0	0
NW Colorado Community Health Center	1,505	0	0	0
Olathe Community Clinic	652	0	0	0
Peak Vista Community Health Centers <sup>31</sup>	52,888	0	0	0
Pueblo Community Health Center	9,879	0	0	0
Salud Family Health Centers	31,887	0	0	0
Sheridan Health Services	125	0	0	0
Stout Street Clinic	7,787	0	0	0
Summit Community Care Clinic	1,261	0	0	0
Sunrise Community Health Center	13,717	0	0	0
Uncompahgre Combined Clinics	523	0	0	0
Valley-Wide Health Systems	11,773	0	0	0
<b>Total (Clinics)</b>	<b>203,081</b>	<b>0</b>	<b>0</b>	<b>0</b>

<sup>30</sup> Calculated average length of stay. Number of days divided by total admissions

<sup>31</sup> In FY 2013-14, Limon Plains Medical Center merged with Peak Vista Community Health Clinics. Their utilization numbers are contained within the numbers reported for Peak Vista

Table 25 Utilization by Provider Continued

CICP Hospital Providers	Visits	Admissions	Days	ALOS <sup>32</sup>
Arkansas Valley Regional Medical Center	1,108	57	224	3.93
Aspen Valley Hospital	701	21	91	4.33
Boulder Community Hospital	1,649	141	745	5.28
Colorado Plains Medical Center	1,531	55	190	3.45
Community Hospital	891	71	218	3.07
Conejos County Hospital District	687	4	7	1.75
Delta County Memorial Hospital	308	40	124	3.10
East Morgan County Hospital	1,029	28	106	3.79
Estes Park Medical Center	693	11	61	5.55
Family Health West	123	3	5	1.67
Grand River Hospital	2,010	39	95	2.44
Gunnison Valley Hospital	326	13	35	2.69
Heart of the Rockies Regional Medical Center	1,243	58	246	4.24
Kremmling Memorial Hospital District	1,283	9	32	3.56
Longmont United Hospital	1,851	217	1,074	4.95
McKee Medical Center	3,682	249	760	3.05
Medical Center of the Rockies	5,138	500	2,307	4.61
Melissa Memorial Hospital	382	5	14	2.80
Memorial Health System	19,689	925	4,316	4.67
Mercy Regional Medical Center	186	55	213	3.87
Montrose Memorial Hospital	2,705	158	739	4.68
Mount San Rafael Hospital	1,632	58	157	2.71
North Colorado Medical Center	8,963	676	2,590	3.83
Parkview Medical Center	6,957	515	2,580	5.01
Penrose St. Francis Hospital	6,345	928	3,863	4.16
Pikes Peak Regional Hospital	835	17	53	3.12
Platte Valley Medical Center	1,626	162	624	3.85
Poudre Valley Hospital	12,809	725	2,809	3.87
Prowers Medical Center	1,255	40	109	2.73
Rio Grande Hospital	756	11	29	2.64
San Luis Valley Regional Medical Center	1,525	66	349	5.29
Sedgwick County Hospital	184	1	3	3.00
Southeast Colorado Hospital District	376	7	21	3.00
Southwest Memorial Hospital	1,951	31	91	2.94
Spanish Peaks Regional Health Center	170	6	21	3.50
St. Mary-Corwin Medical Center	5,759	313	1,455	4.65
St. Mary's Hospital and Medical Center, Inc.	5,507	346	1,666	4.82
St. Thomas More Hospital	1,875	99	348	3.52

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

Table 25 Utilization by Provider Continued

CICP Hospital Providers	Visits	Admissions	Days	ALOS <sup>32</sup>
St. Vincent General Hospital District	39	1	3	3.00
Sterling Regional Medical Center	1,819	48	143	2.98
The Memorial Hospital	518	22	108	4.91
Valley View Hospital	1,765	80	235	2.94
Wray Community District Hospital	221	0	0	0
Yampa Valley Medical Center	1,479	353	489	1.39
Yuma District Hospital	642	4	12	3.00
<b>Sub-Total CICP Hospital Providers</b>	<b>112,223</b>	<b>7,168</b>	<b>29,360</b>	<b>4.10</b>

CICP Specialty Hospital Providers	Visits	Admissions	Days	ALOS
National Jewish Health	7,778	0	0	0.00
Children's Hospital Colorado	1,552	83	363	4.37
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>9,330</b>	<b>83</b>	<b>363</b>	<b>4.37</b>
Denver Health Medical Center	92,100	2,191	10,689	4.88
University of Colorado Hospital	36,460	2,110	10,729	5.08
<b>Total CICP Hospital Providers</b>	<b>250,113</b>	<b>11,552</b>	<b>51,141</b>	<b>4.43</b>
<b>Total All CICP Providers</b>	<b>453,194</b>	<b>11,552</b>	<b>51,141</b>	<b>4.43</b>

<sup>32</sup> Calculated average length of stay. Number of days divided by total admissions

