Provider Bulletin

Reference: B1300332   **January 2013**

Did you know...?

Providers who need information regarding the status of a Prior Authorization Request (PAR) should contact the ColoradoPAR Program at 1-888-454-7686. If the PAR has been processed and a PAR letter has not been generated or can't be accessed through the Web Portal's File and Report Service, please contact the Department's fiscal agent at 1-800-237-0757.

All Providers

Colorado Medical Assistance Program Web Portal (Web Portal)

Where did the Search button go?

On January 5, 2013 Web Portal users may notice that, on the claims and eligibility screens, the Search button for the State ID, Client Last Name, and Provider ID fields are gone. Some of the fields in the Web Portal are being upgraded to a new type of field control. This new field control makes it faster to pull information, such as the State IDs and Provider IDs, from the Trading Partner's database.

As was the case with the old fields, if a user begins entering characters, a drop-down will display with the records that best match the characters entered. However, users who have more than 100 client and/or provider records in the Trading Partner database will no longer have to click the Search button in order to get the drop-down box to populate with matching records. The drop-down box will automatically begin to populate with matching records, whether there are 20 or 2,000 clients/providers in the Trading Partner database. As such, the drop-down box populates with the closest matching records most likely needed when just a few characters are entered into the drop-down box.

Upgrades to the technology governing the Diagnosis and Procedure Code fields will also be performed. The drop-downs for these fields will appear once characters are entered or once the drop-down arrow on the field is clicked. The following fields are being upgraded:

- State ID
- Provider ID
- Client Last Name
- Diagnosis code
- Procedure code
- Condition code
- Value code
- Other codes from the Trading Partner database

All of the Claims, Eligibility, and PAR Status Inquiry User Guides and Help screens will also be updated with the new field control information on January 5, 2013. Please continue to use these informational resources should questions arise. Please contact Tanya Chaffee at Tanya.Chaffee@state.co.us or the CGI Help Desk at HelpDesk.HCG.central.us@cgi.com with additional questions about the new field controls.

Clarification Concerning Blood Lead Testing for Medicaid-Eligible Children

Two federal agencies, the Centers for Medicare & the Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC), have released updated information and guidance for blood lead testing for children who receive Medicaid benefits. The updated information has resulted in some confusion about the status of lead testing recommendations in Colorado.

In March 2012, CMS, the Children's Health Insurance Program (CHIP), and Survey & Certification (collectively CMCS) released an informational bulletin that endorsed the CDC's updated approach for targeted testing for Medicaid eligible children. The document states that, "The new approach encourages targeted screening in States that have sufficient data to demonstrate that universal screening is not the most effective method of identifying exposure to lead."

In Colorado, the prevalence of elevated blood lead levels statewide is usually determined through routine testing and reporting to the Colorado Department of Public Health and Environment (CDPHE). The data is then used to identify at-risk children and geographic areas that may present increased risk. The CDPHE recommendations for lead testing for children six (6) years old and younger are consistent with the Department of Health Care Policy and Financing's (the Department) recommendations, which call for testing all Medicaid-eligible children at age one (1) and two (2) years or between the ages of three (3) and six (6) years if not previously tested. All nationwide Head Start programs also require testing of all Medicaid-eligible children enrolled in their centers.

On June 22, 2012, CMS released a bulletin establishing criteria for states to move from universal testing to targeted screening. In order to determine whether Colorado could meet the criteria provided by CMS, CDPHE and the Department reviewed current information about lead screening rates in Colorado. The review indicated lead testing rates are relatively low in Colorado. When assessing blood lead testing prevalence, it is important to consider whether the number of elevated blood lead levels reported is being influenced by low screening rates (i.e., is it an accurate representation of lead burden in the eligible population). Blood lead test data reported to CDPHE show county-level screening rates of 15 percent (%) or lower, with numbers tested being consistently lower than the number of children living in poverty.

In 2010, CMS changed the reporting of lead testing and now requires the use of a diagnostic code, along with the billing code, in order for the lead test to be considered reportable. Prior to this change, Colorado reported 20,744 completed tests for Federal Fiscal Year (FFY) October 2008 - September 2009. In FFY 2010-11, Colorado was only able to report 1,080 completed tests.

Due to low testing rates in children statewide and in Medicaid-eligible children, CDPHE and the Department do not have sufficient data at this time. Without sufficient data, CDPHE and the Department are unable to determine at risk areas/populations or demonstrate that universal screening is not the most effective method of identifying exposure to lead.

