COLORADO

MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM FISCAL YEAR 2012-13 ANNUAL REPORT

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
SUSAN E. BIRCH MBA, BSN, RN
EXECUTIVE DIRECTOR

MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM FISCAL YEAR 2012-13 ANNUAL REPORT

Susan E. Birch MBA, BSN, RN
Executive Director
Department of Health Care Policy and Financing

John Bartholomew, Director
Finance Office

SPECIAL FINANCING DIVISON

Nancy Dolson, Director

Cynthia Arcuri, Financing Unit Supervisor

Eugene Advincula, Cost Report Accountant

Preston Brown, Provider Fee Analyst

Ray Coffey, Budget Analyst

Gina DeCrescentis, Accountant

Matt Haynes, Provider Fee Unit Supervisor

Blake Heller, Provider Fee Analyst

Laura Hillenbrand, Administrative Assistant

Shannon Huska, Program Administrator

Wes Lander, Provider Fee Analyst

Matt Littlejohn, Financing Analyst

Cynthia Miley, Administrative Assistant

Karen Talley, Safety Net Programs and Grants Administrator

Chandra Vital, Contract & Project Management Specialist

TABLE OF CONTENTS

EXECUTIVE SUMMARY 1
INTRODUCTION 2
CICP PROGRAM ADMINISTRATION 3
Program Overview 3
Future Direction 4
Health Care Coverage Expansion Impact on CICP 4
Stakeholder Collaboration 5
Annual Provider Meeting 5
CICP Stakeholder Forum 5
CICP Communication 6
Clients 7
Eligibility Requirements and Ability-to-Pay 7
Client Utilization 11
Clients Served 11
Inpatient Care 12
Inpatient Admissions 13
Outpatient Care 18
Outpatient Visits 19
Providers 23
Provider Requirements 23
Provider Participation 24
Program Administration 27
Reporting Requirements and Prevention of Fraud by Providers 27
Prevention of Fraud by Applicants 27
Priorities Among Medical Services Rendered 27
Collection of Third-Party Payments 28
Incentives for Utilization Control 28

REIMBURSEMENT 29
Reimbursement for Clinics and Hospitals 29
Reimbursement per Inpatient Day 33
Reimbursement per Outpatient Visit 34
Reimbursement Methodology for Hospitals 35
CICP Disproportionate Share Hospital Payment 35
Uninsured Disproportionate Share Hospital Payment 36
Colorado Indigent Care Program Supplemental Medicaid Payment 38
Reimbursement Methodology for Clinics 39
Children's Hospital Colorado Clinic Payment 39
PRIMARY CARE FUND PROGRAM 40
FEDERAL MATCH RATES 42
DISPROPORTIONATE SHARE HOSPITAL PAYMENT 44
Law and Regulations 44
DSH Audit 44
Payment Allotment 45
DEFINITIONS 47
CICP FINANCIAL TABLES 51
CICP UTILIZATION TABLES 64

TABLES AND FIGURES

CICP PROGRAM ADMINISTRATION

Table 1 — Annual Income Ranges for Each Ability-To-Pay Rate 8

Table 2 — Client Copayment Table 9

Figure 1 — Total Unduplicated Client Count by Provider and Age Group 11

Figure 2 — CICP Hospitals Percent of Inpatient Unduplicated Client Count by Age Group... 12

Table 3 — Comparison of Inpatient Admissions 13

Table 4 — Comparison of Inpatient Days 14

Table 5 — Top 10 Inpatient Diagnoses At Denver Health Medical Center 15

Table 6 — Top 10 Inpatient Diagnoses At University of Colorado Hospital 16

Figure 3 — Inpatient Admissions by CICP Rating 17

Figure 4 — CICP Hospitals Percent of Outpatient Unduplicated Client Count by Age Group 18

Table 7 — Comparision of Outpatient Visits 19

Table 8 — Top 10 Outpatient Diagnoses At Denver Health Medical Center 20

Table 9 — Top 10 Outpatient Diagnoses at University of Colorado Hospital 21

Figure 5 — Outpatient Visits by CICP Rating 22

Table 10 — FY 2012-13 CICP Clinics and Hospitals Including Satellite Facilites by County . 24

Table 11 — FY 2012-13 CICP Participating Providers 25

REIMBURSEMENT

Table 12 — FY 2012-13 CICP Payments 30

Table 13 — FY 2012-13 Percentage of Write-Off Cost Reimbursed 31

Table 14 — Historical Percentage of Write-Off Cost Reimbursed 31

Table 15 — Historical CICP Charges, Costs and Payments 32

Table 16 — FY 2012-13 Payment per Inpatient Day 33

Table 17 — Historical Payment per Inpatient Day 33

Table 18 —FY 2012-13 Payment per Outpatient Visit 34

Table 19 — Historical Payment per Outpatient Visit 34

Table 20 — Colorado DSH Payments 36

Table 21 — FY 2012-13 Uninsured DSH Payments by Hospital 37

OTHER MEDICALLY INDIGENT PROVIDER GRANTS

Table 22 — FY 2012-13 Primary Care Grant Program Payments 41

FEDERAL MATCH RATES

Table 23 — Colorado's Federal Match Rates 43

DISPROPORTIONATE SHARE HOSPITAL PAYMENT

Table 24 — Colorado DSH Allotments 46

CICP FINANCIAL TABLES

Table 25 — Total Financial Activity and CICP Payment 51
Table 26 — Hospital Provider Payment Detail 55
Table 27 — Physician Services Detail 57
Table 28 — Outpatient Pharmacy Detail 57
Table 29 — Denver Health Medical Center Detail 57
Table 30 — Inpatient and Outpatient Charges (Details) 58
Table 31 — Inpatient and Outpatient Charges (Total) 61

CICP UTILIZATION TABLES

Table 32 —Admissions and Visits by County 64
Table 33 — Outpatient Visits and Inpatient Admissions by CICP Rating 66
Table 34 — Inpatient Days by CICP Rating 67
Table 35 — Inpatient Admissions by Age and Sex 68
Table 36 — Outpatient Activity by Age and Sex 70
Table 37 — Utilization by Provider 72
Table 38 — Unduplicated Inpatient and Outpatient Count by Age Group 74
Table 39 — Unduplicated Total Count by Age Group 77

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 2012-13 total payments made to providers serving the medically indigent equaled $305,235,184 and were distributed as follows:

Hospital Payments	
► CICP Supplemental Medicaid Payments	$146,242,218
► CICP Disproportionate Share Hospital Payments	$152,933,206
Total CICP Hospital Payments	**$299,175,424**

Clinic Payments	
► The Children's Hospital Payments	$6,059,760
Total CICP Clinic Payments	**$6,059,760**

In FY 2012-13, there were 22 CICP Clinic providers and 49 CICP Hospital providers. CICP Clinics were reimbursed at 13.9% of indigent care costs, while all CICP Hospitals were reimbursed at 56.9% of indigent care costs. Denver Health Medical Center received 60.1% reimbursement relative to indigent care costs, and University of Colorado Hospital was reimbursed 47.3% of indigent care costs.

In FY 2012-13 the number of individuals served under the CICP was 208,449, a 5.9% decrease from the previous year. The decrease in the number served occurred in part because many became eligible for Medicaid through the coverage expansions funded by hospital provider fees under the Colorado Health Care Affordability Act, House Bill 09-1293. The January 2014 expansion of Medicaid coverage for all 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) will further reduce the number of uninsured Coloradans but will not eliminate the need for the CICP. As the expansion of Medicaid coverage and the Connect for Health Colorado insurance marketplace are implemented, the Department will work with its stakeholders to understand patient needs and gaps in coverage before any changes to CICP are proposed.

INTRODUCTION

The Department of Health Care Policy and Financing (the Department) prepares this report pursuant to Section 25.5-3-107, C.R.S. (2013). 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[1];
- 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 2012-13;
- Plans for future years; and
- Program definitions.

1. In the FY 2011-12 Annual Report, only one quarter's worth of data was used for Children's Hospital Colorado, which caused some statistics to be understated. For the FY 2012-13 Annual Report, the correct data was used in order to provide accurate comparisons between fiscal years. Revised FY 2011-12 Annual Report data for Children's Hospital Colorado is available on the Department's website.

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. (2013) 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) will reduce the number of uninsured Coloradans but will 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 current CICP clients will be eligible for Medicaid, with the remaining CICP clients eligible for discounted health insurance through the Connect for Health Colorado marketplace. While the implementation of the ACA will provide health care coverage to many clients who would otherwise be eligible for CICP, not all will be covered. Those who are between 133% and 250% of the FPL will still be 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.

Therefore, the Department is not proposing changes to CICP at this time and will continue to actively engage stakeholders to explore possibilities for CICP in the future. As the expansion of Medicaid coverage and the Connect for Health Colorado insurance marketplace are implemented, the Department will work with its stakeholders to understand patient needs and gaps in coverage for lower income Coloradans such as oral health, behavioral health, specialty care and underinsurance before any changes to CICP are proposed.

STAKEHOLDER COLLABORATION

NEW ANNUAL CICP EXECUTIVE FORUM

The Department established the Annual CICP Executive Forum, which replaced the traditional CICP annual meeting in April 2013. 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 will also provide senior executives the opportunity to have a voice in how the Department maintains and improves the program. The goal of this new executive forum is to engage executive staff in discussions regarding CICP. In particular, this forum focuses on high-level topics such as:

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

While budget and legislative updates were presented, discussion centered on how the January 2014 expansion of Medicaid up to 133% of the FPL for all adults would affect the CICP going forward. With the expansion of Medicaid, 75% of CICP clients are expected to become Medicaid eligible. Most of the remaining will qualify for federal subsidies through Connect for Health Colorado, Colorado's health insurance marketplace. Various scenarios for the future of CICP were discussed regarding the possibilities for new policies, changes in funding, and enhanced services. The exchange of ideas will guide the Department in transforming the program in the years to come. The CICP will continue to remain a safety net for low income individuals and families.

CICP STAKEHOLDER FORUM

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

With input from stakeholders, during FY 2012-13 the Department completed a rule change to convert the client's copayment cap to a full year from the date of application. Previously, all caps expired on December 31, regardless of the date of application.

The Stakeholder Forum was also instrumental in solidifying policy in conformance with Senate Bill (SB) 13-011, the Colorado Civil Union Act, which went into effect in May 2013. Eligibility policies and CICP copayment rates for households headed by couples in a civil union are identical to those headed by married couples.

The Department worked with the forum in establishing policies and guidelines to steer the program through the initial stages of health care reform. Beginning in October 2013, new applicants and reapplying clients for the CICP are now instructed to apply for Medicaid if their income is up to 133% of the FPL. Those with resources and incomes over that threshold remain eligible for CICP and are encouraged to enroll for subsidized health insurance plans through Connect for Health Colorado. CICP clients with private insurance will be responsible for the lesser of the CICP copayment or their private insurance plan's copayment or deductible.

CICP COMMUNICATION

The Department publishes a quarterly newsletter that provides CICP providers and stakeholders with updates on CICP policies and other Department news. The Department also publishes an annual CICP Provider Manual that details program requirements including determining an applicant's eligibility for CICP and is a comprehensive program resource for providers. The quarterly newsletter and Provider Manual are also 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, 2013 through March 31, 2014

Family Size	Z	N	A	B
1	$0 – $4,596	$0 – $4,596	$4,597 - $7,124	$7,125 - $9,307
2	$0 – $6,204	$0 – $6,204	$6,205 - $9,616	$9,617 - $12,563
3	$0 – $7,812	$0 – $7,812	$7,813 - $12,109	$12,110 - $15,819
4	$0 – $9,420	$0 – $9,420	$9,421 - $14,601	$14,602 - $19,076
5	$0 – $11,028	$0 – $11,028	$11,029 - $17,093	$17,094 - $22,332
6	$0 – $12,636	$0 – $12,636	$12,637 - $19,586	$19,587 - $25,588
7	$0 – $14,244	$0 – $14,244	$14,245 - $22,078	$22,079 - $28,844
8	$0 – $15,852	$0 – $15,852	$15,853 - $24,571	$24,572 - $32,100
Poverty Level*	40% & Homeless	40%	62%	81%

Family Size	C	D	E	F
1	$9,308 - $11,490	$11,491 - $13,443	$13,444 - $15,282	$15,283 - $18,269
2	$12,564 - $15,510	$15,511 - $18,147	$18,148 - $20,628	$20,629 - $24,661
3	$15,820 - $19,530	$19,531 - $22,850	$22,851 - $25,975	$25,976 - $31,053
4	$19,077 - $23,550	$23,551 - $27,554	$27,555 - $31,322	$31,323 - $37,445
5	$22,333 - $27,570	$27,571 - $32,257	$32,258 - $36,668	$36,669 - $43,836
6	$25,589 - $31,590	$31,591 - $36,960	$36,961 - $42,015	$42,016 - $50,228
7	$28,845 - $35,610	$35,611 - $41,664	$41,665 - $47,361	$47,362 - $56,620
8	$32,101 - $39,630	$39,631 - $46,367	$46,368 - $52,708	$52,709 - $63,012
Poverty Level*	100%	117%	133%	159%

Family Size	G	H	I
1	$18,270 - $21,257	$21,258 - $22,980	$22,981 - $28,725
2	$24,662 - $28,694	$28,695 - $31,020	$31,021 - $38,775
3	$31,054 - $36,131	$36,132 - $39,060	$39,061 - $48,825
4	$37,446 - $43,568	$43,569 - $47,100	$47,101 - $58,875
5	$43,837 - $51,005	$51,006 - $55,140	$55,141 - $68,925
6	$50,229 - $58,442	$58,443 - $63,180	$63,181 - $78,975
7	$56,621 - $65,879	$65,880 - $71,220	$71,221 - $89,025
8	$63,013 - $73,316	$73,317 - $79,260	$79,261 - $99,075
Poverty Level*	185%	200%	250%

*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
Z	40%	$0	$0	$0	$0	$0
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

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.

The following explains the types of medical care associated with each copayment category:

- Hospital inpatient facility charges are for all non-physician (facility) services received by a client while receiving care in the hospital setting for a continuous stay of 24 hours or longer. The client is responsible for the corresponding Hospital Inpatient Copayment.
- Ambulatory Surgery charges are for all operative procedures received by a client who is admitted to and discharged from the hospital setting on the same day. The client is responsible for the corresponding Inpatient Hospital Copayment for the non-physician (facility) services and the corresponding Physician Copayment for the physician services.
- The Inpatient and Emergency Room Physician charges are for services provided to a client by a physician in the hospital setting, including inpatient and emergency room care. The client is responsible for the corresponding Physician Copayment.
- Outpatient Clinic charges are for all non-physician (facility) and physician services received by a client while receiving care in the outpatient clinic setting, but do not include charges from outpatient services provided in the hospital (i.e. emergency room care, ambulatory surgery, radiology). Outpatient charges include primary and preventive medical care. The client is responsible for the corresponding Outpatient Clinic Copayment.

- Hospital Emergency Room charges are for all non-physician (facility) services received by a client while receiving care in the hospital setting for a continuous stay less than 24 hours (i.e., emergency room care). The client is responsible for the corresponding Hospital Emergency Room Copayment.
- Specialty Outpatient charges are for all non-physician (facility) and physician services received by a client while receiving care in the specialty outpatient clinic setting, but do not include charges from outpatient services provided in the hospital setting (i.e., emergency room care, ambulatory surgery). Specialty Outpatient charges include distinctive medical care (i.e., oncology, orthopedics, hematology, pulmonary) that is not normally available as primary and preventive medical care. The client is responsible for the corresponding Specialty Outpatient Clinic Copayment. A qualified health care provider must receive written approval from the Department to charge the Specialty Outpatient Clinic Copayment.
- Emergency Transportation charges are for transportation provided by an ambulance. The client is responsible for the corresponding Emergency Transportation Copayment.
- Laboratory Service charges are for all laboratory tests received by a client not associated with an inpatient facility or hospital outpatient charge during the same period. The client is responsible for the corresponding Laboratory Services Copayment.
- Radiology and Imaging Service charges are for all radiology and imaging services received by a client while receiving care in the outpatient clinic setting, but do not include charges from outpatient or inpatient services provided in the hospital setting. The client is responsible for the corresponding Radiology and Imaging Copayment.
- Prescription charges are for prescription drugs received by a client at a qualified health care provider's pharmacy as an outpatient service. The client is responsible for the corresponding Prescription Copayment. To encourage the availability of discounted prescription drugs, providers are allowed to modify (increase or decrease) the Prescription Copayment with the written approval of the Department.
- Clients receiving a Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Positron Emission Tomography (PET) or other Nuclear Medicine services, Sleep Studies, or Catheterization Laboratory (cath lab) in an Outpatient setting are responsible for the Hospital Inpatient Facility copayment in addition to the Outpatient Specialty Clinic copayment.

