



COLORADO

MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM FISCAL YEAR 2011-12 ANNUAL REPORT

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MEDICALLY INDIGENT AND COLORADO INDIGENT CARE PROGRAM FISCAL YEAR 2011-12 ANNUAL REPORT

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EXECUTIVE SUMMARY

The Department of Health Care Policy and Financing (the Department) has prepared this annual report concerning the structure, policy, statistics and payments related to the [Colorado Indigent Care Program \(CICP\)](#). The CICP is a financing mechanism to provide a partial solution to the health care needs of Colorado's medically indigent citizens. In FY 2011-12 total payments made to providers serving the medically indigent equaled \$318,203,207 and were distributed as follows:

Hospital Payments

▶ CICP Supplemental Medicaid Payments	\$138,709,766
▶ CICP Disproportionate Share Hospital Payments	\$149,923,681
▶ Health Care Services Fund	\$4,702,000
Total CICP Hospital Payments	\$293,335,447

Clinic Payments

▶ The Children's Hospital Payments	\$6,059,760
▶ Health Care Services Fund	\$18,808,000
Total CICP Clinic Payments	\$24,867,760

In FY 2011-12 the number of individuals served under the CICP was 220,934, a 2.2% decrease from the previous year. Overall, the number of total inpatient hospital admissions decreased by 4.3% while the number of outpatient visits decreased by 2.3%.

In FY 2011-12 the CICP Clinics were reimbursed at 55.2% of indigent care costs, while all CICP Hospitals were reimbursed at 56.6% of indigent care costs. Denver Health Medical Center received 54.4% reimbursement relative to indigent care costs, and University of Colorado Hospital was reimbursed 45.8% of indigent care costs.

Overall, total payments to CICP providers decreased 2.3% over FY 2010-11. Reimbursements to CICP Clinics declined by 16.5% and reimbursements to all CICP Hospitals decreased by 0.8%.

Reimbursement to CICP Clinics included appropriated funds to the Health Care Services Fund pursuant to Senate Bill (SB) 11-219. Without SB 11-219, reimbursement to CICP Clinics in FY 2011-12 would have totaled \$6,059,760.

While slightly lower than last year, hospital reimbursement remains higher than in years past due to the implementation of the [Colorado Health Care Affordability Act \(CHCAA\)](#). The CHCAA authorized the Department to collect a fee from hospital providers to increase Medicaid and CICP payments to hospitals and expand coverage under public health care programs. In FY 2011-12, more than \$896 million was paid to hospitals, including reimbursement of more than \$288 million for hospitals participating in the CICP.

INTRODUCTION

The Department of Health Care Policy and Financing (the Department) prepares this report pursuant to Section 25.5-3-107, C.R.S. (2012). This annual report concerning the status of the medically indigent program is delivered each February 1st to the Senate Health and Human Services Committee and the House Public Health Care and Human Services Committee of the Colorado General Assembly. The report is prepared following consultation with providers in the program, organizations, individuals and State agencies deemed appropriate by the executive director in order to obtain comprehensive and objective information about the program.

This report includes:

- ▶ Eligibility requirements and utilization data
- ▶ Provider participation requirements and utilization data
- ▶ A standardized ability-to-pay schedule and copayment requirements
- ▶ Methods for allocation and disbursement of funds
- ▶ Sources of funding (including an overview of the Colorado Health Care Affordability Act)
- ▶ Medical services provided to medically indigent clients during FY 2011-12
- ▶ Plans for future years
- ▶ Program definitions

CICP PROGRAM ADMINISTRATION

PROGRAM OVERVIEW

The Colorado General Assembly enacted the “Reform Act for the Provision of Health Care for the Medically Indigent” in 1983. This law made it possible to use state funds to partially reimburse providers for services provided to the State’s medically indigent residents. This article was amended in 2006 and now stands as the enactment of the “Colorado Indigent Care Program.” Part 1 of Article 3 in Title 25.5, is where the program’s enabling legislation resides. The following segment of the legislative declaration at Section 25.5-3-102, C.R.S. (2012) 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 CICIP

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

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

Two of the health coverage expansions under CHCAA in particular affect CICIP clients: 1) the expansion of Medicaid parents up to 100% of the FPL, and 2) coverage for [Adults without Dependent Children \(AwDC\)](#) up to 100% of the FPL. On May 1, 2010, the population expansion for Medicaid Parents to 100% of the FPL was implemented, and 39,689 Medicaid Parents were enrolled as of September 2012. The AwDC Medicaid expansion was implemented in April 2012, and limited to 10,000 individuals with incomes up to 10% of the FPL. The Department maintains a waitlist for eligible applicants and enrolls qualified applicants as space becomes available. Individuals that have been placed on the waitlist for AwDC will continue to be eligible for discounted health care services under CICIP. On January 1, 2014, all individuals on the waitlist will be automatically enrolled in Medicaid, when Medicaid coverage for adults up to 133% of the FPL under the ACA is implemented.

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

The Department continues to actively engage stakeholders to explore possibilities for CICIP with the implementation of the CHCAA and the ACA.

STAKEHOLDER COLLABORATION

ANNUAL PROVIDER MEETING

The Department convenes an annual provider meeting to obtain provider input on various topics related to the CICIP. The Department held the annual provider meeting in March 2012. The following is an overview of major discussion topics from the annual provider meeting.

- ▶ Implementation of Medicaid benefits for the AwDC population. The Department presented an overview of the enrollment and waitlist process for the AwDC expansion and noted that individuals on the waitlist may be eligible for CICIP. The Department encouraged participants to refer potentially eligible persons to apply for AwDC.
- ▶ CICIP and the ACA. The Department led providers in a discussion about how CICIP should evolve with the expansion of Medicaid under ACA. Participants suggested that no changes be made to CICIP until the Medicaid expansions have been implemented and there has been some time to assess the impact to the number of CICIP clients. Participants also suggested that the Department explore how CICIP funds could cover more services or more persons in the future.
- ▶ Other topics included a presentation of the FY 2010-11 CICIP Annual Report, the Department's goals and strategies, and overviews of the Department's legislative initiatives and FY 2012-13 budget.

CICIP STAKEHOLDER FORUM

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

The Department receives input from CICIP Stakeholders as it considers policy changes. With input from stakeholders, during FY 2011-12 the Department set consistent copayment amounts for emergency transportation, sleep studies and catherization laboratory services, added copayments for radiology and imaging, and clarified copayment definitions. The Stakeholder Forum was also instrumental in changing the annual copayment cap from a calendar year basis to a date of application basis. The Stakeholder Forum will be a valuable partner in guiding the CICIP as health care expansion programs are implemented. Notes from forum meetings and other information are communicated via the CICIP newsletter and the Department's Web site.

CICIP COMMUNICATION

The Department publishes a quarterly [newsletter](#) that provides CICIP providers and stakeholders with updates on CICIP policies and other Department news. The Department also publishes an annual [CICIP Provider Manual](#) that details program requirements, including determining an applicant's eligibility for CICIP, and is a comprehensive program resource for providers. The quarterly newsletter and Provider Manual are also published on the [Department's Web site](#).

CLIENTS

ELIGIBILITY REQUIREMENTS AND ABILITY-TO-PAY

Participating hospitals and clinics administer enrollment into the CICIP. Eligibility technicians at the CICIP provider locations complete the client applications and determine eligibility for the program using criteria developed by the Department. Clients must not be eligible for Medicaid or CHP+. Clients can have other third party insurance that must be billed prior to applying the CICIP copayment to medical services. To be eligible for services discounted under the CICIP, 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 HB 06S-1023 and HB 07-1314, all new applicants and clients reapplying for CICIP aged 18 years and older must sign an affidavit indicating their citizenship status and provide acceptable documentation demonstrating that they are either a U.S. citizen or otherwise lawfully residing in the country. Applicants who do not provide a permissible document from the acceptable list may apply for a “Request for Waiver-Restrictions on Public Benefits” from the [Department of Revenue](#). Applicants without acceptable documentation who are U.S. citizens or U.S. nationals may sign a self-declaration statement to satisfy the evidence of lawful presence requirement.

In order to qualify to receive discounted services under the CICIP, a person must have income and assets combined at or below 250% of the FPL. 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, 2011 - March 31, 2012**

Family Size	Z	N	A	B
1	\$0 – \$4,356	\$0 – \$4,356	\$4,357 - \$6,752	\$6,753 - \$8,821
2	\$0 – \$5,884	\$0 – \$5,884	\$5,885 - \$9,120	\$9,121 - \$11,915
3	\$0 – \$7,412	\$0 – \$7,412	\$7,413 - \$11,489	\$11,490 - \$15,009
4	\$0 – \$8,940	\$0 – \$8,940	\$8,941 - \$13,857	\$13,858 - \$18,104
5	\$0 – \$10,468	\$0 – \$10,468	\$10,469 - \$16,225	\$16,226 - \$21,198
6	\$0 – \$11,996	\$0 – \$11,996	\$11,997 - \$18,594	\$18,595 - \$24,292
7	\$0 – \$13,524	\$0 – \$13,524	\$13,525 - \$20,962	\$20,963 - \$27,386
8	\$0 – \$15,052	\$0 – \$15,052	\$15,053 - \$23,331	\$23,332 - \$30,480
Poverty Level*	40% & Homeless	40%	62%	81%

Family Size	C	D	E	F
1	\$8,822 - \$10,890	\$10,891 - \$12,741	\$12,742 - \$14,484	\$14,485 - \$17,315
2	\$11,916 - \$14,710	\$14,711 - \$17,211	\$17,212 - \$19,564	\$19,565 - \$23,389
3	\$15,010 - \$18,530	\$18,531 - \$21,680	\$21,681 - \$24,645	\$24,646 - \$29,463
4	\$18,105 - \$22,350	\$22,351 - \$26,150	\$26,151 - \$29,726	\$29,727 - \$35,537
5	\$21,199 - \$26,170	\$26,171 - \$30,619	\$30,620 - \$34,806	\$34,807 - \$41,610
6	\$24,293 - \$29,990	\$29,991 - \$35,088	\$35,089 - \$39,887	\$39,888 - \$47,684
7	\$27,387 - \$33,810	\$33,811 - \$39,558	\$39,559 - \$44,967	\$44,968 - \$53,758
8	\$30,481 - \$37,630	\$37,631 - \$44,027	\$44,028 - \$50,048	\$50,049 - \$59,832
Poverty Level*	100%	117%	133%	159%

Family Size	G	H	I
1	\$17,316 - \$20,147	\$20,148 - \$21,780	\$21,781 - \$27,225
2	\$23,390 - \$27,214	\$27,215 - \$29,420	\$29,421 - \$36,775
3	\$29,464 - \$34,281	\$34,282 - \$37,060	\$37,061 - \$46,325
4	\$35,538 - \$41,348	\$41,349 - \$44,700	\$44,701 - \$55,875
5	\$41,611 - \$48,415	\$48,416 - \$52,340	\$52,341 - \$65,425
6	\$47,685 - \$55,482	\$55,483 - \$59,980	\$59,981 - \$74,975
7	\$53,759 - \$62,549	\$62,550 - \$67,620	\$67,621 - \$84,525
8	\$59,833 - \$69,616	\$69,617 - \$75,260	\$75,261 - \$94,075
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 September 8, 2011

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
Z	40%	\$15	\$7	\$7	\$15	\$5
N	62%	\$65	\$35	\$15	\$25	\$10
A	81%	\$105	\$55	\$15	\$25	\$10
B	100%	\$155	\$80	\$20	\$30	\$15
C	117%	\$220	\$110	\$20	\$30	\$15
D	133%	\$300	\$150	\$25	\$35	\$20
E	159%	\$390	\$195	\$25	\$35	\$20
F	185%	\$535	\$270	\$35	\$45	\$30
G	200%	\$600	\$300	\$35	\$45	\$30
H	250%	\$630	\$315	\$40	\$50	\$35
I	40%	\$0	\$0	\$0	\$0	\$0

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 setting (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.

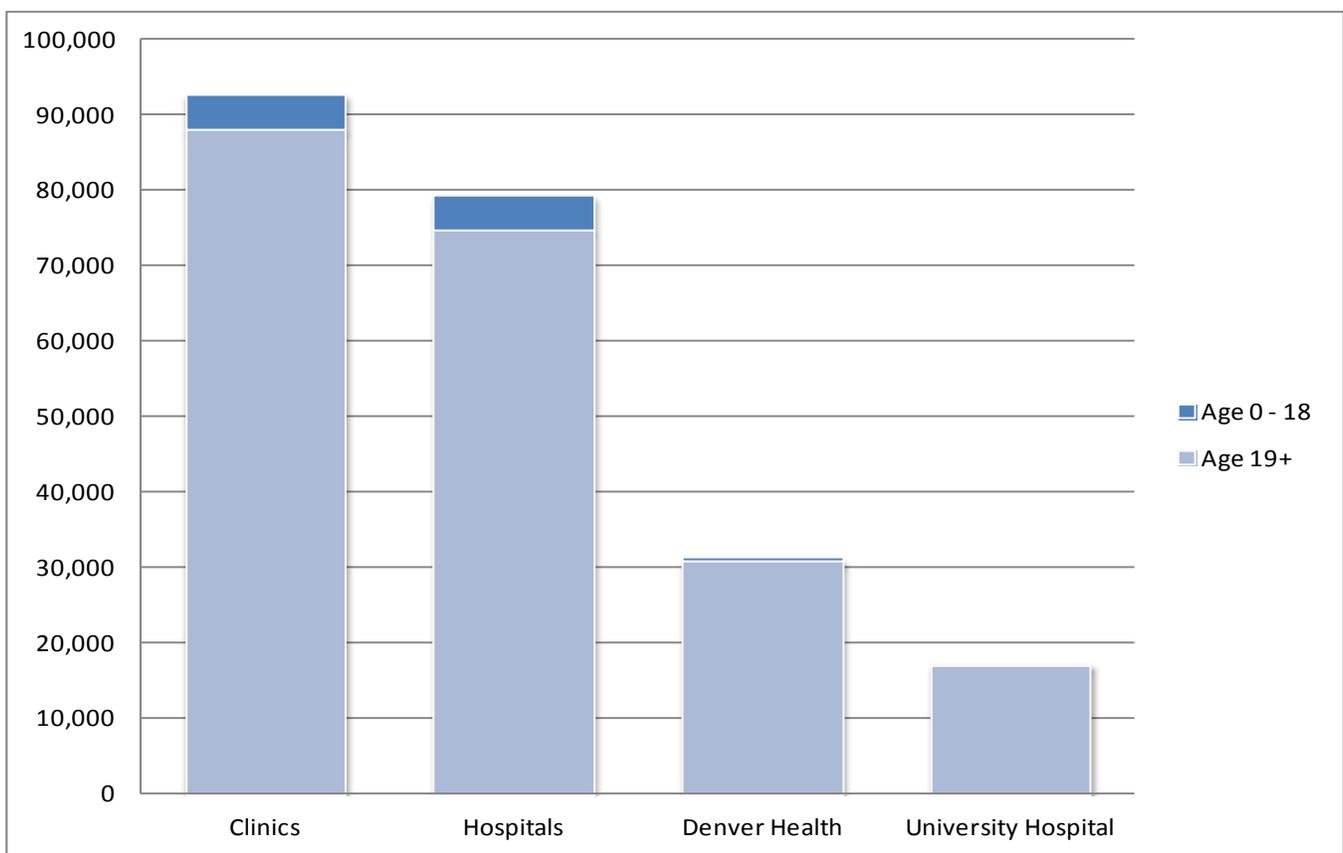
CLIENT UTILIZATION

CLIENTS SERVED

During FY 2011-12, there were 220,934 unduplicated clients who received services through the CICP. This represents a 2.2 % decrease from the 225,906 unduplicated clients assisted in FY 2010-11. Overall, the program provided 14,983 unduplicated clients with inpatient care, while 213,903 received outpatient services in FY 2011-12.¹

Tables 38 and 39 provide a detailed overview by provider of the total number of unduplicated clients served. The provider group which served the greatest number of unique clients was CICP Clinics (42.0%), while Denver Health Medical Center was the largest individual provider. Denver Health Medical Center provided care to 31,394, or 14.21%, of all unduplicated individuals receiving discounted medical care under the CICP.

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



Children represented 4.7% of the total unique population receiving services. The total unduplicated count of children receiving care under the CICP decreased by 14.5% in FY 2011-12, relative to the FY 2010-11 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 2011-12 is a direct result of increasing CHP+ eligibility from 205% to 250% of the federal poverty level under the CHCAA.

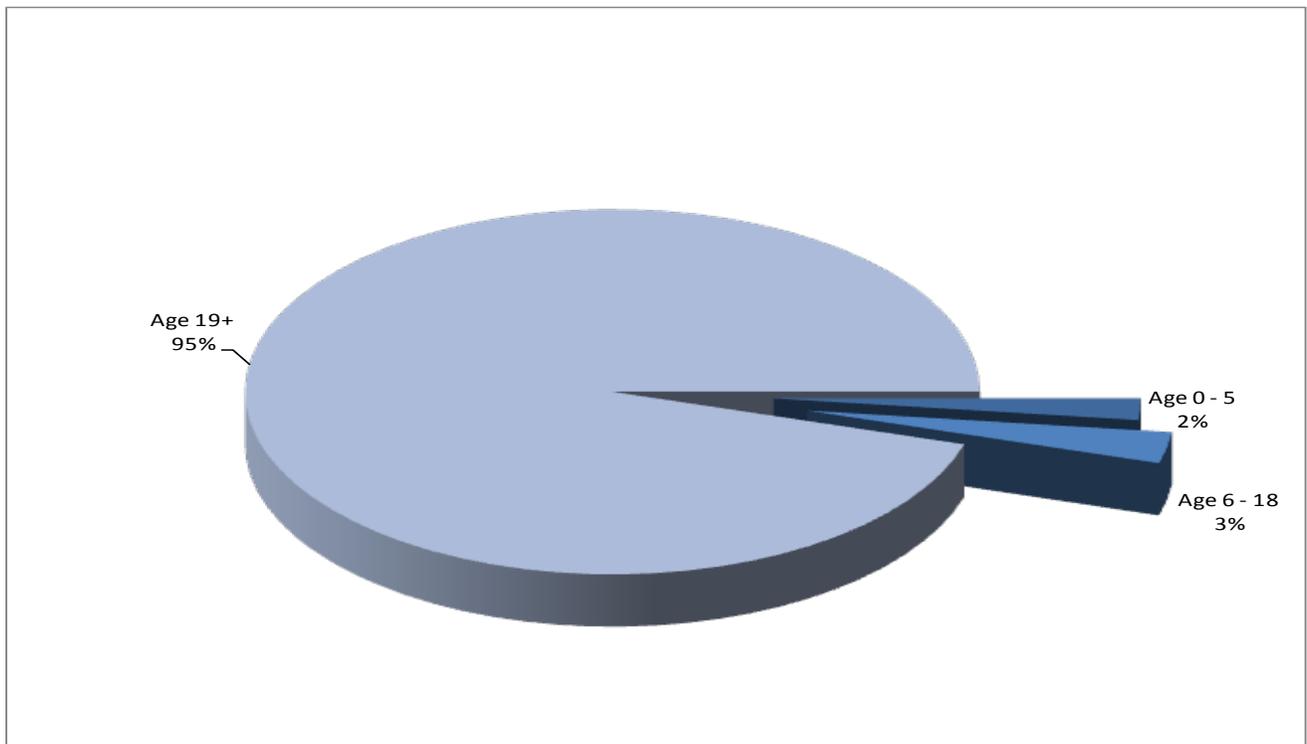
¹ Since this count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

INPATIENT CARE

Providers reported that 14,983 unique individuals received inpatient care through the CICP in FY 2011-12. This represented a 4.9% decrease from the previous fiscal year figure of 15,750.

