



**Colorado  
Legislative  
Council  
Staff**

Room 029 State Capitol, Denver, CO 80203-1784  
(303) 866-3521 • FAX: 866-3855 • TDD: 866-3472  
[www.colorado.gov/lcs](http://www.colorado.gov/lcs)  
E-mail: [lcs.ga@state.co.us](mailto:lcs.ga@state.co.us)

---

**M E M O R A N D U M**

November 25, 2015

**TO:** Interested Persons  
**FROM:** Greg Sobetski, Economist, 303-866-4105  
**SUBJECT:** Hospital Provider Fee

**Summary**

Pursuant to the Health Care Affordability Act of 2009, Colorado collects a provider fee from most hospitals. The *hospital provider fee* (HPF) is matched with federal Medicaid dollars and used to reimburse hospitals for uncompensated care costs, pay for expansion populations under Medicaid and the Children's Health Plan Plus, and cover administrative expenses associated with the fee.

In FY 2014-15, HPF collections from hospitals totaled \$528.4 million. The fee is the second-largest source of state cash fund revenue subject to the fiscal year spending limit in the Taxpayer's Bill of Rights (TABOR).

This memorandum discusses the following topics related to the HPF:

- assessment and collection;
- federal match rates;
- disbursements to hospitals;
- the Hospital Provider Fee Oversight and Advisory Board; and
- TABOR impact and the proposal to create an HPF enterprise.

The Health Care Affordability Act of 2009<sup>1</sup> authorized the collection of a provider fee from most Colorado hospitals. The hospital provider fee (HPF) allows the state to draw federal matching funds under Medicaid to pay for uncompensated care at hospitals, as well as the costs of providing care to Medicaid and Children's Health Plan Plus (CHP+) expansion populations. The HPF is administered by the Hospital Provider Fee Oversight and Advisory Board (HPF Board) and the Department of Health Care Policy and Financing (HCPF).

---

<sup>1</sup>House Bill 09-1293.

## Assessment and Collection

Fees are collected from most hospitals in the state. State law exempts the following hospitals from fee requirements:

- psychiatric hospitals;
- long-term care hospitals certified by the Department of Public Health and Environment; and
- inpatient rehabilitation hospitals.<sup>2</sup>

Fees are set by the state Medical Services Board, the board responsible for promulgation of all HCPF rules. The Medical Services Board bases fees on recommendations from the HPF Board. Additionally, each year's fee schedule must be approved by the federal Centers for Medicare and Medicaid Services (CMS). Fees are set such that they do not exceed limits on fee revenue contained in state law and in federal regulations.

**Limits on fee revenue.** Aggregate fee revenue is constrained by an appropriation in each year's Long Bill.<sup>3</sup> Additionally, pursuant to federal regulations, the amount that the state collects from the HPF may not exceed the lesser of:

- 6 percent of hospitals' net patient revenue;<sup>4</sup> or
- the state's upper payment limit.<sup>5</sup>

The state's upper payment limit is calculated by a formula set in federal regulations. The upper payment limit generally expresses the difference between the total health care costs paid for Medicaid-covered patients and total costs that would have been paid for those patients if they were covered under Medicare instead. Through FY 2014-15, the upper payment limit has constrained state HPF revenue. However, as the population of patients eligible for Medicaid coverage expands, the upper payment limit increases. Given the recent Medicaid expansion in Colorado under Senate Bill 13-200, a significant increase in the state's upper payment limit is expected between FY 2014-15 and FY 2015-16, which will increase the amount of HPF revenue that the state is authorized to collect. Beginning in FY 2015-16, the constraining federal limit on state HPF revenue is 6 percent of net patient revenue, estimated at \$804.4 million.