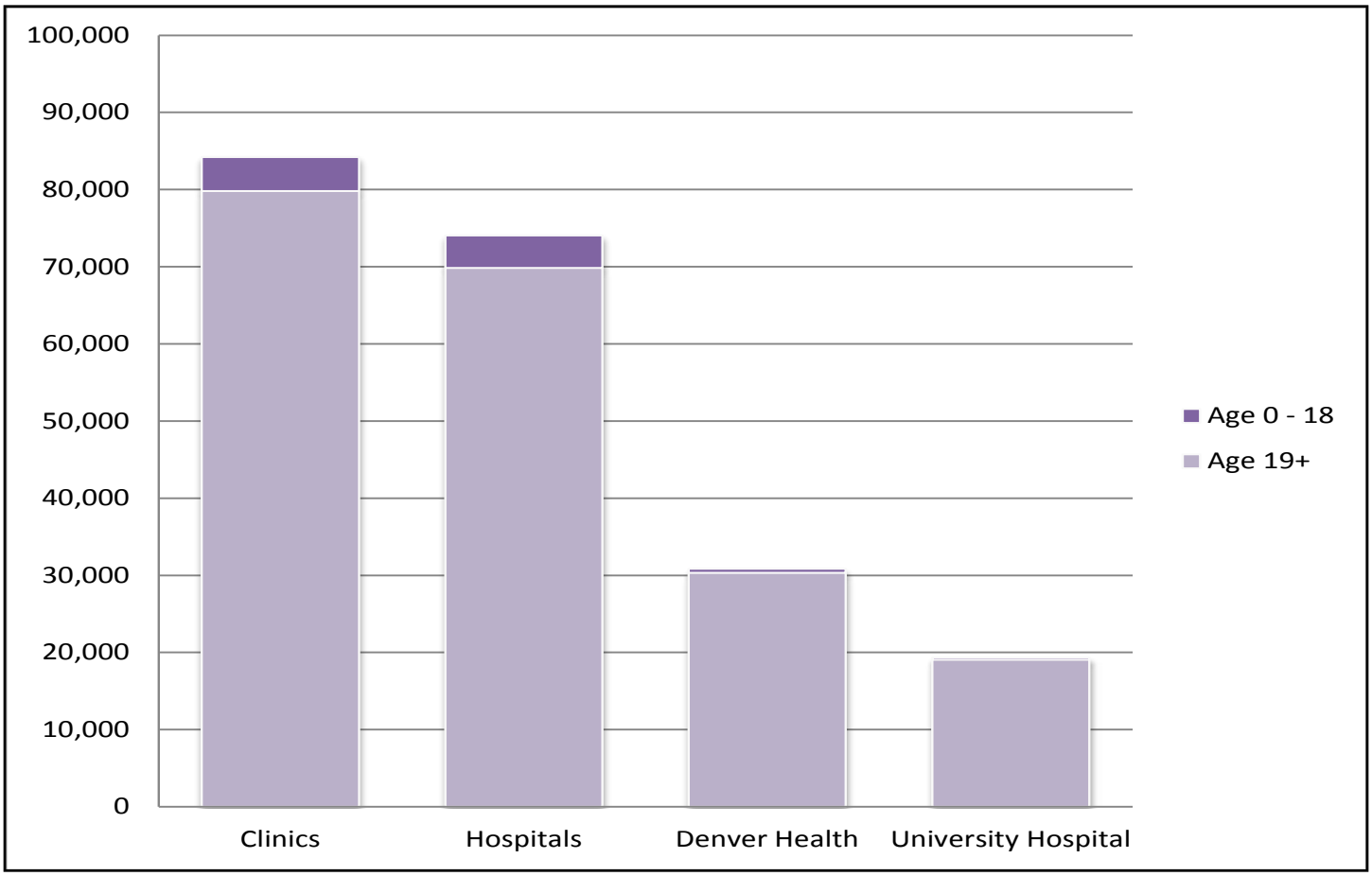
CLIENT UTILIZATION

CLIENTS SERVED

During FY 2012-13, there were 208,449 unduplicated clients who received services through the CICP. This represents a 5.9 % decrease from the 221,632 unduplicated clients assisted in FY 2011-12. Overall, the program provided 13,959 unduplicated clients with inpatient care, while 202,419 received outpatient services in FY 2012-13[2].

Tables 38 and 39 provide a detailed overview by provider of the total number of unduplicated clients served. The provider group which served the greatest number of unique clients was CICP Clinics (40.4%), while Denver Health Medical Center was the largest individual provider. Denver Health Medical Center provided care to 30,833, or 14.79%, of all unduplicated individuals receiving discounted medical care under the CICP.

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



Children represented 4.5% of the total unique population receiving services. The total unduplicated count of children receiving care under the CICP decreased by 13.3% in FY 2012-13, relative to the FY 2011-12 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 2012-13 stems partially from the elimination of the three-month waiting period for CHP+ in 2013.

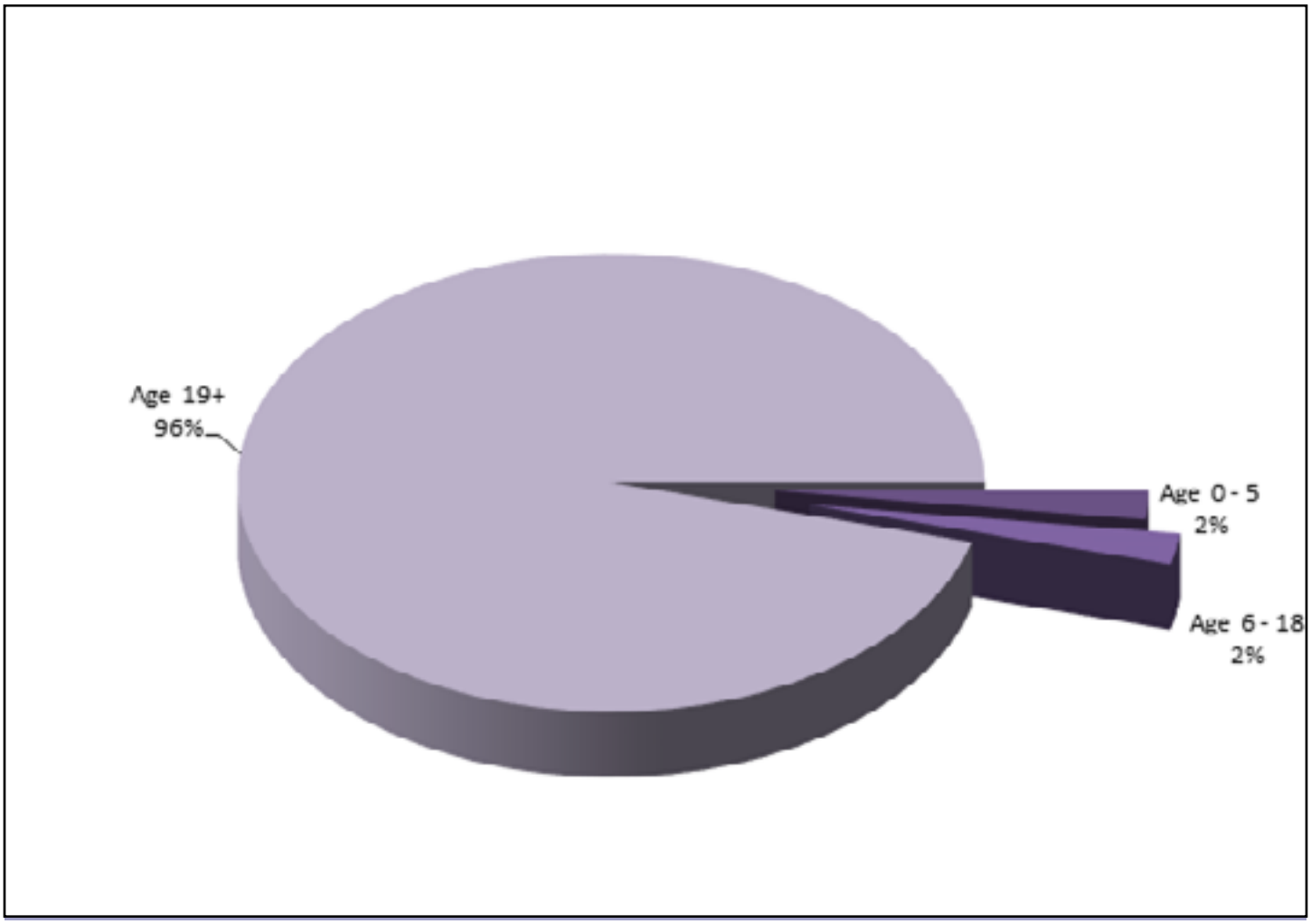
2. Since this count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

INPATIENT CARE

Providers reported that 13,959 unique individuals received inpatient care through the CICP in FY 2012-13. This represented a 7.2% decrease from the previous fiscal year figure of 15,047.

Denver Health and Medical Center provided care to 20.7% of the individuals who received inpatient services, and the University Hospital provided care to 16.5%.

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



INPATIENT ADMISSIONS

In FY 2012-13, there were 18,127 admissions reported by CICP providers, representing a decrease of 13.6% from the 20,975 admissions recorded in the previous year.

- During FY 2012-13, persons aged 18 or older accounted for 97.6% of all inpatient services.
- Total inpatient days totaled 78,224 in FY 2012-13, a 15.7% decrease from the FY 2011-12 count of 92,829.
- Inpatient charges accounted for 47.4% of total charges in FY 2012-13.
- Inpatient services were distributed in the following manner:
  - Denver Health Medical Center: 20.5%
  - University of Colorado Hospital: 16.9%
  - All other CICP Hospitals: 62.6%

Table 3 illustrates the number of inpatient admissions over the past three (3) years. Overall inpatient admissions for all CICP providers decreased by 17.0% since FY 2010-11, with a 13.6% decrease from the previous fiscal year.

Table 3 — Comparison of Inpatient Admissions

CICP Provider	FY 2010-11 Inpatient Admissions	Percent Change	FY 2011-12 Inpatient Admissions	Percent Change	FY 2012-13 Inpatient Admissions	Percent Change
CICP Hospitals*	13,684	-1.1%	12,921	-5.6%	11,358	-12.1%
Denver Health	5,484	3.3%	4,982	-9.2%	3,711	-25.5%
University Hospital	2,663	8.2%	3,072	15.4%	3,058	-0.5%
TOTAL	21,831	1.0%	20,975	-3.9%	18,127	-13.6%

Source: Analysis of Data from Previous CICP Annual Reports.
*Includes CICP specialty hospital providers

As shown in Table 4, the number of inpatient days decreased from 92,829 in FY 2011-12 to 78,224 in FY 2012-13. This represents a decrease of 15.7%, following a 3.7% decrease in the previous fiscal year. Overall, the total number of inpatient days has decreased by 18.8% since FY 2010-11. Denver Health Medical Center had a decrease in inpatient days in FY 2012-13 of 17.0%, following a 7.4% decrease in FY 2011-12. University of Colorado Hospital had an increase of 5.1% in FY 2012-13, following an increase of 5.0% in the prior fiscal year.

Table 4 — Comparison of Inpatient Days

CICP Provider	FY 2010-11 Inpatient Days	Percent Change	FY 2011-12 Inpatient Days	Percent Change	FY 2012-13 Inpatient Days	Percent Change
CICP Hospitals*	58,461	7.5%	56,022	-4.2%	44,503	-20.6%
Denver Health	24,256	-4.6%	22,463	-7.4%	18,640	-17.0%
University Hospital	13,655	13.0%	14,344	5.0%	15,081	5.1%
TOTAL	96,372	4.9%	92,829	-3.7%	78,224	-15.7%

Source: Analysis of Data from Previous CICP Annual Reports.
*Includes CICP specialty hospital providers

The following two tables identify the top ten admitting diagnoses at the Denver Health Medical Center and University of Colorado Hospital for FY 2012-13. "Other Psychoses" accounted for 17.6% of the top ten diagnoses and was the most prevalent inpatient diagnosis at Denver Health Medical Center in FY 2012-13. Denver Health Medical Center is one of few hospital providers that accept patients with acute mental disorders and a significant number of these patients qualify for the CICP. Typically, these patients are admitted with complex physical health problems and the mental health disorder is noted at the time of the visit. The mental health disorder often contributes to the deterioration of their physical health. The top ten diagnoses at Denver Health Medical Center accounted for 49.3% of all inpatient admissions at the facility.

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

	Diagnosis Description	Claim Count
1	**Other Psychoses (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)**	323
2	**Intestinal Infectious diseases (Includes : E. Coli, Shigellosis, Staphylococcus, Salmonella Infections, Food Poisoning)**	299
3	**Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)**	279
4	**Organic Psychotic Conditions (Includes: Senile and Presenile Organic Psychotic Conditions, Dementia, Alcoholic and Drug Psychoses)**	172
5	**Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)**	166
6	**Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)**	148
7	**Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)**	128
8	**Other Diseases of Intestines and Peritoneum (Includes: Intestinal Obstruction without mention of hernia, Intussusceptions, Impaction of Intestine)**	111
9	**Infections of Skin and Subcutaneous Tissue (Includes: Carbuncle and Furuncle, Cellulitis and Abcess, Impetigo, Local Infections of the Skin)**	106
10	**Persons Encountering Health Services for Specific Procedures and Aftercare (Includes: Fitting Prosthetic Device, Implant or Other Device, Other Orthopedic Aftercare, Attention to Artificial Openings, Encounter for Dialysis, Donors)**	99
	Total Top Ten Inpatient Diagnoses Admission Count	1,831
	Percent of All Denver Health Medical Center Inpatient Admissions	49.3%

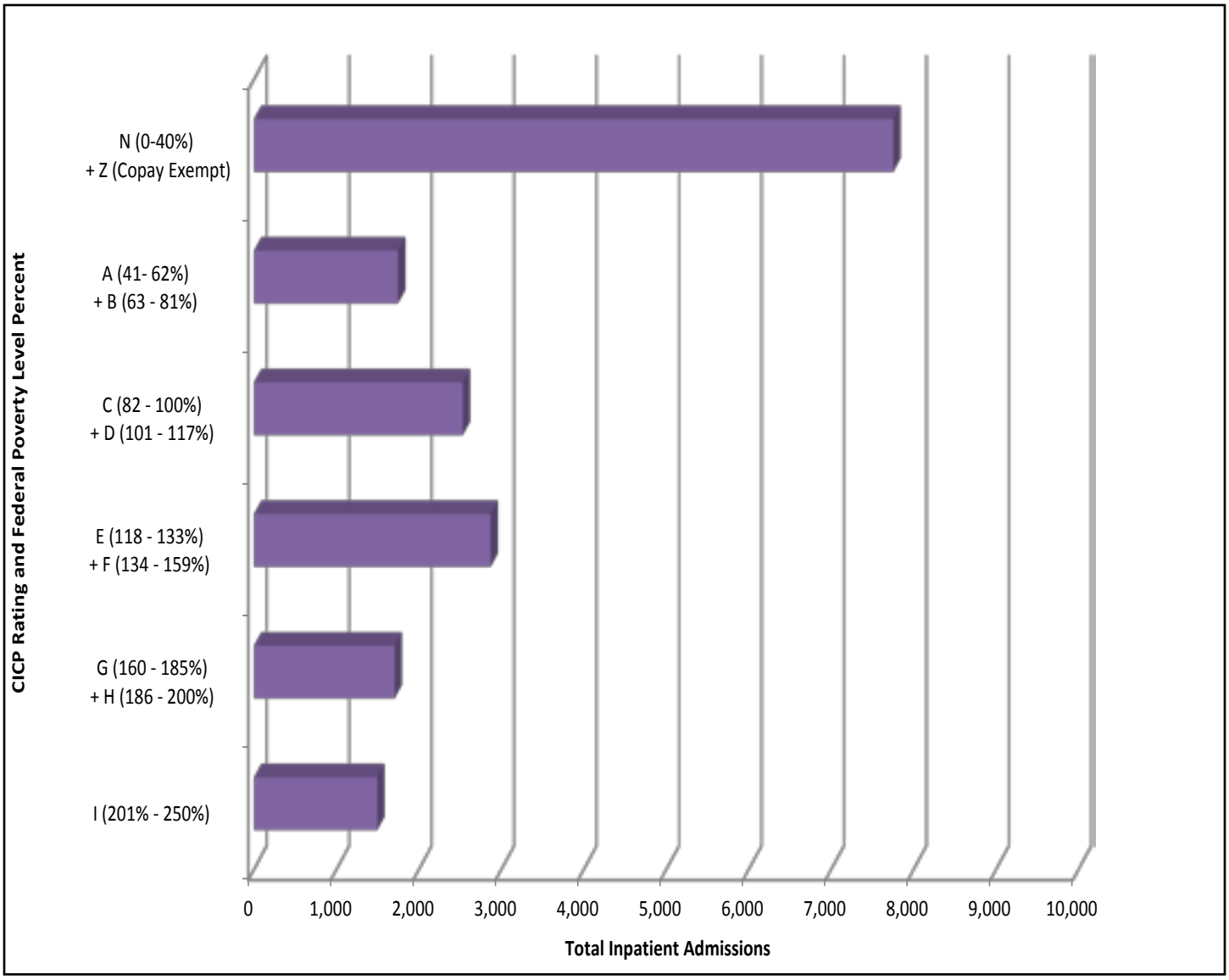
In FY 2010-11 and in FY 2011-12, "Other Diseases of Digestive System" was the number one reported admitting diagnosis at University of Colorado Hospital. For FY 2012-13, the number one admitting diagnosis at University of Colorado Hospital was "Other Forms of Heart Disease", representing 17.6% of the top ten (10) diagnoses in FY 2012-13. Overall, the following top ten (10) diagnoses accounted for 43.6% of all inpatient admissions at University of Colorado Hospital. Denver Health Medical Center and University of Colorado Hospital shared four (4) similar top ten (10) inpatient diagnoses.

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

Diagnosis Description		Claim Count
1	**Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)**	235
2	**Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)**	201
3	**Other Bacterial Diseases (Includes: Streptococcal Sore Throat and Scarlet Fever, Whooping Cough, Meningococcal Infection, Tetanus)**	159
4	**Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)**	152
5	**Complications of Surgical and Medical Care, Not Elsewhere Classified (Includes: Mechanical Complication of Cardiac Device, Genitourinary Device or Orthopedic Device; Infection Due to Internal Prosthetic Device; Complication of Transplanted Organ)**	146
6	**Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)**	100
7	**Ischemic Heart Disease (Includes: Acute Myocardial Infarction, Angina Pectoris, Coronary Atherosclerosis)**	96
8	**Other Metabolic and Immunity Disorders (Includes: Cholesterol Metabolism, Gout and Obesity/Hyperlimentation)**	86
9	**Cerebrovascular Disease (Includes: Arterial Stenosis, Carotid Stenosis, Vertebral Stenosis, Aneurysms, Arteriovenous Malformations)**	80
10	**Chronic Obstructive Pulmonary Disease and Allied Conditions (Includes: Bronchitis, Emphysema, Asthma)**	78
Total Top Ten Inpatient Diagnoses Admission Count		1,333
Percent of All University of Colorado Hospital Inpatient Admissions		43.6%

Figure 3 shows the total inpatient admissions by CICP rating and FPL percentage for FY 2012-13. Of the total inpatient admissions, 59.3% were made for individuals living at or below 100% FPL (CICP ratings Z, N, A, B, or C). The CICP N and Z ratings accounted for 42.8% of inpatient admissions, followed by the CICP F-rating (9.3%), CICP I-rating (8.2%), and the CICP D-rating (7.2%). Since FY 2004-05, the distribution of inpatient admissions for individuals living at or under 100% FPL has remained relatively constant.