Denver Health and Medical Center provided care to 24.6% of the individuals who received inpatient services, and the University Hospital provided care to 15.1%.

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



INPATIENT ADMISSIONS

In FY 2011-12, there were 20,889 admissions reported by CICIP providers, representing a decrease of 4.3% from the 21,831 admissions recorded in the previous year.

- ▶ During FY 2011-12, persons aged 18 or older accounted for 97.8% of all inpatient services.
- ▶ Total inpatient days totaled 92,534 in FY 2011-12, a 4.0% decrease from the FY 2010-11 count of 96,377.
- ▶ Inpatient charges accounted for 48.8% of total charges in FY 2011-12.
- ▶ Inpatient services were distributed in the following manner:
 - Denver Health Medical Center: 24.3%
 - University of Colorado Hospital: 15.5%
 - All other CICIP Hospitals: 60.2%

Table 3 illustrates the number of inpatient admissions over the past three years. Overall inpatient admissions for all CICIP providers decreased by 3.3% since FY 2009-10, with a 4.3% decrease from the previous fiscal year.

Table 3 — Comparison of Inpatient Admissions

CICP Provider	FY 2009-10 Inpatient Admissions	Percent Change	FY 2010-11 Inpatient Admissions	Percent Change	FY 2011-12 Inpatient Admissions	Percent Change
CICP Hospitals*	13,838	15.4%	13,684	-1.1%	12,835	-6.2%
Denver Health	5,311	-3.4%	5,484	3.3%	4,982	-9.2%
University Hospital	2,462	15.7%	2,663	8.2%	3,072	15.4%
Total	21,611	18.4%	21,831	1.0%	20,889	-4.3%

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

*Includes CICIP specialty hospital providers

As shown in Table 4, the number of inpatient days decreased from 96,377 in FY 2010-11 to 92,534 in FY 2011-12. This represents a decrease of 4.0%, following a 4.9% increase in the previous fiscal year. Overall, the total number of inpatient days has increased by 0.7% since FY 2009-10. Denver Health Medical Center had a decrease in inpatient days in FY 2011-12 of 7.4%, following a 4.6% decrease in FY 2010-11. University of Colorado Hospital had an increase of 5.0% in FY 2011-12, following an increase of 13.0% in the prior fiscal year.

Table 4 — Comparison of Inpatient Days

CICP Provider	FY 2009-10 Inpatient Days	Percent Change	FY 2010-11 Inpatient Days	Percent Change	FY 2011-12 Inpatient Days	Percent Change
CICP Hospitals*	54,362	12.4%	58,461	7.5%	55,727	-4.7%
Denver Health	25,438	-2.7%	24,256	-4.6%	22,463	-7.4%
University Hospital	12,087	7.7%	13,655	13.0%	14,344	5.0%
Total	91,887	7.2%	96,377	4.9%	92,534	-4.0%

Source: Analysis of Table 37, Utilization Data FY 2008-09, FY 2009-10, and FY 2010-11 CICP Annual Reports

*Includes CICP speciality hospital providers

The following two tables identify the top ten admitting diagnoses at the Denver Health Medical Center and University of Colorado Hospital for FY 2011-12. “Other Diseases of the Digestive System” accounted for 18.7% of the top ten diagnoses and was the number one most prevalent inpatient diagnosis at Denver Health Medical Center in FY 2011-12, slightly higher than “Other Psychosis” (17.7%), which has been the leading inpatient diagnosis in years past.

Alcohol abuse is a leading cause of diseases to the digestive system, which includes chronic liver disease. 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 49.5% of all inpatient admissions at the facility.

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

	Diagnosis Description	Claim Count
1	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	462
2	Other Psychoses (Includes: Schizophrenic Disorders, Manic Depressive, Bipolar Affective Disorder, Paranoid States, Depression)	437
3	Organic Psychotic Conditions (Includes: Senile and Presenile Organic Psychotic Conditions, Dementia, Alcoholic and Drug Psychoses)	292
4	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	240
5	Intestinal Infectious diseases (Includes : E. Coli, Shigellosis, Staphylococcus, Salmonella Infections, Food Poisoning)	223
6	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	195
7	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	183
8	Infections of Skin and Subcutaneous Tissue (Includes: Carbuncle and Furuncle, Cellulitis and Abscess, Impetigo, Local Infections of the Skin)	173
9	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)	136
10	Diseases of Esophagus, Stomach, and Duodenum (Includes: Diseases of the Esophagus, Gastric Ulcer, Duodenum Ulcer, Peptic Ulcer, Gastrojejunal Ulcer, Gastritis and Duodenitis, Disorders of Function of Stomach, Other Disorders of Stomach and Duodenum)	124
Total Top Ten Inpatient Diagnoses Admission Count		2,465
Percent of All Denver Health Medical Center Inpatient Admissions		49.5%

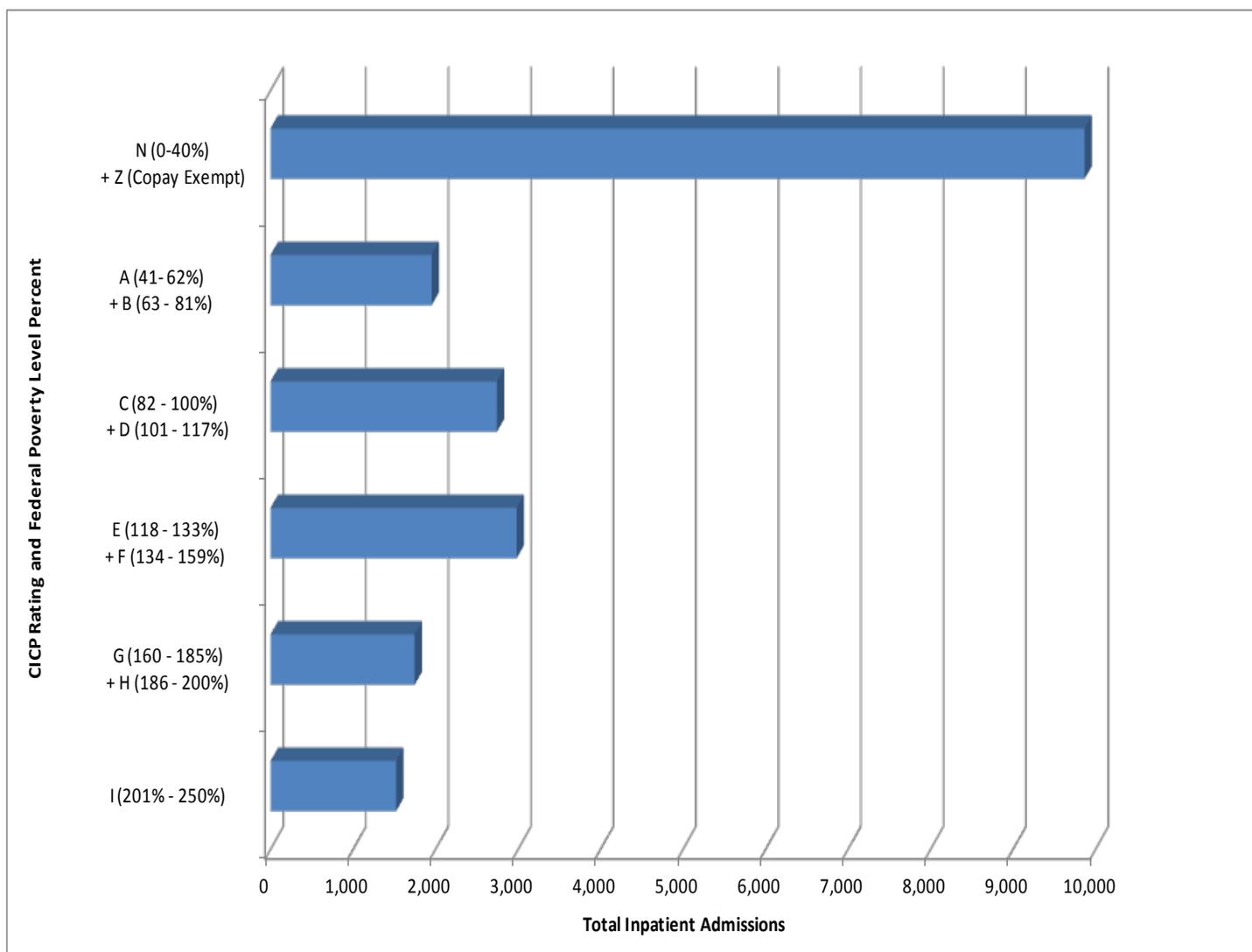
In FY 2010-11 and in FY 2011-12, “Other Diseases of Digestive System” was the number one reported admitting diagnosis at University of Colorado Hospital, representing 16.0% of the top ten diagnoses in FY 2011-12. Overall, the following top ten diagnoses accounted for 45.0% of all inpatient admissions at University of Colorado Hospital. Denver Health Medical Center and University of Colorado Hospital shared five similar top ten inpatient diagnoses.

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

	Diagnosis Description	Claim Count
1	Other Diseases of Digestive System (Includes: Chronic Liver Disease, Acute Gallbladder Disorders, Diseases of the Pancreas, Gastrointestinal Hemorrhage)	221
2	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	215
3	Symptoms (Includes: Symptoms in Alteration of Consciousness, Nervous System, Skin, Metabolism, Head and Neck, Cardiovascular System, Respiratory System, Digestive System, Urinary System)	178
4	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	146
5	Other Bacterial Diseases (Includes: Streptococcal Sore Throat and Scarlet Fever, Whooping Cough, Meningococcal Infection, Tetanus)	146
6	Complications of Surgical and Medical Care, Not Elsewhere Classified (Includes: Mechanical Complication of Cardiac Device, Genitourinary Device or Orthopedic Device; Infection Due to Internal Prosthetic Device; Complication of Transplanted Organ)	133
7	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)	92
8	Ischemic Heart Disease (Includes: Acute Myocardial Infarction, Angina Pectoris, Coronary Atherosclerosis)	91
9	Other Diseases of Intestines and Peritoneum (Includes: Intestinal Obstruction without mention of hernia, Intussusceptions, Impaction of Intestine)	80
10	Chronic Obstructive Pulmonary Disease and Allied Conditions (Includes: Bronchitits, Emphysema, Asthma)	79
Total Top Ten Inpatient Diagnoses Admission Count		1,381
Percent of All University of Colorado Hospital Inpatient Admissions		45.0%

Figure 3 shows the total inpatient admissions by CICP rating and FPL percentage for FY 2011-12. Of the total inpatient admissions, 63.2% 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 47.2% of inpatient admissions, followed by the CICP F-rating (8.2%), CICP C-rating (6.6%), and the CICP D-rating (6.5%). Since FY 2004-05, the distribution of inpatient admissions for individuals living at or under 100% FPL has remained relatively constant.

Figure 3 — Inpatient Admissions by CICP Rating

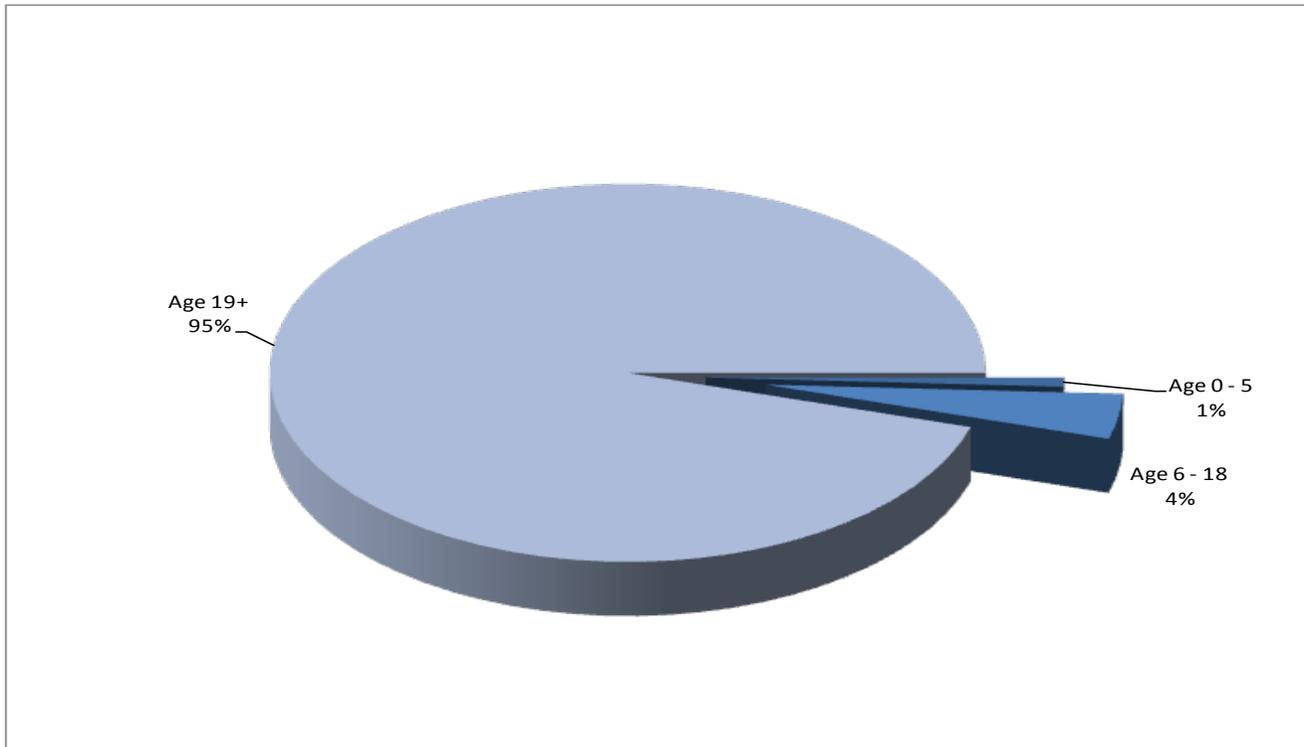


OUTPATIENT CARE

Providers reported that 213,903 unique clients received outpatient care through the CICIP in FY 2011-12. This represented a 0.6% decrease from the previous fiscal year figure of 215,219 individuals.

CICIP Clinics provided care to 43.4% of the total unduplicated client count for outpatient visits. Denver Health Medical Center provided care to 14.3% of the total unduplicated client count for outpatient visits with University of Colorado Hospital providing care to 7.8%. All other CICIP Hospitals accounted for 34.5% of the total unduplicated client count for outpatient visits.

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



OUTPATIENT VISITS

The 213,903 clients who received outpatient services in FY 2011-12 resulted in 707,228 visits to CICP providers. Additional details about outpatient visits in FY 2011-12 include:

- ▶ Total outpatient activity decreased 2.3% from the 724,148 visits in FY 2010-11.
- ▶ Outpatient visits accounted for 51.2% of all charges for FY 2011- 12.
- ▶ Persons age 18 or older accounted for 695,776 or 98.4% of all outpatient visits.
- ▶ Outpatient services were distributed in the following manner:
 - CICP Clinics: 45.2%
 - Denver Health Medical Center: 20.0%
 - University of Colorado Hospital: 7.2%
 - All other CICP Hospitals: 27.6%

As shown in Table 7, the overall number of outpatient visits decreased 2.3% from FY 2010-11 to FY 2011-12. Denver Health Medical Center showed a 16.6% decline in outpatient visits, and University of Colorado Hospital showed an decrease of 3.6% during the same time period. All other CICP Hospitals showed an increase of 3.3% and CICP Clinics had an increase in visits of 2.2%.