The Department believes that with improved lead testing and reporting rates in the future, the ability to better define vulnerable children at increased risk of lead poisoning (target population) will be possible. The two departments can then move towards targeted testing for all at-risk children, including Medicaid-eligible children. Providers are asked to participate in testing and appropriately bill for services in order to meet CMS requirements. Providers are also being asked to meet data needs so a request can be made to move from mandatory testing to targeted screening.

For additional questions or concerns, please contact Jane Mitchell (CDPHE) at Jane.Mitchell@state.co.us or 303-692-2644 and/or Gina Robinson (HCPF) at Gina.Robinson@state.co.us or 303-866-6167.

2013 Health Care Procedural Coding System (HCPCS) Codes Update

The Department is continuing its efforts to update the Medicaid Management Information System (MMIS) with 2013 HCPCS billing codes. Once the updates are completed, notification will be provided in future communications. Please contact the Department's fiscal agent, Xerox State Healthcare, at 1-800-237-0757 for additional clarification.

Primary Care Provider Supplemental Payments

Changes to Medicaid primary care reimbursement were enacted as part of the Affordable Care Act.

Please refer to the Providers section of the Department's Web site (colorado.gov/pacific/hcpf) for more information.

Tax Season and 1099s

Reminder: Do not forget to make sure provider enrollment information is current with the Department's fiscal agent. The Provider Enrollment Update Form or the Electronic Provider Enrollment Update Form can be used to update addresses, National Provider Identifiers (NPIs), licenses, and affiliations. In addition, an email address may be added or updated to receive electronic notifications.

The form is available in Enrollment for Existing Providers in the Provider Services section under Forms in the Provider Services Forms section of the Department's Web site. With the exception of updating provider licenses and NPI information, the updates noted above may also be made through the Web Portal. Providers who do not have the capability to make updates through the Web Portal, submission of a Provider Enrollment Update form is necessary. All updates related to the provider license and NPI information must be made using the Provider Enrollment Update Form.

January and February 2013 Holidays

Martin Luther King Day Holiday

Due to the Martin Luther King Day holiday on Monday, January 21, 2013, claim payments will be processed on Thursday, January 17, 2013. The processing cycle includes claims accepted before 6:00 p.m. Mountain Standard Time (MST) on Thursday, January 17, 2013. The receipt of warrants and EFTs will be delayed by one or two days.

Although State and ColoradoPAR Program offices will be closed on Monday, January 21, 2013, the Department's fiscal agent office will be open during regular business hours.

Presidents' Day Holiday

Due to the Presidents' Day holiday on Monday, February 18, 2013, claim payments will be processed on Thursday, February 14, 2013. The processing cycle includes claims accepted on Thursday before 6:00 p.m. MST. The receipt of warrants will be delayed by one or two days. State and the ColoradoPAR Program offices will be closed on Monday, February 18, 2013. The Department's fiscal agent will be open during regular business hours.

Dental Providers

Dental PARs

Orthodontic Treatment

When submitting PARs for comprehensive orthodontics, providers should submit a one (1) page composite, preferably in color, of all photographs in addition to a panoramic film, cephalometric film, and current handicapping malocclusion form.

The photos must be of good clinical quality and should include:

- Facial photographs (frontal, frontal smiling and profile)
- Frontal view, in occlusion
- Right buccal view, in occlusion
- Left buccal view, in occlusion
- Maxillary Occlusal view
- Mandibular Occlusal view

If the client received Medicaid approved interceptive orthodontics, submit the original as well as current photographs with the submission for comprehensive orthodontics. These two classifications of treatment are considered by Medicaid to be separate and distinct.

Crown and Bridge

When submitting PARs for crown and bridge and maxillofacial prosthetics, the minimum required records to be submitted with each request are right and left mounted bitewing x-rays to establish present status of occlusion and periapical films of the tooth/teeth involved. X-rays must be submitted with x-ray film mounts and each film or print must be of good readable quality. X-ray prints or copies must be identified as left and right sides or with tooth number for correct orientation. The film, digital media, or printout must be of sufficient quality to clearly demonstrate for the reviewer to see the pathology or health of the tooth of interest which is the basis for the authorization request. If radiographs are not taken, the provider should send photographs including a narrative with sufficient information to confirm diagnosis and treatment. Current policy for fixed crown and bridge is 16 through 20 years of age.