### Acronyms Used in this Memorandum

<b>CHP+</b>	<i>Children's Basic Health Plan Plus</i>
<b>CMS</b>	<i>Centers for Medicare and Medicaid Services</i>
<b>FMAP</b>	<i>Federal Medical Assistance Percentage</i>
<b>HCPF</b>	<i>Department of Health Care Policy and Financing</i>
<b>HPF</b>	<i>Hospital Provider Fee</i>
<b>TABOR</b>	<i>Taxpayer's Bill of Rights</i>

<sup>2</sup>Section 25.5-4-402.3 (3)(c)(I), C.R.S.

<sup>3</sup>Section 25.5-4-402.3 (3)(b)(III), C.R.S.

<sup>4</sup>42 CFR 433.58 (f)(3)(i)(A).

<sup>5</sup>42 CFR 447.272.

**Current fee schedule.** The current fee schedule, as authorized by the Medical Services Board, includes inpatient and outpatient fee assessments. The inpatient services fee is computed according to the number of days of care provided by the hospital, as shown in Table 1. The inpatient fee amount depends on the type of hospital and whether or not care is paid for through a managed care plan. The outpatient services fee, shown in Table 2, is computed as a percentage of total outpatient charges.

**Table 1  
Inpatient Services Fee Schedule as of July 30, 2015**

	<b>Psychiatric, Long Term Care, and Rehabilitation Hospitals /A</b>	<b>Essential Access Hospitals /B</b>	<b>High Volume Medicaid and Colorado Indigent Care Program Hospitals /C</b>	<b>All Other Hospitals</b>
<b>Managed Care Days /D</b>	Exempt	\$30.46/day	\$39.76/day	\$76.16/day
<b>All Other Days</b>	Exempt	\$136.16/day	\$177.72/day	\$340.39/day

Source: 10 CCR 2505-10 (8.2003.B).

/A Hospitals licensed as psychiatric, long term care, or rehabilitation hospitals by the Department of Public Health and Environment.

/B Hospitals located in rural areas with 25 or fewer licensed beds.

/C Hospitals with at least 30,000 Medicaid care days per year that provide over 30 percent of their total care days to Medicaid or Colorado Indigent Care Program clients.

/D Managed care days include care covered under Medicaid HMO, Medicare HMO, and any commercial HMO or PPO insurance plan. Managed care days do not include care provided via fee for service, Diagnosis Related Group Medicare reimbursement, or indemnity plans.

**Table 2  
Outpatient Services Fee Schedule as of July 30, 2015**

	<b>Psychiatric, Long Term Care, and Rehabilitation Hospitals /A</b>	<b>High Volume Medicaid and Colorado Indigent Care Program Hospitals /B</b>	<b>All Other Hospitals</b>
<b>Outpatient Charges</b>	Exempt	1.1047 percent	1.9447 percent

Source: 10 CCR 2505-10 (8.2003.A).

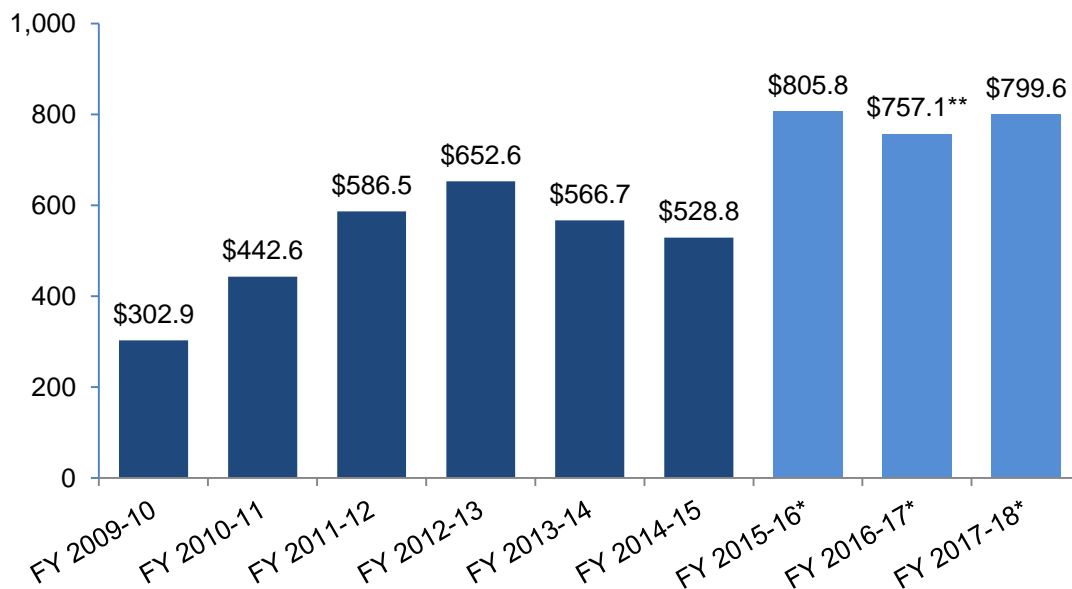
/A Hospitals licensed as psychiatric, long term care, or rehabilitation hospitals by the Department of Public Health and Environment.