Table 7 — Comparison of Outpatient Visits

CICP Provider	FY 2009-10 Outpatient Visits	Percent Change	FY 2010-11 Outpatient Visits	Percent Change	FY 2011-12 Outpatient Visits	Percent Change
CICP Clinics	299,909	8.5%	312,551	6.2%	319,518	2.2%
CICP Hospitals*	178,667	16.0%	189,126	9.3%	195,278	3.3%
Denver Health	174,835	3.8%	169,879	-18.9%	141,743	-16.6%
University Hospital	49,935	19.9%	52,592	1.5%	50,689	-3.6%
Total	703,346	9.8%	724,148	0.4%	707,228	-2.3%

Source: Analysis of Table 37, Utilization Data FY 2008-09, FY 2009-10, and FY 2010-11 CICP Annual Reports

*Includes CICP speciality hospital providers

The most common diagnosis at Denver Health Medical Center for an outpatient visit was categorized under “Symptoms,” followed by “Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders.” The top ten outpatient diagnoses at Denver Health Medical Center accounted for more than half (59.8%) 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)	15,692
2	Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Mental Disorders (Includes: Hysteria, Anxiety States, Phobic Disorders, Schizoid Personality Disorder, Alcohol and Drug Dependence, Eating Disorders)	13,667
3	Persons Encountering Health Services for Specific Procedures and Aftercare (Includes: Fitting Prosthetic Device, Implant or Other Device, Other Orthopedic Aftercare, Attention to Artificial Openings, Encounter for Dialysis, Donors)	13,056
4	Persons Without Reported Diagnosis Encountered During Examination (Includes: General Medical Examination, Screenings for Infectious Diseases, Screening for Mental Disorders)	11,134
5	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	7,130
6	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	6,178
7	Hypertensive Disease (Includes: Hypertensive Heart and Renal Disease, Myocardial Infarction, Chronic Heart Disease)	4,748
8	Dorsopathies (Includes: Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	4,610
9	Intestinal Infectious diseases (Includes : E. Coli, Shigellosis, Staphylococcus, Salmonella Infections, Food Poisoning)	4,434
10	Disorders of the Eye and Adnexa (Includes: Disorders of the Globe, Retinal Detachments and Defects, Other Retinal Disorders, Chorioretinal Inflammations, Scars and Other Disorders of the Choroid)	4,068
Total Top Ten Outpatient Diagnoses Visit Count		84,717
Percent of All Denver Health Medical Center Outpatient Visits		59.8%

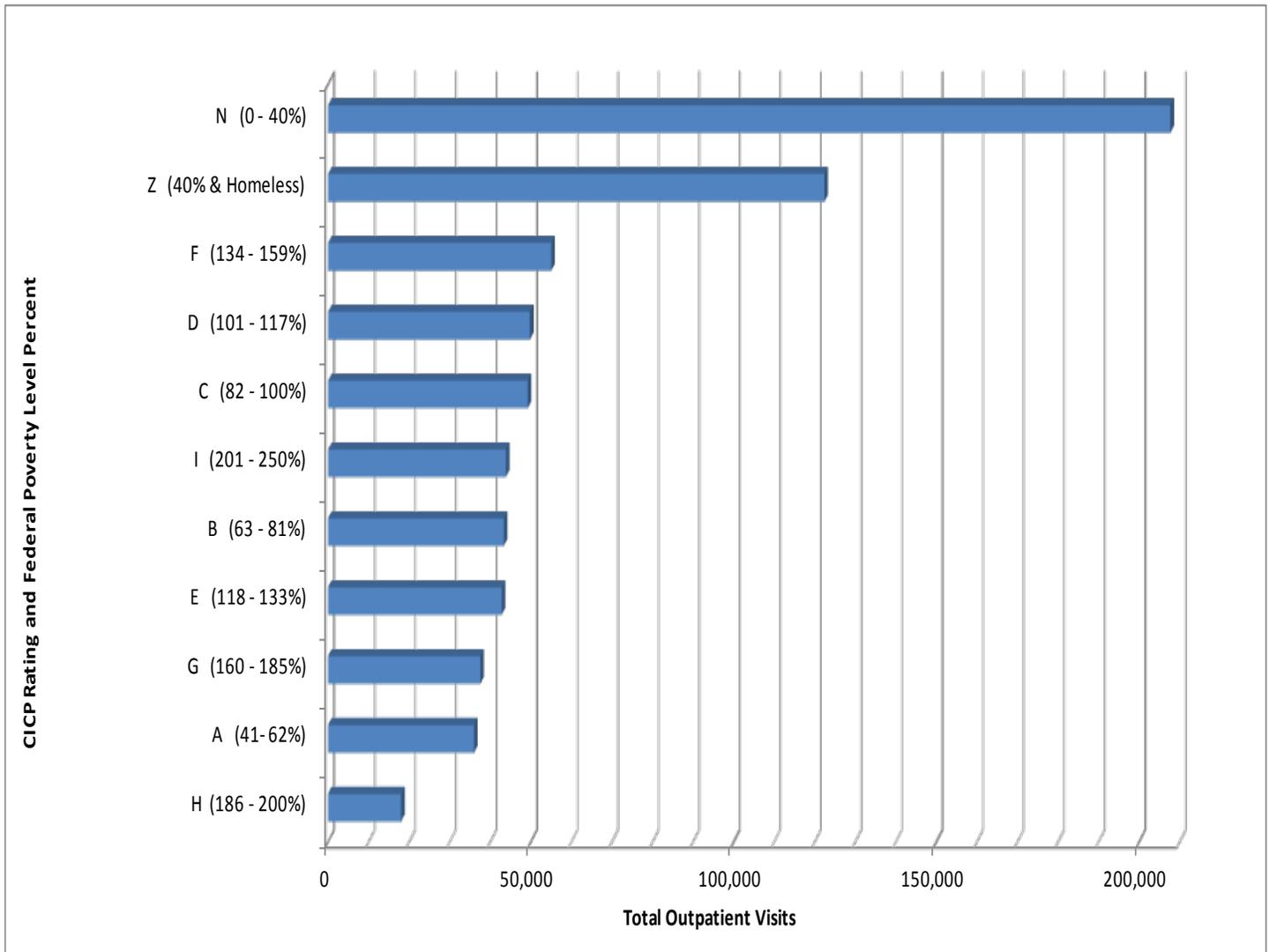
Table 9 lists the FY 2011-12 top ten outpatient diagnosis codes at University of Colorado Hospital, which accounted for 43.2% of the facility's outpatient visits. The most common diagnosis at University of Colorado Hospital for an outpatient visit was categorized under "Symptoms," followed by "Persons Encountering Health Services for Specific Procedures and Aftercare." The claim count for the top ten outpatient diagnoses at University of Colorado Hospital increased 10.5% from the FY 2010-11 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)	6,057
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)	3,869
3	Arthropathies and Related Disorders (Includes: Diseases of Connective Tissue, Rheumatoid Arthritis, Osteoarthritis)	2,029
4	Diseases of Other Endocrine Glands (Includes: Diabetes Mellitus, Disorders of Parathyroid Gland, Disorders of Pituitary Gland, Disorders of Thymus Gland, Ovarian Dysfunction)	1,647
5	"Malignant neoplasm of lymphatic and hematopoietic tissue (includes: Lymphomas and Leukemia)"	1,269
6	Dorsopathies (Includes: Spondylitis, Intervertebral Disc Disorders, Other Disorders of Cervical Region)	1,468
7	Other Forms of Heart Disease (Includes: Acute Pericarditis, Acute Myocarditis, Heart Failure)	1,181
8	Other Disorders of the Central Nervous System (Includes: Multiple Sclerosis, Hemiplegia and Hemiparesis, Epilepsy, Migraine, and Other and Unspecified Disorders of the Nervous System)	1,531
9	Persons With Need for Isolation, Other Potential Health Hazards and Prophylactic Measures (Includes: Desensitization to Allergens, Asymptomatic Human Immunodeficiency Virus, Infections with Drug-Resistant Microorganisms)	1,754
10	Other Diseases of Urinary System (Including: Infections of Kidney, Calculus of Kidney and Ureter, Other Disorders of Kidney and Ureter, Cystitis, Other Disorders of Bladder, Urethritis, Other Disorders of Urethra and Urinary Tract)	1,100
Total Top Ten Outpatient Diagnoses Visit Count		21,905
Percent of All University of Colorado Hospital Outpatient Visits		43.2%

In FY 2011-12, clients with ratings at or below 100% of the FPL (CICP Z, N, A, B, or C ratings) accounted for 64.9% of outpatient visits, with the number of visits from those with these ratings increasing 32.6% from the total in FY 2010-11. The following figure shows outpatient utilization by CICP rating for FY 2011-12. Clients with CICP N and Z ratings, covering clients with income and assets from 0% to 40% of the FPL, accounted for 46.7% of outpatient visits, followed by clients with a CICP F rating (7.8%), clients with a CICP D rating and C rating (7.0%),

Figure 5 — Outpatient Visits by CICP Rating



PROVIDERS

PROVIDER REQUIREMENTS

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

1. Licensed or certified as a general hospital, community health clinic or maternity hospital (birth center) by the [Department of Public Health and Environment \(DPHE\)](#), or
2. A federally qualified health center, as defined in section 1861 (aa) (4) of the federal “Social Security Act”, 42 U.S.C sec. 1395x (aa)(4), or
3. A rural health clinic, as defined in section 1861 (aa) (2) of the federal “Social Security Act”, 42 U.S.C sec. 1395x (aa) (2).
4. Assure that emergency care is available to all CICIP clients throughout the contract year.
5. If the provider is a hospital, the hospital must have at least two 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 2011-12 Annual Report, the CICIP providers are identified in the following categories by funding appropriation:

- ▶ CICIP Clinics – clinics outside the geographic area of the City and County of Denver, except for the Colorado Coalition for the Homeless, which is a Specialty Clinic operating within the City and County of Denver. For the purpose of this report, Colorado Coalition for the Homeless is identified as a CICIP Clinic.
- ▶ CICIP Hospitals – hospitals located throughout the state.
- ▶ CICIP Specialty Hospitals – this includes Children’s Hospital Colorado and National Jewish Health. Specialty providers must either offer unique services or serve a unique population. Additionally, at least 50% of the medical care rendered through the CICIP must be provided to individuals who reside outside the City and County of Denver.
- ▶ Denver Health Medical Center – Denver Health Medical Center, including neighborhood outpatient clinics.
- ▶ University of Colorado Hospital – University of Colorado Hospital and associated specialty clinics.

PROVIDER PARTICIPATION

A total of 68 providers participated in the CICP. This included 48 hospitals and 20 clinics. Most of the participating clinic providers and several of the hospital providers have multiple sites. Any site other than the main facility is considered a satellite facility. There were 110 satellite CICP facilities throughout the state.

Table 10 — FY 2011-12 CICP Clinics and Hospitals
Including Satellite Facilities by County

County	Clinics	Hospitals	Totals	County	Clinics	Hospitals	Totals
Adams	5	4	9	Kit Carson	1	0	1
Alamosa	6	1	7	La Plata	0	1	1
Arapahoe	6	0	6	Lake	0	1	1
Archuleta	0	0	0	Larimer	3	6	9
Baca	0	1	1	Las Animas	0	2	2
Bent	1	0	1	Lincoln	1	0	1
Boulder	3	5	8	Logan	1	1	2
Broomfield	0	0	0	Mesa	2	4	6
Chaffee	0	4	4	Mineral	0	1	1
Cheyenne	0	0	0	Moffat	1	1	2
Clear Creek	0	0	0	Montezuma	1	5	6
Conejos	1	3	4	Montrose	1	1	2
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	Park	0	0	0
Denver	4	10	14	Phillips	0	2	2
Dolores	1	0	1	Pitkin	0	1	1
Douglas	0	0	0	Prowers	3	3	6
Eagle	0	0	0	Pueblo	9	3	12
El Paso	15	3	18	Rio Blanco	0	0	0
Elbert	0	0	0	Rio Grande	1	4	5
Fremont	1	1	2	Routt	0	1	1
Garfield	2	2	4	Saguache	2	0	2
Gilpin	1	0	1	San Juan	0	0	0
Grand	0	3	3	San Miguel	1	0	1
Gunnison	0	1	1	Sedgwick	0	2	2
Hinsdale	0	0	0	Summit	1	0	1
Huerfano	0	2	2	Teller	2	2	4
Jackson	0	1	1	Washington	0	1	1
Jefferson	6	0	6	Weld	8	1	9
Kiowa	0	0	0	Yuma	0	4	4
				Totals	94	92	186

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

Table 11 — FY 2011-12 CICIP Participating Providers

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

Table 11 — FY 2011-12 CICP Participating Providers, Continued

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

CICP Clinic Providers			
Provider Name	City	Provider Name	City
Basin Clinic	Naturita	Mountain Family Health Centers	Glenwood Springs
Clinica Campesina	Lafayette	NW Colorado Community Health Center	Craig
Colorado Alliance for Health Equity and Practice	Denver	Peak Vista Community Health Centers	Colorado Springs
Community Health Clinic	Dove Creek	Pueblo Community Health Center	Pueblo
Custer County Medical Center	Westcliffe	Salud Family Health Centers	Fort Lupton
Denver Indian Health & Family Services	Denver	Summit Community Care Clinic	Frisco
Grace Health Clinic	Denver	Stout Street Clinic	Denver
High Plains Community Health Center	Lamar	Sunrise Community Health Center	Evans
Limon Plains Medical Center	Limon	Uncompahgre Combined Clinics	Norwood
Marillac Clinic	Grand Junction	Valley-Wide Health Systems	Alamosa
Metro Community Provider Network (MCPN)	Englewood		

PROGRAM ADMINISTRATION

REPORTING REQUIREMENTS AND PREVENTION OF FRAUD BY PROVIDERS

The [CICP Provider Compliance Audit Guidelines](#) for FY 2011-12 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. For FY 2010-11 there were 69 audits submitted with 34 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 2012.

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 CICIP at Section 25.5-3-108(8)(a) - (8)(b)(I)-(III), C.R.S. (2012), requires that every provider receiving reimbursement through the CICIP must prioritize, for each fiscal year, the medical services which it will be able to render within the limits of its funds. Each provider's CICIP application to participate must specify the extent of the provider's physical, staff, and financial capabilities. The statute prioritizes the following services:

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

COLLECTION OF THIRD-PARTY PAYMENTS

The CICIP guidelines require providers to collect all available payments from third-party resources. Providers are required to seek third-party reimbursement before the account is charged to the CICIP.

INCENTIVES FOR UTILIZATION CONTROL

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

REIMBURSEMENT

REIMBURSEMENT FOR CLINICS AND HOSPITALS

In FY 2011-12, appropriations included the following line items:

Department of Health Care Policy and Financing
Section Four - Indigent Care Program

- ▶ Safety Net Provider Payments
- ▶ The Children's Hospital, Clinic Based Indigent Care
- ▶ Health Care Services Fund

The FY 2011-12 Long Bill (SB 11-209) appropriated \$309,825,106 total funds to the Safety Net Provider Payments line item to reimburse CICP hospital providers. Subsequently, the appropriation to this line item was reduced by \$15,896,240 to \$293,928,866 via HB 12-1184, moving the appropriation built into the line item for certified public expenditure (CPE) based payments to the Medical Services Premiums line item of the Department's budget. HB 12-1335 Long Bill Add-ons then further reduced the appropriation by \$4,555,560 to \$289,373,306, to adjust the appropriation to reflect the estimated payments under the hospital provider fee model. The final FY 2011-12 appropriation to this line was \$289,373,306. The CICP Disproportionate Share Hospital Payment and CICP Supplemental Medicaid Payment are made from this line item.

The appropriation for CICP Clinics was \$24,867,760 in total funds. Included in this total is \$18,808,000 from the Health Care Services Fund pursuant to SB 11-219. The remaining \$6,119,760 was appropriated through the FY 2011-12 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 2011-12 from both State and federal funds is shown in [Table 12](#). Health Care Services Fund appropriations are included in [Table 12](#) under State Funds.

Table 12 — FY 2011-12 CICP Payments

	State Funds ¹	Provider Fees ²	Federal Funds	Total Funds	Payments to Providers ³
CICP Clinics⁴	\$12,433,880	\$0	\$12,433,880	\$24,867,760	\$24,867,760
Children's Hospital Clinic Payment	\$3,029,880	\$0	\$3,029,880	\$6,059,760	\$6,059,760
Health Care Services Fund	\$9,404,000	\$0	\$9,404,000	\$18,808,000	\$18,808,000
CICP Hospitals*	\$0	\$81,835,818	\$81,835,817	\$163,671,635	\$163,671,635
CICP DSH	\$0	\$39,818,527	\$39,818,527	\$79,637,054	\$79,637,054
CICP UPL	\$0	\$42,017,291	\$42,017,290	\$84,034,581	\$84,034,581
Denver Health Medical Center	\$2,351,000	\$39,902,352	\$42,253,350	\$84,506,702	\$84,506,702
CICP DSH	\$0	\$22,754,807	\$22,754,806	\$45,509,613	\$45,509,613
CICP UPL	\$0	\$17,147,545	\$17,147,544	\$34,295,089	\$34,295,089
Health Care Services Fund	\$2,351,000	\$0	\$2,351,000	\$4,702,000	\$4,702,000
University of Colorado Hospital	\$0	\$22,578,555	\$22,578,555	\$45,157,110	\$45,157,110
CICP DSH	\$0	\$12,388,507	\$12,388,507	\$24,777,014	\$24,777,014
CICP UPL	\$0	\$10,190,048	\$10,190,048	\$20,380,096	\$20,380,096
Total Payments	\$14,784,880	\$144,316,725	\$159,101,602	\$318,203,207	\$318,203,207
Clinic Payment ^{4,5}	\$3,029,880	\$0	\$3,029,880	\$6,059,760	\$6,059,760
CICP DSH ⁶	\$0	\$74,961,841	\$74,961,840	\$149,923,681	\$149,923,681
CICP UPL ⁵	\$0	\$69,354,884	\$69,354,882	\$138,709,766	\$138,709,766
Health Care Services Fund ⁷	\$11,755,000	\$0	\$11,755,000	\$23,510,000	\$23,510,000

- (1) State Funds include State General Fund appropriations, Health Care Services Funds, 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) \$24,927,760 was paid to The Children's Hospital, which administers payments to CICP Clinics. The Children's Hospital retained \$60,000 of the total funds for the administration of this payment, which are not reported in any other statistics or diagrams in this annual report.
- (5) Payments classified under CICP Clinic Payment and UPL are accounted for under the Medicare Upper Payment Limit for inpatient hospital services.
- (6) Payments classified under DSH are accounted for under the Disproportionate Share Hospital Allotment.
- (7) The Health Care Services Fund is funded with tobacco tax revenues from the Primary Care Fund allocated through House Bill 10-1321.

The reimbursement rate relative to write-off costs for all CICIP provider groups is displayed in Table 13. For FY 2011-12, the average reimbursement relative to costs for all CICIP providers was 54.1%. The CICIP Clinic providers were reimbursed at 55.2% of write-off costs. Denver Health Medical Center received a 54.4% reimbursement rate, and University of Colorado Hospital received 45.8%. All other CICIP Hospital providers were reimbursed at 56.6% of write-off costs.

Table 13 — FY 2011-12 Percentage of Write-Off Cost Reimbursed

	Payment	Write-Off Costs	Percent Reimbursed
CICIP Clinics	\$24,867,760	\$45,056,893	55.19%
CICIP Hospitals*	\$163,671,635	\$289,348,141	56.57%
Sub-Total CICIP Providers	\$188,539,395	\$334,405,034	56.38%
Denver Health Medical Center	\$84,506,702	\$155,278,217	54.42%
University of Colorado Hospital	\$45,157,110	\$98,539,737	45.83%
All CICIP Hospital Providers	\$293,335,447	\$543,166,095	54.00%
Total CICIP Providers	\$318,203,207	\$588,222,988	54.10%

Source: Table 12, Financial Tables

*Includes CICIP Specialty Hospital providers.

Table 14 shows the average reimbursement as a percentage of costs for CICIP providers over the past six fiscal years. Compared to the year before, the FY 2009-10 overall reimbursement for CICIP Hospitals increased substantially due to the increased CICIP funding available through the implementation of the CHCAA.