Figure 3 — Inpatient Admissions by CICP Rating

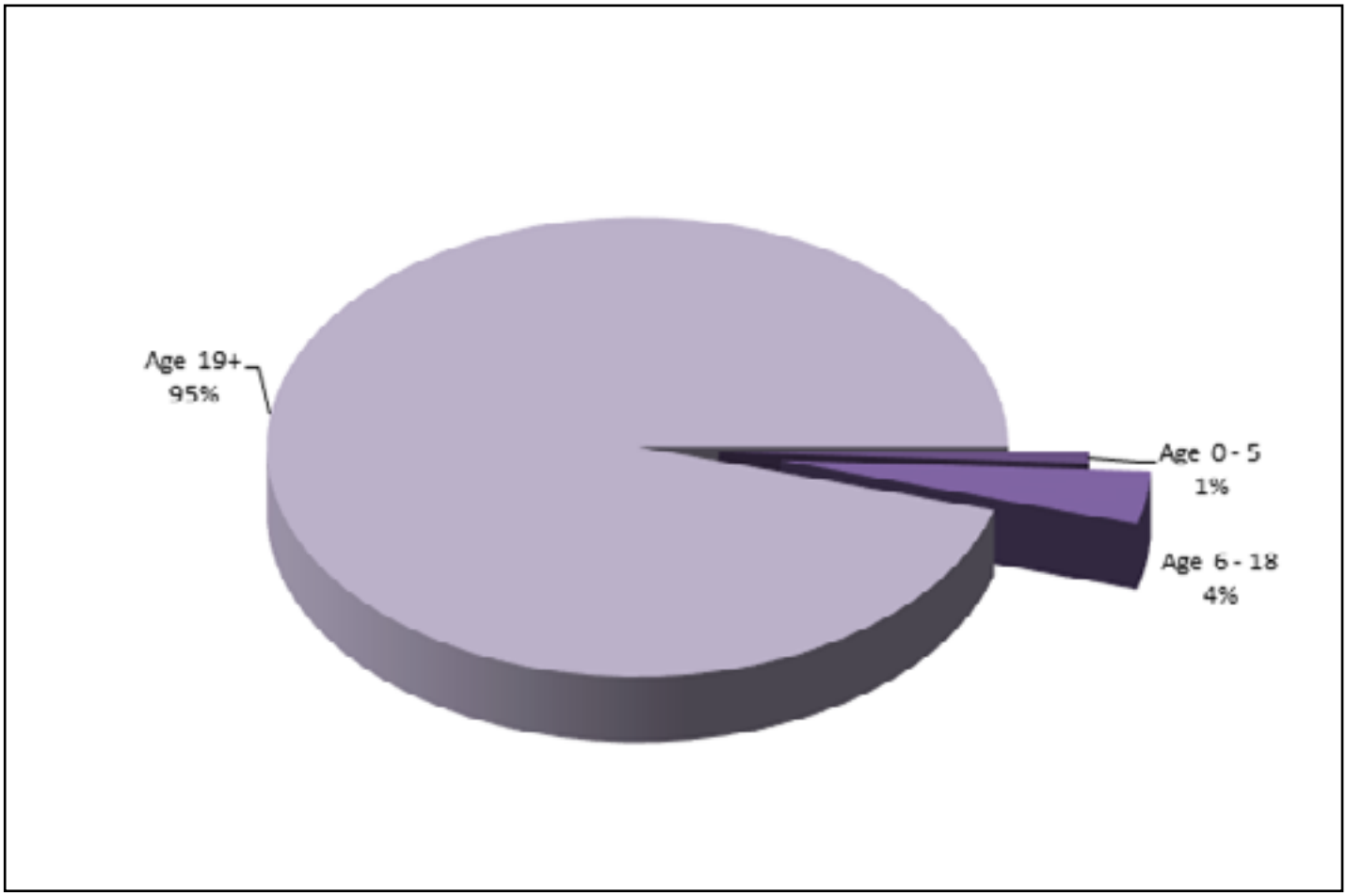


OUTPATIENT CARE

Providers reported that 202,419 unique clients received outpatient care through the CICP in FY 2012-13. This represented a 5.6% decrease from the previous fiscal year figure of 214,537 individuals.

CICP Clinics provided care to 41.6% of the total unduplicated client count for outpatient visits. Denver Health Medical Center provided care to 14.9% of the total unduplicated client count for outpatient visits with University of Colorado Hospital providing care to 9.5%. All other CICP Hospitals accounted for 34.0% of the total unduplicated client count for outpatient visits.

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



OUTPATIENT VISITS

The 202,419 clients who received outpatient services in FY 2012-13 resulted in 666,797 visits to CICP providers. Additional details about outpatient visits in FY 2012-13 include:

- Total outpatient activity decreased 5.9% from the 708,919 visits in FY 2011-12;
- Outpatient visits accounted for 52.6% of all charges for FY 2012- 13;
- Persons age 18 or older accounted for 655,507 or 98.3% of all outpatient visits; and
- Outpatient services were distributed in the following manner:
  - CICP Clinics: 45.0%
  - Denver Health Medical Center: 20.2%
  - University of Colorado Hospital: 7.7%
  - All other CICP Hospitals: 27.1%

As shown in Table 7, the overall number of outpatient visits decreased 5.9% from FY 2011-12 to FY 2012-13. Denver Health Medical Center showed a 5.1% decline in outpatient visits, and University of Colorado Hospital showed an increase of 1.2% during the same time period. All other CICP Hospitals showed a decrease of 8.3% and CICP Clinics had a decrease in visits of 6.0%.

Table 7 — Comparison of Outpatient Visits

CICP Provider	FY 2010-11 Outpatient Visits	Percent Change	FY 2011-12 Outpatient Visits	Percent Change	FY 2012-13 Outpatient Visits	Percent Change
CICP Clinics	312,551	6.2%	319,518	2.2%	300,358	-6.0%
CICP Hospitals*	189,126	9.3%	196,969	4.1%	180,643	-8.3%
Denver Health	169,879	-18.9%	141,743	-16.6%	134,521	-5.1%
University Hospital	52,592	1.5%	50,689	-3.6%	51,275	1.2%
TOTALS	724,148	0.4%	708,919	-2.1%	666,797	-5.9%

Source: Analysis of Data from Previous CICP Annual Reports.
*Includes CICP specialty hospital providers

The most common diagnosis at Denver Health Medical Center for an outpatient visit was categorized under "Symptoms," followed by "Persons Encountering Health Services for Specific Procedures and Aftercare." The top ten (10) outpatient diagnoses at Denver Health Medical Center accounted for more than half (58.4%) of all outpatient visits at the facility.

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

Diagnosis Description		Claim Count
1	**Symptoms** (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	14,723
2	**Persons Encountering Health Services for Specific Procedures and Aftercare** (Includes: Fitting Prosthetic Device, Implant or Other Device, Other Orthopedic Aftercare, Attention to Artificial Openings, Encounter for Dialysis, Donors)	12,005
3	**Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders** (Includes: Hysteria, Anxiety States, Phobic Disorders, Schizoid Personality Disorder, Alcohol and Drug Dependence, Eating Disorders)	11,890
4	**Persons Without Reported Diagnosis Encountered During Examination** (Includes: General Medical Examination, Screenings for Infectious Diseases, Screening for Mental Disorders)	9,860
5	**Diseases of Other Endocrine Glands** (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	7,192
6	**Arthropathies and Related Disorders** (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthrosis)	6,173
7	**Hypertensive Disease** (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	4,484
8	**Disorders of the Eye and Adnexa** (Includes: Disorders of the Globe, Retinal Detachments and Defects, Other Retinal Disorders, Chorioretinal Inflammations, Scars and Other Disorders of the Choroid)	4,205
9	**Dorsopathies** (Includes: Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	4,133
10	**Intestinal Infectious diseases** (Includes : E. Coli, Shigellosis, Staphylococcus, Salmonella Infections, and Food Poisoning.	3,944
Total Top Ten Outpatient Diagnoses Visit Count		78,609
Percent of All Denver Health Medical Center Outpatient Visits		58.4%

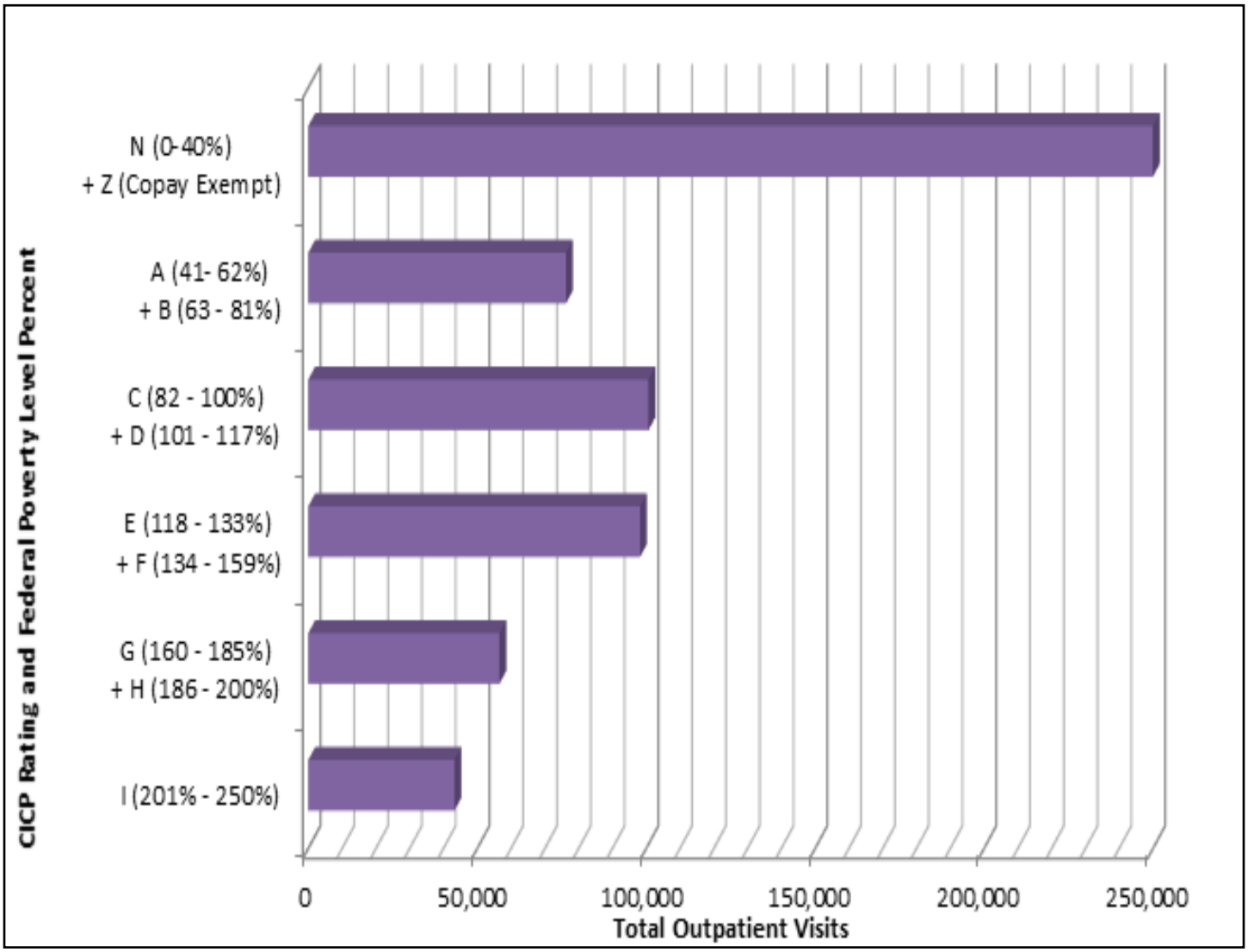
Table 9 lists the FY 2012-13 top ten (10) outpatient diagnosis codes at University of Colorado Hospital, which accounted for 43.8% of the facility's outpatient visits. The most common diagnosis at University of Colorado Hospital for an outpatient visit was categorized under "Symptoms," followed by "Persons Encountering Health Services for Specific Procedures and Aftercare." The claim count for the top ten (10) outpatient diagnoses at University of Colorado Hospital increased 2.6% from the FY 2011-12 totals. Overall, Denver Health Medical Center and University of Colorado Hospital shared five common categories of top ten diagnoses.

Table 9 — Top 10 Outpatient Diagnoses At University of Colorado Hospital

Diagnosis Description		Claim Count
1	**Symptoms** (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	6,345
2	**Persons Encountering Health Services for Specific Procedures and Aftercare** (Includes: Fitting Prosthetic Device, Implant or Other Device, Other Orthopedic Aftercare, Attention to Artificial Openings, Encounter for Dialysis, Donors)	4,799
3	**Arthropathies and Related Disorders** (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthrosis)	2,071
4	**Diseases of Other Endocrine Glands** (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	1,580
5	**Persons With Need for Isolation, Other Potential Health Hazards and Prophylactic Measures** (Includes: Desensitization to Allergens, Asymptomatic Human Immunodeficiency Virus, Infections with Drug-Resistant Microorganisms)	1,537
6	**Dorsopathies (Includes: Spondylitis, Intervertebral Disc Disorders, Other Disorders of C**ervical Region)	1,493
7	**Other Disorders of the Central Nervous System** (Includes: Multiple Sclerosis, Hemiplegia and Hemiparesis, Epilepsy, Migraine, and Other and Unspecified Disorders of the Nervous System)	1,367
8	**Other Forms of Heart Disease** (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	1,169
9	**Disorders of the Eye and Adnexa** (Includes: Disorders of the Globe, Retinal Detachments and Defects, Other Retinal Disorders, Chorioretinal Inflammations, Scars and Other Disorders of the Choroid)	1,088
10	**Other Diseases of Urinary System** (Including: Infections of Kidney, Calculus of Kidney and Ureter, Other Disorders of Kidney and Ureter, Cystitus, Other Disorders of Bladder, Urethritis, Other Disorders of Urerthra and Urinary Tract)	1,031
Total Top Ten Outpatient Diagnoses Visit Count		22,480
Percent of All Denver Health Medical Center Outpatient Visits		43.8%

In FY 2012-13, clients with ratings at or below 100% of the FPL (CICP Z, N, A, B, or C ratings) accounted for 61.4% of outpatient visits, with the number of visits from those with these ratings increasing 13.0% from the total in FY 2011-12. The following figure shows outpatient utilization by CICP rating for FY 2012-13. Clients with CICP N and Z-ratings, covering clients with income and assets from 0% to 40% of the FPL, accounted for 42.1% of outpatient visits, followed by clients with a CICP F-rating (8.6%), clients with a CICP D-rating (7.9%) and C-rating (7.6%), respectively

Figure 5 — Outpatient Visits by CICP Rating



PROVIDERS

PROVIDER REQUIREMENTS

The CICP 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 CICP 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 2012-13 Annual Report, the CICP providers are identified in the following categories by funding appropriation:

- CICP Clinics – clinics outside the geographic area of the City and County of Denver, except for 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 CICP Clinic.
- CICP Hospitals – hospitals located throughout the state.
- CICP 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 CICP 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 71 providers participated in the CICP. This included 49 hospitals and 22 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 148 satellite CICP facilities throughout the state

Table 10 — FY 2012-13 CICP Clinics and Hospitals
Including Satellite Facilites by County

County	Clinics	Hospitals	Totals	County	Clinics	Hospitals	Totals
Adams	9	3	12	Kit Carson	0	0	0
Alamosa	7	1	8	La Plata	0	1	1
Arapahoe	7	0	7	Lake	0	1	1
Archuleta	0	0	0	Larimer	5	4	9
Baca	0	1	1	Las Animas	0	1	1
Bent	2	0	2	Lincoln	1	0	1
Boulder	3	3	6	Logan	1	1	2
Broomfield	0	0	0	Mesa	4	2	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	2	1	3
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	14	2	16	Pitkin	1	1	2
Dolores	1	0	1	Prowers	5	1	6
Douglas	0	0	0	Pueblo	11	2	13
Eagle	0	0	0	Rio Blanco	0	0	0
El Paso	24	2	26	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	1	0	1	Weld	13	1	14
Jefferson	8	0	8	Yuma	2	2	4
Kiowa	0	0	0				
				Totals	170	49	219

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

Table 11 — FY 2012-13 CICP Participating Providers, Continued

CICP Hospital Providers			
Provider Name	City	Provider Name	City
Arkansas Valley Regional Medical Center	La Junta	Middle Park Medical Center	Kremmling
Aspen Valley Hospital District	Aspen	Montrose Memorial Hospital	Montrose
Banner Health McKee Medical Center	Loveland	Mount San Rafael Hospital	Trinidad
Boulder Community Hospital	Boulder	North Colorado Medical Center	Greeley
Centura Health - Mercy Regional Medical Center	Durango	Parkview Medical Center	Pueblo
Centura Health-Penrose-St. Francis	Colorado Springs	Pikes Peak Regional Hospital	Woodland Park
Centura Health-St. Mary-Corwin Medical Center	Pueblo	Platte Valley Medical Center	Brighton
Centura Health - St. Thomas More Hospital	Canon City	Poudre Valley Hospital	Fort Collins
Colorado Plains Medical Center	Fort Morgan	Prowers Medical Center	Lamar
Community Hospital	Grand Junction	Rio Grande Hospital	Del Norte
Conejos County Hospital Corporation	La Jara	San Luis Valley Regional Medical Center	Alamosa
Delta County Memorial Hospital	Delta	Sedgwick County Memorial Hospital	Julesburg
East Morgan County Hospital	Brush	Southeast Colorado Hospital District	Springfield
Estes Park Medical Center	Estes Park	Southwest Memorial Hospital	Cortez
Exempla St. Mary's Hospital and Medical Center	Grand Junction	Spanish Peaks Regional Health Center	Walsenburg
Family Health West	Fruita	St. Vincent General Hospital	Leadville
Grand River Hospital and Medical Center	Rifle	Sterling Regional Med Center	Sterling
Gunnison Valley Hospital	Gunnison	The Memorial Hospital	Craig
Heart of the Rockies Regional Medical Center	Salida	Valley View Hospital	Glenwood Springs
Longmont United Hospital	Longmont	Wray Community Hospital District	Wray
Medical Center of the Rockies	Loveland	Yampa Valley Medical Center	Steamboat Springs
Melissa Memorial Hospital	Holyoke	Yuma District Hospital	Yuma
Memorial Hospital	Colorado Springs		

Table 11 — FY 2012-13 CICP Participating Providers, Continued

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

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

PROGRAM ADMINISTRATION

REPORTING REQUIREMENTS AND PREVENTION OF FRAUD BY PROVIDERS

The CICP Provider Compliance Audit Guidelines for FY 2012-13 require providers to submit an annual audit compliance statement. The purpose of the audit requirement is to furnish the Department with a separate audit statement along with a Corrective Action Plan (CAP), when required, that attests to provider compliance with specified provisions of the CICP program. The three (3) separate components of the CICP Compliance Audit are eligibility, billing, and programmatic. Providers that are found to be out of compliance with any of the CICP guidelines must complete a CAP. Failure to submit an audit statement that is acceptable to the Department for any year in which a provider participates in the CICP 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 2012-13 there were 69 audits submitted for FY 2011-12 with 22 of those audits requiring a CAP. The majority of the findings were in the eligibility portion of the audit. These findings were used to determine areas to emphasize in the CICP provider trainings held in spring and summer 2013.