/B Hospitals with at least 30,000 Medicaid care days per year that provide over 30 percent of their total care days to Medicaid or Colorado Indigent Care Program clients.

Pursuant to rule, HCPF assesses fees on an annual basis and collects fees in twelve monthly installments.<sup>6</sup> Fee revenue is collected in the Hospital Provider Fee Cash Fund. Actual and projected HPF revenue for FY 2009-10 through FY 2017-18 is shown in Figure 1 on page 4.

<sup>6</sup>10 CCR 2505-10 (8.2002.B (3)).

**Figure 1**  
**Actual and Projected Hospital Provider Fee Revenue**  
*(dollars in millions)*



Source: Office of the State Controller and Legislative Council Staff.

\*September 2015 LCS forecast based on current law.

\*\*FY 2016-17 revenue does not reflect the Governor's proposal to reduce anticipated HPF collections by \$100 million.

### Federal Match Rates

Fee revenue collected from hospitals is matched with federal funds before being disbursed to HCPF and hospitals for expenditure. The federal government applies different match rates according to the purpose and populations for which funds will be expended. The majority of HPF revenue (82.4 percent in FY 2014-15) is spent on supplemental payments to hospitals, and is therefore matched at the state's Federal Medical Assistance Percentage (FMAP). FMAPs are calculated on a state-by-state basis each federal fiscal year, with each year's rate taking effect on October 1. For federal fiscal year 2015-16, Colorado's FMAP was reduced from 51.01 percent to 50.72 percent.<sup>7</sup> This means that 50.72 percent of supplemental payments are borne by federal sources, while the remaining 49.28 percent is paid using state HPF collections.

The remaining HPF collections (17.6 percent in FY 2014-15) are matched at various federal match rates depending on the population or service for which they will be used. Different match rates exist for different client groups, including Medicaid expansion populations, continuous eligibility populations, children and pregnant women enrolled in the CHP+ program, and low-income parents. Costs for some of these groups are subject to the standard FMAP rate, whereas others are matched at different rates. These are revised each federal fiscal year.

<sup>7</sup>Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Federal Medical Assistance Percentage 2016 Report.

## Disbursements to Hospitals

HPF revenue and federal matching funds are used to:

- issue supplemental payments to hospitals for uncompensated health care;
- fund health care for Medicaid and CHP+ expansion populations;
- pay for administration of the HPF; and
- offset losses in federal matching funds if and when public expenditures are not certified for certain outpatient procedures.<sup>8</sup>

Expenditures of combined state and federal HPF revenue totaled \$1.61 billion for FY 2013-14, the most recent year for which audited data are available. These included:

- \$927.6 million for supplemental payments to hospitals;
- \$640.6 million for Medicaid and CHP+ expansion populations;
- \$25.4 million for fee administration; and
- \$15.7 million to offset lost matching funds.