Table 14 — Historical Percentage of Write-Off Cost Reimbursed

	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
CICIP Clinics	59.45%	92.33%	74.73%	66.41%	67.22%	55.19%
CICIP Hospitals*	32.72%	40.32%	33.05%	64.43%	63.78%	56.57%
Sub-Total CICIP Providers	36.69%	47.92%	39.25%	64.72%	64.29%	56.38%
Denver Health Medical Center	82.70%	61.93%	53.56%	65.48%	67.22%	54.42%
University of Colorado Hospital	73.48%	70.59%	58.81%	44.88%	51.45%	45.83%
All CICIP Hospital Providers	54.23%	52.21%	43.91%	61.36%	59.11%	54.00%
Average CICIP Providers	54.67%	55.46%	46.46%	61.78%	64.70%	54.10%

Source: Analysis of CICIP Annual Reports.

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

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

In FY 2011-12, reimbursements to all CICP providers decreased 2.3% over FY 2010-11, but remained 2.4% above FY 2009-10 levels. Based on the amounts reported in Table 15, the reimbursement to all CICP Hospital providers has increased 3.6% from the FY 2009-10 level, while write-off costs have increased by 17.7%. Write-off costs for CICP Clinics have increased 4.7% since FY 2009-10, while reimbursement has decreased 10.2% over the same period. Since FY 2009-10, write-off costs at Denver Health Medical Center have increased by 14.2% compared to a 23.4% increase at University of Colorado Hospital.

Table 15 — Historical CICP Charges, Costs and Payments

	Charges			Write-Off Costs			Net Payments		
	FY 2009-10	FY 2010-11	FY 2011-12	FY 2009-10	FY 2010-11	FY 2011-12	FY 2009-10	FY 2010-11	FY 2011-12
CICP Clinics	\$47,916,592	\$47,835,471	\$49,880,966	\$41,710,890	\$44,284,107	\$43,656,924	\$27,699,952	\$29,767,728	\$24,867,760
Percent Change	13.9%	-0.2%	4.3%	15.6%	6.2%	-1.4%	2.7%	7.5%	-16.5%
CICP Hospitals*	\$791,285,371	\$824,800,038	\$890,580,747	\$245,738,187	\$256,144,858	\$289,348,141	\$158,334,861	\$163,363,938	\$163,671,635
Percent Change	25.9%	4.2%	8.0%	19.0%	4.2%	13.0%	132.1%	3.2%	0.2%
Denver Health	\$331,902,104	\$304,748,704	\$309,541,864	\$135,910,991	\$150,268,237	\$155,278,217	\$88,998,502	\$91,354,345	\$84,506,702
Percent Change	9.2%	-8.2%	1.6%	11.0%	10.6%	3.3%	35.7%	2.6%	-7.5%
University Hospital	\$318,381,658	\$317,252,199	\$328,002,275	\$79,875,983	\$94,019,259	\$98,539,737	\$35,846,653	\$41,098,035	\$45,157,110
Percent Change	31.6%	-0.4%	3.4%	12.2%	17.7%	4.8%	-14.4%	14.6%	9.9%
All CICP Hospitals	\$1,441,569,133	\$1,446,800,941	\$1,528,124,886	\$461,525,161	\$500,432,354	\$543,166,095	\$283,180,016	\$295,816,318	\$293,335,447
Percent Change	22.8%	0.4%	5.6%	15.4%	8.4%	8.5%	61.2%	4.5%	-0.8%
Total CICP Providers	\$1,489,485,725	\$1,494,636,412	\$1,578,005,852	\$503,236,051	\$544,716,461	\$588,155,498	\$310,879,968	\$325,584,046	\$318,203,207
Percent Change	22.5%	0.3%	5.6%	15.4%	8.2%	8.0%	53.4%	4.7%	-2.3%

Source: CICP Analysis of Table 12, Financial Tables FY 2009-10, FY 2010-11, FY 2011-12 CICP Annual Reports. Includes updated information.

*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 2011-12 is reported in Table 16. The reimbursement per inpatient day at Denver Health Medical Center was \$1,962.14 and \$1,840.82 for University of Colorado Hospital. For all other CICIP Hospitals, the reimbursement per inpatient day was \$1,445.57.

Table 16 — FY 2011-12 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**	55,727	\$80,557,461	\$1,445.57
Denver Health	22,463	\$44,075,612	\$1,962.14
University Hospital	14,344	\$26,404,725	\$1,840.82

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 2009-10 to FY 2011-12, the number of inpatient days decreased by 11.7% at Denver Health Medical Center and increased by 18.7% at University of Colorado Hospital. Over the same period, reimbursements per inpatient day at Denver Health Medical Center increased by 4.7% and 22.1% at University of Colorado Hospital.

For all other CICP Hospitals, the number of inpatient days has increased 2.5% from FY 2009-10 to FY 2011-12, while net CICP reimbursement per inpatient day has decreased 8.9% to \$1,445.57.

Table 17 — Historical Payment per Inpatient Day

CICP Provider	FY 2009-10 CICP Payment Per Inpatient Day*	FY 2010-11 CICP Payment Per Inpatient Day*	FY 2011-12 CICP Payment Per Inpatient Day*
CICP Clinics	N/A	N/A	N/A
CICP Hospitals**	\$1,586.37	\$744.41	\$1,445.57
Denver Health	\$1,874.80	\$1,910.19	\$1,962.14
University Hospital	\$1,507.92	\$1,729.23	\$1,840.82

Source: Analysis of CICP Annual Reports.

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

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

REIMBURSEMENT PER OUTPATIENT VISIT

Outpatient visits and reimbursement payments by CICIP provider group during FY 2011-12 are reported in Table 18. The reimbursement per outpatient visit at CICIP Clinics was \$77.83. The reimbursement for Denver Health Medical Center was \$285.24 per outpatient visit, and \$369.95 for University of Colorado Hospital. All other CICIP Hospitals were reimbursed \$425.62 per visit.

Table 18 — FY 2011-12 Payment per Outpatient Visit

CICIP Provider	Outpatient Visits	Total CICIP Outpatient Payment	CICIP Payment Per Outpatient Visit*
CICIP Clinics	319,518	\$24,867,760	\$77.83
CICIP Hospitals**	195,278	\$83,114,174	\$425.62
Denver Health	141,743	\$40,431,090	\$285.24
University Hospital	50,689	\$18,752,385	\$369.95

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

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

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

From FY 2009-10 through FY 2011-12 the number of outpatient visits at CICIP Clinics increased by 6.3%, while the reimbursement per visit has decreased by 15.5%, as demonstrated in Table 19.

From FY 2009-10 through FY 2011-12, the number of outpatient visits at Denver Health Medical Center decreased by 18.9%, while at University of Colorado Hospital outpatient visits increased by 1.5%. Since FY 2010-11, the average reimbursement per visit has increased 7.6% at Denver Health Medical Center and has increased by 11.3% at University of Colorado Hospital.

Table 19 — Historical Payment per Outpatient Visit

CICIP Provider	FY 2009-10 CICIP Payment Per Outpatient Visit	FY 2010-11 CICIP Payment Per Outpatient Visit	FY 2011-12 CICIP Payment Per Outpatient Visit
CICIP Clinics	\$92.16	\$95.24	\$77.83
CICIP Hospitals**	\$403.53	\$424.62	\$425.62
Denver Health	\$236.27	\$265.02	\$285.24
University Hospital	\$352.87	\$332.47	\$369.95

Source: Analysis of CICIP Annual Reports.

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

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

REIMBURSEMENT METHODOLOGY FOR HOSPITALS

The implementation of the CHCAA in FY 2009-10 changed the funding mechanism and payment methodologies for CICP hospital payments. Beginning in FY 2009-10 under the CHCAA, hospital provider fees with approved federal matching funds increased payments for inpatient and outpatient hospital services, financed hospital payments for the CICP, and funded additional, targeted supplemental hospital payments. In FY 2011-12, the hospital provider fee and federal matching funds resulted in payments to hospitals totaling over \$896 million, including reimbursement of more than \$288 million for hospitals participating in the CICP. The [Hospital Provider Fee Oversight and Advisory Board](#) provides recommendations to the Department and the [Medical Services Board](#) regarding payment methodologies under the CHCAA. (For information on all payments under CHCAA, please see the [Colorado Health Care Affordability Act Annual Reports](#) available on the Department's Web site.)

Total CICP hospital reimbursement is composed primarily of two separate payments: the CICP Disproportionate Share Hospital Payment and the CICP Supplemental Medicaid Payment. The CICP Disproportionate Share Hospital Payment distributes funds under the DSH Allotment, and the CICP Supplemental Medicaid Payment distributes funds under the Inpatient Upper Payment Limit (UPL). In addition, pursuant to SB 11-219, Denver Health Medical Center received \$4.7 million from the Health Care Services Fund.

FY 2011-12 CICP Hospital Reimbursement

▶ CICP Supplemental Medicaid Payments	\$138,709,766
▶ CICP Disproportionate Share Hospital Payments	\$149,923,681
▶ Health Care Services Fund	\$4,702,000
Total CICP Hospital Payments	\$293,335,447

The CICP Supplement Medicaid Payment and CICP Disproportionate Share Hospital Payments are calculated such that the sum equals CICP write-off costs multiplied by 75% for rural and Critical Access Hospitals, by 52.5% for High Volume Medicaid and CICP Hospitals², and by 60% 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.

The CICP Supplement Medicaid Payment and CICP Disproportionate Share Hospital Payments are financed with hospital provider fees and federal matching funds, and the Health Care Services Fund is financed with tobacco tax funds and federal matching funds. There is no General Fund required to sustain these payments.

² 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.

CICP DISPROPORTIONATE SHARE HOSPITAL PAYMENT

In FY 2011-12, hospital provider fees with federal matching funds financed DSH payments to CICP hospitals and other Colorado Medicaid hospitals under two separate DSH payments: the CICP Disproportionate Share Hospital Payment and the Uninsured Disproportionate Share Hospital Payment.

As shown in Table 20 below, Colorado's FY 2011-12 DSH payments totaled \$188,208,955, which were 50% hospital provider fees and 50% federal funds. Of that total, \$149,923,681 was paid under the CICP Disproportionate Share Hospital Payment and \$38,285,274 under the Uninsured Disproportionate Share Hospital Payment. The CICP Disproportionate Share Hospital Payment is allocated to each CICP hospital based on its proportion of CICP write-off costs compared to all CICP hospitals.

Table 20 — Colorado DSH Payments

State Fiscal Year 2011-12 Disproportionate Share Hospital Payments	
CICP DSH Payments	\$149,923,681
Uninsured DSH Payments*	\$38,285,274
Total FY 2011-12 DSH Payments	\$188,208,955

*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 Disproportionate Share Hospital Payment.

The Uninsured Disproportionate Share Hospital Payment is allocated to each qualified hospital based on its proportion of uncompensated charity care costs compared to all qualified hospitals. Uncompensated charity care costs equal charity care charges as reported on the annual hospital survey, multiplied by the most recently audited cost-to-charge ratio from the CMS 2552-96 Cost Report. In FY 2011-12, qualified hospitals were reimbursed approximately 40.5% of their uncompensated charity care costs through this payment.

FY 2011-12 Uninsured Disproportionate Share Hospital Payments are listed by hospital in [Table 21](#), on the following page.

Table 21 — FY 2011-12 Uninsured DSH Payments by Hospital

Provider Name	FY 2011-12 Uninsured DSH Payment
Animas Surgical Center	\$32,211
Centura Health - Avista Adventist Hospital	\$980,891
Centura Health - Littleton Adventist Hospital	\$2,451,368
Centura Health - Parker Adventist Hospital	\$778,278
Centura Health - Porter Adventist Hospital	\$3,319,058
Centura Health - Saint Anthony Central Hospital	\$6,633,837
Centura Health - Saint Anthony North Hospital	\$1,877,739
Centura Health - Saint Anthony Summit Hospital	\$915,605
Exempla Good Samaritan Medical Center	\$555,703
Exempla Lutheran Medical Center	\$4,576,583
Exempla Saint Joseph Hospital	\$5,835,733
Family Health West	\$8,595
Haxtun Hospital	-\$1
HealthOne Medical Center of Aurora	\$2,881,022
HealthOne North Suburban Medical Center	\$1,276,898
HealthOne Presbyterian/St. Luke's Medical Center	\$876,216
HealthOne Rose Medical Center	\$1,018,736
HealthOne Sky Ridge Medical Center	\$502,760
HealthOne Swedish Medical Center	\$2,838,873
Keefe Memorial Hospital	\$15,817
Kit Carson County Memorial Hospital	\$64,603
Pagosa Hospital	\$19,870
Pioneers Hospital	\$57,630
Rangely District Hospital	\$27,624
Vail Valley Medical Center	\$739,625
Total	\$38,285,274

COLORADO INDIGENT CARE PROGRAM SUPPLEMENTAL MEDICAID PAYMENT

In FY 2011-12, the CICIP Supplemental Medicaid Payment and the CICIP Disproportionate Share Hospital Payment are calculated such that the sum of both payments equals 75% of estimated CICIP write-off costs for rural and Critical Access Hospitals, 52.5% of estimated CICIP write-off costs for High Volume Medicaid and CICIP Hospitals, and 60% of estimated CICIP write-off costs for all other participating CICIP hospitals.

The CICIP Supplemental Medicaid Payment is calculated as the difference between the percentage of CICIP write-off costs compensated by the CICIP Disproportionate Share Hospital Payment and the target percentage of CICIP write-off costs to be compensated for that hospital. As noted in the previous section, the CICIP Disproportionate Share Hospital Payment is allocated to each CICIP hospital based on its proportion of CICIP write-off costs compared to all CICIP hospitals. (The FY 2011-12 CICIP Supplemental Medicaid Payments by hospital are listed in [Table 26](#).)

REIMBURSEMENT METHODOLOGY FOR CLINICS

Clinic Payments

▶ Children’s Hospital Colorado Payments	\$6,059,760
▶ Health Care Services Fund	\$18,808,000
Total Clinic Payments	\$24,867,760

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 2011-12 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, \$6,059,760 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 and contracts with 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.

HEALTH CARE SERVICES FUND

The Colorado Health Care Services Fund was created pursuant to SB 06-044 and became effective July 1, 2006. This legislation increased a client’s financial eligibility (income and assets) for the CICP from 200% to 250% of the FPL. In addition, this legislation established the Colorado Health Care Services Fund to make funding available to Denver Health Medical Center, CICP Clinics and primary care clinics operated by CICP Hospitals, for the provision of primary care services to low-income adults for five years. The Health Care Services Fund was set to expire following FY 2009-10.

As part of budget balancing efforts, this source of funding was eliminated in FY 2009-10, which was one year earlier than scheduled in statute. Subsequently, HB 10-1321 reallocated funds from the Primary Care Fund to the Health Care Services Fund to draw matching federal funds to allow for additional funding for CICP Clinics.

In 2011-12, SB 11-219 reallocated tobacco tax revenue from the Primary Care Fund to the Health Care Services Fund for payments to CICP Clinics and Denver Health Medical Center. Pursuant to SB 11-219, \$18,808,000 was paid to CICP Clinics with \$4,702,000 paid to Denver Health Medical Center.

Reallocating funds from the Primary Care Fund to the Health Care Services Fund is only possible when legislation is enacted and if the General Assembly and the Governor have declared a state fiscal emergency. There is no Health Care Services Fund appropriation for FY 2012-13.

OTHER MEDICALLY INDIGENT PROVIDER GRANTS

PRIMARY CARE FUND PROGRAM

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

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

To be a qualified provider, an entity must:

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

Funding for the Primary Care Fund in FY 2011-12 was affected by SB 11-219. SB 11-219 appropriated \$11,755,000 in Primary Care Fund dollars to the Health Care Services Fund to draw federal matching funds and appropriated \$15,775,670 for General Fund relief in the Medical Services Premium Line Item. The remaining \$2,135,830 in Primary Care Fund dollars were appropriated to the Primary Care Special Distribution Fund created in section 25.5-1-112 (4) (a), C.R.S. Transferring funds from the Primary Care Fund to the Health Care Services Fund and the Primary Care Special Distribution Fund is only possible when legislation is enacted and the General Assembly and the Governor have declared a state fiscal emergency. There is no appropriation to the Primary Care Special Distribution Fund in FY 2012-13.

PRIMARY CARE FUND SPECIAL DISTRIBUTION

The Primary Care Special Distribution Fund was created during the 2010 legislative session with the passage of HB 10-1321. Pursuant to SB 11-219, this line received an appropriation of \$2,135,830 total funds in FY 2011-12 all of which were cash funds from the Primary Care Fund.

Total Primary Care Grant Program Special Distribution payments for FY 2011-12 are outlined in the following table.

Table 22 — FY 2011-12 Primary Care Grant Program Special Distribution Payments

Provider	Payment Amount
Chaffee People's Clinic	\$43,617
Clínica Tepeyac	\$351,718
Community Health Services	\$61,137
Doctors Care	\$71,709
Fort Collins Family Medicine Residency Program	\$117,561
Inner City Health Center	\$209,690
Marillac Clinic	\$315,000
Mission Medical Clinic	\$37,576
NW Colorado Community Health Center	\$15,000
Olathe Medical Clinic	\$54,491
Open Bible Baptist Church	\$36,428
Set Family Medical Clinics	\$244,850
Sister Joanne Bruner Family Medicine Center	\$105,358
St Anthony Family Medicine Center	\$62,828
St Mary-Corwin Health Foundation	\$80,287
The Pediatric Associates	\$30,327
The Rocky Mountain Youth Clinics	\$209,750
University of Colorado Denver (Sheridan Health Services)	\$19,815
VVMC Diversified Services	\$68,688
Total Primary Care Fund Special Distribution	\$2,135,830

FEDERAL MATCH RATES

Payments for medical services covered under Title XIX of the Social Security Act (the Medicaid Program) are matched with federal funds at the state's Federal Medical Assistance Percentage (FMAP) rate. The FMAP rate is the percentage of the total payments that consists of federal funds. For example, if the FMAP is 50%, then for every qualified payment of \$100, \$50 is federal funds while the remaining \$50 is General Fund or other state dollars. The FMAP is based on the state's median income level relative to the national average. States with a larger proportion of their population at low-income levels will get a higher federal match than states with a smaller proportion of low-income individuals. The FMAP rate varies from state to state but is never less than 50%.

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

In May 2003, legislation (P.L. 108-27, subsection 401(a)), through the Jobs and Growth Tax Relief Reconciliation Act, temporarily increased the states' federal match rate. The legislation allowed an additional 2.95% federal match rate to be distributed to the states for the last two quarters of Federal Fiscal Year 2003 and the first three quarters of Federal Fiscal Year 2004 (April 1, 2003 – June 30, 2004). These amounts are shown on Table 23. These additional federal funds were specified to offset the State's General Fund and not directed to increase provider payments.