PREVENTION OF FRAUD BY APPLICANTS

At the time of application, each CICP applicant is required to sign the CICP 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 CICP 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. (2013), 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. Most CICP hospital providers have limited services and provide only emergency and urgent care.

REIMBURSEMENT

REIMBURSEMENT FOR CLINICS AND HOSPITALS

In the FY 2012-13 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 2012-13 Long Bill (HB 12-1335), the Colorado General Assembly appropriated $287,055,532 through the Safety Net Provider Payments line item to reimburse CICP Hospital providers. An additional $12,119,892 was appropriated to this line item through a Long Bill Add-on in SB 13-230 resulting in a total appropriation of $299,175,424. The CICP Disproportionate Share Hospital (DSH) Payment and CICP Supplemental Medicaid Payment are made from this line item.

The appropriation for CICP Clinics was $6,119,760 in total funds appropriated through the FY 2012-13 Long Bill to the Children's Hospital, Clinic Based Indigent Care line item. The appropriation included funds to reimburse Children's Hospital Colorado ($60,000 total funds) for the administration of CICP clinic based care.

The total payment to the CICP providers in FY 2012-13 from both State and federal funds is shown in Table 12.

Table 12 — FY 2012-13 CICP Payments

	State Funds[1]	Provider Fees[2]	Federal Funds	Total Funds	Payments to Providers[3]
CICP Clinics[4]	$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*	$0	$80,530,949	$80,530,949	$161,061,898	$161,061,898
CICP DSH	$0	$38,731,027	$38,731,027	$77,462,054	$77,462,054
CICP UPL	$0	$41,799,922	$41,799,922	$83,599,844	$83,599,844
Denver Health Medical Center	$0	$43,314,580	$43,314,580	$86,629,160	$86,629,160
CICP DSH	$0	$19,695,946	$19,695,946	$39,391,892	$39,391,892
CICP UPL	$0	$23,618,634	$23,618,634	$47,237,268	$47,237,268
University of Colorado Hospital	$0	$25,742,183	$25,742,183	$51,484,366	$51,484,366
CICP DSH	$0	$18,039,630	$18,039,630	$36,079,260	$36,079,260
CICP UPL	$0	$7,702,553	$7,702,553	$15,405,106	$15,405,106
Total Payments	$3,029,880	$149,587,712	$152,617,592	$305,235,184	$305,235,184
Clinic Payment[4,5]	$3,029,880	$0	$3,029,880	$6,059,760	$6,059,760
CICP DSH[6]	$0	$76,466,603	$76,466,603	$152,933,206	$152,933,206
CICP UPL[5]	$0	$73,121,109	$73,121,109	$146,242,218	$146,242,218

(1) State Funds include State General Fund appropriations and Supplemental Tobacco Litigation Settlement Moneys Account funds.
(2) This amount represents the portion of the entire payment received by the provider that is comprised of fee. It does not represent the amount of fee paid by the provider.
(3) Payments to Providers represents the actual cash payment and is the sum of State Funds, Provider Fees, and Federal Funds.
(4) $6,119,760 was paid to The Children's Hospital, which administers payments to CICP Clinics. The Children's Hospital retained $60,000 of the total funds for the ad ministration of this payment, which are not reported in any other statistics or diagrams in this annual report.
(5) Payments classified under CICP Clinic Payment and UPL are accounted for under the Medicare Upper Payment Limit for inpatient hospital services.
(6) Payments classified under DSH are accounted for under the Disproportionate Share Hospital Allotment.

The reimbursement rate relative to write-off costs for all CICP provider groups is displayed in Table 13. For FY 2012-13, the average reimbursement relative to costs for all CICP providers was 52.7%. The CICP Clinic providers were reimbursed at 13.9% of write-off costs. Denver Health Medical Center received a 60.1% reimbursement rate, and University of Colorado Hospital received 47.3%. All other CICP Hospital providers were reimbursed at 56.9% of write-off costs.

Table 13 — FY 2012-13 Percentage of Write-Off Cost Reimbursed

	Payment	Write-Off Costs	Percent Reimbursed
CICP Clinics	$6,059,760	$43,470,828	13.94%
CICP Hospitals*	$161,061,898	$282,981,963	56.92%
Sub-Total CICP Providers	$167,121,658	$326,452,791	51.19%
Denver Health Medical Center	$86,629,160	$144,144,522	60.10%
University of Colorado Hospital	$51,484,366	$108,760,592	47.34%
All CICP Hospital Providers	$299,175,424	$535,887,077	55.83%
Total CICP Providers	$305,235,184	$579,357,905	52.69%

Source: Table 12, Financial Tables
*Includes CICP Specialty Hospital providers.

Table 14 shows the average reimbursement as a percentage of costs for CICP providers over the past six (6) fiscal years. The reimbursement rate for CICP Clinics remains decreased due to the discontinuance of the Health Care Services Fund. The increase in overall reimbursement percentage for CICP Hospitals beginning in FY 2009-10 was due to the implementation of HB 09-1293, the Colorado Health Care Affordability Act (CHCAA).

Table 14 — Historical Percentage of Write-Off Cost Reimbursed

	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
CICP Clinics	92.33%	74.73%	66.41%	67.22%	55.19%	13.94%
CICP Hospitals*	40.32%	33.05%	64.43%	63.78%	56.09%	56.92%
Sub-Total CICP Providers	47.92%	39.25%	64.72%	64.29%	55.97%	51.19%
Denver Health Medical Center	61.93%	53.56%	65.48%	67.22%	54.42%	60.10%
University of Colorado Hospital	73.48%	70.59%	58.81%	44.88%	45.83%	47.34%
All CICP Hospital Providers	54.23%	52.21%	43.91%	61.36%	53.76%	55.83%
Average CICP Providers	54.67%	55.46%	46.46%	61.78%	53.87%	52.69%

Source: Analysis of CICP Annual Reports.
*Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.

In FY 2012-13, reimbursements to all CICP providers decreased 4.1% compared to FY 2011-12, and were 6.2% below FY 2010-11 levels. Based on the amounts reported in Table 15, the reimbursement to all CICP Hospital providers has increased 1.1% from the FY 2010-11 level, while write-off costs have increased by 7.1%. Write-off costs for CICP Clinics have decreased 1.8% since FY 2010-11, while reimbursement has decreased 79.6% over the same period. Since FY 2010-11, write-off costs at Denver Health Medical Center have decreased by 4.1% compared to a 15.7% increase at University of Colorado Hospital

Table 15 — Historical CICP Charges, Costs and Payments

	Write-Off Costs			Net Payments		
	FY 2010-11	FY 2011-12	FY 2012-13	FY 2010-11	FY 2011-12	FY 2012-13
CICP Clinics	$44,284,107	$45,056,893	$43,470,828	$29,767,728	$24,867,760	$6,059,760
Percent Change	6.2%	1.7%	-1.4%	7.5%	-16.5%	-75.6%
CICP Hospitals*	$256,144,858	$291,803,024	$282,981,963	$163,363,938	$163,671,635	$161,061,898
Percent Change	4.2%	13.9%	-3.0%	3.2%	0.2%	-1.6%
Denver Health	$150,268,237	$155,278,217	$144,144,522	$91,354,345	$84,506,702	$86,629,160
Percent Change	10.6%	3.3%	-7.2%	2.6%	-7.5%	2.5%
University Hospital	$94,019,259	$98,539,737	$108,760,592	$41,098,035	$45,157,110	$51,484,366
Percent Change	17.7%	4.8%	10.4%	14.6%	9.9%	14.0%
All CICP Hospitals	$500,432,354	$545,620,978	$535,887,077	$295,816,318	$293,335,447	$299,175,424
Percent Change	8.4%	9.0%	-1.8%	4.5%	-0.8%	2.0%
Total CICP Providers	$544,716,461	$590,677,871	$579,357,905	$325,584,046	$318,203,207	$305,235,184
Percent Change	8.2%	8.4%	8.0%	4.7%	-2.3%	-4.1%

Source: Analysis of Data from Previous CICP Annual Reports.
*Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.

REIMBURSEMENT PER INPATIENT DAY

The reimbursement per inpatient day by provider group for FY 2012-13 is reported in Table 16. The reimbursement per inpatient day at Denver Health Medical Center was $2,208.87 and $1,844.12 for University of Colorado Hospital. For all other CICP Hospitals, the reimbursement per inpatient day was $1,707.02.

Table 16 — FY 2012-13 Payment per Inpatient Day

CICP Provider	Inpatient Days	Total CICP Inpatient Payment	CICP Payment Per Inpatient Day*
CICP Clinics	N/A	N/A	N/A
CICP Hospitals**	44,503	$75,967,714	$1,707.02
Denver Health	18,640	$41,173,366	$2,208.87
University Hospital	15,081	$27,811,207	$1,844.12

Source: Analysis of Tables 1 and 2, Financial Tables and Table 8, Utilization Data.
*Percentage of inpatient charges times estimated inpatient Payment divided by the number of inpatient days.
**Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.

Historical reimbursement per inpatient day is shown in Table 17. From FY 2010-11 to FY 2012-13, the number of inpatient days decreased by 23.2% at Denver Health Medical Center and increased by 10.4% at University of Colorado Hospital. Over the same period, reimbursements per inpatient day at Denver Health Medical Center increased by 15.6% and increased by 19.0% at University of Colorado Hospital.

For all other CICP Hospitals, the number of inpatient days has decreased 23.9% from FY 2010-11 to FY 2012-13, while net CICP reimbursement per inpatient day has increased 29.3% from $744.41 to $1,707.02.

Table 17 — Historical Payment per Inpatient Day

CICP Provider	FY 2010-11 CICP Payment Per Inpatient Day*	FY 2011-12 CICP Payment Per Inpatient Day*	FY 2012-13 CICP Payment Per Inpatient Day*
CICP Clinics	N/A	N/A	N/A
CICP Hospitals**	$744.41	$1,438.54	$1,707.02
Denver Health	$1,910.19	$1,962.14	$2,208.87
University Hospital	$1,549.61	$1,634.05	$1,844.12

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

REIMBURSEMENT PER OUTPATIENT VISIT

Outpatient visits and reimbursement payments by CICP provider group during FY 2012-13 are reported in Table 18. The reimbursement per outpatient visit at CICP Clinics was $20.18. The reimbursement for Denver Health Medical Center was $337.91 per outpatient visit, and $461.69 for University of Colorado Hospital. All other CICP Hospitals were reimbursed $471.06 per visit.

Table 18 — FY 2012-13 Payment per Outpatient Visit

CICP Provider	Outpatient Visits	Total CICP Outpatient Payment	CICP Payment Per Outpatient Visit*
CICP Clinics	300,358	$6,059,760	$20.18
CICP Hospitals**	180,643	$85,094,184	$471.06
Denver Health	134,521	$45,455,794	$337.91
University Hospital	51,275	$23,673,159	$461.69

Source: Analysis of Tables 1 and 2, Financial Tables and Table 8, Utilization Data
*Percentage of outpatient charges times estimated outpatient Payment divided by the number of outpatient visits.
**Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports.

From FY 2010-11 through FY 2012-13 the number of outpatient visits at CICP Clinics decreased by 3.9%, while the reimbursement per visit has decreased by 78.8%, as demonstrated in Table 19. The number of outpatient visits at Denver Health Medical Center decreased by 20.8%, while at University of Colorado Hospital outpatient visits decreased by 2.5%. Since FY 2010-11, the average reimbursement per visit has increased 27.5% at Denver Health Medical Center and has increased by 21.8% at University of Colorado Hospital. For all other CICP Hospitals, the number of visits increased by 4.5% and the reimbursement per visit was down 74.1% over the prior year.

Table 19 — Historical Payment per Outpatient Visit

CICP Provider	FY 2010-11 CICP Payment Per Outpatient Visit	FY 2011-12 CICP Payment Per Outpatient Visit	FY 2012-13 CICP Payment Per Outpatient Visit
CICP Clinics	$95.24	$77.83	$20.18
CICP Hospitals**	$222.49	$421.80	$471.06
Denver Health	$265.02	$285.24	$337.91
University Hospital	$379.11	$428.46	$461.69

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

REIMBURSEMENT METHODOLOGY FOR HOSPITALS

Under the CHCAA, hospital provider fees with approved federal matching funds, finance hospital payments for the CICP. In FY 2012-13, the hospital provider fee and federal matching funds resulted in payments to hospitals of more than $299 million for hospitals participating in the CICP. (For information on all payments under CHCAA, please see the Colorado Health Care Affordability Act Annual Reports available on the Department's website.)

Total CICP hospital reimbursement is composed of two (2) separate payments: the CICP DSH Payment and the CICP Supplemental Medicaid Payment. The CICP DSH Payment distributes funds under the DSH Allotment and the CICP Supplemental Medicaid Payment distributes funds under the Inpatient UPL. The CICP Supplemental Medicaid Payment and CICP 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 2012-13 CICP Hospital Reimbursement	
► CICP Supplemental Medicaid Payments	$146,242,218
► CICP Disproportionate Share Hospital Payments	$152,933,206
Total CICP Hospital Payments	**$299,175,424**

The CICP Supplemental Medicaid Payment and CICP DSH Payments are calculated such that the sum equals CICP write-off costs multiplied by 70% for rural and Critical Access Hospitals, by 53% for High Volume Medicaid and CICP Hospitals[3] , and by 54% for all other participating CICP hospitals.

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

CICP DISPROPORTIONATE SHARE HOSPITAL PAYMENT

In FY 2012-13, hospital provider fees with federal matching funds financed DSH payments to CICP hospitals and other Colorado Medicaid hospitals under two (2) separate DSH payments: the CICP DSH Payment and the Uninsured DSH Payment.

As shown in Table 20 below, Colorado's FY 2012-13 DSH payments totaled $192,612,996, which were 50% hospital provider fees and 50% federal funds. Of that total, $152,933,206 was paid under the CICP DSH Payment and $39,679,790 under the Uninsured DSH Payment. The CICP DSH Payment is allocated to each CICP hospital based on its proportion of CICP write-off costs compared to all CICP hospitals.

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

Table 20 — Colorado DSH Payments

Fiscal Year 2012-13 Disproportionate Share Hospital Payments	
CICP DSH Payments	$152,933,206
Uninsured DSH Payments*	$39,679,790
Total FY 2011-12 DSH Payments	$192,612,996

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

UNINSURED DISPROPORTIONATE SHARE HOSPITAL PAYMENT

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

The Uninsured DSH Payment is allocated to each qualified hospital based on its proportion of uncompensated charity care costs compared to all qualified hospitals. Uncompensated charity care costs equal charity care charges as reported on the annual hospital survey, multiplied by the most recently audited cost-to-charge ratio from the CMS 2552-96 Cost Report. In FY 2012-13, qualified hospitals were reimbursed approximately 38.5% of their uncompensated charity care costs through this payment.

FY 2012-13 Uninsured DSH Payments are listed by hospital in Table 21, on the following page.

Table 21 — FY 2012-13 Uninsured DSH Payments by Hospital

Provider Name	FY 2012-13 Uninsured DSH Payment
Animas Surgical Center	$23,982
Centura Health - Avista Adventist Hospital	$759,542
Centura Health - Littleton Adventist Hospital	$2,789,600
Centura Health - Parker Adventist Hospital	$712,144
Centura Health - Porter Adventist Hospital	$3,285,442
Centura Health - Saint Anthony Central Hospital	$8,240,982
Centura Health - Saint Anthony North Hospital	$1,462,540
Centura Health - Saint Anthony Summit Hospital	$690,288
Exempla Good Samaritan Medical Center	$713,786
Exempla Lutheran Medical Center	$4,432,798
Exempla Saint Joseph Hospital	$6,352,226
Haxtun Hospital	$5,688
HealthOne Medical Center of Aurora	$2,770,764
HealthOne North Suburban Medical Center	$1,691,890
HealthOne Presbyterian/St. Luke's Medical Center	$825,352
HealthOne Rose Medical Center	$923,556
HealthOne Sky Ridge Medical Center	$564,400
HealthOne Swedish Medical Center	$2,837,262
Keefe Memorial Hospital	$10,406
Kit Carson County Memorial Hospital	$35,814
Pagosa Hospital	$8,664
Pioneers Hospital	$61,570
Rangely District Hospital	$17,684
Vail Valley Medical Center	$463,410
Total Uninsured DSH	$39,679,790

COLORADO INDIGENT CARE PROGRAM SUPPLEMENTAL MEDICAID PAYMENT

In FY 2012-13, the CICP Supplemental Medicaid Payment and the CICP DSH Payment are calculated such that the sum of both payments equals 70% of estimated CICP write-off costs for rural and Critical Access Hospitals, 53% of estimated CICP write-off costs for High Volume Medicaid and CICP Hospitals, and 54% of estimated CICP write-off costs for all other participating CICP hospitals.