In general, supplemental payments are distributed based on the amount of uncompensated care provided by each hospital to uninsured and Medicaid-covered patients. More specifically, supplemental payments are apportioned according to formulas established by the HPF Board and the CMS. Under CMS regulations, the formula must be redistributive, meaning that supplemental payments may not be proportional to fee amounts paid by individual hospitals. The HPF Board determines the factors in the formula and the weight to give each factor, which ultimately controls the amount each hospital receives. Information on the formula is published in the HPF Board's annual report each year. For FY 2013-14, the most recent fiscal year for which a report was published, the HPF Board included ten factors in the supplemental payments formula:

- Colorado Indigent Care Program write-off costs (accounting for 35.2 percent of supplemental payments);
- Medicaid inpatient discharges, weighted to benefit rural hospitals (16.8 percent);
- Medicaid outpatient billed costs, adjusted for utilization and inflation (15.7 percent);
- Denver Metro total Medicaid days, or days of care provided to Medicaid patients (19.0 percent);
- El Paso, Larimer, Pueblo, Weld, and Mesa County total Medicaid days (7.3 percent);
- Medicaid high level neonatal intensive care unit days (3.1 percent);
- large rural hospital total Medicaid days (2.2 percent);
- uninsured disproportionate share hospital uncompensated care costs (0.4 percent);
- pediatric specialty hospital payments (0.1 percent); and
- acute care psychiatric hospital payments (0.1 percent).

Specific information on each of these factors may be found in Appendix A of the HPF Board's annual report for FY 2013-14, located at the following address:

<http://www.colorado.gov/pacific/sites/default/files/2015%20Annual%20Report.pdf>

Fee collections and disbursement payments for FY 2013-14, by hospital, are aggregated in Appendix A of this memorandum beginning on page 9.

---

<sup>8</sup>Section 25.5-4-402.3 (4)(b), C.R.S.

## Hospital Provider Fee Oversight and Advisory Board

Created at the same time as the fee itself, the HPF Board is responsible for recommending fee assessment and collection mechanisms to the HCPF and the Medical Services Board, which ultimately sets the fee.<sup>9</sup> Additionally, the HPF Board is required to consult with the House Public Health and Human Services Committee, the House Health, Insurance, and Environment Committee, and the Senate Health and Human Services Committee, at the committees' discretion, on pending legislation that impacts the HPF.

The HPF Board is composed of 13 board members appointed by the Governor with the advice and consent of the Senate.<sup>10</sup> Board members serve four year terms and include:

- five hospital employees, including at least one from an urban hospital and at least one from a rural hospital, and at least one from a hospital that disproportionately serves Medicaid patients;
- one representative of a statewide organization of hospitals;
- one representative of a health insurance carrier or an organization of such carriers;
- one member of the health care industry who does not represent a hospital or a health insurance carrier;
- one health care consumer who does not represent a hospital, insurance carrier, or the health care industry;
- one person with disabilities who does not represent a hospital, insurance carrier, or the health care industry;
- one representative of a business that purchases or provides health insurance for its employees; and
- two representatives of the HCPF.

## TABOR Impact and Proposal to Create an HPF Enterprise

HPF revenue collected from hospitals is subject to the fiscal year spending limit in the Taxpayer's Bill of Rights (TABOR),<sup>11</sup> while matching funds are exempt from the TABOR limit because they are federal funds. The HPF is the second largest source of state cash fund revenue subject to TABOR, surpassed only by gasoline and special fuel excise taxes collected in the Highway Users Tax Fund.

When state revenue subject TABOR exceeds the state's TABOR limit (the Referendum C cap), the state must set aside surplus revenue to pay refunds to taxpayers during the following fiscal year. Because TABOR refunds are paid from the General Fund, each additional dollar of HPF revenue results in an additional dollar obligated from the General Fund for refunds during years of TABOR surplus, subtracting a dollar that would otherwise be available for the General Fund budget.