Section 5001 of Public Law 111-5, the American Recovery and Reinvestment Act of 2009 (ARRA), provided for a temporary increase in the FMAP to assist states in meeting the costs of increasing Medicaid caseloads at a time when their revenues fell due to rising unemployment. Three types of temporary assistance applied to the costs of Medicaid items and services during the period October 1, 2008, through December 31, 2010:

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

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

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

The FMAP rates for Colorado from FFY 1993-94 through FFY 2011-12 are listed in Table 23.

Table 23 — Colorado's Federal Match Rates

Federal Fiscal Year (FFY) (October - September)	Match Rate
1993-94	54.30%
1994-95	53.10%
1995-96	52.44%
1996-97	52.32%
1997-98	51.97%
1998-99	50.59%
1999-00	50.00%
2000-01	50.00%
2001-02	50.00%
2002-2003 (Oct. 1, 2002 - March 31, 2003)	50.00%
2002-2003 (April 1, 2003 - Sept. 30, 2003)	52.95%
2003-2004 (Oct. 1, 2003 - June 30, 2004)	52.95%
2003-2004 (July 1, 2004 - Sept. 30, 2004)	50.00%
2004-05	50.00%
2005-06	50.00%
2006-07	50.00%
2007-08	50.00%
2008-2009 (Oct. 1, 2008 - March 31, 2009)	58.79%
2008-2009 (April 1, 2009 - Sept. 30, 2009)	61.59%
2009-10	61.59%
2010-11 (Oct. 1, 2010 - Dec. 31, 2010)	61.59%
2010-11 (Jan. 1, 2011 - March 31, 2011)	58.77%
2010-11 (April 1, 2011 - June 30, 2011)	56.88%
2010-11 (July 1, 2011 - Sept. 30, 2011)	50.00%
2011-12	50.00%

DISPROPORTIONATE SHARE HOSPITAL PAYMENT

LAW AND REGULATIONS

In 1987 Congress amended Title XIX of the Social Security Act (the Medicaid Program) to require states to make enhanced payments for those “safety net” hospitals which provide services to a disproportionate share of Medicaid and low-income patients. DSH payments are intended to offset the uncompensated costs of providing services to uninsured and underinsured patients. The payments assist in securing the hospitals’ financial viability and preserving access to care for the Medicaid and low-income clients, while reducing a shift in costs to private payers. In subsequent legislation, Congress gave states a great deal of flexibility in the design and implementation of their DSH plans.

As states exercised this flexibility to finance the state share of the Medicaid Program, the federal government became alarmed at the corresponding impact on the federal budget. Regulations were put into effect to limit states’ discretion in using provider taxes and contributions for this purpose. These regulations placed caps on the amount of DSH payments states can utilize. Since January 1991, the Colorado Medicaid Program has developed and implemented several measures using DSH payments to finance Medicaid program expansions and to cover the escalating costs of ongoing Medicaid programs and costs associated with the CICP. Effective FY 2009-10, with the implementation of the CHCAA, DSH payments are financed with hospital provider fees and federal matching funds.

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 28, 2012 for DSH payments made in FY 2008-09. The Audit Reports are located on the Department’s Web site colorado.gov/hcpf under Partners and Researchers, Reports for CICP.

The regulations require that the auditor verify six items. The auditor found the Department to be in compliance with one 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 five 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 \(Uniform Cost Report\)](#) and maintain this documentation for use by the DSH auditor. The Uniform Cost Report will allocate costs according to Medicare cost principles and determine the costs eligible for DSH reimbursement and the hospital-specific DSH limit. Specifically, the Uniform Cost Report 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 2008-09. 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.

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

Federal Fiscal Year (FFY)	Disproportionate Share Hospital Allotments (Federal Funds)
2000-01	\$81,765,000
2001-02	\$83,890,890
2002-03	\$75,110,000
2003-04	\$87,127,600
2004-05	\$87,127,600
2005-06	\$87,127,600
2006-07	\$87,127,600
2007-08	\$87,127,600
2008-09	\$93,235,244
2009-10	\$95,566,125
2010-11	\$92,598,516
2011-12	\$94,727,736
2012-13*	\$97,095,929

*Preliminary Allotment

DEFINITIONS

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

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

Colorado Indigent Care Program (CICP) – A State program that reimburses participating providers for a portion of the costs incurred in treating eligible individuals. In turn, providers must adhere to State-established limits for amounts charged to eligible individuals. The program promotes access to health care services for low-income individuals by helping to defray the provider costs of furnishing uncompensated care and by limiting the amount that low-income patients must pay. The CICP is not an insurance plan under State law, because it does not provide individuals with a policy that defines a list of benefits to which they are entitled. Colorado statute limits the program's expenditures to available appropriations and the individual provider's physical, financial, and staff resources.

CICP Clinic – A community health clinic licensed by the Department of Public Health and Environment or certified by the U.S. Department of Health and Human Services as a federally qualified health center or rural health clinic.

CICP Hospital – Any “General Provider” that is a general hospital licensed or certified by the Department of Public Health and Environment pursuant to 25-1.5-103 C.R.S., which operates inpatient facilities and participates in the Colorado Indigent Care Program.

CICP Income and Asset Test – The income and equity in assets, combined, must be at or below 250% of the FPL for client eligibility in the program.

CICP Rating – An alphabetic assigned code that designates a family's copayment and annual copayment cap and correlates to a specific ability to pay. Income, resources and the family household size are used to determine what percentage of the federal poverty level the family meets. The CICP Ability-to-Pay Scale, based on federal poverty levels, is divided into eleven ratings.

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

Comprehensive Primary Care – The basic, entry-level health care provided by health care practitioners or non-physician health care practitioners that is generally provided in an outpatient setting. Comprehensive primary care, at a minimum, includes providing or arranging for the provision of the following services on a year-round basis: Primary health care; maternity care, including prenatal care; preventive, developmental, and diagnostic services for infants and children; adult preventive services, diagnostic laboratory and radiology services; emergency care for minor trauma; pharmaceutical services; and coordination and follow-up for hospital care.” 25.5-3-203 (1), C.R.S.

Covered Services – All medically necessary services that a provider customarily furnishes to and can lawfully offer to patients. These covered services include medical services furnished by participating physicians. The responsible physician must deem that the covered services are medically necessary. The CICIP does not reimburse providers for outpatient mental health benefits as a primary diagnosis, but does cover limited inpatient mental health services for a period of 30 days within a calendar year, per client.

Denver Health Medical Center (“Denver Health” in tables) – Under the CICIP, Denver Health Medical Center primarily serves eligible patients who reside in the City and County of Denver. These facilities include Denver Health Medical Center and eleven neighborhood health clinics, all in Denver.

Disproportionate Share Hospitals (DSH) – Available DSH funds are distributed to hospitals that participate in the CICIP and to other Colorado Medicaid hospitals under two separate DSH payments: the CICIP Disproportionate Share Hospital Payment and the Uninsured Disproportionate Share Hospital Payment. The payments help defray the cost of treating uninsured and low-income patients. DSH payments assist in securing the hospitals’ financial viability, preserving access to care for the Medicaid and low-income clients, while reducing cost shifting onto private payers.

Emergency Care – Treatment for conditions of an acute, severe nature which are life, limb, or disability threats requiring immediate attention, where any delay in treatment would, in the judgment of the responsible physician, threaten life or loss of function of a patient or viable fetus, Section 25.5-3-103 (1), C.R.S.

Federal Medical Assistance Percentage (FMAP) or Federal Match Rate or Federal Financial Participation (FFP) – The portion of the eligible medical and administrative payments that consist of federal funds. For example, if the federal match rate is 50%, then for every qualified payment of \$100, \$50 is federal funds while the remaining \$50 is State General Fund or other state dollars.

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

Health Sciences Center – The schools of medicine, dentistry, nursing, and pharmacy established by the regents of the University of Colorado under Section 5 of Article VIII of the Colorado Constitution, Section 25.5-3-103 (4), C.R.S.

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

Indigent Client – A person whose application to receive discounted health services is approved based on the guidelines outlined in the Colorado Indigent Care Program Provider Manual, which stipulates that the individual must have income and assets combined at or below 250% of the Federal Poverty Level (FPL).

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

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

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

Subsequent Insurance Payments – Other insurance payments for services or settlements subsequently received by patients receiving coverage under the CICIP. The CICIP provider is due reimbursement for amounts paid by the CICIP for services rendered to the patient. The provider is then responsible to notify the CICIP Administration of subsequent insurance payments it received for care so reimbursed.

Supplemental Medicaid Payment – Any payment to a health care provider which is outside the regular Medicaid fee-for-service claim based payment. These are lump-sum payments and not linked to any specific client. All Medicaid payments, including the regular Medicaid fee-for-services rates and Supplemental Medicaid Payments, must be made under the Upper Payment Limit.

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

University of Colorado Hospital (“University Hospital” in tables) – Under the CICIP, University of Colorado Hospital serves primarily the residents of the Denver metropolitan area who are not residents of the City and County of Denver. University of Colorado Hospital also serves as a referral center to provide such complex care that is not available nor contracted for in Denver and the remaining areas of the state.

Upper Payment Limit – The Upper Payment Limit is the maximum amount Medicaid can reimburse a provider and still receive the federal match rate (or federal financial participation). The Upper Payment Limit is calculated for three distinct service categories: Inpatient Hospital, Outpatient Hospital, and Nursing Facilities. The three unique Upper Payment Limits are calculated by the Department such that each must be a reasonable estimate of the amount Medicare would reimburse providers for providing Medicaid services.

CICP FINANCIAL TABLES

Table 25 — Total Financial Activity and CICP Payment

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
CICP Clinic Providers						
Basin Clinic	\$130,995	\$4,293	\$12,474	\$114,228	\$114,228	\$68,634
Clinica Campesina	\$4,409,561	\$0	\$475,797	\$3,933,764	\$3,933,764	\$2,048,055
Colorado Alliance for Health Equity and Practice	\$65,422	\$0	\$7,963	\$57,459	\$57,459	\$38,548
Community Health Clinic (2)	\$217,840	\$8,277	\$37,557	\$172,006	\$172,006	\$70,620
Custer County Medical Center	\$73,619	\$3,146	\$13,043	\$57,430	\$57,430	\$21,578
Denver Indian Health & Family Services	\$44,850	\$0	\$0	\$44,850	\$44,850	\$9,704
Grace Health Clinic	\$335,505	\$0	\$21,576	\$313,929	\$313,929	\$382,566
High Plains Community Health Center (2)	\$1,054,647	\$21,766	\$131,000	\$901,881	\$901,881	\$473,820
Limon Plains Medical Center	\$527,676	\$17,864	\$58,697	\$451,115	\$451,115	\$194,954
Marillac Clinic	\$792,308	\$1,445	\$84,805	\$706,058	\$706,058	\$238,384
Metro Community Provider Network (MCPN)	\$7,296,059	\$0	\$864,759	\$6,431,300	\$6,431,300	\$2,825,650
Mountain Family Health Centers	\$1,055,781	\$0	\$111,459	\$944,322	\$944,322	\$442,859
NW Colorado Community Health Center	\$241,042	\$9,484	\$23,148	\$208,410	\$208,410	\$107,084
Peak Vista Community Health Centers (2)	\$10,684,219	\$570,624	\$2,113,878	\$7,999,717	\$7,999,717	\$4,912,534
Pueblo Community Health Center	\$3,174,400	\$571	\$274,786	\$2,899,043	\$2,899,043	\$1,881,090
Salud Family Health Centers	\$9,867,131	\$0	\$995,403	\$8,871,728	\$8,871,728	\$4,636,586
Stout Street Clinic (2)	\$4,346,765	\$40,260	\$0	\$4,306,505	\$4,306,505	\$2,823,436
Summit Community Care Clinic	\$151,656	\$0	\$32,356	\$119,300	\$119,300	\$557,168
Sunrise Community Health Center	\$4,189,043	\$0	\$476,100	\$3,712,943	\$3,712,943	\$1,613,272
Uncompahgre Combined Clinics	\$174,952	\$0	\$14,363	\$160,589	\$160,589	\$93,000
Valley-Wide Health Systems	\$2,966,348	\$0	\$316,032	\$2,650,316	\$2,650,316	\$1,428,218
Sub-Total CICP Clinic Providers (5)	\$51,799,819	\$677,730	\$6,065,196	\$45,056,893	\$45,056,893	\$24,867,760

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	\$4,375,005	\$345,420	\$103,987	\$3,925,598	\$2,098,436	\$1,631,694
Aspen Valley Hospital	\$3,209,024	\$565,298	\$121,432	\$2,522,294	\$1,798,369	\$1,013,138
Boulder Community Hospital (1)	\$27,111,891	\$889,428	\$192,988	\$26,029,475	\$9,746,936	\$3,927,091
Colorado Plains Medical Center	\$5,378,365	\$1,027,214	\$132,394	\$4,218,757	\$1,412,584	\$940,788
Community Hospital	\$4,382,684	\$221,281	\$129,872	\$4,031,531	\$1,879,023	\$963,730
Conejos County Hospital District	\$909,142	\$10,401	\$42,676	\$856,065	\$600,704	\$309,112
Delta County Memorial Hospital	\$2,192,391	\$231,207	\$36,390	\$1,924,794	\$898,646	\$1,504,670
Family Health West	\$40,417	\$1,916	\$2,152	\$36,349	\$32,331	\$270,864
East Morgan County Hospital	\$3,838,199	\$923,140	\$132,242	\$2,782,817	\$1,615,339	\$875,196
Estes Park Medical Center	\$2,530,941	\$418,229	\$52,095	\$2,060,617	\$1,047,056	\$721,770
Grand River Hospital	\$3,292,672	\$167,401	\$128,143	\$2,997,128	\$2,088,483	\$114,068
Gunnison Valley Hospital	\$848,706	\$42,268	\$27,840	\$778,598	\$494,808	\$235,017
Heart of the Rockies Regional Medical Center	\$4,347,477	\$1,442,131	\$160,219	\$2,745,127	\$1,490,754	\$896,933
Kremmling Memorial Hospital District	\$585,407	\$24,662	\$26,579	\$534,166	\$645,795	\$104,904
Longmont United Hospital	\$29,250,351	\$2,651,494	\$33,720	\$26,565,137	\$9,680,250	\$6,812,353
McKee Medical Center	\$32,743,449	\$5,562,481	\$767,174	\$26,413,794	\$10,342,981	\$6,662,850
Medical Center of the Rockies	\$39,109,826	\$3,107,558	\$3,519,407	\$32,482,861	\$14,774,920	\$6,122,304
Melissa Memorial Hospital	\$606,299	\$202,639	\$38,858	\$364,802	\$359,292	\$129,359
Memorial Hospital	\$156,136,509	\$11,262,940	\$1,707,860	\$143,165,709	\$45,344,888	\$26,232,784
Mercy Regional Medical Center (1)	\$4,321,525	\$7,723	\$31,731	\$4,282,071	\$1,810,602	\$2,427,910
Montrose Memorial Hospital	\$15,206,457	\$3,431,717	\$328,708	\$11,446,032	\$5,928,422	\$2,861,088
Mount San Rafael Hospital	\$4,094,122	\$627,601	\$145,993	\$3,320,528	\$1,371,140	\$1,047,514
North Colorado Medical Center	\$98,898,119	\$17,735,275	\$1,673,187	\$79,489,657	\$28,551,736	\$15,537,466
Parkview Medical Center (1)	\$127,020,182	\$5,468,451	\$894,662	\$120,657,069	\$30,535,148	\$12,834,661
Penrose St. Francis Hospital (1)	\$69,340,815	\$40,554	\$447,203	\$68,853,058	\$17,174,761	\$8,109,148
Pikes Peak Regional Hospital (1)	\$2,412,394	\$106,854	\$83,350	\$2,222,190	\$940,376	\$422,243
Platte Valley Medical Center	\$16,037,673	\$3,999,753	\$210,971	\$11,826,949	\$4,118,584	\$2,347,915
Poudre Valley Hospital	\$65,772,972	\$5,038,949	\$5,970,993	\$54,763,030	\$25,273,625	\$13,732,449
Prowers Medical Center	\$2,624,584	\$301,264	\$147,006	\$2,176,314	\$1,085,648	\$1,041,381

Table 25 — Total Financial Activity and CICP Payment, Continued

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
Rio Grande Hospital	\$1,252,249	\$58,983	\$65,109	\$1,128,157	\$685,284	\$379,420
San Luis Valley Regional Medical Center	\$9,309,459	\$354,701	\$219,526	\$8,735,232	\$3,440,677	\$1,589,986
Sedgwick County Hospital	\$391,335	\$89,437	\$27,054	\$274,844	\$192,997	\$105,075
Southeast Colorado Hospital District	\$390,172	\$44,187	\$24,821	\$321,164	\$224,529	\$219,162
Southwest Memorial Hospital (1)	\$2,679,337	\$153,166	\$84,133	\$2,442,038	\$1,181,465	\$621,689
Spanish Peaks Regional Health Center	\$1,081,220	\$271,815	\$14,585	\$794,820	\$526,388	\$601,581
St. Mary-Corwin Medical Center (1)	\$69,607,098	\$3,582,083	\$492,471	\$65,532,544	\$18,008,279	\$12,486,953
St. Mary's Hospital and Medical Center, Inc. (1)	\$39,814,907	\$306,249	\$746,298	\$38,762,360	\$14,784,247	\$7,072,213
St. Thomas More Hospital	\$11,296,043	\$1,002,951	\$108,285	\$10,184,807	\$3,340,149	\$4,506,055
St. Vincent General Hospital District	\$186,912	\$46,605	\$17,199	\$123,108	\$83,026	\$75,597
Sterling Regional Medical Center	\$7,506,349	\$1,783,358	\$298,844	\$5,424,147	\$2,550,335	\$2,126,324
The Memorial Hospital (1)	\$2,941,524	\$525,700	\$89,651	\$2,326,173	\$1,475,423	\$1,002,690
Valley View Hospital (1)	\$12,330,341	\$1,773,378	\$184,353	\$10,372,610	\$5,436,846	\$3,534,170
Wray Community District Hospital	\$119,250	\$12,589	\$11,261	\$95,400	\$69,709	\$519,639
Yampa Valley Medical Center (1)	\$6,596,740	\$1,100,478	\$219,588	\$5,276,674	\$3,499,309	\$1,892,347
Yuma District Hospital	\$938,794	\$166,356	\$49,233	\$723,205	\$475,501	\$516,635
Sub-Total CICP Hospital Providers	\$893,059,328	\$77,127,285	\$19,942,243	\$795,989,800	\$279,115,801	\$157,079,936
CICP Specialty Hospital Providers						
National Jewish Health (2)	\$12,465,297	\$734,961	\$289,708	\$11,440,628	\$9,167,264	\$4,243,772
Children's Hospital Colorado (2)	\$3,084,706	\$529,257	\$49,792	\$2,505,657	\$1,065,076	\$2,347,927
Sub-Total CICP Specialty Hospital Providers	\$15,550,003	\$1,264,218	\$339,500	\$13,946,285	\$10,232,340	\$6,591,699
Denver Health Medical Center (1)(2)(3)(4)(5)	\$358,766,154	\$16,540,564	\$5,592,433	\$336,633,157	\$155,278,217	\$84,506,702
University of Colorado Hospital (2)(3)	\$382,794,515	\$31,818,282	\$3,234,709	\$347,741,523	\$98,539,737	\$45,157,110
Total CICP Hospital Providers	\$1,650,170,000	\$126,750,349	\$29,108,885	\$1,494,310,765	\$543,166,095	\$293,335,447
Total All CICP Providers	\$1,701,969,819	\$127,428,079	\$35,174,081	\$1,539,367,658	\$588,222,988	\$318,203,207

Notes: (1) Includes physician charges, third party payments and patient liabilities.