In addition, hospitals with high relative Medicaid and CICP utilization receive enhanced CICP payments. Hospitals are separated into rural and urban categories for determining eligibility for enhanced payments. The first enhancement increases the inflated CICP cost of a hospital by 2% if the hospital's ratio of CICP costs to total costs is greater than one standard deviation over the mean of its peer group. The second bonus provide a cumulative, 5% increase to inflated CICP costs if a hospital's ratio of Medicaid and CICP days to total days is greater than two standard deviations over the mean of the hospital's peer group.

The CICP Supplemental Medicaid Payment is calculated as the difference between the percentage of CICP write-off costs compensated by the CICP DSH Payment and the target percentage of CICP write-off costs to be compensated for that hospital. As noted in the previous section, the CICP DSH Payment is allocated to each CICP hospital based on its proportion of CICP write-off costs compared to all CICP hospitals. (The FY 2012-13 CICP Supplemental Medicaid Payments by hospital are listed in Table 26.)

REIMBURSEMENT METHODOLOGY FOR CLINICS

Clinic Payments	
► Children's Hospital Colorado Payments	$6,059,759
Total Clinic Payments	**$6,059,759**

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 2012-13 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 CICP payments to the CICP Clinics. Of the $6,119,760 paid to Children's Hospital Colorado, $6,059,759 was paid by the facility to the CICP Clinics as payment for services provided under the CICP. The remaining $60,000 was retained by Children's Hospital Colorado to administer the payments to the CICP Clinics. The amount of funding to Children's Hospital Colorado and the CICP Clinics has remained constant since the FY 2002-03 payments.

PRIMARY CARE FUND PROGRAM

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

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

To be a qualified provider, an entity must:

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

In FY 2012-13 $27,202,137 was allocated to 38 Primary Care Fund providers, including two new awardees. These providers served 211,876 unique medically indigent clients in the 2011 calendar year.

Table 22 — FY 2012-13 Primary Care Grant Program Payments

Provider	Primary Care Fund
Chaffee People's Clinic	$95,207
Clinica Campesina Family Services-Denver Metro	$2,119,046
Clinica Colorado/Adams County	$378,110
Clínica Tepeyac	$690,934
Colorado Coalition For The Homeless/Denver Metro	$859,586
Community Health Services	$106,089
Denver Health/Denver/Denver County	$5,524,750
Doctors Care	$155,054
Dolores County Clinic/Dolores County	$57,124
Fort Collins Family Medicine Residency Program	$209,458
Grace Health Clinic/Aurora-Arapahoe County	$204,016
Health Plains Community Center/Prowers County	$301,943
Inner City Health Center	$573,964
Marillac Clinic, Inc./Mesa County	$677,333
Metro Community Provider Network-Metro/Arapahoe County	$2,333,943
Mission Medical Clinic	$51,685
Mountain Family Health Center/Eagle County	$440,676
Northwest Colorado Visiting Nurse/Moffat County	$187,695
Olathe Medical Clinic	$165,932
Open Bible Baptist Church	$97,927
Peak Vista Community Health Centers/El Paso County	$2,646,767
Pediatric Associates of Southern Colorado/Pueblo county	$8,162
Plains Medical Center, Inc./Lincoln County	$277,463
Pueblo Community Health Center/Pueblo County	$761,659
Rocky Mountain Primary Care Clinic/Pueblo County	$13,601
Salud Family Health Center/Weld County	$3,449,230
Set Family Medical Clinics	$383,549
Sister Joanne Bruner Family Medicine Center	$217,618
St Anthony Family Medicine Center	$103,370
St Mary-Corwin Health Foundation	$168,656
Summit Community Care Clinic/Summit County	$489,638
Sunrise Community Health/Weld County	$1,580,443
The Pediatric Associates	$13,601
The Rocky Mountain Youth Clinics	$416,194
Uncompahgre Combined Clinics/San Miguel County	$62,566
University of Colorado Denver (Sheridan Health Services)	$68,005
Valley-Wide Health Systems/Conejos County	$1,202,335
VVMC Diversified Services	$108,808
Total Payment	$27,202,137

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 2012-13 are listed in Table 23.

Table 23 — 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 (Oct. 1, 2011 - June 30, 2011)	50.00%
2011-12	50.00%
2012-13	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 Audit Reports are located on the Department's website.

The regulations require that the auditor verify six (6) items. The auditor found the Department to be in compliance with two (2) of the verifications. Due to restrictions on the scope of examination and lack of documentation from the hospitals' financial accounting records supplied by the Department, the auditor was unable to express and did not express an opinion on the Department's compliance with four (4) of the verifications, resulting in a finding of significant deficiencies in internal control.

In response to these findings, the Department has procured a contractor to develop a Uniform Inpatient and Outpatient Medicaid and Uninsured Care Cost and Charge Report specifically for Colorado (Uniform Cost Report or UCR) and maintain this documentation for use by the DSH auditor. The UCR will allocate costs according to Medicare cost principles and determine the costs eligible for DSH reimbursement and the hospital-specific DSH limit. Specifically, the UCR will correctly calculate the costs for these clients necessary for the DSH Audit: Medicaid Fee-for-Service, Medicaid Managed Care, Medicaid Out-of-State and the Uninsured.

There are no financial implications of the findings for FY 2009-10. However, 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.

PAYMENT ALLOTMENT

The federal Balanced Budget Act of 1997 (BBA97) established declining limits on the amount of federal funds available to states for DSH payments. These limits were established as allotments (or caps) for each state starting in FFY 1997-98. The allotment for Colorado in FFY 2000-01 was to be $74 million. However, federal legislation was enacted in December 2000 that provided temporary relief from the BBA97 allotments by maintaining the FFY 1999-00 allotment of $79 million for

FFYs 2000-01 and 2001-02, plus increases tied to the Consumer Price Index for All Urban Consumers (CPI-U) for those years.

For FFY 2002-03, the DSH Allotment reverted to the BBA97 allotment of $74 million plus an inflationary increase for Colorado. Using an inflationary increase (based on the CPI-U) of 1.5%, the FFY 2002-03 allotment for Colorado was $75,110,000. Due to the $8,780,890 decrease in the allotment, DSH provider payments in FY 2002-03 were substantially lower than the previous state fiscal year.

Then, due to a provision in the Medicare Prescription Drug, Improvement and Modernization Act of 2003, the DSH Allotment for Colorado in FFY 2003-04 increased to $87,127,600, and remained so through FFY 2007-08. In FFY 2008-09, Colorado's DSH Allotment was increased by 4.4% to $90,961,214. Colorado's DSH Allotment was increased another 2.5% on February 17, 2009 for FFY 2008-09 under ARRA. The FFY 2009-10 DSH Allotment results from a 2.5% ARRA increase over the total FFY 2008-09 allotment.

The FFY 2010-11 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. 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 FFYs 2013-14 and 2014-2015, the reductions for FFY 2013-14 are eliminated entirely, and the reductions set for FFY 2014-15 are to be delayed one year.

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

Table 24 — 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*	$98,648,517

*Preliminary allotment

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 CICP 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 eight (8) 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 Hospital in Colorado Springs, The Children's Hospital, and University of Colorado Hospital meet this definition.

Indigent Client – A person whose application to receive discounted health services is approved based on the guidelines outlined in the CICP 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 CICP 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 CICP. The CICP provider is due reimbursement for amounts paid by the CICP for services rendered to the patient. The provider is then responsible to notify the CICP 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 CICP, University of Colorado Hospital serves primarily the residents of the Denver metropolitan area who are not residents of the City and County of Denver. University of Colorado Hospital also serves as a referral center to provide such complex care that is not available 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 25 — Total Financial Activity and CICP Payment

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
CICP Clinic Providers						
Basin Clinic	$101,615	$7,648	$6,374	$87,593	$87,593	$16,511
Clinica Campesina	$3,945,654	$0	$476,666	$3,468,988	$3,468,988	$549,488
Community Health Clinic (2)	$185,407	$9,179	$43,152	$133,076	$133,076	$18,164
Custer County Medical Center	$27,211	$0	$5,675	$21,536	$21,536	$4,566
Denver Indian Health & Family Services	$68,400	$0	$0	$68,400	$68,400	$2,202
Grace Health Clinic	$280,965	$0	$16,899	$264,066	$264,066	$85,025
High Plains Community Health Center (2)	$1,247,393	$34,585	$129,797	$1,083,011	$1,083,011	$113,938
Limon Plains Medical Center	$545,625	$19,912	$57,551	$468,162	$468,162	$59,354
Marillac Clinic	$891,276	$0	$102,638	$788,638	$788,638	$73,817
Metro Community Provider Network (MCPN)	$7,843,432	$0	$933,679	$6,909,753	$6,909,753	$732,027
Mountain Family Health Centers	$1,063,234	$0	$104,558	$958,676	$958,676	$113,459
NW Colorado Community Health Center	$284,193	$10,105	$22,880	$251,208	$251,208	$34,970
Olathe Community Clinic	$47,263	$468	$5,833	$40,962	$40,962	$62,719
Peak Vista Community Health Centers (2)	$11,164,065	$368,537	$2,355,199	$8,440,328	$8,440,328	$1,068,621
Pueblo Community Health Center	$3,104,127	$308	$318,774	$2,785,045	$2,785,045	$412,837
Salud Family Health Centers	$8,480,986	$0	$902,668	$7,578,318	$7,578,318	$1,132,937
Sheridan Health Services	$3,870	$0	$0	$3,870	$3,870	$24,239
Stout Street Clinic (2)	$3,724,836	$55,815	$0	$3,669,021	$3,669,021	$668,700
Summit Community Care Clinic	$279,169	$0	$60,658	$218,511	$218,511	$137,928
Sunrise Community Health Center	$3,938,342	$0	$501,277	$3,437,065	$3,437,065	$402,284
Uncompahgre Combined Clinics	$286,830	$42,319	$38,578	$205,933	$205,933	$21,241
Valley-Wide Health Systems	$3,094,099	$93,476	$411,955	$2,588,668	$2,588,668	$324,733
Total CICP Clinic Providers	$50,607,992	$642,352	$6,494,812	$43,470,828	$43,470,828	$6,059,760

Table 25 — Total Financial Activity and CICP Payment, Continued

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
CICP Hospital Providers						
Arkansas Valley Regional Medical Center	$4,194,401	$530,771	$140,087	$3,523,543	$1,664,842	$1,410,544
Aspen Valley Hospital	$3,661,471	$843,823	$99,043	$2,718,605	$1,889,800	$1,025,524
Boulder Community Hospital (1)	$25,296,862	$999,030	$192,652	$24,105,180	$7,965,739	$4,092,054
Colorado Plains Medical Center	$6,379,508	$1,372,625	$124,436	$4,882,447	$1,634,811	$1,100,692
Community Hospital	$4,215,599	$306,231	$159,852	$3,749,516	$1,683,329	$1,107,992
Conejos County Hospital District	$744,204	$11,763	$31,714	$700,727	$544,022	$340,920
Delta County Memorial Hospital	$2,202,564	$201,862	$27,235	$1,973,467	$892,930	$711,922
East Morgan County Hospital	$197,988	$49,800	$5,703	$142,485	$126,734	$123,948
Estes Park Medical Center	$3,210,380	$611,556	$130,244	$2,468,580	$1,342,946	$801,222
Family Health West	$2,326,744	$372,517	$45,668	$1,908,559	$969,792	$764,400
Grand River Hospital	$4,515,718	$188,735	$156,075	$4,170,908	$2,833,625	$269,854
Gunnison Valley Hospital	$765,588	$29,144	$25,524	$710,920	$451,798	$727,202
Heart of the Rockies Regional Medical Center	$4,776,826	$929,185	$176,865	$3,670,776	$1,979,067	$1,224,690
Kremmling Memorial Hospital District	$1,271,477	$63,942	$70,866	$1,136,669	$1,113,276	$126,748
Longmont United Hospital	$28,839,084	$2,556,572	$745,993	$25,536,519	$9,305,425	$6,061,194
McKee Medical Center	$25,686,476	$3,749,660	$649,586	$21,287,230	$8,335,547	$5,865,456
Medical Center of the Rockies	$43,290,469	$3,106,773	$3,418,912	$36,764,784	$15,382,945	$6,457,542
Melissa Memorial Hospital	$350,688	$95,418	$35,022	$220,248	$195,661	$115,990
Memorial Hospital	$141,032,136	$8,070,753	$1,806,853	$131,154,530	$41,540,586	$25,301,058
Mercy Regional Medical Center (1)	$6,465,519	$161,332	$30,987	$6,273,200	$2,652,518	$2,168,708
Montrose Memorial Hospital	$14,041,549	$2,894,443	$312,367	$10,834,739	$5,494,013	$3,296,992
Mount San Rafael Hospital	$4,628,983	$773,278	$138,295	$3,717,410	$1,528,915	$934,564
North Colorado Medical Center	$80,301,266	$13,003,546	$2,852,268	$64,445,452	$23,148,037	$16,000,458
Parkview Medical Center (1)	$117,152,505	$4,801,195	$955,540	$111,395,770	$28,191,356	$13,486,210
Penrose St. Francis Hospital (1)	$121,438,751	$7,959,799	$987,876	$112,491,076	$28,059,863	$8,650,080
Pikes Peak Regional Hospital (1)	$2,277,570	$108,974	$73,786	$2,094,810	$886,472	$623,626
Platte Valley Medical Center	$15,952,566	$1,536,873	$1,733,617	$12,682,076	$4,416,371	$2,354,740

Table 25 — Total Financial Activity and CICP Payment, Continued

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
CICP Hospital Providers						
Poudre Valley Hospital	$58,406,014	$3,495,985	$6,386,504	$48,523,525	$22,394,038	$13,382,352
Prowers Medical Center	$3,045,370	$443,830	$156,735	$2,444,805	$1,219,584	$323,498
Rio Grande Hospital	$1,291,603	$74,969	$68,163	$1,148,471	$697,624	$511,024
San Luis Valley Regional Medical Center	$7,578,133	$187,162	$189,255	$7,201,716	$2,836,648	$2,062,798
Sedgwick County Hospital	$229,823	$60,896	$16,139	$152,788	$101,460	$113,244
Southeast Colorado Hospital District	$585,298	$110,274	$36,685	$438,339	$297,212	$201,700
Southwest Memorial Hospital (1)	$2,762,716	$357,621	$178,184	$2,226,911	$1,077,386	$646,312
Spanish Peaks Regional Health Center	$808,157	$239,277	$11,035	$557,845	$369,446	$459,354
St. Mary-Corwin Medical Center (1)	$72,511,798	$3,943,463	$910,518	$67,657,816	$18,592,301	$10,819,314
St. Mary's Hospital and Medical Center, Inc. (1)	$34,482,205	$2,718,990	$755,716	$31,007,499	$11,826,486	$7,223,642
St. Thomas More Hospital	$12,266,584	$1,170,974	$295,901	$10,799,709	$3,541,808	$3,600,024
St. Vincent General Hospital District	$514,005	$244,543	$40,029	$229,433	$154,733	$85,232
Sterling Regional Medical Center	$5,997,706	$1,280,650	$248,992	$4,468,064	$2,100,802	$2,270,184
The Memorial Hospital (1)	$3,457,449	$493,306	$109,673	$2,854,470	$1,852,530	$1,048,740
Valley View Hospital (1)	$9,376,113	$1,405,967	$168,286	$7,801,860	$3,962,629	$3,667,516
Wray Community District Hospital	$73,342	$5,351	$6,696	$61,295	$44,788	$256,648
Yampa Valley Medical Center (1)	$8,574,389	$1,521,809	$296,845	$6,755,735	$4,178,702	$2,278,006
Yuma District Hospital	$1,054,495	$151,796	$48,193	$854,506	$561,830	$522,518
Sub-Total CICP Hospital Providers	$888,232,093	$73,236,463	$25,050,615	$789,945,014	$270,040,427	$154,616,436

Table 25 — Total Financial Activity and CICP Payment, Continued

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
CICP Specialty Hospital Providers						
National Jewish Health	$14,630,016	$950,427	$441,286	$13,238,303	$9,341,012	$4,275,766
Children's Hospital Colorado	$11,092,880	$1,254,699	$171,366	$9,666,815	$3,600,524	$2,169,696
Sub-Total CICP Specialty Hospital Providers	$25,722,896	$2,205,126	$612,652	$22,905,118	$12,941,536	$6,445,462
Denver Health Medical Center (1)(2)(4)	$336,167,317	$18,280,396	$5,390,898	$312,496,023	$144,144,522	$86,629,160
University of Colorado Hospital (2)(3)	$423,217,215	$35,907,961	$3,498,873	$383,810,380	$108,760,592	$51,484,366
Total CICP Hospital Providers	$1,673,339,522	$129,629,946	$34,553,039	$1,509,156,535	$535,887,077	$299,175,424
Total All CICP Providers	$1,723,947,514	$130,272,298	$41,047,851	$1,552,627,363	$579,357,905	$305,235,184

(1) Includes physician charges, third party payments and patient liabilities.
(2) Includes outpatient pharmacy charges, third party payments and patient liabilities.
(3) Includes physician charges, third party payments and patient liabilities provided through University Physicians, Inc.
(4) Includes ambulance charges, third party payments and patient liabilities.