Periodontics

When submitting PARs for periodontics, the minimum required records to be submitted with each request are six (6) point periodontal charting with diagnosis and classification of the periodontology class type in accordance with documentation as currently established by the American Academy of Periodontology, a minimum of right and left side mounted bitewing X-rays and periapical films of the tooth/teeth involved or the edentulous areas if not visible on the bitewings. X-ray prints or copies must be identified by left and right sides with the date and member name. If radiographs are not taken, the provider should consider sending photographs and a narrative with sufficient information to confirm diagnosis and treatment. For procedure D4341, periodontal scaling and root planing, 50 percent (%) or more of the six (6) point measurements must be four (4) millimeters or greater and must involve four (4) or more teeth per quadrant for consideration.

Only the codes listed in the February 2011 Dental Program Policy and Billing Provider Bulletin (B1100297) with "PAR" noted to the right of each code needs to be prior-authorized.

Online PAR Processing with CareWebQI (CWQI)

PARs for dental treatment should be submitted through the ColoradoPAR Program's web portal, CareWebQI (CWQI). CareWebQI is an online portal that providers use to request authorization for services for Colorado Medicaid clients. Providers need a user ID and password to access the portal. To get a CWQI user ID, go to coloradopar.com. Select the "CareWebQI" tab, and then click "CareWebQI User Access Form" from the menu on the left, fill out the form and email to the ColoradoPAR Program at the email address listed on the bottom of the form.

Message Section on CWQI

The ColoradoPAR Program uses a message section in CWQI to communicate with providers. When PAR submitters log in to CWQI, there may be messages that need to be reviewed. Please check the message section before calling for information. Once the submitter has logged into CWQI, there is help available on how to use the message section.

Submitting Clinical Documentation into CWQI

The CWQI collects user demographic information and allows the user to upload and transfer PARs electronically. All clinical documentation, including digital X-rays, will be accepted in the following forms:

doc; docx; xls; xlsx; ppt; pdf; jpg; gif; bmp; tiff; tif; jpeg

If the clinical documentation cannot be submitted electronically, submit relevant clinical information by dedicated fax or mail when applicable to the ColoradoPAR Program at:

Dental Fax Line: 1-866-667-4823

Mail: 2401 NW 23rd Street, Suite 2D

Oklahoma City, OK 73107

Electronic PAR format will be required unless an exception is granted by the ColoradoPAR Program. Exceptions may be granted for providers who submit five (5) or less PARs per month.

Clinical information is imperative for prior authorization review. When submitting PARs, please answer the clinical questions in CWQI and attach the relevant clinical information needed for determinations such as the malocclusion form. It is the responsibility of the provider to submit all relevant supporting documentation so that

medical reviews can be completed in a timely fashion. Suggested documents include clients' histories and physical reviews, progress and office notes, lab results, and current medications. If clinical information is missing or inadequate, the ColoradoPAR Program will contact the submitter to request the missing information or forms in order to process the PAR. Only the provider will be contacted, not the client, to discuss what is missing. Please stay up to date on these messages in order to keep PARs moving through the process. Missing or inadequate clinical information will result in lack of information (LOI) denials.

Submitters who have received LOI denials for dental PARs have 30 calendar days to respond to requests for more information before LOI denials are issued. A PAR on which further information has been requested is still in the review process and therefore cannot be appealed. If a PAR has been issued a denial for LOI, the PAR can be resubmitted with the previously requested information or forms and it will be reprocessed as a new request.

Providers should continue to utilize the Web Portal, located via the Department's Web site, to retrieve PAR letters and inquire about the status of a PAR. The PAR number provided on the PAR letter is the only number that will be accepted when submitting claims.

Reconsideration Processes for Dental PARs Submitted to the ColoradoPAR Program

The Reconsideration Process is a second review by a non-ColoradoPAR physician that must be requested by the provider within 15 calendar days of the denial decision. The process proceeds as follows:

- Review is completed by a physician of the same profession and specialty as the requesting physician.
- Review will include all information submitted and any additional information the provider wishes to submit;
- The reviewing dentist/orthodontist may overturn or uphold the original denial decision.

Note: The Peer-to-Peer Process is not available for Dental and Orthodontic Providers.