(2) Includes outpatient pharmacy charges, third party payments and patient liabilities.

(3) Includes physician charges, third party payments and patient liabilities provided through University Physicians, Inc.

(4) Includes ambulance charges, third party payments and patient liabilities.

(5) Includes Health Care Services Fund payments.

Table 26 — Hospital Provider Payment Detail

Providers	CICP Supplemental Medicaid Payment	CICP DSH Payment	Health Care Services Fund Payment	Total Payment
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	\$993,626	\$638,068	\$0	\$1,631,694
Aspen Valley Hospital	\$618,435	\$394,703	\$0	\$1,013,138
Boulder Community Hospital	\$1,977,634	\$1,949,457	\$0	\$3,927,091
Colorado Plains Medical Center	\$574,050	\$366,738	\$0	\$940,788
Community Hospital	\$485,694	\$478,036	\$0	\$963,730
Conejos County Hospital District	\$188,595	\$120,517	\$0	\$309,112
Delta County Memorial Hospital	\$925,157	\$579,513	\$0	\$1,504,670
East Morgan County Hospital	\$533,773	\$341,423	\$0	\$875,196
Estes Park Medical Center	\$443,281	\$278,489	\$0	\$721,770
Family Health West	\$165,366	\$105,498	\$0	\$270,864
Grand River Hospital	\$69,439	\$44,629	\$0	\$114,068
Gunnison Valley Hospital	\$147,105	\$87,912	\$0	\$235,017
Heart of the Rockies Regional Medical Center	\$546,580	\$350,353	\$0	\$896,933
Kremmling Memorial Hospital District	\$63,864	\$41,040	\$0	\$104,904
Longmont United Hospital	\$3,428,939	\$3,383,414	\$0	\$6,812,353
McKee Medical Center	\$3,358,492	\$3,304,358	\$0	\$6,662,850
Medical Center of the Rockies	\$3,091,596	\$3,030,708	\$0	\$6,122,304
Melissa Memorial Hospital	\$78,855	\$50,504	\$0	\$129,359
Memorial Hospital	\$11,267,622	\$14,965,162	\$0	\$26,232,784
Mercy Regional Medical Center	\$1,481,409	\$946,501	\$0	\$2,427,910
Montrose Memorial Hospital	\$1,748,907	\$1,112,181	\$0	\$2,861,088
Mount San Rafael Hospital	\$639,187	\$408,327	\$0	\$1,047,514
North Colorado Medical Center	\$7,823,197	\$7,714,269	\$0	\$15,537,466
Parkview Medical Center	\$6,476,526	\$6,358,135	\$0	\$12,834,661
Penrose St. Francis Hospital	\$4,089,635	\$4,019,513	\$0	\$8,109,148
Pikes Peak Regional Hospital	\$257,658	\$164,585	\$0	\$422,243
Platte Valley Medical Center	\$1,183,790	\$1,164,125	\$0	\$2,347,915
Poudre Valley Hospital	\$6,922,291	\$6,810,158	\$0	\$13,732,449

Table 26 — Hospital Provider Payment Detail, Continued

Providers	CICP Supplemental Medicaid Payment	CICP DSH Payment	Health Care Services Fund Payment	Total Payment
Prowers Medical Center	\$639,415	\$401,966	\$0	\$1,041,381
Rio Grande Hospital	\$231,581	\$147,839	\$0	\$379,420
San Luis Valley Regional Medical Center	\$970,117	\$619,869	\$0	\$1,589,986
Sedgwick County Hospital	\$63,830	\$41,245	\$0	\$105,075
Southeast Colorado Hospital District	\$133,733	\$85,429	\$0	\$219,162
Southwest Memorial Hospital	\$380,314	\$241,375	\$0	\$621,689
Spanish Peaks Regional Health Center	\$366,243	\$235,338	\$0	\$601,581
St. Mary-Corwin Medical Center	\$6,307,886	\$6,179,067	\$0	\$12,486,953
St. Mary's Hospital and Medical Center, Inc.	\$3,571,405	\$3,500,808	\$0	\$7,072,213
St. Thomas More Hospital	\$2,750,063	\$1,755,992	\$0	\$4,506,055
St. Vincent General Hospital District	\$46,705	\$28,892	\$0	\$75,597
Sterling Regional Medical Center	\$1,297,398	\$828,926	\$0	\$2,126,324
The Memorial Hospital	\$611,747	\$390,943	\$0	\$1,002,690
Valley View Hospital	\$2,156,701	\$1,377,469	\$0	\$3,534,170
Wray Community District Hospital	\$312,415	\$207,224	\$0	\$519,639
Yampa Valley Medical Center	\$1,154,759	\$737,588	\$0	\$1,892,347
Yuma District Hospital	\$314,459	\$202,176	\$0	\$516,635
Sub-Total CICP Hospital Providers	\$80,889,474	\$76,190,462	\$0	\$157,079,936
CICP Specialty Hospital Providers				
National Jewish Health	\$2,146,124	\$2,097,648	\$0	\$4,243,772
Children's Hospital Colorado	\$998,983	\$1,348,944	\$0	\$2,347,927
Sub-Total CICP Specialty Hospital Providers	\$3,145,107	\$3,446,592	\$0	\$6,591,699
Denver Health Medical Center	\$34,295,089	\$45,509,613	\$4,702,000	\$84,506,702
University of Colorado Hospital (1)	\$20,380,096	\$24,777,014	\$0	\$45,157,110
Total CICP Hospital Providers	\$138,709,766	\$149,923,681	\$4,702,000	\$293,335,447

Table 27 — Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Denver Health Medical Center	\$39,203,739	\$1,774,824	\$0	\$37,428,915
Mercy Regional Medical Center	\$89,292	\$2,404	\$3,542	\$83,346
Parkview Medical Center	\$9,865,736	\$0	\$260,395	\$9,605,341
Penrose St. Francis Hospital	\$740,198	\$39,899	\$18,064	\$682,235
Pikes Peak Regional Hospital	\$46,149	\$0	\$14,150	\$31,999
Southwest Memorial Hospital	\$25,115	\$0	\$686	\$24,429
St. Mary-Corwin Medical Center	\$3,293,168	\$128,922	\$233,870	\$2,930,376
St. Mary's Hospital and Medical Center, Inc.	\$1,884,527	\$303,984	\$212,627	\$1,367,916
The Memorial Hospital	\$126,722	\$9,969	\$2,129	\$114,624
University of Colorado Hospital	\$48,569,872	\$1,920,643	\$236,576	\$46,412,652
Valley View Hospital	\$40,488	\$0	\$966	\$39,522
Yampa Valley Medical Center	\$781,577	\$38,665	\$47,207	\$695,705
Total	\$104,666,583	\$4,219,310	\$1,030,212	\$99,417,060

Table 28 — Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Children's Hospital Colorado	\$519,122	\$0	\$31,700	\$487,422
Community Health Clinic	\$16,503	\$0	\$8,707	\$7,796
Denver Health Medical Center	\$4,835,100	\$0	\$1,099,428	\$3,735,672
High Plains Community Health Center	\$286,784	\$0	\$55,925	\$230,859
National Jewish Health	\$616,490	\$150	\$35,472	\$580,868
Peak Vista Community Health Centers	\$855,235	\$0	\$521,742	\$333,493
Stout Street Clinic	\$760,331	\$0	\$0	\$760,331
University of Colorado Hospital	\$6,222,368	\$2,454,821	\$274,598	\$3,492,949
Total	\$14,111,933	\$2,454,971	\$2,027,572	\$9,629,390

Table 29 - Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$309,541,864	\$14,740,091	\$4,476,771	\$290,325,002
Physician Services	\$39,203,739	\$1,774,824	\$0	\$37,428,915
Ambulance Services	\$5,185,451	\$25,649	\$16,234	\$5,143,568
Outpatient Pharmacy	\$4,835,100	\$0	\$1,099,428	\$3,735,672
Total	\$358,766,154	\$16,540,564	\$5,592,433	\$336,633,157

Table 30 — Inpatient and Outpatient Charges (Details)

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
CICP Clinic Providers					
Basin Clinic	\$32,326	\$98,669	\$0	\$0	\$130,995
Clinica Campesina	\$0	\$4,409,561	\$0	\$0	\$4,409,561
Colorado Alliance for Health Equity and Practice	\$0	\$65,422	\$0	\$0	\$65,422
Community Health Clinic	\$858	\$200,479	\$0	\$0	\$201,337
Custer County Medical Center	\$16,978	\$56,641	\$0	\$0	\$73,619
Denver Indian Health & Family Services	\$0	\$44,850	\$0	\$0	\$44,850
Grace Health Clinic	\$0	\$335,505	\$0	\$0	\$335,505
High Plains Community Health Center	\$729,470	\$38,393	\$0	\$0	\$767,863
Limon Plains Medical Center	\$527,676	\$0	\$0	\$0	\$527,676
Marillac Clinic	\$0	\$792,308	\$0	\$0	\$792,308
Metro Community Provider Network (MCPN)	\$0	\$7,296,059	\$0	\$0	\$7,296,059
Mountain Family Health Centers	\$520,871	\$534,910	\$0	\$0	\$1,055,781
NW Colorado Community Health Center	\$0	\$241,042	\$0	\$0	\$241,042
Peak Vista Community Health Centers	\$147,469	\$9,681,515	\$0	\$0	\$9,828,984
Pueblo Community Health Center	\$0	\$3,174,400	\$0	\$0	\$3,174,400

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
Salud Family Health Centers	\$0	\$9,867,131	\$0	\$0	\$9,867,131
Stout Street Clinic	\$3,586,434	\$0	\$0	\$0	\$3,586,434
Summit Community Care Clinic	\$0	\$151,656	\$0	\$0	\$151,656
Sunrise Community Health Center	\$4,189,043	\$0	\$0	\$0	\$4,189,043
Uncompahgre Combined Clinics	\$160,025	\$14,927	\$0	\$0	\$174,952
Valley-Wide Health Systems	\$84,989	\$2,881,359	\$0	\$0	\$2,966,348
Sub-Total CICP Clinic Providers	\$9,996,139	\$39,884,827	\$0	\$0	\$49,880,966

CICP Hospital Providers					
Arkansas Valley Regional Medical Center	\$1,752,688	\$1,276,197	\$1,109,127	\$236,993	\$4,375,005
Aspen Valley Hospital	\$824,734	\$1,475,311	\$757,037	\$151,942	\$3,209,024
Boulder Community Hospital	\$6,684,427	\$3,453,171	\$13,578,246	\$3,396,047	\$27,111,891
Colorado Plains Medical Center	\$1,777,116	\$1,717,347	\$1,274,605	\$609,297	\$5,378,365
Community Hospital	\$2,013,287	\$153,887	\$2,215,510	\$0	\$4,382,684
Conejos County Hospital District	\$569,137	\$260,685	\$79,320	\$0	\$909,142
Delta County Memorial Hospital	\$655,256	\$153,832	\$1,352,465	\$30,838	\$2,192,391
East Morgan County Hospital	\$1,165,413	\$1,588,376	\$836,699	\$247,711	\$3,838,199
Estes Park Medical Center	\$460,714	\$1,460,685	\$322,007	\$287,535	\$2,530,941
Family Health West	\$9,898	\$1,450	\$0	\$29,069	\$40,417
Grand River Hospital	\$474,542	\$1,987,945	\$830,185	\$0	\$3,292,672
Gunnison Valley Hospital	\$379,345	\$226,549	\$242,812	\$0	\$848,706
Heart of the Rockies Regional Medical Center	\$3,067,437	\$0	\$1,280,040	\$0	\$4,347,477
Kremmling Memorial Hospital District	\$211,539	\$327,492	\$46,376	\$0	\$585,407
Longmont United Hospital	\$5,151,198	\$5,672,339	\$14,392,915	\$4,033,899	\$29,250,351
McKee Medical Center	\$6,356,359	\$10,870,022	\$10,484,838	\$5,032,230	\$32,743,449
Medical Center of the Rockies	\$5,479,365	\$11,653,457	\$16,351,966	\$5,625,038	\$39,109,826
Melissa Memorial Hospital	\$205,020	\$284,148	\$117,131	\$0	\$606,299
Memorial Hospital	\$47,926,203	\$38,238,406	\$57,860,215	\$12,111,685	\$156,136,509
Mercy Regional Medical Center	\$1,314,749	\$0	\$2,917,484	\$0	\$4,232,233

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
Montrose Memorial Hospital	\$2,951,550	\$6,097,414	\$4,579,545	\$1,577,948	\$15,206,457
Mount San Rafael Hospital	\$1,395,133	\$1,562,352	\$435,719	\$700,918	\$4,094,122
North Colorado Medical Center	\$13,484,871	\$24,905,235	\$37,569,451	\$22,938,562	\$98,898,119
Parkview Medical Center	\$35,416,300	\$21,207,157	\$42,258,244	\$18,272,745	\$117,154,446
Penrose St. Francis Hospital	\$19,555,300	\$13,838,455	\$27,221,257	\$7,985,605	\$68,600,617
Pikes Peak Regional Hospital	\$1,103,525	\$656,771	\$311,825	\$294,124	\$2,366,245
Platte Valley Medical Center	\$5,683,783	\$2,160,250	\$6,853,727	\$1,339,913	\$16,037,673
Poudre Valley Hospital	\$14,600,792	\$20,680,178	\$23,376,483	\$7,115,519	\$65,772,972
Prowers Medical Center	\$834,822	\$1,042,796	\$746,966	\$0	\$2,624,584
Rio Grande Hospital	\$373,145	\$689,585	\$189,519	\$0	\$1,252,249
San Luis Valley Regional Medical Center	\$2,495,620	\$2,770,156	\$2,959,382	\$1,084,301	\$9,309,459
Sedgwick County Hospital	\$5,439	\$321,062	\$0	\$64,834	\$391,335
Southeast Colorado Hospital District	\$242,415	\$118,669	\$29,088	\$0	\$390,172
Southwest Memorial Hospital	\$1,147,681	\$104,018	\$1,297,152	\$105,371	\$2,654,222
Spanish Peaks Regional Health Center	\$755,051	\$0	\$326,169	\$0	\$1,081,220
St. Mary-Corwin Medical Center	\$10,469,492	\$27,194,441	\$18,635,154	\$10,014,843	\$66,313,930
St. Mary's Hospital and Medical Center, Inc.	\$4,978,982	\$10,822,596	\$22,128,802	\$0	\$37,930,380
St. Thomas More Hospital	\$4,324,117	\$2,996,970	\$2,490,060	\$1,484,896	\$11,296,043
St. Vincent General Hospital District	\$123,029	\$0	\$63,883	\$0	\$186,912
Sterling Regional Medical Center	\$1,184,465	\$3,746,681	\$1,650,326	\$924,877	\$7,506,349
The Memorial Hospital	\$978,303	\$733,388	\$1,103,111	\$0	\$2,814,802
Valley View Hospital	\$2,832,061	\$3,531,614	\$5,016,670	\$909,508	\$12,289,853
Wray Community District Hospital	\$66,846	\$52,404	\$0	\$0	\$119,250
Yampa Valley Medical Center	\$1,587,552	\$0	\$4,227,611	\$0	\$5,815,163
Yuma District Hospital	\$236,021	\$562,968	\$139,805	\$0	\$938,794
Sub-Total CICP Hospital Providers	\$213,304,722	\$226,596,459	\$329,658,927	\$106,606,248	\$876,166,356

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

Providers	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Charges
CICP Specialty Hospital Providers					
National Jewish Health	\$7,250	\$11,841,557	\$0	\$0	\$11,848,807
Children's Hospital Colorado	\$178,455	\$317,809	\$2,069,320	\$0	\$2,565,584
Sub-Total CICP Specialty Hospital Providers	\$185,705	\$12,159,366	\$2,069,320	\$0	\$14,414,391
Denver Health Medical Center					
Denver Health Medical Center	\$69,026,575	\$79,069,547	\$107,172,065	\$54,273,677	\$309,541,864
University of Colorado Hospital					
University of Colorado Hospital	\$76,044,075	\$81,708,816	\$140,418,755	\$29,830,629	\$328,002,275
Total CICP Hospital Providers					
Total CICP Hospital Providers	\$358,561,077	\$399,534,188	\$579,319,067	\$190,710,554	\$1,528,124,886
Total All CICP Providers					
Total All CICP Providers	\$368,557,216	\$439,419,015	\$579,319,067	\$190,710,554	\$1,578,005,852

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

Table 31 — Inpatient and Outpatient Charges (Totals)

Providers	Total Urgent Charges	Total Non-Urgent Charges	Total Charges	Total Outpatient Charges	Total Inpatient Charges	Total Charges
CICP Clinic Providers						
Basin Clinic	\$32,326	\$98,669	\$130,995	\$130,995	\$0	\$130,995
Clinica Campesina	\$0	\$4,409,561	\$4,409,561	\$4,409,561	\$0	\$4,409,561
Colorado Alliance for Health Equity and Practice	\$0	\$65,422	\$65,422	\$65,422	\$0	\$65,422
Community Health Clinic	\$858	\$200,479	\$201,337	\$201,337	\$0	\$201,337
Custer County Medical Center	\$16,978	\$56,641	\$73,619	\$73,619	\$0	\$73,619
Denver Indian Health & Family Services	\$0	\$44,850	\$44,850	\$44,850	\$0	\$44,850
Grace Health Clinic	\$0	\$335,505	\$335,505	\$335,505	\$0	\$335,505
High Plains Community Health Center	\$729,470	\$38,393	\$767,863	\$767,863	\$0	\$767,863