**TABOR enterprises.** TABOR excludes a certain type of government program, called an enterprise, from its calculation of state revenue subject to the spending limit.<sup>12</sup> Enterprises are government-owned businesses that collect fees in order to provide a service. Pursuant to

---

<sup>9</sup> Section 25.5-4-402.3 (6)(e), C.R.S.

<sup>10</sup> Section 25.5-4-402.3 (6)(b), C.R.S.

<sup>11</sup> Colo. Const. art. X, §20 (7)(a).

<sup>12</sup> Colo. Const. art. X, §20(2)(d).

TABOR, enterprises must be authorized to issue their own revenue bonds and receive less than 10 percent of their annual revenue from state and local government sources combined.

**House Bill 15-1389** proposed that the current HPF be abolished, and that a new, analogous fee be created and administered by a Health Care Affordability Enterprise beginning in FY 2016-17. This bill was postponed indefinitely in the Senate State, Veterans, and Military Affairs Committee on May 5, 2015.

If the HPF were to be designated as revenue to an enterprise, it would no longer be counted as state revenue subject to TABOR. This would allow HPF revenue to grow more quickly than inflation and population in future years without triggering additional TABOR refunds. It is likely that granting enterprise status to the HPF would require a corresponding downward adjustment to the TABOR limit, pursuant to the text of Referendum C.<sup>13</sup> If such an adjustment were made, designating the HPF as an enterprise would not eliminate the TABOR surpluses expected in FY 2016-17 and FY 2017-18, though these would be reduced.

Alternatively, HB 15-1389 would have repealed the existing HPF and enacted a new fee collected by a new enterprise. The legislative declaration in the bill specified that, “creation of a new enterprise to charge and collect the new hospital provider fee does not constitute qualification of an enterprise for purposes of Section 20 of Article X of the state constitution.”<sup>14</sup> Creation of an HPF enterprise with no TABOR limit adjustment would substantially decrease the likelihood of a TABOR surplus during the current forecast period.

**Budgetary implications.** Creating an HPF enterprise, with or without an adjustment to the TABOR limit, would have broad budgetary implications in terms of the state’s TABOR refund obligation, Senate Bill 09-228 transfers to transportation and capital construction, and the amount of revenue available for the General Fund budget. While creating an HPF enterprise would affect the budget significantly, the precise impact is highly sensitive to economic conditions and changes to state fiscal policy. Table 3 shows possible outcomes of creating an HPF enterprise beginning in FY 2015-16, with or without a TABOR limit adjustment, based on the September 2015 Legislative Council Staff forecast. As the forecast changes, so too will the impacts in Table 3.

---

<sup>13</sup>Section 24-77-103.6 (6)(b)(II), C.R.S.

<sup>14</sup>House Bill 15-1389, Section 1.

**Table 3**  
**General Fund Budget Situations with HPF Enterprise Beginning FY 2015-16**

	<b>FY 2015-16</b>	<b>FY 2016-17*</b>	<b>FY 2017-18</b>
<b>Hospital Provider Fee Revenue</b>	\$805.8 million	\$757.1 million	\$799.6 million
<b>Current Law</b>			
<i>Revenue above (below) TABOR limit</i>	(50.3 million)	252.5 million	352.0 million
<i>Statutory transfer - transportation</i>	200.2 million	106.2 million	0
<i>Statutory transfer - capital construction</i>	50.0 million	26.5 million	0
<b>HPF Enterprise – Ref. C Cap Adjustment</b>			
<i>Revenue above (below) TABOR limit</i>	(304.1 million)	63.4 million	144.3 million
<i>Statutory transfer - transportation</i>	200.2 million	212.3 million	111.2 million
<i>Statutory transfer - capital construction</i>	50.0 million	52.3 million	55.6 million
<i>Change in revenue available for GF budget</i>	0	57.1 million	97.9 million
<b>HPF Enterprise – No Ref. C Adjustment</b>			
<i>Revenue above (below) TABOR limit</i>	(856.1 million)	(499.4 million)	(437.1 million)
<i>Statutory transfer - transportation</i>	200.2 million	212.4 million	222.7 million
<i>Statutory transfer - capital construction</i>	50.0 million	53.1 million	111.3 million
<i>Change in revenue available for GF budget</i>	0	124.9 million	153.3 million

Source: September 2015 Legislative Council Staff forecast.