Table 26 — Hospital Provider Payment Detail

Providers	CICP Supplemental Medicaid Payment	CICP DSH Payment	Total Payment
CICP Hospital Providers			
Arkansas Valley Regional Medical Center	$926,792	$483,752	$1,410,544
Aspen Valley Hospital	$680,856	$344,668	$1,025,524
Boulder Community Hospital	$1,834,832	$2,257,222	$4,092,054
Colorado Plains Medical Center	$625,666	$475,026	$1,100,692
Community Hospital	$494,276	$613,716	$1,107,992
Conejos County Hospital District	$193,816	$147,104	$340,920
Delta County Memorial Hospital	$454,882	$257,040	$711,922
East Morgan County Hospital	$528,920	$272,302	$801,222
Estes Park Medical Center	$511,238	$253,162	$764,400
Family Health West	$75,468	$48,480	$123,948
Grand River Hospital	$183,782	$86,072	$269,854
Gunnison Valley Hospital	$501,076	$226,126	$727,202
Heart of the Rockies Regional Medical Center	$821,724	$402,966	$1,224,690
Kremmling Memorial Hospital District	$84,592	$42,156	$126,748
Longmont United Hospital	$2,745,678	$3,315,516	$6,061,194
McKee Medical Center	$2,664,896	$3,200,560	$5,865,456
Medical Center of the Rockies	$2,903,496	$3,554,046	$6,457,542
Melissa Memorial Hospital	$76,440	$39,550	$115,990
Memorial Hospital	$13,599,348	$11,701,710	$25,301,058
Mercy Regional Medical Center	$1,242,806	$925,902	$2,168,708
Montrose Memorial Hospital	$2,203,476	$1,093,516	$3,296,992
Mount San Rafael Hospital	$536,390	$398,174	$934,564
North Colorado Medical Center	$9,097,974	$6,902,484	$16,000,458
Parkview Medical Center	$6,059,742	$7,426,468	$13,486,210
Penrose St. Francis Hospital	$3,880,048	$4,770,032	$8,650,080
Pikes Peak Regional Hospital	$352,822	$270,804	$623,626
Platte Valley Medical Center	$1,060,188	$1,294,552	$2,354,740
Poudre Valley Hospital	$7,599,224	$5,783,128	$13,382,352
Prowers Medical Center	$196,484	$127,014	$323,498
Rio Grande Hospital	$290,682	$220,342	$511,024
San Luis Valley Regional Medical Center	$1,168,086	$894,712	$2,062,798
Sedgwick County Hospital	$75,084	$38,160	$113,244
Southeast Colorado Hospital District	$133,254	$68,446	$201,700
Southwest Memorial Hospital	$430,432	$215,880	$646,312
Spanish Peaks Regional Health Center	$299,482	$159,872	$459,354

Table 26 — Hospital Provider Payment Detail Continued

Providers	CICP Supplemental Medicaid Payment	CICP DSH Payment	Total Payment
CICP Hospital Providers			
St. Mary-Corwin Medical Center	$4,938,178	$5,881,136	$10,819,314
St. Mary's Hospital and Medical Center, Inc.	$3,255,202	$3,968,440	$7,223,642
St. Thomas More Hospital	$2,085,170	$1,514,854	$3,600,024
St. Vincent General Hospital District	$57,416	$27,816	$85,232
Sterling Regional Medical Center	$1,293,408	$976,776	$2,270,184
The Memorial Hospital	$696,978	$351,762	$1,048,740
Valley View Hospital	$2,097,050	$1,570,466	$3,667,516
Wray Community District Hospital	$157,442	$99,206	$256,648
Yampa Valley Medical Center	$1,295,790	$982,216	$2,278,006
Yuma District Hospital	$345,972	$176,546	$522,518
Sub-Total CICP Hospital Providers	$80,756,558	$73,859,878	$154,616,436
CICP Specialty Hospital Providers			
National Jewish Health	$1,932,328	$2,343,438	$4,275,766
Children's Hospital Colorado	$910,958	$1,258,738	$2,169,696
Sub-Total CICP Specialty Hospital Providers	$2,843,286	$3,602,176	$6,445,462
Denver Health Medical Center	$47,237,268	$39,391,892	$86,629,160
University of Colorado Hospital (1)	$15,405,106	$36,079,260	$51,484,366
Total CICP Hospital Providers	$146,242,218	$152,933,206	$299,175,424

Table 27 — Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Hospital	$527,713	$0	$0	$527,713
Denver Health Medical Center	$38,597,458	$2,031,405	$0	$36,566,053
Mercy Regional Medical Center	$31,820	$0	$1,894	$29,926
Parkview Medical Center	$8,111,841	$0	$321,370	$7,790,471
Pikes Peak Regional Hospital	$46,298	$0	$14,826	$31,472
Prowers Medical Center	$59,305	$3,786	$7,587	$47,932
Southwest Memorial Hospital	$25,709	$0	$2,390	$23,319
St. Mary-Corwin Medical Center	$7,345,965	$150,059	$198,171	$6,997,734
St. Mary's Hospital and Medical Center, Inc.	$2,607,754	$447,492	$310,728	$1,849,534
St. Thomas More Hospital	$759,028	$33,950	$51,999	$673,079
The Memorial Hospital	$98,775	$13,139	$2,133	$83,503
University of Colorado Hospital	$51,898,273	$2,064,249	$239,861	$49,594,162
Yampa Valley Medical Center	$1,202,806	$79,573	$64,998	$1,058,235
Total	$115,153,466	$4,882,474	$1,349,343	$108,921,647

(1) University Physicians, Inc. provides services to the University of Colorado Hospital.

Table 28 — Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Children's Hospital Colorado	$941,757	$0	$28,162	$913,595
Community Health Clinic	$18,376	$0	$11,977	$6,399
Denver Health Medical Center	$4,279,118	$0	$1,087,350	$3,191,768
High Plains Community Health Center	$475,717	$0	$50,617	$425,100
National Jewish Health	$797,442	($225)	$38,315	$759,352
Peak Vista Community Health Centers	$774,101	$0	$417,511	$356,589
Stout Street Clinic	$725,466	$0	$0	$725,466
University of Colorado Hospital	$6,936,658	$2,474,485	$311,096	$4,151,077
Total	$14,948,636	$2,474,260	$1,945,030	$10,529,346

Table 29 - Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	$289,201,578	$16,196,108	$4,286,474	$268,718,996
Physician Services	$38,597,458	$2,031,405	$0	$36,566,053
Ambulance Services	$4,089,163	$52,883	$17,074	$4,019,206
Outpatient Pharmacy	$4,279,118	$0	$1,087,350	$3,191,768
Total	$336,167,317	$18,280,396	$5,390,898	$312,496,023

Table 30 — Inpatient and Outpatient Charges (Details)

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
CICP Clinic Providers					
Basin Clinic	$8,040	$93,575	$0	$0	$101,615
Clinica Campesina	$0	$3,945,654	$0	$0	$3,945,654
Community Health Clinic	$5,046	$161,984	$0	$0	$167,031
Custer County Medical Center	$240	$26,971	$0	$0	$27,211
Denver Indian Health & Family Services	$0	$68,400	$0	$0	$68,400
Grace Health Clinic	$0	$280,965	$0	$0	$280,965
High Plains Community Health Center	$733,092	$38,584	$0	$0	$771,676
Limon Plains Medical Center	$0	$545,625	$0	$0	$545,625
Marillac Clinic	$0	$891,276	$0	$0	$891,276
Metro Community Provider Network (MCPN)	$0	$7,843,432	$0	$0	$7,843,432
Mountain Family Health Centers	$536,865	$526,369	$0	$0	$1,063,234
NW Colorado Community Health Center	$0	$284,193	$0	$0	$284,193
Olathe Community Clinic	$0	$47,263	$0	$0	$47,263
Peak Vista Community Health Centers	$136,264	$10,253,700	$0	$0	$10,389,964
Pueblo Community Health Center	$0	$3,104,127	$0	$0	$3,104,127
Salud Family Health Centers	$0	$8,480,986	$0	$0	$8,480,986
Sheridan Health Services	$0	$3,870	$0	$0	$3,870
Stout Street Clinic	$2,999,370	$0	$0	$0	$2,999,370
Summit Community Care Clinic	$0	$279,169	$0	$0	$279,169
Sunrise Community Health Center	$0	$3,938,342	$0	$0	$3,938,342
Uncompahgre Combined Clinics	$266,752	$20,078	$0	$0	$286,830
Valley-Wide Health Systems	$0	$3,094,099	$0	$0	$3,094,099
Total (Clinics)	$4,685,670	$43,928,663	$0	$0	$48,614,332

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

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
CICP Hospital Providers					
Arkansas Valley Regional Medical Center	$1,511,237	$1,257,443	$1,080,260	$345,461	$4,194,401
Aspen Valley Hospital	$736,733	$1,610,521	$987,662	$326,555	$3,661,471
Boulder Community Hospital	$7,790,372	$3,439,262	$11,128,471	$2,411,044	$24,769,149
Colorado Plains Medical Center	$2,178,585	$2,312,154	$1,245,172	$643,596	$6,379,508
Community Hospital	$1,934,900	$202,365	$2,078,335	$0	$4,215,599
Conejos County Hospital District	$537,949	$158,705	$47,550	$0	$744,204
Delta County Memorial Hospital	$1,063,351	$47,116	$1,032,216	$59,881	$2,202,564
East Morgan County Hospital	$1,016,279	$1,490,178	$597,329	$106,594	$3,210,380
Estes Park Medical Center	$675,293	$1,111,834	$350,012	$189,604	$2,326,744
Family Health West	$69,437	$80,729	$0	$47,822	$197,988
Grand River Hospital	$767,700	$2,352,690	$1,395,328	$0	$4,515,718
Gunnison Valley Hospital	$413,723	$110,244	$241,620	$0	$765,588
Heart of the Rockies Regional Medical Center (1)	$3,201,828	$244,716	$1,294,170	$36,113	$4,776,827
Kremmling Memorial Hospital District	$733,123	$484,091	$54,262	$0	$1,271,477
Longmont United Hospital	$4,628,716	$4,790,959	$15,922,981	$3,496,428	$28,839,084
McKee Medical Center	$5,615,609	$8,594,995	$7,966,168	$3,509,704	$25,686,476
Medical Center of the Rockies	$6,514,106	$11,750,741	$17,769,396	$7,256,225	$43,290,469
Melissa Memorial Hospital	$121,003	$189,398	$39,118	$1,169	$350,688
Memorial Hospital	$44,935,719	$36,638,685	$46,771,984	$10,509,286	$138,855,673
Mercy Regional Medical Center	$2,133,037	$0	$4,300,662	$0	$6,433,699
Montrose Memorial Hospital	$2,378,337	$6,255,907	$3,968,855	$1,438,450	$14,041,549
Mount San Rafael Hospital	$1,506,544	$1,751,776	$895,532	$475,131	$4,628,983
North Colorado Medical Center	$14,044,107	$20,224,252	$27,934,993	$18,097,913	$80,301,266
Parkview Medical Center	$35,418,377	$21,217,238	$36,856,485	$15,548,565	$109,040,664
Penrose St. Francis Hospital	$23,526,082	$30,114,112	$43,682,455	$22,451,843	$119,774,493
Pikes Peak Regional Hospital	$1,045,426	$478,952	$532,743	$174,151	$2,231,272
Platte Valley Medical Center	$6,408,490	$2,379,980	$6,378,013	$786,083	$15,952,566
Poudre Valley Hospital	$14,850,168	$17,987,015	$20,916,717	$4,652,114	$58,406,014

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

Prowers Medical Center	$1,204,692	$1,158,391	$622,982	$0	$2,986,065
Rio Grande Hospital	$706,776	$297,743	$287,085	$0	$1,291,603
San Luis Valley Regional Medical Center	$985,421	$3,714,267	$975,291	$1,903,155	$7,578,133
Sedgwick County Hospital	$3,791	$211,990	$0	$14,043	$229,823
Southeast Colorado Hospital District	$346,693	$167,161	$71,444	$0	$585,298
Southwest Memorial Hospital	$1,336,066	$786,837	$319,197	$294,908	$2,737,007
Spanish Peaks Regional Health Center	$477,708	$0	$330,449	$0	$808,157
St. Mary-Corwin Medical Center	$13,029,725	$26,844,221	$17,088,188	$8,203,699	$65,165,833
St. Mary's Hospital and Medical Center, Inc.	$3,943,952	$9,168,850	$14,270,913	$4,490,736	$31,874,451
St. Thomas More Hospital	$3,565,636	$3,935,909	$2,881,175	$1,124,836	$11,507,556
St. Vincent General Hospital District	$193,257	$0	$320,747	$0	$514,005
Sterling Regional Medical Center	$1,203,735	$2,993,292	$1,016,045	$784,633	$5,997,706
The Memorial Hospital	$1,036,536	$1,077,790	$1,244,348	$0	$3,358,674
Valley View Hospital	$2,702,938	$3,114,924	$2,996,058	$562,193	$9,376,113
Wray Community District Hospital	$73,342	$0	$0	$0	$73,342
Yampa Valley Medical Center	$1,673,239	$0	$5,698,343	$0	$7,371,583
Yuma District Hospital	$288,462	$651,615	$114,419	$0	$1,054,495
Sub-Total CICP Hospital Providers	$218,528,202	$231,399,046	$303,705,175	$109,941,937	$863,574,358
CICP Specialty Hospital Providers					
National Jewish Health	$11,487	$13,821,087	$0	$0	$13,832,574
Children's Hospital Colorado	$1,792,398	$3,328,562	$5,030,163	$0	$10,151,123
Sub-Total CICP Specialty Hospital Providers	$1,803,885	$17,149,649	$5,030,163	$0	$23,983,697
Denver Health Medical Center	$69,675,014	$82,073,973	$99,216,697	$38,235,895	$289,201,578
University of Colorado Hospital	$85,198,369	$82,349,190	$154,498,022	$42,336,703	$364,382,284
Total CICP Hospital Providers	$375,205,470	$412,971,857	$562,450,057	$190,514,535	$1,541,141,917
Total All CICP Providers	$379,891,140	$456,900,520	$562,450,057	$190,514,535	$1,589,756,249

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

Table 31 — Inpatient and Outpatient Charges (Totals)

Providers	Total Urgent Charges	Total Non-Urgent Charges	Total Charges	Total Outpatient Charges	Total Inpatient Charges	Total Charges
CICP Clinic Providers						
Basin Clinic	$8,040	$93,575	$101,615	$101,615	$0	$101,615
Clinica Campesina	$0	$3,945,654	$3,945,654	$3,945,654	$0	$3,945,654
Community Health Clinic	$5,046	$161,984	$167,031	$167,031	$0	$167,031
Custer County Medical Center	$240	$26,971	$27,211	$27,211	$0	$27,211
Denver Indian Health & Family Services	$0	$68,400	$68,400	$68,400	$0	$68,400
Grace Health Clinic	$0	$280,965	$280,965	$280,965	$0	$280,965
High Plains Community Health Center	$733,092	$38,584	$771,676	$771,676	$0	$771,676
Limon Plains Medical Center	$0	$545,625	$545,625	$545,625	$0	$545,625
Marillac Clinic	$0	$891,276	$891,276	$891,276	$0	$891,276
Metro Community Provider Network (MCPN)	$0	$7,843,432	$7,843,432	$7,843,432	$0	$7,843,432
Mountain Family Health Centers	$536,865	$526,369	$1,063,234	$1,063,234	$0	$1,063,234
NW Colorado Community Health Center	$0	$284,193	$284,193	$284,193	$0	$284,193
Olathe Community Clinic	$0	$47,263	$47,263	$47,263	$0	$47,263
Peak Vista Community Health Centers	$136,264	$10,253,700	$10,389,964	$10,389,964	$0	$10,389,964
Pueblo Community Health Center	$0	$3,104,127	$3,104,127	$3,104,127	$0	$3,104,127
Salud Family Health Centers	$0	$8,480,986	$8,480,986	$8,480,986	$0	$8,480,986
Sheridan Health Services	$0	$3,870	$3,870	$3,870	$0	$3,870
Stout Street Clinic	$2,999,370	$0	$2,999,370	$2,999,370	$0	$2,999,370
Summit Community Care Clinic	$0	$279,169	$279,169	$279,169	$0	$279,169
Sunrise Community Health Center	$0	$3,938,342	$3,938,342	$3,938,342	$0	$3,938,342
Uncompahgre Combined Clinics	$266,752	$20,078	$286,830	$286,830	$0	$286,830
Valley-Wide Health Systems	$0	$3,094,099	$3,094,099	$3,094,099	$0	$3,094,099
Total CICP Clinic Providers	$4,685,670	$43,928,663	$48,614,332	$48,614,332	$0	$48,614,332