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
Limon Plains Medical Center	\$527,676	\$0	\$527,676	\$527,676	\$0	\$527,676
Marillac Clinic	\$0	\$792,308	\$792,308	\$792,308	\$0	\$792,308
Metro Community Provider Network (MCPN)	\$0	\$7,296,059	\$7,296,059	\$7,296,059	\$0	\$7,296,059
Mountain Family Health Centers	\$520,871	\$534,910	\$1,055,781	\$1,055,781	\$0	\$1,055,781
NW Colorado Community Health Center	\$0	\$241,042	\$241,042	\$241,042	\$0	\$241,042
Peak Vista Community Health Centers	\$147,469	\$9,681,515	\$9,828,984	\$9,828,984	\$0	\$9,828,984
Pueblo Community Health Center	\$0	\$3,174,400	\$3,174,400	\$3,174,400	\$0	\$3,174,400
Salud Family Health Centers	\$0	\$9,867,131	\$9,867,131	\$9,867,131	\$0	\$9,867,131
Stout Street Clinic	\$3,586,434	\$0	\$3,586,434	\$3,586,434	\$0	\$3,586,434
Summit Community Care Clinic	\$0	\$151,656	\$151,656	\$151,656	\$0	\$151,656
Sunrise Community Health Center	\$4,189,043	\$0	\$4,189,043	\$4,189,043	\$0	\$4,189,043
Uncompahgre Combined Clinics	\$160,025	\$14,927	\$174,952	\$174,952	\$0	\$174,952
Valley-Wide Health Systems	\$84,989	\$2,881,359	\$2,966,348	\$2,966,348	\$0	\$2,966,348
Sub-Total CICP Clinic Providers	\$9,996,139	\$39,884,827	\$49,880,966	\$49,880,966	\$0	\$49,880,966

CICP Hospital Providers						
Arkansas Valley Regional Medical Center	\$2,861,815	\$1,513,190	\$4,375,005	\$3,028,885	\$1,346,120	\$4,375,005
Aspen Valley Hospital	\$1,581,771	\$1,627,253	\$3,209,024	\$2,300,045	\$908,979	\$3,209,024
Boulder Community Hospital	\$20,262,673	\$6,849,218	\$27,111,891	\$10,137,598	\$16,974,293	\$27,111,891
Colorado Plains Medical Center	\$3,051,721	\$2,326,644	\$5,378,365	\$3,494,463	\$1,883,902	\$5,378,365
Community Hospital	\$4,228,797	\$153,887	\$4,382,684	\$2,167,174	\$2,215,510	\$4,382,684
Conejos County Hospital	\$648,457	\$260,685	\$909,142	\$829,822	\$79,320	\$909,142
Delta County Memorial Hospital	\$2,007,721	\$184,670	\$2,192,391	\$809,088	\$1,383,303	\$2,192,391
Family Health West	\$2,002,112	\$1,836,087	\$3,838,199	\$2,753,789	\$1,084,410	\$3,838,199
East Morgan County Hospital	\$782,721	\$1,748,220	\$2,530,941	\$1,921,399	\$609,542	\$2,530,941
Estes Park Medical Center	\$9,898	\$30,519	\$40,417	\$11,348	\$29,069	\$40,417
Grand River Hospital and Medical Center	\$1,304,727	\$1,987,945	\$3,292,672	\$2,462,487	\$830,185	\$3,292,672
Gunnison Valley Hospital	\$622,157	\$226,549	\$848,706	\$605,894	\$242,812	\$848,706
Heart of the Rockies Regional Medical Center	\$4,347,477	\$0	\$4,347,477	\$3,067,437	\$1,280,040	\$4,347,477

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
Kremmling Memorial Hospital District	\$257,915	\$327,492	\$585,407	\$539,031	\$46,376	\$585,407
Longmont United Hospital	\$19,544,113	\$9,706,238	\$29,250,351	\$10,823,537	\$18,426,814	\$29,250,351
McKee Medical Center	\$16,841,197	\$15,902,252	\$32,743,449	\$17,226,381	\$15,517,068	\$32,743,449
Medical Center of the Rockies	\$21,831,331	\$17,278,495	\$39,109,826	\$17,132,822	\$21,977,004	\$39,109,826
Melissa Memorial Hospital	\$322,151	\$284,148	\$606,299	\$489,168	\$117,131	\$606,299
Memorial Hospital	\$105,786,418	\$50,350,091	\$156,136,509	\$86,164,609	\$69,971,900	\$156,136,509
Mercy Medical Center	\$4,232,233	\$0	\$4,232,233	\$1,314,749	\$2,917,484	\$4,232,233
Montrose Memorial Hospital	\$7,531,095	\$7,675,362	\$15,206,457	\$9,048,964	\$6,157,493	\$15,206,457
Mount San Rafael Hospital	\$1,830,852	\$2,263,270	\$4,094,122	\$2,957,485	\$1,136,637	\$4,094,122
North Colorado Medical Center	\$51,054,322	\$47,843,797	\$98,898,119	\$38,390,106	\$60,508,013	\$98,898,119
Parkview Medical Center	\$77,674,544	\$39,479,902	\$117,154,446	\$56,623,457	\$60,530,989	\$117,154,446
Penrose-St. Francis Health Services	\$46,776,557	\$21,824,060	\$68,600,617	\$33,393,755	\$35,206,862	\$68,600,617
Pikes Peak Regional Hospital	\$1,415,350	\$950,895	\$2,366,245	\$1,760,296	\$605,949	\$2,366,245
Platte Valley Medical Center	\$12,537,510	\$3,500,163	\$16,037,673	\$7,844,033	\$8,193,640	\$16,037,673
Poudre Valley Hospital	\$37,977,275	\$27,795,697	\$65,772,972	\$35,280,970	\$30,492,002	\$65,772,972
Prowers Medical Center	\$1,581,788	\$1,042,796	\$2,624,584	\$1,877,618	\$746,966	\$2,624,584
Rio Grande Hospital	\$562,664	\$689,585	\$1,252,249	\$1,062,730	\$189,519	\$1,252,249
San Luis Valley Regional Medical Center	\$5,455,002	\$3,854,457	\$9,309,459	\$5,265,776	\$4,043,683	\$9,309,459
Sedgwick County Health Center	\$5,439	\$385,896	\$391,335	\$326,501	\$64,834	\$391,335
Southeast Colorado Hospital	\$271,503	\$118,669	\$390,172	\$361,084	\$29,088	\$390,172
Southwest Memorial Hospital	\$2,444,833	\$209,389	\$2,654,222	\$1,251,699	\$1,402,523	\$2,654,222
Spanish Peaks Regional Health Center	\$1,081,220	\$0	\$1,081,220	\$755,051	\$326,169	\$1,081,220
St. Mary-Corwin Hospital	\$29,104,646	\$37,209,284	\$66,313,930	\$37,663,933	\$28,649,997	\$66,313,930
St. Mary's Hospital and Medical Center	\$27,107,784	\$10,822,596	\$37,930,380	\$15,801,578	\$22,128,802	\$37,930,380
St. Thomas More Hospital	\$6,814,177	\$4,481,866	\$11,296,043	\$7,321,087	\$3,974,956	\$11,296,043
St. Vincent General Hospital	\$186,912	\$0	\$186,912	\$123,029	\$63,883	\$186,912
Sterling Regional MedCenter	\$2,834,791	\$4,671,558	\$7,506,349	\$4,931,146	\$2,575,203	\$7,506,349

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
The Memorial Hospital	\$2,081,414	\$733,388	\$2,814,802	\$1,711,691	\$1,103,111	\$2,814,802
Valley View Hospital	\$7,848,731	\$4,441,122	\$12,289,853	\$6,363,675	\$5,926,178	\$12,289,853
Wray Community District Hospital	\$66,846	\$52,404	\$119,250	\$119,250	\$0	\$119,250
Yampa Valley Medical Center	\$5,815,163	\$0	\$5,815,163	\$1,587,552	\$4,227,611	\$5,815,163
Yuma District Hospital	\$375,826	\$562,968	\$938,794	\$798,989	\$139,805	\$938,794
Sub-Total CICP Hospital Providers	\$542,963,649	\$333,202,707	\$876,166,356	\$439,901,181	\$436,265,175	\$876,166,356
CICP Specialty Hospital Providers						
National Jewish Health	\$7,250	\$11,841,557	\$11,848,807	\$11,848,807	\$0	\$11,848,807
Children's Hospital Colorado	\$2,247,775	\$317,809	\$2,565,584	\$496,264	\$2,069,320	\$2,565,584
Sub-Total CICP Specialty Hospital Providers	\$2,255,025	\$12,159,366	\$14,414,391	\$12,345,071	\$2,069,320	\$14,414,391
Denver Health Medical Center	\$176,198,640	\$133,343,224	\$309,541,864	\$148,096,122	\$161,445,742	\$309,541,864
University of Colorado Hospital	\$216,462,830	\$111,539,445	\$328,002,275	\$157,752,891	\$170,249,384	\$328,002,275
Total CICP Hospital Providers	\$937,880,144	\$590,244,742	\$1,528,124,886	\$758,095,265	\$770,029,621	\$1,528,124,886
Total All CICP Providers	\$947,876,283	\$630,129,569	\$1,578,005,852	\$807,976,231	\$770,029,621	\$1,578,005,852

Notes: Same as Table 30

CICP UTILIZATION TABLES

Table 32 — Admissions and Visits by County*

County	CICP Clinics	CICP Hospitals**	Denver Health Medical Center	University of Colorado Hospital	Total
Adams	39,564	4,796	1,949	10,603	56,912
Alamosa	4,914	1,770	1	31	6,716
Arapahoe	22,415	2,159	1,922	19,586	46,082
Archuleta	21	47	-	2	70
Baca	199	720	-	7	926
Bent	793	565	2	-	1,360
Boulder	23,089	7,121	143	590	30,943
Broomfield	1,795	137	38	195	2,165
Chaffee	43	1,710	1	39	1,793
Cheyenne	66	7	1	8	82
Clear Creek	576	30	22	85	713
Conejos	2,186	1,890	2	13	4,091
Costilla	1,265	329	-	20	1,614
Crowley	308	248	-	3	559
Custer	414	235	-	14	663
Delta	8	1,034	-	11	1,053
Denver	26,032	2,901	139,811	10,643	179,387
Dolores	1,189	108	19	5	1,321
Douglas	1,672	310	189	1,304	3,475
Eagle	402	96	11	120	629
Elbert	775	177	23	232	1,207
El Paso	65,434	38,886	100	856	105,276
Fremont	1,909	6,945	10	47	8,911
Garfield	3,129	4,800	9	97	8,035
Gilpin	422	110	3	25	560
Grand	21	837	53	40	951
Gunnison	9	684	5	29	727
Hindsdale	-	16	-	2	18
Huerfano	78	595	2	16	691
Jackson	10	73	-	1	84
Jefferson	16,841	3,787	1,882	5,819	28,329
Kiowa	198	83	11	-	292
Kit Carson	280	42	2	34	358
Lake	22	70	5	43	140
La Plata	296	472	2	33	803
Larimer	17,385	35,854	30	507	53,776
Las Animas	57	1,886	16	51	2,010

Table 32 — Admissions and Visits by County*, Continued

County	CICP Clinics	CICP Hospitals**	Denver Health Medical Center	University of Colorado Hospital	Total
Lincoln	1,154	98	6	42	1,300
Logan	1,918	2,864	7	89	4,878
Mesa	5,568	10,880	16	77	16,541
Mineral	20	275	-	-	295
Moffat	1,261	1,063	2	14	2,340
Montezuma	1,858	922	2	15	2,797
Montrose	881	4,550	1	97	5,529
Morgan	3,522	3,800	5	118	7,445
Otero	2,494	2,813	4	18	5,329
Ouray	22	151	-	9	182
Park	645	242	9	141	1,037
Phillips	148	886	-	3	1,037
Pitkin	297	1,156	1	63	1,517
Prowers	3,626	1,997	4	57	5,684
Pueblo	20,319	24,473	37	280	45,109
Rio Blanco	21	29	-	2	52
Rio Grande	3,776	2,215	4	30	6,025
Routt	192	1,955	6	32	2,185
Saguache	2,248	899	-	29	3,176
San Juan	2	17	-	4	23
San Miguel	570	187	2	35	794
Sedgwick	58	619	-	26	703
Summit	1,379	43	7	53	1,482
Teller	6,812	1,591	1	52	8,456
Washington	110	480	1	13	604
Weld	25,988	19,180	104	1,055	46,327
Yuma	101	1,366	2	55	1,524
Unknown	711	1,832	240	241	3,024
Total	319,518	208,113	146,725	53,761	728,117

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

**Includes CICP Specialty Hospital providers.

Table 33 — Outpatient Visits and Inpatient Admissions by CICP Rating

Outpatient Visits										
CICP Rating	CICP Clinics		CICP Hospitals		Denver Health		University Hospital		All Providers	
	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total
A	17,496	5.5%	10,318	5.3%	5,267	3.7%	2,912	5.7%	35,993	5.1%
B	20,600	6.4%	11,910	6.1%	6,935	4.9%	3,883	7.7%	43,328	6.1%
C	23,461	7.3%	13,691	7.0%	7,741	5.5%	4,331	8.5%	49,224	7.0%
D	22,375	7.0%	13,682	7.0%	9,429	6.7%	4,320	8.5%	49,806	7.0%
E	18,228	5.7%	12,150	6.2%	8,625	6.1%	3,851	7.6%	42,854	6.1%
F	24,357	7.6%	16,345	8.4%	10,013	7.1%	4,355	8.6%	55,070	7.8%
G	16,553	5.2%	12,089	6.2%	6,500	4.6%	2,433	4.8%	37,575	5.3%
H	7,718	2.4%	6,392	3.3%	2,689	1.9%	1,242	2.5%	18,041	2.6%
I	14,835	4.6%	20,642	10.6%	5,648	4.0%	2,731	5.4%	43,856	6.2%
N	106,247	33.3%	50,650	25.9%	34,358	24.2%	16,462	32.5%	207,717	29.4%
Z	46,979	14.7%	26,827	13.7%	44,421	31.3%	4,169	8.2%	122,396	17.3%
Unknown	669	0.2%	582	0.3%	117	0.1%	0	0.0%	1,368	0.2%
Total	319,518	100.0%	195,278	100.0%	141,743	100.0%	50,689	100.0%	707,228	100.0%

Inpatient Admissions										
CICP Rating	CICP Clinics		CICP Hospitals		Denver Health		University Hospital		All Providers	
	Visits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total
A	0	0.0%	544	4.2%	134	2.7%	169	5.5%	847	4.1%
B	0	0.0%	694	5.4%	230	4.6%	181	5.9%	1,105	5.3%
C	0	0.0%	880	6.9%	240	4.8%	267	8.7%	1,387	6.6%
D	0	0.0%	854	6.7%	274	5.5%	228	7.4%	1,356	6.5%
E	0	0.0%	786	6.1%	277	5.6%	203	6.6%	1,266	6.1%
F	0	0.0%	1,192	9.3%	265	5.3%	260	8.5%	1,717	8.2%
G	0	0.0%	896	7.0%	194	3.9%	140	4.6%	1,230	5.9%
H	0	0.0%	370	2.9%	76	1.5%	70	2.3%	516	2.5%
I	0	0.0%	1,151	9.0%	192	3.9%	178	5.8%	1,521	7.3%
N	0	0.0%	3,747	29.2%	1,440	28.9%	994	32.4%	6,181	29.6%
Z	0	0.0%	1,699	13.2%	1,604	32.2%	382	12.4%	3,685	17.6%
Unknown	0	0.0%	22	0.2%	56	1.1%	0	0.0%	78	0.4%
Total	-	0%	12,835	100.0%	4,982	100.0%	3,072	100.0%	20,889	100.0%

Note: *Includes CICP Specialty Hospital providers.