\*Forecasts for all future fiscal years are based on current law. The Governor's budget request for FY 2016-17 proposes reducing anticipated HPF collections by \$100 million.



**Appendix A**  
**Hospital Fees and Reimbursement Payments by Hospital, FY 2013-14**

<b>Hospital</b>	<b>County</b>	<b>Fees</b>	<b>Reimbursement Payments</b>	<b>Approximate CICIP Payments (before HB09-1293)</b>	<b>Net New Funds</b>
Haven Behavioral Health at North Denver	Adams	<i>Exempt</i>	\$0	\$0	\$0
Centennial Peaks Hospital	Boulder	<i>Exempt</i>	0	0	0
Colorado Mental Health Institute-Ft Logan	Denver	<i>Exempt</i>	0	0	0
Eating Recovery Center	Denver	<i>Exempt</i>	0	0	0
Highlands Behavioral Health System	Douglas	<i>Exempt</i>	0	0	0
Cedar Springs Behavior Health System	El Paso	<i>Exempt</i>	0	0	0
Peak View Behavioral Health	El Paso	<i>Exempt</i>	0	0	0
Colorado West Psychiatric Hospital Inc	Mesa	<i>Exempt</i>	0	0	0
Colorado Mental Health Institute-Pueblo	Pueblo	<i>Exempt</i>	0	0	0
Haven Behavioral Senior Care at St. Mary-Corwin	Pueblo	<i>Exempt</i>	0	0	0
Centura Health - Ortho Colorado	Jefferson	\$1,443,862	0	0	(1,443,862)
Northern Colorado Long Term Acute Care Hospital	Weld	<i>Exempt</i>	3,335	0	3,335
Kindred Hospital Aurora	Adams	<i>Exempt</i>	3,739	0	3,739
Select Specialty Hospital - Denver	Denver	<i>Exempt</i>	3,919	0	3,919
Select Long Term Care Hospital	El Paso	<i>Exempt</i>	3,919	0	3,919
Kindred Hospital	Denver	<i>Exempt</i>	17,401	0	17,401
Vibra Long Term Acute Care Hospital	Adams	<i>Exempt</i>	23,912	0	23,912
Colorado Acute Long Term Hospital	Denver	<i>Exempt</i>	31,035	0	31,035
Northern Colorado Rehabilitation Hospital	Weld	<i>Exempt</i>	105,755	0	105,755
HealthSouth Rehabilitation Hospital - Colorado Springs	El Paso	<i>Exempt</i>	113,813	0	113,813
HealthOne Spalding Rehabilitation Hospital	Adams	<i>Exempt</i>	117,629	0	117,629
HealthSouth Rehabilitation Hospital - Denver	Arapahoe	<i>Exempt</i>	218,455	0	218,455
Keefe Memorial Hospital	Cheyenne	104,105	242,542	0	138,436
Weisbrod Memorial County Hospital	Kiowa	53,868	297,268	0	243,400
Sedgwick County Memorial Hospital	Sedgwick	151,226	439,898	27,239	261,434
Rangely District Hospital	Rio Blanco	78,316	492,399	0	414,084
Pioneers Hospital	Rio Blanco	126,644	523,253	0	396,609
Pagosa Mountain Hospital	Archuleta	221,255	648,083	0	426,828
Craig Hospital	Arapahoe	<i>Exempt</i>	654,862	0	654,862
Lincoln Community Hospital and Nursing Home	Lincoln	210,909	805,808	0	594,899
Southeast Colorado Hospital	Baca	185,919	864,071	34,179	643,972
Kremmling Memorial Hospital	Grand	148,094	877,991	117,393	612,504
Wray Community District Hospital	Yuma	311,404	916,238	107,405	497,429
Kit Carson County Memorial Hospital	Kit Carson	317,898	953,214	0	635,316
Haxtun Hospital	Phillips	76,606	971,581	0	894,974
Family Health West Hospital	Mesa	299,422	981,466	0	682,045