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

Providers	Total Urgent Charges	Total Non-Urgent Charges	Total Charges	Total Outpatient Charges	Total Inpatient Charges	Total Charges
CICP Hospital Providers						
Arkansas Valley Regional Medical Center	$2,591,497	$1,602,904	$4,194,401	$2,768,681	$1,425,721	$4,194,401
Aspen Valley Hospital	$1,724,395	$1,937,076	$3,661,471	$2,347,255	$1,314,216	$3,661,471
Boulder Community Hospital	$18,918,843	$5,850,306	$24,769,149	$11,229,634	$13,539,515	$24,769,149
Colorado Plains Medical Center	$3,423,757	$2,955,750	$6,379,508	$4,490,739	$1,888,769	$6,379,508
Community Hospital	$4,013,235	$202,365	$4,215,599	$2,137,265	$2,078,335	$4,215,599
Conejos County Hospital	$585,499	$158,705	$744,204	$696,655	$47,550	$744,204
Delta County Memorial Hospital	$2,095,567	$106,997	$2,202,564	$1,110,467	$1,092,097	$2,202,564
Family Health West	$1,613,607	$1,596,772	$3,210,380	$2,506,457	$703,923	$3,210,380
East Morgan County Hospital	$1,025,305	$1,301,438	$2,326,744	$1,787,128	$539,616	$2,326,744
Estes Park Medical Center	$69,437	$128,551	$197,988	$150,166	$47,822	$197,988
Grand River Hospital and Medical Center	$2,163,028	$2,352,690	$4,515,718	$3,120,390	$1,395,328	$4,515,718
Gunnison Valley Hospital	$655,343	$110,244	$765,588	$523,968	$241,620	$765,588
Heart of the Rockies Regional Medical Center	$4,495,998	$280,828	$4,776,827	$3,446,544	$1,330,283	$4,776,827
Kremmling Memorial Hospital District	$787,385	$484,091	$1,271,477	$1,217,215	$54,262	$1,271,477
Longmont United Hospital	$20,551,697	$8,287,387	$28,839,084	$9,419,675	$19,419,409	$28,839,084
McKee Medical Center	$13,581,777	$12,104,699	$25,686,476	$14,210,604	$11,475,872	$25,686,476
Medical Center of the Rockies	$24,283,503	$19,006,966	$43,290,469	$18,264,848	$25,025,621	$43,290,469
Melissa Memorial	$160,121	$190,567	$350,688	$310,401	$40,287	$350,688
Memorial Hospital	$91,707,703	$47,147,971	$138,855,673	$81,574,403	$57,281,270	$138,855,673
Mercy Medical Center	$6,433,699	$0	$6,433,699	$2,133,037	$4,300,662	$6,433,699
Montrose Memorial Hospital	$6,347,192	$7,694,357	$14,041,549	$8,634,244	$5,407,305	$14,041,549
Mount San Rafael Hospital	$2,402,076	$2,226,907	$4,628,983	$3,258,320	$1,370,664	$4,628,983
North Colorado Medical Center	$41,979,101	$38,322,165	$80,301,266	$34,268,359	$46,032,907	$80,301,266
Parkview Medical Center	$72,274,861	$36,765,803	$109,040,664	$56,635,614	$52,405,050	$109,040,664
Penrose-St. Francis Health Services	$67,208,537	$52,565,955	$119,774,493	$53,640,194	$66,134,299	$119,774,493
Pikes Peak Regional Hospital	$1,578,169	$653,103	$2,231,272	$1,524,378	$706,894	$2,231,272
Platte Valley Medical Center	$12,786,503	$3,166,063	$15,952,566	$8,788,470	$7,164,097	$15,952,566
Poudre Valley Hospital	$35,766,885	$22,639,129	$58,406,014	$32,837,183	$25,568,831	$58,406,014

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

Providers	Total Urgent Charges	Total Non-Urgent Charges	Total Charges	Total Outpatient Charges	Total Inpatient Charges	Total Charges
Prowers Medical Center	$1,827,674	$1,158,391	$2,986,065	$2,363,083	$622,982	$2,986,065
Rio Grande Hospital	$993,860	$297,743	$1,291,603	$1,004,519	$287,085	$1,291,603
San Luis Valley Regional Medical Center	$1,960,712	$5,617,422	$7,578,133	$4,699,687	$2,878,446	$7,578,133
Sedgwick County Health Center	$3,791	$226,032	$229,823	$215,781	$14,043	$229,823
Southeast Colorado Hospital	$418,137	$167,161	$585,298	$513,854	$71,444	$585,298
Southwest Memorial Hospital	$1,655,263	$1,081,744	$2,737,007	$2,122,902	$614,105	$2,737,007
Spanish Peaks Regional Health Center	$808,157	$0	$808,157	$477,708	$330,449	$808,157
St. Mary-Corwin Hospital	$30,117,914	$35,047,920	$65,165,833	$39,873,946	$25,291,887	$65,165,833
St. Mary's Hospital and Medical Center	$18,214,865	$13,659,586	$31,874,451	$13,112,802	$18,761,649	$31,874,451
St. Thomas More Hospital	$6,446,811	$5,060,744	$11,507,556	$7,501,545	$4,006,011	$11,507,556
St. Vincent General Hospital	$514,005	$0	$514,005	$193,257	$320,747	$514,005
Sterling Regional MedCenter	$2,219,780	$3,777,925	$5,997,706	$4,197,027	$1,800,679	$5,997,706
The Memorial Hospital	$2,280,884	$1,077,790	$3,358,674	$2,114,325	$1,244,348	$3,358,674
Valley View Hospital	$5,698,996	$3,677,117	$9,376,113	$5,817,862	$3,558,251	$9,376,113
Wray Community District Hospital	$73,342	$0	$73,342	$73,342	$0	$73,342
Yampa Valley Medical Center	$7,371,583	$0	$7,371,583	$1,673,239	$5,698,343	$7,371,583
Yuma District Hospital	$402,880	$651,615	$1,054,495	$940,077	$114,419	$1,054,495
Sub-Total CICP Hospital Providers	$522,233,378	$341,340,983	$863,574,358	$449,927,248	$413,647,112	$863,574,358
CICP Specialty Hospital Providers						
National Jewish Health	$11,487	$13,821,087	$13,832,574	$13,832,574	$0	$13,832,574
Children's Hospital Colorado	$6,822,561	$3,328,562	$10,151,123	$5,120,960	$5,030,163	$10,151,123
Sub-Total CICP Specialty Hospital Providers	$6,834,048	$17,149,649	$23,983,697	$18,953,534	$5,030,163	$23,983,697
Denver Health Medical Center	$168,891,710	$120,309,868	$289,201,578	$151,748,987	$137,452,592	$289,201,578
University of Colorado Hospital	$239,696,391	$124,685,893	$364,382,284	$167,547,559	$196,834,725	$364,382,284
Total CICP Hospital Providers	$937,655,527	$603,486,392	$1,541,141,917	$788,177,327	$752,964,592	$1,541,141,917
Total All CICP Providers	$942,341,197	$647,415,055	$1,589,756,249	$836,791,659	$752,964,592	$1,589,756,249

CICP UTILIZATION TABLES

Table 32 — Admissions and Visits by County*

County	CICP Clinics	CICP Hospitals**	Denver Health Medical Center	University of Colorado Hospital	Total
Adams	38,277	5,987	1,540	10,311	56,115
Alamosa	4,816	1,728	3	48	6,595
Arapahoe	21,760	3,454	1,851	19,196	46,261
Archuleta	14	68	-	1	83
Baca	211	871	-	1	1,083
Bent	1,023	546	4	-	1,573
Boulder	20,222	6,383	93	492	27,190
Broomfield	1,573	126	21	237	1,957
Chaffee	64	1,939	9	50	2,062
Cheyenne	64	9	3	6	82
Clear Creek	359	58	17	106	540
Conejos	2,109	1,195	1	5	3,310
Costilla	1,545	386	4	19	1,954
Crowley	305	292	-	3	600
Custer	389	223	-	15	627
Delta	53	833	-	12	898
Denver	22,283	3,999	132,324	10,473	169,079
Dolores	889	88	11	-	988
Douglas	1,668	516	115	933	3,232
Eagle	372	117	13	202	704
Elbert	762	176	7	161	1,106
El Paso	62,440	37,415	76	781	100,712
Fremont	1,989	4,412	6	54	6,461
Garfield	3,020	4,657	4	50	7,731
Gilpin	424	45	2	22	493
Grand	54	1,719	103	66	1,942
Gunnison	9	484	3	14	510
Hindsdale	-	8	-	-	8
Huerfano	51	471	1	18	541
Jackson	4	85	-	1	90
Jefferson	17,641	2,385	1,532	5,142	26,700
Kiowa	190	64	14	-	268
Kit Carson	188	61	-	30	279
Lake	76	90	1	5	172
La Plata	13	745	3	4	765
Larimer	14,614	25,187	45	419	40,265

Table 32 — Admissions and Visits by County*, Continued

County	CICP Clinics	CICP Hospitals**	Denver Health Medical Center	University of Colorado Hospital	Total
Las Animas	35	3,730	2	28	3,795
Lincoln	1,089	97	2	105	1,293
Logan	1,643	2,753	2	46	4,444
Mesa	6,486	8,836	8	94	15,424
Mineral	26	129	-	-	155
Moffat	1,489	1,150	3	13	2,655
Montezuma	575	2,200	2	2	2,779
Montrose	1,012	3,630	1	54	4,697
Morgan	4,192	3,984	10	103	8,289
Otero	2,921	3,065	1	15	6,002
Ouray	61	135	-	13	209
Mineral	26	129	-	-	155
Moffat	1,489	1,150	3	13	2,655
Montezuma	575	2,200	2	2	2,779
Montrose	1,012	3,630	1	54	4,697
Morgan	4,192	3,984	10	103	8,289
Otero	2,921	3,065	1	15	6,002
Ouray	61	135	-	13	209
Park	468	347	6	122	943
Phillips	147	802	-	1	950
Pitkin	403	954	2	42	1,401
Prowers	3,725	2,018	-	13	5,756
Pueblo	19,732	22,199	51	261	42,243
Rio Blanco	24	41	-	3	68
Rio Grande	3,669	2,269	1	54	5,993
Routt	296	1,837	2	25	2,160
Saguache	2,618	905	2	12	3,537
San Juan	-	28	-	3	31
San Miguel	752	149	-	-	901
Sedgwick	30	362	-	67	459
Summit	1,906	92	10	43	2,051
Teller	5,156	1,543	3	87	6,789
Washington	107	290	-	51	448
Weld	21,359	18,736	133	836	41,064
Yuma	149	1,180	1	45	1,375
Unknown	784	1,743	184	3,318	6,029
Total	300,325	192,026	138,232	54,333	684,916

*Utilization by County is the sum of admissions and visits by reported patient residency.
**Includes CICP Specialty Hospital providers.

Table 33 — Outpatient Visits and Inpatient Admissions by CICP Rating

Outpatient Visits													
	CICP Clinics			CICP Hospitals*			Denver Health			University Hospital			All Providers	
CICP Rating	Visits	% of Total		Visits	% of Total		Visits	% of Total		Visits	% of Total		Visits	% of Total
A	16,126	5.4%		9,199	5.1%		5,503	4.1%		2,865	5.6%		33,693	5.1%
B	19,224	6.4%		11,027	6.1%		8,282	6.2%		4,052	7.9%		42,585	6.4%
C	21,862	7.3%		12,976	7.2%		10,377	7.7%		4,366	8.5%		49,581	7.4%
D	22,284	7.4%		13,778	7.6%		10,225	7.6%		4,815	9.4%		51,102	7.7%
E	17,602	5.9%		11,506	6.4%		9,374	7.0%		3,742	7.3%		42,224	6.3%
F	24,590	8.2%		16,241	9.0%		10,144	7.5%		4,991	9.7%		55,966	8.4%
G	17,083	5.7%		12,178	6.7%		6,582	4.9%		2,620	5.1%		38,463	5.8%
H	7,799	2.6%		6,468	3.6%		2,626	2.0%		1,221	2.4%		18,114	2.7%
I	17,047	5.7%		17,640	9.8%		5,744	4.3%		2,850	5.6%		43,281	6.5%
N	98,181	32.7%		48,846	27.0%		28,319	21.1%		15,828	30.9%		191,174	28.7%
Z	37,527	12.5%		20,078	11.1%		37,345	27.8%		3,925	7.7%		98,875	14.8%
Unknown	1,033	0.3%		706	0.4%		0	0.0%		0	0.0%		1,739	0.3%
Total	300,358	100.0%		180,643	100.0%		134,521	100.0%		51,275	100.0%		666,797	100.0%

Inpatient Admissions													
	CICP Clinics			CICP Hospitals*			Denver Health			University Hospital			All Providers	
CICP Rating	Visits	% of Total		Admits	% of Total		Admits	% of Total		Admits	% of Total		Admits	% of Total
A	0	0.0%		449	4.0%		117	3.2%		152	5.0%		718	4.0%
B	0	0.0%		630	5.5%		191	5.1%		208	6.8%		1,029	5.7%
C	0	0.0%		761	6.7%		244	6.6%		227	7.4%		1,232	6.8%
D	0	0.0%		804	7.1%		239	6.4%		258	8.4%		1,301	7.2%
E	0	0.0%		759	6.7%		224	6.0%		209	6.8%		1,192	6.6%
F	0	0.0%		1,178	10.4%		213	5.7%		287	9.4%		1,678	9.3%
G	0	0.0%		852	7.5%		153	4.1%		158	5.2%		1,163	6.4%
H	0	0.0%		396	3.5%		58	1.6%		88	2.9%		542	3.0%
I	0	0.0%		1,170	10.3%		146	3.9%		179	5.9%		1,495	8.2%
N	0	0.0%		3,191	28.1%		995	26.8%		981	32.1%		5,167	28.5%
Z	0	0.0%		1,145	10.1%		1,131	30.5%		311	10.2%		2,587	14.3%
Unknown	0	0.0%		23	0.2%		0	0.0%		0	0.0%		23	0.1%
Total	-	0%		11,358	100.0%		3,711	100.0%		3,058	100.0%		18,127	100.0%

*Includes CICP Specialty Hospital providers.

Table 34 — Inpatient Days by CICP Rating

CICP Rating	CICP Hospitals*	Denver Health Medical Center	University of Colorado Hospital	Total
A	1,721	512	710	2,943
B	2,395	1,265	1,205	4,865
C	2,902	1,283	1,197	5,382
D	3,230	1,387	1,346	5,963
E	2,825	1,260	893	4,978
F	4,467	1,149	1,393	7,009
G	3,257	687	614	4,558
H	1,640	4,688	496	6,824
I	4,320	658	874	5,852
N	12,841	272	4,819	17,932
Z	4,850	5,479	1,534	11,863
Unknown	55	-	-	55
Total	44,503	18,640	15,081	78,224

*Includes CICP Specialty Hospital providers.

Table 35 — Inpatient Admissions by Age and Sex

CICP Hospitals*									
	Female			Male			Total Inpatient		
Age Group	Count	Charges		Count	Charges		Count	% of Total	Charges
0-5	134	$1,148,350		145	$2,012,541		279	2.5%	$3,160,891
6-17	69	$1,993,674		44	$1,839,517		113	1.0%	$3,833,191
18-24	402	$10,372,480		413	$13,779,068		815	7.2%	$24,151,548
25-54	2,711	$80,082,839		3,247	$122,011,901		5,958	52.5%	$202,094,740
55-64	1,379	$55,642,021		1,575	$75,641,814		2,954	26.0%	$131,283,835
65+	676	$28,047,107		563	$26,170,398		1,239	10.9%	$54,217,505
TOTAL	5,371	$177,286,471		5,987	$241,455,239		11,358	100.1%	$418,741,710

Denver Health Medical Center									
	Female			Male			Total Inpatient		
Age Group	Count	Charges		Count	Charges		Count	% of Total	Charges
0-5	3	$32,905		3	$22,265		6	0.2%	$55,170
6-17	4	$65,635		2	$55,566		6	0.2%	$121,201
18-24	85	$3,679,941		148	$4,790,352		233	6.3%	$8,470,293
25-54	667	$20,859,041		1,508	$55,995,124		2,175	58.6%	$76,854,165
55-64	325	$12,991,190		609	$23,542,334		934	25.2%	$36,533,524
65+	194	$7,580,761		163	$7,837,479		357	9.6%	$15,418,240
TOTAL	1,278	$45,209,473		2,433	$92,243,120		3,711	100.1%	$137,452,593

Table 35 — Inpatient Admissions by Age and Sex, Continued

University of Colorado Hospital									
	Female			Male			Total Inpatient		
Age Group	Count	Charges		Count	Charges		Count	% of Total	Charges
0-5	16	$594,605		8	$384,592		24	0.8%	$979,197
6-17	0	$0		1	$33,575		1	0.0%	$33,575
18-24	90	$4,020,379		86	$8,547,838		176	5.8%	$12,568,217
25-54	755	$39,813,195		960	$64,367,334		1,715	56.1%	$104,180,529
55-64	371	$25,288,254		481	$35,669,123		852	27.9%	$60,957,377
65+	149	$9,207,952		141	$8,907,876		290	9.5%	$18,115,828
TOTAL	1,381	$78,924,385		1,677	$117,910,338		3,058	100.0%	$196,834,723

All CICP Providers									
	Female			Male			Total Inpatient		
Age Group	Count	Charges		Count	Charges		Count	% of Total	Charges
0-5	153	$1,775,860		156	$2,419,398		309	1.7%	$4,195,258
6-17	73	$2,059,309		47	$1,928,658		120	0.7%	$3,987,967
18-24	577	$18,072,800		647	$27,117,258		1,224	6.8%	$45,190,058
25-54	4,133	$140,755,075		5,715	$242,374,359		9,848	54.3%	$383,129,434
55-64	2,075	$93,921,465		2,665	$134,853,271		4,740	26.1%	$228,774,736
65+	1,019	$44,835,820		867	$42,915,753		1,886	10.4%	$87,751,573
TOTAL	8,030	$301,420,329		10,097	$451,608,697		18,127	100.0%	$753,029,026

*Includes CICP Specialty Hospital providers.
Charges reported in this table are from Table 2B.