Table 34 — Inpatient Days by CICP Rating

CICP Rating	CICP Hospitals*	Denver Health Medical Center	University of Colorado Hospital	Total
A	2,922	527	783	4,232
B	2,767	973	797	4,537
C	4,176	1,046	1,268	6,490
D	3,778	1,266	1,026	6,070
E	3,839	1,111	1,060	6,010
F	4,539	1,117	1,242	6,898
G	4,307	792	681	5,780
H	1,576	363	415	2,354
I	5,092	1,015	850	6,957
N	15,446	6,252	4,498	26,196
Z	7,158	7,670	1,724	16,552
Unknown	127	331	-	458
Total	55,727	22,463	14,344	92,534

Note:

*Includes CICP Specialty Hospital providers

Table 35 — Inpatient Admissions by Age and Sex

CICP Hospitals*							
Age Group	Female		Male		Total Inpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	139	\$850,888	165	\$1,880,538	304	2.4%	\$2,731,426
6-17	46	\$1,041,755	48	\$1,292,999	94	0.7%	\$2,334,754
18-24	507	\$11,132,546	535	\$13,684,035	1,042	8.1%	\$24,816,581
25-54	3,336	\$93,662,732	3,933	\$134,563,537	7,269	56.6%	\$228,226,269
55-64	1,501	\$57,520,960	1,589	\$77,935,290	3,090	24.1%	\$135,456,250
65+	567	\$22,319,807	469	\$22,449,408	1,036	8.1%	\$44,769,215
TOTAL	6,096	\$186,528,688	6,739	\$251,805,807	12,835	100.0%	\$438,334,495

Table 35 — Inpatient Admissions by Age and Sex, Continued

Denver Health Medical Center							
Age Group	Female		Male		Total Inpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	10	\$52,162	9	\$88,780	19	0.4%	\$140,942
6-17	3	\$73,908	4	\$106,209	7	0.1%	\$180,117
18-24	114	\$3,382,078	202	\$7,008,689	316	6.3%	\$10,390,767
25-54	1,010	\$29,869,770	2,090	\$64,829,887	3,100	62.2%	\$94,699,657
55-64	431	\$15,074,666	735	\$26,756,864	1,166	23.4%	\$41,831,530
65+	172	\$6,277,225	202	\$7,925,504	374	7.5%	\$14,202,729
TOTAL	1,740	\$54,729,809	3,242	\$106,715,933	4,982	99.9%	\$161,445,742

University of Colorado Hospital							
Age Group	Female		Male		Total Inpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	14	\$1,289,843	10	\$527,258	24	0.9%	\$1,817,101
6-17	1	\$39,326	0	\$0	1	0.0%	\$39,326
18-24	73	\$2,440,502	89	\$4,169,974	162	6.1%	\$6,610,476
25-54	632	\$32,556,669	879	\$59,362,401	1,511	56.7%	\$91,919,070
55-64	329	\$17,991,087	356	\$26,247,299	685	25.7%	\$44,238,386
65+	157	\$9,978,220	123	\$8,739,584	280	10.5%	\$18,717,804
TOTAL	1,206	\$64,295,647	1,457	\$99,046,516	2,663	100.0%	\$163,342,163

All CICP Providers							
Age Group	Female		Male		Total Inpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	157	\$1,112,663	190	\$2,122,201	347	1.7%	\$3,234,864
6-17	51	\$1,196,397	54	\$1,454,547	105	0.5%	\$2,650,944
18-24	677	\$16,815,688	810	\$24,317,998	1,487	7.1%	\$41,133,686
25-54	5,084	\$160,407,011	7,035	\$255,099,445	12,119	58.0%	\$415,506,456
55-64	2,288	\$94,371,388	2,797	\$134,383,497	5,085	24.3%	\$228,754,885
65+	901	\$37,452,029	845	\$41,296,757	1,746	8.4%	\$78,748,786
TOTAL	9,158	\$311,355,176	11,731	\$458,674,445	20,889	100.0%	\$770,029,621

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

Table 36 — Outpatient Activity by Age and Sex

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

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

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

Table 36 — Outpatient Activity by Age and Sex, Continued

University of Colorado Hospital							
Age Group	Female		Male		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	3	\$3,383	7	\$194,795	10	0.0%	\$198,178
6-17	50	\$149,999	47	\$141,382	97	0.2%	\$291,381
18-24	2,088	\$6,820,771	1,960	\$5,716,032	4,048	7.7%	\$12,536,803
25-54	15,011	\$44,939,588	16,110	\$45,047,105	31,121	59.2%	\$89,986,693
55-64	6,026	\$18,663,418	5,986	\$17,771,043	12,012	22.8%	\$36,434,461
65+	3,161	\$8,033,173	2,143	\$6,429,347	5,304	10.1%	\$14,462,520
TOTAL	26,339	\$78,610,332	26,253	\$75,299,704	52,592	100.0%	\$153,910,036

All CICIP Providers							
Age Group	Female		Male		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	157	\$1,112,663	190	\$2,122,201	347	1.7%	\$3,234,864
6-17	51	\$1,196,397	54	\$1,454,547	105	0.5%	\$2,650,944
18-24	677	\$16,815,688	810	\$24,317,998	1,487	7.1%	\$41,133,686
25-54	5,084	\$160,407,011	7,035	\$255,099,445	12,119	58.0%	\$415,506,456
55-64	2,288	\$94,371,388	2,797	\$134,383,497	5,085	24.3%	\$228,754,885
65+	901	\$37,452,029	845	\$41,296,757	1,746	8.4%	\$78,748,786
TOTAL	9,158	\$311,355,176	11,731	\$458,674,445	20,889	100.0%	\$770,029,621

Notes: *Includes CICIP Specialty Hospital Providers.
Charges reported in this table are from Table 2B.

Table 37 — Utilization by Provider

Provider Name	Visits	Admissions	Days	ALOS*
CICP Clinic Providers				
Basin Clinic	682	0	0	0
Clinica Campesina	30,010	0	0	0
Colorado Alliance for Health Equity and Practice	425	0	0	0
Community Health Clinic	2,267	0	0	0
Custer County Medical Center	386	0	0	0
Denver Indian Health & Family Services	299	0	0	0
Grace Health Clinic	1,425	0	0	0
High Plains Community Health Center	4,297	0	0	0
Limon Plains Medical Center	4,046	0	0	0
Marillac Clinic	5,502	0	0	0
Metro Community Provider Network (MCPN)	46,879	0	0	0
Mountain Family Health Centers	5,395	0	0	0
NW Colorado Community Health Center	1,501	0	0	0
Peak Vista Community Health Centers	72,613	0	0	0
Pueblo Community Health Center	20,538	0	0	0
Salud Family Health Centers	56,977	0	0	0
Stout Street Clinic	19,478	0	0	0
Summit Community Care Clinic	1,472	0	0	0
Sunrise Community Health Center	23,655	0	0	0
Uncompahgre Combined Clinics	817	0	0	0
Valley-Wide Health Systems	20,854	0	0	0
Sub-Total (Clinics)	319,518	-	-	-
CICP Hospital Providers				
Arkansas Valley Regional Medical Center	2,557	105	345	3.29
Aspen Valley Hospital	1,231	37	93	2.51
Boulder Community Hospital	3,505	404	1,738	4.30
Colorado Plains Medical Center	1,812	99	256	2.59
Community Hospital	1,774	121	394	3.26
Conejos County Hospital District	1,518	10	26	2.60
Delta County Memorial Hospital	405	109	298	2.73
East Morgan County Hospital	1,596	71	232	3.27
Estes Park Medical Center	1,218	19	50	2.63
Family Health West	24	4	6	1.50
Grand River Hospital	2,101	34	75	2.21
Gunnison Valley Hospital	655	15	52	3.47
Heart of the Rockies Regional Medical Center	1,972	80	276	3.45
Kremmling Memorial Hospital District	753	7	15	2.14
Longmont United Hospital	3,855	482	2,081	4.32
McKee Medical Center	8,619	496	1,611	3.25
Medical Center of the Rockies	4,675	494	1,709	3.46
Melissa Memorial Hospital	875	11	34	3.09

Table 37 — Utilization by Provider, Continued

Provider Name	Visits	Admissions	Days	ALOS*
Memorial Hospital	31,175	1,918	8,058	4.20
Mercy Regional Medical Center	436	84	387	4.61
Montrose Memorial Hospital	4,791	316	1,440	4.56
Mount San Rafael Hospital	3,319	84	164	1.95
North Colorado Medical Center	13,863	1,627	11,848	7.28
Parkview Medical Center	15,946	1,098	5,731	5.22
Penrose St. Francis Hospital	6,500	804	3,509	4.36
Pikes Peak Regional Hospital	1,166	31	105	3.39
Platte Valley Medical Center	2,678	292	963	3.30
Poudre Valley Hospital	22,504	1,296	4,885	3.77
Prowers Medical Center	1,990	72	167	2.32
Rio Grande Hospital	1,779	21	52	2.48
San Luis Valley Regional Medical Center	3,276	219	695	3.17
Sedgwick County Hospital	574	7	21	3.00
Southeast Colorado Hospital District	539	5	8	1.60
Southwest Memorial Hospital	866	58	241	4.16
Spanish Peaks Regional Health Center	318	32	63	1.97
St. Mary-Corwin Medical Center	9,624	693	2,978	4.30
St. Mary's Hospital and Medical Center, Inc.	9,184	549	2,565	4.67
St. Thomas More Hospital	5,810	160	523	3.27
St. Vincent General Hospital District	45	4	11	2.75
Sterling Regional Medical Center	2,578	128	377	2.95
The Memorial Hospital	919	54	186	3.44
Valley View Hospital	2,382	174	553	3.18
Wray Community District Hospital	482	0	0	0.00
Yampa Valley Medical Center	1,701	461	602	1.31
Yuma District Hospital	1,061	8	24	3.00
Sub-Total CICP Hospital Providers	184,651	12,793	55,447	4.33
CICP Specialty Hospital Providers				
National Jewish Health	10,112	0	0	#DIV/0!
Children's Hospital Colorado	515	42	280	6.67
Sub-Total CICP Specialty Hospital Providers	10,627	42	280	6.67
Denver Health Medical Center	141,743	4,982	22,463	4.51
University of Colorado Hospital	50,689	3,072	14,344	4.67
Total CICP Hospital Providers	387,710	20,889	92,534	4.43
Total All CICP Providers	707,228	20,889	92,534	4.43

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

Table 38 — Unduplicated Inpatient and Outpatient Count by Age Group

Provider Name	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
CICP Clinic Providers								
Basin Clinic	-	-	-	-	2	14	494	510
Clinica Campesina	-	-	-	-	51	134	7,315	7,500
Colorado Alliance for Health Equity and Practice	-	-	-	-	2	2	256	260
Community Health Clinic	-	-	-	-	2	9	609	620
Custer County Medical Center	-	-	-	-	-	3	204	207
Denver Indian Health & Family Services	-	-	-	-	-	-	198	198
Grace Health Clinic	-	-	-	-	4	13	708	725
High Plains Community Health Center	-	-	-	-	8	52	1,247	1,307
Limon Plains Medical Center	-	-	-	-	19	138	1,226	1,383
Marillac Clinic	-	-	-	-	-	3	2,057	2,060
Metro Community Provider Network (MCPN)	-	-	-	-	66	298	12,141	12,505
Mountain Family Health Centers	-	-	-	-	4	15	1,379	1,398
NW Colorado Community Health Center	-	-	-	-	-	2	544	546
Peak Vista Community Health Centers	-	-	-	-	515	2,267	15,981	18,763
Pueblo Community Health Center	-	-	-	-	10	61	5,664	5,735
Salud Family Health Centers	-	-	-	-	91	597	18,524	19,212
Stout Street Clinic	-	-	-	-	1	18	747	766
Summit Community Care Clinic	-	-	-	-	35	50	5,092	5,177
Sunrise Community Health Center	-	-	-	-	22	221	6,283	6,526
Uncompahgre Combined Clinics	-	-	-	-	3	14	270	287
Valley-Wide Health Systems	-	-	-	-	15	54	7,032	7,101
Sub-Total CICP Clinic Providers	0	0	0	0	850	3,965	87,971	92,786

CICP Hospital Providers								
Arkansas Valley Regional Medical Center	4	-	86	90	7	18	1,115	1,140
Aspen Valley Hospital	1	2	31	34	2	4	251	257
Boulder Community Hospital	-	2	307	309	1	20	1,495	1,516
Colorado Plains Medical Center	3	4	86	93	19	33	1,093	1,145
Community Hospital	-	-	100	100	-	19	887	906
Conejos County Hospital District	-	-	9	9	2	3	415	420

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

Provider Name	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
Delta County Memorial Hospital	-	109	-	109	-	11	394	405
East Morgan County Hospital	-	-	60	60	5	21	544	570
Estes Park Medical Center	-	-	6	6	-	8	465	473
Family Health West	-	-	4	4	-	-	13	13
Grand River Hospital	-	-	31	31	4	6	475	485
Gunnison Valley Hospital	-	-	8	8	-	5	173	178
Heart of the Rockies Regional Medical Center	5	-	56	61	7	16	592	615
Kremmling Memorial Hospital District	-	-	7	7	4	5	259	268
Longmont United Hospital	4	5	355	364	5	31	1,904	1,940
McKee Medical Center	16	2	353	371	34	82	2,905	3,021
Medical Center of the Rockies	18	5	314	337	43	102	2,360	2,505
Melissa Memorial Hospital	-	-	11	11	2	12	121	135
Memorial Hospital	3	178	1,360	1,541	104	2,163	9,345	11,612
Mercy Regional Medical Center	-	-	67	67	1	3	282	286
Montrose Memorial Hospital	6	2	249	257	14	43	1,556	1,613
Mount San Rafael Hospital	1	-	50	51	8	43	1,164	1,215
North Colorado Medical Center	38	10	1,116	1,164	89	182	4,729	5,000
Parkview Medical Center	9	7	884	900	23	63	5,045	5,131
Penrose St. Francis Hospital	2	1	410	413	14	55	2,654	2,723
Pikes Peak Regional Hospital	-	-	9	9	3	5	456	464
Platte Valley Medical Center	25	-	164	189	15	40	1,536	1,591
Poudre Valley Hospital	67	27	603	697	94	249	8,381	8,724
Prowers Medical Center	2	-	59	61	19	25	700	744
Rio Grande Hospital	-	-	21	21	-	4	1,230	1,234
San Luis Valley Regional Medical Center	1	1	94	96	6	16	1,543	1,565
Sedgwick County Hospital	-	-	7	7	-	1	79	80
Southeast Colorado Hospital District	-	-	5	5	1	2	184	187
Southwest Memorial Hospital	-	-	21	21	3	7	377	387
Spanish Peaks Regional Health Center	-	-	31	31	1	5	241	247

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

	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 18	Age 19+	Total	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
St. Mary-Corwin Medical Center	2	1	354	357	6	38	4,227	4,271
St. Mary's Hospital and Medical Center, Inc.	3	5	438	446	5	40	2,988	3,033
St. Thomas More Hospital	3	-	77	80	9	26	2,166	2,201
St. Vincent General Hospital District	-	-	1	1	-	-	18	18
Sterling Regional Medical Center	7	1	95	103	21	33	765	819
The Memorial Hospital	1	2	39	42	1	9	324	334
Valley View Hospital	8	1	90	99	14	29	725	768
Wray Community District Hospital	-	-	-	-	-	3	128	131
Yampa Valley Medical Center	4	5	322	331	6	10	385	401
Yuma District Hospital	-	-	8	8	2	36	421	459
Sub-Total CICP Hospital Providers	233	370	8,398	9,001	594	3,526	67,110	71,230

CICP Specialty Hospital Providers								
National Jewish Health	-	-	-	-	3	9	2,301	2,313
Children's Hospital Colorado	8	22	8	38	58	120	54	232
Sub-Total CICP Specialty Hospital Providers	8	22	8	38	61	129	2,355	2,545

Denver Health Medical Center	18	13	3,652	3,683	167	398	30,075	30,640
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University of Colorado Hospital	24	9	2,228	2,261	4	223	16,475	16,702
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Total CICP Hospital Providers	283	414	14,286	14,983	826	4,276	116,015	121,117
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Total All CICP Providers	283	414	14,286	14,983	1,676	8,241	203,986	213,903
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Note: Unduplicated client count is a count of unique social security numbers by provider. Providers are requested to report a unique count for inpatient, outpatient and total clients served. Several providers could not produce a separate count for total clients, so inpatient and outpatient totals were added to create total clients. Since this count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

Table 39 — Unduplicated Total Count by Age Group

Provider Name	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
CICP Clinic Providers				
Basin Clinic	2	14	494	510
Clinica Campesina	51	134	7,315	7,500
Colorado Alliance for Health Equity and Practice	2	2	256	260
Community Health Clinic	2	9	609	620
Custer County Medical Center	-	3	204	207
Denver Indian Health & Family Services	-	-	198	198
Grace Health Clinic	4	13	708	725
High Plains Community Health Center	8	52	1,247	1,307
Limon Plains Medical Center	19	138	1,226	1,383
Marillac Clinic	-	3	2,057	2,060
Metro Community Provider Network (MCPN)	66	298	12,141	12,505
Mountain Family Health Centers	4	15	1,379	1,398
NW Colorado Community Health Center	-	2	544	546
Peak Vista Community Health Centers	515	2,267	15,981	18,763
Pueblo Community Health Center	10	61	5,664	5,735
Salud Family Health Centers	91	597	18,524	19,212
Stout Street Clinic	35	50	5,092	5,177
Summit Community Care Clinic	1	18	747	766
Sunrise Community Health Center	22	221	6,283	6,526
Uncompahgre Combined Clinics	3	14	270	287
Valley-Wide Health Systems	15	54	7,032	7,101
Sub-Total CICP Clinic Providers	850	3,965	87,971	92,786

CICP Hospital Providers				
Arkansas Valley Regional Medical Center	11	18	1,149	1,178
Aspen Valley Hospital	3	6	282	291
Boulder Community Hospital	1	22	1,626	1,649
Colorado Plains Medical Center	22	37	1,179	1,238
Community Hospital	-	18	935	953

Table 39 — Unduplicated Total Count by Age Group, Continued

Provider Name	Age 0 thru 5	Age 6 thru 18	Age 19+	Total
Conejos County Hospital District	2	3	415	420
Delta County Memorial Hospital	-	11	503	514
East Morgan County Hospital	5	21	604	630
Estes Park Medical Center	-	8	471	479
Family Health West	-	-	17	17
Grand River Hospital	4	6	475	485
Gunnison Valley Hospital	-	5	181	186
Heart of the Rockies Regional Medical Center	12	16	648	676
Kremmling Memorial Hospital District	4	6	265	275
Longmont United Hospital	9	36	2,259	2,304
McKee Medical Center	50	84	3,258	3,392
Medical Center of the Rockies	61	107	2,674	2,842
Melissa Memorial Hospital	2	12	132	146
Memorial Hospital	105	2,226	9,742	12,073
Mercy Regional Medical Center	1	3	349	353
Montrose Memorial Hospital	19	45	1,617	1,681
Mount San Rafael Hospital	9	33	1,206	1,248
North Colorado Medical Center	127	192	5,845	6,164
Parkview Medical Center	31	68	5,366	5,465
Penrose St. Francis Hospital	16	56	3,064	3,136
Pikes Peak Regional Hospital	3	5	465	473
Platte Valley Medical Center	40	40	1,700	1,780
Poudre Valley Hospital	161	276	8,984	9,421
Prowers Medical Center	21	25	759	805
Rio Grande Hospital	-	2	524	526
San Luis Valley Regional Medical Center	7	17	1,637	1,661
Sedgwick County Hospital	-	1	86	87
Southeast Colorado Hospital District	1	2	189	192
Southwest Memorial Hospital	3	7	398	408

Table 39 — Unduplicated Total Count by Age Group, Continued

Provider Name	Total			Total
	Age 0 thru 5	Age 6 thru 18	Age 19+	
Spanish Peaks Regional Health Center	1	5	272	278
St. Mary-Corwin Medical Center	8	39	4,581	4,628
St. Mary's Hospital and Medical Center, Inc.	7	42	3,108	3,157
St. Thomas More Hospital	12	26	2,243	2,281
St. Vincent General Hospital District	-	-	19	19
Sterling Regional Medical Center	28	34	860	922
The Memorial Hospital	2	10	342	354
Valley View Hospital	22	30	815	867
Wray Community District Hospital	-	3	128	131
Yampa Valley Medical Center	10	14	541	565
Yuma District Hospital	2	36	429	467
Sub-Total CICP Hospital Providers	822	3,653	72,342	76,817
CICP Specialty Hospital Providers				
National Jewish Health	3	9	2,301	2,313
Children's Hospital Colorado	66	142	62	270
Sub-Total CICP Specialty Hospital Providers	69	151	2,363	2,583
Denver Health Medical Center	178	407	30,809	31,394
University of Colorado Hospital	28	224	17,102	17,354
Total CICP Hospital Providers	1,097	4,435	122,616	128,148
Total All CICP Providers	1,947	8,400	210,587	220,934

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