Hospital Provider Fee and Payment Board Summary
Oversight and Advisory Board

1	2	3	4	5	6	7	8	9	10	11
UPL Groups										
Hospital Group	**Provider Fee**	**Inpatient Base Rate Supplemental Payment**	**Outpatient Supplemental Payment**	**Uncompensated Care Supplemental Payment**	**DSH Supplemental Payment**	**HQIP Supplemental Payment**	**Total Supplemental Payment**	**Net Reimbursement**	**CICP Prior to H.B. 09-1293**	**Net Reimbursement w CICP Adj.**
State Hospital	$ 43,763,183	$ 17,220,926	$ 17,763,518	$ 8,435,151	$ 22,387,727	$ 4,279,912	$ 70,087,234	$ 26,324,051	$ 36,264,181	$ (9,940,130)
Non-State Government Hospital	$ 118,867,388	$ 64,322,306	$ 62,939,993	$ 46,029,466	$ 130,388,899	$ 24,458,952	$ 328,139,616	$ 209,272,228	$ 99,275,603	$ 109,996,625
Private Hospital	$ 505,145,775	$ 375,275,445	$ 184,831,111	$ 61,015,564	$ 45,424,426	$ 56,037,672	$ 722,584,218	$ 217,438,443	$ 27,336,323	$ 190,102,120
Total	$ 667,776,346	$ 456,818,677	$ 265,534,622	$ 115,480,181	$ 198,201,052	$ 84,776,536	$ 1,120,811,068	$ 453,034,722	$ 162,876,107	$ 290,158,615

Hospital Systems										
Hospital Group	**Provider Fee**	**Inpatient Base Rate Supplemental Payment**	**Outpatient Supplemental Payment**	**Uncompensated Care Supplemental Payment**	**DSH Supplemental Payment**	**HQIP Supplemental Payment**	**Total Supplemental Payment**	**Net Reimbursement**	**CICP Prior to H.B. 09-1293**	**Net Reimbursement w CICP Adj.**
HealthOne	$ 145,015,883	$ 106,325,560	$ 36,850,956	$ 11,700,228	$ -	$ 9,871,144	$ 164,747,888	$ 19,732,005	$ -	$ 19,732,005
Banner	$ 30,316,661	$ 18,400,460	$ 16,220,341	$ 6,747,969	$ 15,132,020	$ 3,104,933	$ 59,605,723	$ 29,289,062	$ 9,284,065	$ 20,004,997
Centura-CHI	$ 98,175,539	$ 63,337,447	$ 37,337,577	$ 14,260,678	$ 16,938,229	$ 13,653,027	$ 145,526,958	$ 47,351,419	$ 8,122,970	$ 39,228,449
San Luis valley Health	$ 3,007,123	$ 5,819,092	$ 4,180,025	$ 1,212,412	$ 468,035	$ 1,297,702	$ 12,977,266	$ 9,970,143	$ 1,062,208	$ 8,907,935
Centura-Adventists	$ 55,583,747	$ 31,515,234	$ 15,420,899	$ 3,940,482	$ -	$ 3,924,782	$ 54,801,397	$ (782,350)	$ -	$ (782,350)
SCL	$ 91,064,571	$ 72,151,007	$ 24,957,366	$ 11,294,481	$ 428,661	$ 8,160,699	$ 116,992,214	$ 25,927,643	$ 3,246,490	$ 22,681,153
University of CO Health Systems	$ 113,601,004	$ 43,753,090	$ 43,999,252	$ 20,251,124	$ 66,621,214	$ 16,949,755	$ 191,574,435	$ 77,973,431	$ 59,926,732	$ 18,046,699
Null	$ 131,011,818	$ 115,516,787	$ 86,568,206	$ 46,072,807	$ 98,612,893	$ 27,814,494	$ 374,585,187	$ 243,573,369	$ 81,233,642	$ 162,339,727
Total	$ 667,776,346	$ 456,818,677	$ 265,534,622	$ 115,480,181	$ 198,201,052	$ 84,776,536	$ 1,120,811,068	$ 453,034,722	$ 162,876,107	$ 290,158,615

Hospital Types										
Hospital Group	**Provider Fee**	**Inpatient Base Rate Supplemental Payment**	**Outpatient Supplemental Payment**	**Uncompensated Care Supplemental Payment**	**DSH Supplemental Payment**	**HQIP Supplemental Payment**	**Total Supplemental Payment**	**Net Reimbursement**	**CICP Prior to H.B. 09-1293**	**Net Reimbursement w CICP Adj.**
Critical Access	$ 13,256,294	$ 12,234,520	$ 27,041,656	$ 19,851,147	$ 3,407,804	$ 5,493,975	$ 68,029,102	$ 54,772,808	$ 3,559,398	$ 51,213,410
General	$ 635,052,342	$ 430,172,263	$ 222,278,037	$ 93,143,835	$ 183,404,389	$ 70,437,539	$ 999,436,063	$ 364,383,721	$ 156,461,915	$ 207,921,806
Pediatric	$ 19,467,710	$ 13,291,320	$ 16,180,885	$ 2,485,199	$ 11,388,859	$ 8,717,125	$ 52,063,388	$ 32,595,678	$ 2,854,794	$ 29,740,884
Long Term Care	$ -	$ 614,461	$ 27,704	$ -	$ -	$ 49,965	$ 692,130	$ 692,130	$ -	$ 692,130
Rehabilitation	$ -	$ 506,113	$ 6,340	$ -	$ -	$ 77,932	$ 590,385	$ 590,385	$ -	$ 590,385
Psychiatric	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	$ 667,776,346	$ 456,818,677	$ 265,534,622	$ 115,480,181	$ 198,201,052	$ 84,776,536	$ 1,120,811,068	$ 453,034,722	$ 162,876,107	$ 290,158,615

Specific Hospitals										
Hospital Group	**Provider Fee**	**Inpatient Base Rate Supplemental Payment**	**Outpatient Supplemental Payment**	**Uncompensated Care Supplemental Payment**	**DSH Supplemental Payment**	**HQIP Supplemental Payment**	**Total Supplemental Payment**	**Net Reimbursement**	**CICP Prior to H.B. 09-1293**	**Net Reimbursement w CICP Adj.**
University of Colorado Hospital	$ 43,763,183	$ 17,220,926	$ 17,763,518	$ 8,435,151	$ 22,387,727	$ 4,279,912	$ 70,087,234	$ 26,324,051	$ 36,264,181	$ (9,940,130)
Denver Health Medical Center	$ 22,885,153	$ 26,743,303	$ 7,421,205	$ 14,150,244	$ 65,000,000	$ 5,857,931	$ 119,172,683	$ 96,287,530	$ 64,455,024	$ 31,832,506
Memorial Hospital	$ 33,803,398	$ 11,350,093	$ 17,464,329	$ 6,637,874	$ 21,598,294	$ 8,621,775	$ 65,672,365	$ 31,868,967	$ 16,142,511	$ 15,726,456
Children's Hospital Colorado	$ 19,467,710	$ 13,291,320	$ 16,180,885	$ 2,485,199	$ 11,388,859	$ 8,717,125	$ 52,063,388	$ 32,595,678	$ 2,854,794	$ 29,740,884

Rural	$ 49,724,505	$ 64,024,086	$ 55,290,531	$ 27,925,459	$ 7,550,389	$ 11,845,878	$ 166,636,343	$ 116,911,838	$ 10,314,956	$ 106,596,882