Table 36 — Outpatient Activity by Age and Sex

CICP Clinics									
	Female			Male			Total Outpatient		
Age Group	Count	Charges		Count	Charges		Count	% of Total	Charges
0-5	609	$115,273		608	$117,723		1,217	0.4%	$232,996
6-17	2,846	$520,894		2,528	$471,150		5,374	1.8%	$992,044
18-24	12,681	$2,211,529		6,962	$1,124,345		19,643	6.5%	$3,335,874
25-54	102,807	$17,110,566		72,137	$11,248,642		174,944	58.2%	$28,359,208
55-64	50,919	$8,077,762		33,461	$5,140,194		84,380	28.1%	$13,217,956
65+	8,801	$1,467,214		5,999	$997,643		14,800	4.9%	$2,464,857
TOTAL	178,663	$29,503,238		121,695	$19,099,697		300,358	100.0%	$48,602,935

CICP Hospitals*									
	Female			Male			Total Outpatient		
Age Group	Count	Charges		Count	Charges		Count	% of Total	Charges
0-5	573	$787,662		673	$1,170,432		1,246	0.7%	$1,958,094
6-17	1,158	$2,474,809		1,134	$2,337,695		2,292	1.3%	$4,812,504
18-24	10,265	$23,727,972		8,113	$21,931,372		18,378	10.2%	$45,659,344
25-54	57,754	$141,314,838		46,831	$124,995,569		104,585	57.9%	$266,310,407
55-64	25,041	$61,147,393		18,178	$52,712,454		43,219	23.9%	$113,859,847
65+	6,228	$20,157,881		4,695	$16,289,653		10,923	6.0%	$36,447,534
TOTAL	101,019	$249,610,555		79,624	$219,437,175		180,643	100.0%	$469,047,730

Denver Health Medical Center									
	Female			Male			Total Outpatient		
Age Group	Count	Charges		Count	Charges		Count	% of Total	Charges
0-5	110	$86,656		100	$54,491		210	0.2%	$141,147
6-17	377	$249,788		356	$175,069		733	0.5%	$424,857
18-24	3,930	$4,334,150		3,017	$5,888,264		6,947	5.2%	$10,222,414
25-54	33,643	$36,289,851		41,560	$55,538,973		75,203	55.9%	$91,828,824
55-64	18,381	$15,941,332		17,355	$18,559,778		35,736	26.6%	$34,501,110
65+	9,234	$8,063,479		6,458	$6,567,153		15,692	11.7%	$14,630,632
TOTAL	65,675	$64,965,256		68,846	$86,783,728		134,521	100.1%	$151,748,984

Table 36 — Outpatient Activity by Age and Sex, Continued

University of Colorado Hospital									
	Female			Male			Total Outpatient		
Age Group	Count	Charges		Count	Charges		Count	% of Total	Charges
0-5	17	$8,073		7	$10,952		24	0.0%	$19,025
6-17	49	$184,414		59	$160,296		108	0.2%	$344,710
18-24	2,203	$8,803,270		1,900	$6,466,240		4,103	8.0%	$15,269,510
25-54	14,592	$48,327,652		14,896	$47,738,751		29,488	57.5%	$96,066,403
55-64	6,336	$19,605,040		5,979	$19,167,436		12,315	24.0%	$38,772,476
65+	2,871	$8,655,467		2,366	$8,419,969		5,237	10.2%	$17,075,436
TOTAL	26,068	$85,583,916		25,207	$81,963,644		51,275	100.0%	$167,547,560

All CICP Providers									
	Female			Male			Total Outpatient		
Age Group	Count	Charges		Count	Charges		Count	% of Total	Charges
0-5	1,309	$997,664		1,388	$1,353,598		2,697	0.4%	$2,351,262
6-17	4,430	$3,429,905		4,077	$3,144,210		8,507	1.3%	$6,574,115
18-24	29,079	$39,076,921		19,992	$35,410,221		49,071	7.4%	$74,487,142
25-54	208,796	$243,042,907		175,424	$239,521,935		384,220	57.7%	$482,564,842
55-64	100,677	$104,771,527		74,973	$95,579,862		175,650	26.3%	$200,351,389
65+	27,134	$38,344,041		19,518	$32,274,418		46,652	7.0%	$70,618,459
TOTAL	371,425	$429,662,965		295,372	$407,284,244		666,797	100.0%	$836,947,209

*Includes CICP Specialty Hospital providers.
Charges reported in this table are from Table 2B.

Table 37 — Utiliztion by Provider

Provider Name	Visits	Admissions	Days	ALOS*
CICP Clinic Providers				
Basin Clinic	578	0	0	0
Clinica Campesina	28,288	0	0	0
Community Health Clinic	1,504	0	0	0
Custer County Medical Center	342	0	0	0
Denver Indian Health & Family Services	456	0	0	0
Grace Health Clinic	1,105	0	0	0
High Plains Community Health Center	4,423	0	0	0
Limon Plains Medical Center	4,103	0	0	0
Marillac Clinic	6,415	0	0	0
Metro Community Provider Network (MCPN)	48,360	0	0	0
Mountain Family Health Centers	5,021	0	0	0
NW Colorado Community Health Center	1,821	0	0	0
Olathe Community Clinic	296	0	0	0
Peak Vista Community Health Centers	67,705	0	0	0
Pueblo Community Health Center	20,019	0	0	0
Salud Family Health Centers	46,575	0	0	0
Sheridan Health Services	86	0	0	0
Stout Street Clinic	16,149	0	0	0
Summit Community Care Clinic	2,193	0	0	0
Sunrise Community Health Center	22,437	0	0	0
Uncompahgre Combined Clinics	1,576	0	0	0
Valley-Wide Health Systems	20,906	0	0	0
Total (Clinics)	300,358	-	-	-

CICP Hospital Providers				
Arkansas Valley Regional Medical Center	3,048	107	341	3.19
Aspen Valley Hospital	1,075	35	115	3.29
Boulder Community Hospital	3,032	316	1,397	4.42
Colorado Plains Medical Center	2,058	83	228	2.75
Community Hospital	1,789	112	306	2.73
Conejos County Hospital District	913	7	14	2.00
Delta County Memorial Hospital	419	64	201	3.14
East Morgan County Hospital	1,376	58	178	3.07
Estes Park Medical Center	1,099	24	83	3.46
Family Health West	111	1	2	2.00
Grand River Hospital	2,434	47	111	2.36
Gunnison Valley Hospital	426	12	33	2.75
Heart of the Rockies Regional Medical Center	2,605	88	307	3.49
Kremmling Memorial Hospital District	1,528	11	20	1.82
Longmont United Hospital	3,197	454	2,134	4.70
McKee Medical Center	5,818	393	1,152	2.93

Table 37 — Utiliztion by Provider, Continued

Provider Name	Visits	Admissions	Days	ALOS*
Medical Center of the Rockies	5,110	529	2,095	3.96
Melissa Memorial Hospital	758	5	18	3.60
Memorial Hospital	26,732	1,393	6,245	4.48
Mercy Regional Medical Center	521	101	476	4.71
Montrose Memorial Hospital	3,845	256	1,041	4.07
Mount San Rafael Hospital	3,331	97	246	2.54
North Colorado Medical Center	13,602	1,206	4,684	3.88
Parkview Medical Center	13,811	855	4,664	5.45
Penrose St. Francis Hospital	8,992	1,377	5,892	4.28
Pikes Peak Regional Hospital	1,163	33	110	3.33
Platte Valley Medical Center	2,637	267	763	2.86
Poudre Valley Hospital	14,636	1,019	3,809	3.74
Prowers Medical Center	1,942	48	152	3.17
Rio Grande Hospital	1,691	27	71	2.63
San Luis Valley Regional Medical Center	2,850	140	481	3.44
Sedgwick County Hospital	318	1	5	5.00
Southeast Colorado Hospital District	692	11	26	2.36
Southwest Memorial Hospital	2,370	38	104	2.74
Spanish Peaks Regional Health Center	246	20	68	3.40
St. Mary-Corwin Medical Center	9,738	570	2,213	3.88
St. Mary's Hospital and Medical Center, Inc.	6,736	484	2,104	4.35
St. Thomas More Hospital	3,124	141	528	3.74
St. Vincent General Hospital District	62	8	59	7.38
Sterling Regional Medical Center	2,521	98	267	2.72
The Memorial Hospital	971	45	151	3.36
Valley View Hospital	2,115	112	301	2.69
Wray Community District Hospital	287	0	0	0.00
Yampa Valley Medical Center	1,646	537	783	1.46
Yuma District Hospital	1,010	10	18	1.80
Sub-Total CICP Hospital Providers	164,385	11,240	43,996	3.91
CICP Specialty Hospital Providers				
National Jewish Health	14,184	0	0	0.00
Children's Hospital Colorado	2,074	118	507	4.30
Sub-Total CICP Specialty Hospital Providers	16,258	118	507	4.3
Denver Health Medical Center	134,521	3,711	18,640	5.02
University of Colorado Hospital	51,275	3,058	15,081	4.93
Total CICP Hospital Providers	366,439	18,127	78,224	4.32
Total All CICP Providers	666,797	18,127	78,224	4.32

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

Table 38 — Unduplicated Inpatient and Outpatient Count by Age Group

	Inpatient				Outpatient			
Provider Name	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
CICP Clinic Providers								
Basin Clinic	-	-	-	-	-	1	11	12
Clinica Campesina	-	-	-	-	3	37	6,737	6,777
Community Health Clinic	-	-	-	-	3	9	551	563
Custer County Medical Center	-	-	-	-	-	2	63	65
Denver Indian Health & Family Services	-	-	-	-	-	-	-	-
Grace Health Clinic	-	-	-	-	2	8	495	505
High Plains Community Health Center	-	-	-	-	3	42	1,312	1,357
Limon Plains Medical Center	-	-	-	-	21	119	1,222	1,362
Marillac Clinic	-	-	-	-	-	7	2,056	2,063
Metro Community Provider Network (MCPN)	-	-	-	-	66	312	12,451	12,829
Mountain Family Health Centers	-	-	-	-	10	30	1,419	1,459
NW Colorado Community Health Center	-	-	-	-	1	8	642	651
Olathe Community Clinic	-	-	-	-	-	2	215	217
Peak Vista Community Health Centers	-	-	-	-	456	2,313	16,548	19,317
Pueblo Community Health Center	-	-	-	-	7	48	5,998	6,053
Salud Family Health Centers	-	-	-	-	91	465	16,830	17,386
Sheridan Health Services	-	-	-	-	-	1	54	55
Stout Street Clinic	-	-	-	-	-	-	-	-
Summit Community Care Clinic	-	-	-	-	10	45	994	1,049
Sunrise Community Health Center	-	-	-	-	30	181	6,247	6,458
Uncompahgre Combined Clinics	-	-	-	-	3	11	380	394
Valley-Wide Health Systems	-	-	-	-	11	44	5,588	5,643
Total	0	0	0	0	717	3,685	79,813	84,215

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

	Inpatient				Outpatient			
Provider Name	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
CICP Hospital Providers								
Arkansas Valley Regional Medical Center	3	1	90	94	4	6	1,069	1,079
Aspen Valley Hospital	2	-	17	19	2	8	272	282
Boulder Community Hospital	2	1	270	273	5	24	1,447	1,476
Colorado Plains Medical Center	5	2	75	82	14	26	1,424	1,464
Community Hospital	-	2	93	95	2	35	949	986
Conejos County Hospital District	-	-	6	6	2	5	329	336
Delta County Memorial Hospital	1	3	60	64	2	13	405	420
East Morgan County Hospital	-	1	41	42	6	20	508	534
Estes Park Medical Center	-	-	3	3	-	7	476	483
Family Health West	-	-	1	1	-	-	86	86
Grand River Hospital	-	-	48	48	5	12	589	606
Gunnison Valley Hospital	-	-	10	10	1	7	188	196
Heart of the Rockies Regional Medical Center	6	1	69	76	12	16	896	924
Kremmling Memorial Hospital District	9	28	580	617	5	21	437	463
Longmont United Hospital	9	1	356	366	6	37	1,582	1,625
McKee Medical Center	9	3	295	307	21	43	2,065	2,129
Medical Center of the Rockies	11	5	326	342	37	84	2,583	2,704
Melissa Memorial Hospital	-	-	32	32	-	3	229	232
Memorial Hospital	3	139	1,002	1,144	62	1,820	8,620	10,502
Mercy Regional Medical Center	-	2	101	103	-	1	520	521
Montrose Memorial Hospital	2	3	190	195	10	24	1,310	1,344
Mount San Rafael Hospital	1	1	64	66	6	40	1,343	1,389
North Colorado Medical Center	34	5	854	893	62	160	4,470	4,692
Parkview Medical Center	1	4	711	716	25	68	4,748	4,841
Penrose St. Francis Hospital	43	2	706	751	29	73	3,487	3,589
Pikes Peak Regional Hospital	-	-	17	17	-	1	433	434
Platte Valley Medical Center	17	-	168	185	21	42	1,520	1,583
Poudre Valley Hospital	42	15	487	544	56	189	5,355	5,600
Prowers Medical Center	1	1	42	44	18	16	714	748

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

	Inpatient				Outpatient			
Provider Name	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
Rio Grande Hospital	-	-	23	23	12	6	538	556
San Luis Valley Regional Medical Center	-	-	80	80	3	14	1,449	1,466
Sedgwick County Hospital	-	-	1	1	-	-	73	73
Southeast Colorado Hospital District	-	-	9	9	1	2	196	199
Southwest Memorial Hospital	-	-	9	9	2	12	650	664
Spanish Peaks Regional Health Center	-	-	19	19	4	8	194	206
St. Mary-Corwin Medical Center	4	1	307	312	7	58	4,191	4,256
St. Mary's Hospital and Medical Center, Inc.	8	7	407	422	15	34	2,881	2,930
St. Thomas More Hospital	5	1	67	73	6	41	1,213	1,260
St. Vincent General Hospital District	-	-	7	7	1	-	31	32
Sterling Regional Medical Center	8	-	78	86	21	26	720	767
The Memorial Hospital	-	1	28	29	1	9	444	454
Valley View Hospital	4	4	59	67	9	26	704	739
Wray Community District Hospital	-	-	-	-	-	-	90	90
Yampa Valley Medical Center	1	5	382	388	3	3	469	475
Yuma District Hospital	1	-	9	10	5	21	373	399
Sub-Total CICP Hospital Providers	232	239	8,199	8,670	503	3,061	62,270	65,834
CICP Specialty Hospital Providers								
National Jewish Health	-	-	-	-	4	11	2,426	2,441
Children's Hospital Colorado	19	49	27	95	193	53	262	508
Sub-Total CICP Specialty Hospital Providers	19	49	27	95	197	64	2,688	2,949
Denver Health Medical Center	6	8	2,870	2,884	101	382	29,607	30,090
University of Colorado Hospital	24	7	2,279	2,310	9	247	19,075	19,331
Total CICP Hospital Providers	281	303	13,375	13,959	810	3,754	113,640	118,204
Total All CICP Providers	281	303	13,375	13,959	1,527	7,439	193,453	202,419

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

Table 39 — Unduplicated Total Count by Age Group

	Total			
Provider Name	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
CICP Clinic Providers				
Basin Clinic	-	1	11	12
Clinica Campesina	3	37	6,737	6,777
Community Health Clinic	3	9	551	563
Custer County Medical Center	-	2	63	65
Denver Indian Health & Family Services	-	-	-	-
Grace Health Clinic	2	8	495	505
High Plains Community Health Center	3	42	1,312	1,357
Limon Plains Medical Center	21	119	1,222	1,362
Marillac Clinic	-	7	2,056	2,063
Metro Community Provider Network (MCPN)	66	312	12,451	12,829
Mountain Family Health Centers	10	30	1,419	1,459
NW Colorado Community Health Center	1	8	642	651
Olathe Community Clinic	-	2	215	217
Peak Vista Community Health Centers	456	2,313	16,548	19,317
Pueblo Community Health Center	7	48	5,998	6,053
Salud Family Health Centers	91	465	16,830	17,386
Sheridan Health Services	-	1	54	55
Stout Street Clinic	-	-	-	-
Summit Community Care Clinic	10	45	994	1,049
Sunrise Community Health Center	30	181	6,247	6,458
Uncompahgre Combined Clinics	3	11	380	394
Valley-Wide Health Systems	11	44	5,588	5,643
Total CICP Clinic Providers	717	3,685	79,813	84,215

	Total			
Provider Name	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	7	7	1,111	1,125
Aspen Valley Hospital	4	8	289	301
Boulder Community Hospital	6	25	1,579	1,610
Colorado Plains Medical Center	18	28	1,500	1,546
Community Hospital	2	36	994	1,032
Conejos County Hospital District	2	5	329	336
Delta County Memorial Hospital	3	16	464	483
East Morgan County Hospital	6	21	549	576
Estes Park Medical Center	-	7	479	486
Family Health West	-	-	87	87
Grand River Hospital	5	12	597	614
Gunnison Valley Hospital	1	7	198	206
Heart of the Rockies Regional Medical Center	2	2	216	220
Kremmling Memorial Hospital District	9	28	580	617
Longmont United Hospital	15	38	1,938	1,991
McKee Medical Center	30	46	2,360	2,436

Table 39 — Unduplicated Total Count by Age Group, Continued

Medical Center of the Rockies	48	89	2,909	3,046
Melissa Memorial Hospital	-	1	97	98
Memorial Hospital	65	1,872	8,946	10,883
Mercy Regional Medical Center	-	3	621	624
Montrose Memorial Hospital	11	27	1,364	1,402
Mount San Rafael Hospital	7	42	1,406	1,455
North Colorado Medical Center	96	165	5,324	5,585
Parkview Medical Center	26	72	5,009	5,107
Penrose St. Francis Hospital	72	75	4,193	4,340
Pikes Peak Regional Hospital	-	1	450	451
Platte Valley Medical Center	38	42	1,688	1,768
Poudre Valley Hospital	98	204	5,842	6,144
Prowers Medical Center	19	17	756	792
Rio Grande Hospital	12	6	547	565
San Luis Valley Regional Medical Center	3	14	1,529	1,546
Sedgwick County Hospital	-	-	74	74
Southeast Colorado Hospital District	1	2	205	208
Southwest Memorial Hospital	2	12	659	673
Spanish Peaks Regional Health Center	4	8	213	225
St. Mary-Corwin Medical Center	11	59	4,498	4,568
St. Mary's Hospital and Medical Center, Inc.	21	39	3,022	3,082
St. Thomas More Hospital	11	42	1,280	1,333
St. Vincent General Hospital District	1	-	35	36
Sterling Regional Medical Center	29	26	798	853
The Memorial Hospital	1	10	472	483
Valley View Hospital	13	30	763	806
Wray Community District Hospital	-	-	90	90
Yampa Valley Medical Center	4	6	678	688
Yuma District Hospital	6	21	382	409
Sub-Total CICP Hospital Providers	709	3,171	67,120	71,000

CICP Specialty Hospital Providers				
National Jewish Health	4	11	2,426	2,441
Children's Hospital Colorado	212	102	289	603
Sub-Total CICP Specialty Hospital Providers	216	113	2,715	3,044

Denver Health Medical Center	104	388	30,341	30,833
University of Colorado Hospital	36	250	19,071	19,357

Total CICP Hospital Providers	1,065	3,922	119,247	124,234
Total All CICP Providers	1,782	7,607	199,060	208,449

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.