

Final Exhibit #2			
Hospital Base Rates and Cost To Charge Ratios (CCRs)			
For Hospital Discharge Dates of Service on and after 1/1/2019			
Provider Number	Name	Individual Hospital Base Rate	Cost to Charge Ratio (CCR)
60001	NORTH COLORADO MEDICAL CENTER	\$ 6,928.63	0.268
60003	LONGMONT UNITED HOSPITAL	\$ 6,414.55	0.323
60004	PLATTE VALLEY MEDICAL CENTER	\$ 6,295.02	0.42
60006	MONTROSE MEMORIAL HOSPITAL	\$ 6,128.69	0.404
60008	SAN LUIS VALLEY REGIONAL MEDICAL CENTER	\$ 6,063.49	0.386
60009	EXEMPLA LUTHERAN MEDICAL CENTER	\$ 6,369.71	0.235
60010	POUDRE VALLEY HOSPITAL	\$ 6,632.49	0.302
60011	DENVER HEALTH MEDICAL CENTER	\$ 8,183.68	0.324
60012	CENTURA HEALTH-ST MARY CORWIN MEDICAL CENTER	\$ 7,040.75	0.229
60013	MERCY REGIONAL MEDICAL CENTER	\$ 8,029.30	0.287
60014	PRESBYTERIAN/ST LUKE'S MEDICAL CENTER	\$ 6,904.09	0.154
60015	CENTURA HEALTH-ST ANTHONY CENTRAL HOSPITAL	\$ 6,364.03	0.205
60016	CENTURA HEALTH-ST THOMAS MORE HOSP & PROG CARE CTR	\$ 6,957.06	0.37
60020	PARKVIEW MEDICAL CENTER INC	\$ 6,737.81	0.164
60022	MEMORIAL HEALTH SYSTEM	\$ 6,568.28	0.221
60023	ST MARY'S HOSPITAL AND MEDICAL CENTER	\$ 6,994.18	0.308
60024	UNIVERSITY OF COLORADO HOSPITAL ANSCHUTZ INPATIENT	\$ 7,900.99	0.169
60027	BOULDER COMMUNITY HOSPITAL	\$ 6,311.17	0.218
60028	EXEMPLA SAINT JOSEPH HOSPITAL	\$ 7,000.06	0.196
60030	MCKEE MEDICAL CENTER	\$ 6,501.58	0.366
60031	CENTURA HEALTH-PENROSE ST FRANCIS HEALTH SERVICES	\$ 6,385.76	0.212
60032	ROSE MEDICAL CENTER	\$ 6,734.01	0.136
60034	SWEDISH MEDICAL CENTER	\$ 6,537.87	0.12
60036	ARKANSAS VALLEY REGIONAL MEDICAL CENTER	CAH	CAH
60043	KEEFE MEMORIAL HOSPITAL	CAH	CAH
60044	COLORADO PLAINS MEDICAL CENTER	\$ 6,621.22	0.264
60049	YAMPA VALLEY MEDICAL CENTER	\$ 9,490.46	0.539
60054	COMMUNITY HOSPITAL	\$ 6,063.49	0.322
60064	CENTURA HEALTH-PORTER ADVENTIST HOSPITAL	\$ 6,269.52	0.23
60065	NORTH SUBURBAN MEDICAL CENTER	\$ 6,597.26	0.115
60071	DELTA COUNTY MEMORIAL HOSPITAL	\$ 6,063.49	0.427
60075	VALLEY VIEW HOSPITAL ASSOCIATION	\$ 8,299.43	0.414
60076	STERLING REGIONAL MEDCENTER	\$ 7,873.82	0.495

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For Hospital Discharge Dates of Service on and after 1/1/2019

Provider Number	Name	Individual Hospital Base Rate	Cost to Charge Ratio (CCR)
60096	VAIL VALLEY MEDICAL CENTER	\$ 12,152.56	0.516
60100	MEDICAL CENTER OF AURORA, THE	\$ 6,464.50	0.146
60103	CENTURA HEALTH-AVISTA ADVENTIST HOSPITAL	\$ 6,295.02	0.3
60104	CENTURA HEALTH-ST ANTHONY NORTH HOSPITAL	\$ 7,175.00	0.272
60107	NATIONAL JEWISH HEALTH	\$ -	0
60112	SKY RIDGE MEDICAL CENTER	\$ 6,140.31	0.115
60113	CENTURA HEALTH-LITTLETON ADVENTIST HOSPITAL	\$ 6,187.10	0.198
60114	PARKER ADVENTIST HOSPITAL	\$ 6,244.85	0.231
60116	EXEMPLA GOOD SAMARITAN MEDICAL CENTER LLC	\$ 6,201.63	0.21
60117	ANIMAS SURGICAL HOSPITAL, LLC	\$ 6,063.49	0.356
60118	ST ANTHONY SUMMIT MEDICAL CENTER	\$ 6,295.02	0.338
60119	MEDICAL CENTER OF THE ROCKIES	\$ 6,287.96	0.257
60124	ORTHOCOLORADO HOSPITAL AT ST ANTHONY MED CAMPUS	\$ 6,125.10	0.184
60125	CASTLE ROCK ADVENTIST HOSPITAL	\$ 6,188.03	0.274
60126	BANNER FORT COLLINS MEDICAL CENTER	\$ 6,063.49	0.535
69999	ANY NEW HOSPITAL	\$ 6,188.03	0.274