**Appendix A (Cont.)**  
**Hospital Fees and Reimbursement Payments by Hospital, FY 2013-14**

<b>Hospital</b>	<b>County</b>	<b>Fees</b>	<b>Reimbursement Payments</b>	<b>Approximate CICIP Payments (before HB09-1293)</b>	<b>Net New Funds</b>
Melissa Memorial Hospital	Phillips	\$265,156	\$1,184,633	\$40,279	\$879,199
St. Vincent General Hospital District	Lake	205,756	1,250,946	118,153	927,037
Animas Surgical Hospital	La Plata	496,107	1,306,966	0	810,859
Yuma District Hospital	Yuma	381,594	1,356,027	98,017	876,416
Spanish Peaks Regional Health Center	Huerfano	462,024	1,457,033	135,879	859,129
Grand River Medical Center	Garfield	660,652	1,625,134	190,609	773,874
Centura Health - Saint Anthony Summit Hospital	Summit	1,777,460	1,769,027	0	(8,434)
East Morgan County Hospital	Morgan	579,866	1,813,554	175,025	1,058,663
Community Hospital	Mesa	2,822,727	2,025,224	170,542	(968,045)
Aspen Valley Hospital	Pitkin	1,023,525	2,133,028	490,839	618,664
Estes Park Medical Center	Larimer	634,675	2,136,383	435,234	1,066,474
Gunnison Valley Hospital	Gunnison	454,660	2,297,364	42,048	1,800,656
Mount San Rafael Hospital	Las Animas	444,531	2,417,902	134,622	1,838,749
Heart of the Rockies Regional Medical Center	Chaffee	1,007,709	2,464,539	247,500	1,209,330
Pikes Peak Regional Hospital	Teller	602,891	2,500,527	55,614	1,842,022
The Memorial Hospital	Moffat	528,877	2,600,879	167,785	1,904,217
Conejos County Hospital	Conejos	159,952	2,644,817	99,884	2,384,981
Prowers Medical Center	Prowers	579,093	2,793,770	407,322	1,807,355
Southwest Memorial Hospital	Montezuma	1,115,591	3,055,008	383,352	1,556,065
Rio Grande Hospital	Rio Grande	333,367	3,235,114	51,020	2,850,727
Sterling Regional MedCenter	Logan	1,377,661	3,762,234	794,952	1,589,620
Vail Valley Medical Center	Eagle	3,530,717	4,135,722	0	605,004
Delta County Memorial Hospital	Delta	3,145,028	4,274,882	912,623	217,231
Yampa Valley Medical Center	Routt	1,755,501	4,854,629	168,950	2,930,178
Colorado Plains Medical Center	Morgan	1,922,398	4,989,921	162,836	2,904,687
HealthOne Sky Ridge Medical Center	Douglas	15,042,018	5,435,134	0	(9,606,884)
Centura Health - Parker Adventist Hospital	Douglas	9,122,834	6,315,103	0	(2,807,731)
Arkansas Valley Regional Medical Center	Otero	2,473,563	6,463,637	1,374,965	2,615,109
Centura Health - St. Thomas More Hospital	Fremont	3,108,215	7,069,056	779,972	3,180,869
Mercy Medical Center	La Plata	5,496,957	7,189,409	534,968	1,157,484
Centura Health - Avista Adventist Hospital	Boulder	5,078,005	7,527,037	0	2,449,032
Montrose Memorial Hospital	Montrose	3,157,438	7,685,928	1,054,452	3,474,038
Exempla Good Samaritan Medical Center	Boulder	12,210,671	7,926,521	0	(4,284,150)
Centura Health - Littleton Adventist Hospital	Arapahoe	13,512,129	8,412,796	0	(5,099,333)
San Luis Valley Regional Medical Center	Alamosa	2,791,080	8,882,391	962,324	5,128,987
Centura Health - Porter Adventist Hospital	Denver	10,570,753	9,602,494	0	(968,258)