Table 26 Unduplicated Total Count by Age Group<sup>33</sup>

CICP Clinic Providers	Total Age 0 thru 5	Total Age 6 thru 17	Total Age 18+	Total
Basin Clinic	0	5	83	88
Clinica Campesina	47	247	6,556	6,850
Community Health Clinic	0	6	363	369
Custer County Medical Center	0	0	60	60
Denver Indian Health & Family Services	0	0	171	171
Grace Health Clinic	6	8	460	474
High Plains Community Health Center	5	44	1,046	1,095
Marillac Clinic	2	5	1,428	1,435
Metro Community Provider Network (MCPN)	59	283	9,070	9,412
Mountain Family Health Centers	7	26	998	1,031
NW Colorado Community Health Center	0	5	649	654
Olathe Community Clinic	0	4	251	255
Peak Vista Community Health Centers <sup>34</sup>	401	2,000	14,777	17,178
Pueblo Community Health Center	0	24	4,018	4,042
Salud Family Health Centers	61	258	12,917	13,236
Sheridan Health Services	0	0	52	52
Stout Street Clinic	5	3	1,004	1,012
Summit Community Care Clinic	6	14	443	463
Sunrise Community Health Center	22	163	4,686	4,871
Uncompahgre Combined Clinics	0	6	187	193
Valley-Wide Health Systems	4	42	4,009	4,055
<b>Total CICP Clinic Providers</b>	<b>625</b>	<b>3,143</b>	<b>63,228</b>	<b>66,996</b>

33 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

34 In FY 2013-14, Limon Plains Medical Center merged with Peak Vista Community Health Clinics. Their unduplicated counts are contained within the numbers reported for Peak Vista

Table 26 Unduplicated Total Count by Age Group Continued<sup>35</sup>

CICP Hospital Providers	Total Age 0 thru 5	Total Age 6 thru 17	Total Age 18+	Total
Arkansas Valley Regional Medical Center	2	14	591	607
Aspen Valley Hospital	5	4	207	216
Boulder Community Hospital	6	5	928	939
Colorado Plains Medical Center	21	18	1,196	1,235
Community Hospital	1	8	565	574
Conejos County Hospital District	0	5	245	250
Delta County Memorial Hospital	2	11	209	222
East Morgan County Hospital	2	7	378	387
Estes Park Medical Center	0	2	290	292
Family Health West	3	2	80	85
Grand River Hospital	3	10	506	519
Gunnison Valley Hospital	2	0	175	177
Heart of the Rockies Regional Medical Center	4	6	427	437
Kremmling Memorial Hospital District	2	12	339	353
Longmont United Hospital	10	11	1,054	1,075
McKee Medical Center	26	28	1,353	1,407
Medical Center of the Rockies	35	38	2,442	2,515
Melissa Memorial Hospital	0	6	142	148
Memorial Health System	49	68	7,948	8,065
Mercy Regional Medical Center	0	1	161	162
Montrose Memorial Hospital	10	16	1,115	1,141
Mount San Rafael Hospital	4	17	694	715
North Colorado Medical Center	52	66	3,190	3,308
Parkview Medical Center	12	23	3,098	3,133
Penrose St. Francis Hospital	46	35	3,053	3,134
Pikes Peak Regional Hospital	0	4	360	364
Platte Valley Medical Center	15	15	1,144	1,174
Poudre Valley Hospital	43	59	4,433	4,535
Prowers Medical Center	7	12	574	593
Rio Grande Hospital	1	2	258	261
San Luis Valley Regional Medical Center	1	6	888	895
Sedgwick County Hospital	0	0	55	55
Southeast Colorado Hospital District	0	1	141	142
Southwest Memorial Hospital	5	10	551	566
Spanish Peaks Regional Health Center	0	2	118	120
St. Mary-Corwin Medical Center	12	22	2,963	2,997

<sup>35</sup> 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 26 Unduplicated Total Count by Age Group Continued<sup>36</sup>

CICP Hospital Providers	Total Age 0 thru 5	Total Age 6 thru 17	Total Age 18+	Total
St. Mary's Hospital and Medical Center, Inc.	28	12	2,293	2,333
St. Thomas More Hospital	8	10	888	906
St. Vincent General Hospital District	0	0	19	19
Sterling Regional Medical Center	8	11	528	547
The Memorial Hospital	1	3	275	279
Valley View Hospital	21	20	612	653
Wray Community District Hospital	0	8	74	82
Yampa Valley Medical Center	5	4	444	453
Yuma District Hospital	1	9	157	167
<b>Sub-Total CICP Hospital Providers</b>	<b>453</b>	<b>623</b>	<b>47,161</b>	<b>48,237</b>

CICP Specialty Hospital Providers	Total Age 0 thru 5	Total Age 6 thru 17	Total Age 18+	Total
National Jewish Health	6	9	1,915	1,930
Children's Hospital Colorado	214	325	236	775
<b>Sub-Total CICP Specialty Hospital Providers</b>	<b>220</b>	<b>334</b>	<b>2,151</b>	<b>2,705</b>
Denver Health Medical Center	112	434	28,511	29,057
University of Colorado Hospital	24	62	13,115	13,201
<b>Total CICP Hospital Providers</b>	<b>809</b>	<b>1,453</b>	<b>90,938</b>	<b>93,200</b>
<b>Total All CICP Providers</b>	<b>1,434</b>	<b>4,596</b>	<b>154,166</b>	<b>160,196</b>

<sup>36</sup> 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