**Appendix A (Cont.)**  
**Hospital Fees and Reimbursement Payments by Hospital, FY 2013-14**

<b>Hospital</b>	<b>County</b>	<b>Fees</b>	<b>Reimbursement Payments</b>	<b>Approximate CICIP Payments (before HB 09-1293)</b>	<b>Net New Payment</b>
Platte Valley Medical Center	Adams	\$4,321,852	\$10,543,586	\$1,499,298	\$4,722,436
National Jewish Health	Denver	2,050,634	10,728,548	1,682,780	6,995,134
McKee Medical Center	Larimer	6,848,045	11,376,366	2,131,572	2,396,749
Centura Health - Saint Anthony North Hospital	Jefferson	9,129,003	12,217,275	0	3,088,272
Boulder Community Hospital	Boulder	12,514,599	12,763,180	1,063,630	(815,049)
Medical Center of the Rockies	Larimer	9,207,490	12,862,615	1,584,786	2,070,340
Centura Health - Saint Anthony Central Hospital	Jefferson	15,951,793	15,711,833	0	(239,960)
Valley View Hospital	Garfield	4,487,390	16,501,177	444,750	11,569,038
Longmont United Hospital	Boulder	9,781,987	18,123,563	1,633,746	6,707,831
HealthOne North Suburban Medical Center	Adams	10,578,690	19,658,639	0	9,079,950
HealthOne Rose Medical Center	Denver	18,419,175	21,253,113	0	2,833,938
St. Mary's Hospital and Medical Center	Mesa	16,066,440	22,062,411	1,747,192	4,248,779
HealthOne Swedish Medical Center	Arapahoe	27,324,503	22,391,791	0	(4,932,712)
Exempla Saint Joseph Hospital	Denver	19,370,900	22,546,974	0	3,176,073
Centura Health - St. Mary-Corwin Medical Center	Pueblo	11,859,357	22,547,287	2,978,448	7,709,482
HealthOne Medical Center of Aurora	Arapahoe	22,609,948	23,516,296	0	906,348
Exempla Lutheran Medical Center	Jefferson	20,226,362	26,488,004	0	6,261,643
Poudre Valley Hospital	Larimer	16,335,415	27,267,903	5,935,254	4,997,234
Centura Health - Penrose -St. Francis Health Services	El Paso	26,262,361	28,090,029	2,195,836	(368,168)
HealthOne Presbyterian/St. Luke's Medical Center	Denver	21,728,558	33,687,057	0	11,958,499
Parkview Medical Center	Pueblo	19,176,973	37,373,538	3,603,807	14,592,757
North Colorado Medical Center	Weld	18,800,896	37,772,074	6,182,516	12,788,662
Memorial Hospital	El Paso	26,494,032	45,997,295	16,142,511	3,360,752
Children's Hospital Colorado	Adams	19,897,252	49,862,684	2,854,794	27,110,638
University of Colorado Hospital	Adams	34,476,559	79,007,277	36,264,181	8,266,537
Denver Health Medical Center	Denver	18,086,660	115,854,956	64,455,024	33,313,271
<b>Total</b>		<b>534,567,583</b>	<b>913,111,826</b>	<b>162,876,107</b>	<b>215,668,137</b>

Source: Colorado Department of Health Care Policy and Financing Hospital Provider Fee Oversight and Advisory Board Annual Report for FY 2013-14.

Note: Figures may not sum to totals due to rounding.