Dental/Orthodontic Provider training is held via WebEx every Wednesday and Thursday at 10 a.m. MST. Please sign up at coloradopar.com.

Please contact the ColoradoPAR Program at 1-888-454-7686 with questions or to request reconsideration.

For more information on PARs processed by the ColoradoPAR Program, please refer to the December 2012 Provider Bulletin (B1200331).

Home Health Providers

Appendix N Update

Appendix N (Prior Authorization Request Denial Reasons) located in the Appendices of the Provider Services Billing Manuals section on the Department's Web site has been updated with revised Home Health PAR Denial Reasons.

Hospital Providers

Outpatient Hospital Supplemental Medicaid Payment

Percentage Adjustment Factors for FFY 2011-12 and FFY 2012-13

Beginning in January 2013, hospital providers will be notified of the percentage adjustment factor, by facility, for the Outpatient Hospital Supplemental Medicaid Payment funded through the Hospital Provider Fee program. This information is not related to claims-based reimbursement through the MMIS.

The Outpatient Hospital Supplemental Medicaid Payment is calculated by multiplying estimated outpatient billed costs by a percentage adjustment factor. The percentage adjustment factor for each hospital will be published annually in a provider bulletin. Providers will also be notified in writing of their particular facility's percentage adjustment factor in a detailed reimbursement letter that is part of the standard procedure for the Hospital Provider Fee program.

Please contact Matt Haynes at Matt.Haynes@state.co.us or 303-866-6305 with questions, or for additional information.

The percentage adjustment factors for FFYs 2011-12 and 2012-13 are listed in **Attachment A** of this bulletin.

Practitioners

Office Administered Drugs, Lupron Depot

The Colorado Medical Assistance Program uses two (2) HCPCS codes to reimburse for Lupron Depot, J1950 and J9217. Beginning February 1, 2013, reimbursement for the previously mentioned HCPCS codes will change, and all claims for J1950 must include a National Drug Code (NDC). J1950 will be added to the HCPCS-NCD crosswalk for the Colorado Medical Assistance Program. In addition, several new NDCs will be added to the crosswalk for HCPCS code J9217.

The following tables indicate the NDCs that will be allowable for J1950 and J9217.

NDC	Short Description	HCPCS	Unit	Billed Units
00074228203	LUPRON DEPOT-PED 11.25MG	J1950	3.75	3
00074364103	LUPRON DEPOT 3.75MG	J1950	3.75	1
00074366303	LUPRON DEPOT 3-MONTH, 11.25MG	J1950	3.75	3
00074377903	LUPRON DEPOT-PED 3-MONTH, 11.25MG	J1950	3.75	3
00074969403	LUPRON DEPOT-PED 3-MONTH, 30 MG	J1950	3.75	8
00300228201	LUPRON DEPOT-PED 11.25MG	J1950	3.75	3
00300364101	LUPRON DEPOT 3.75MG	J1950	3.75	1
00300366301	LUPRON DEPOT 3-MONTH, 11.25MG	J1950	3.75	3

NDC	Short Description	HCPCS	Unit	Billed Units
00024022205	ELIGARD 22.5MG	J9217	7.5	3
00024060545	ELIGARD 45MG INJECT KIT	J9217	7.5	6
00024061030	ELIGARD 30MG	J9217	7.5	4
00024079375	ELIGARD 7.5MG	J9217	7.5	1
00074210803	LUPRON DEPOT-PED 7.5MG	J9217	7.5	1
00074244003	LUPRON DEPOT-PED 15MG	J9217	7.5	2
00074334603	LUPRON DEPOT-3 MONTH 22.5MG KIT	J9217	7.5	3
00074347303	LUPRON DEPOT 6-MONTH, 45MG	J9217	7.5	6
00074364203	LUPRON DEPOT 7.5 MG KIT	J9217	7.5	1
00074368303	LUPRON DEPOT 4-MONTH, 30MG	J9217	7.5	4
00300334601	LUPRON DEPOT-3 MONTH 22.5MG KIT	J9217	7.5	3
00300364201	LUPRON DEPOT 7.5MG KIT	J9217	7.5	1
00300368301	LUPRON DEPOT 4-MONTH, 30MG	J9217	7.5	4

The reimbursement for J1950 will be $531.10 when the indication is for children with central precocious puberty and $729.52 when used for any other indication or the amount billed if lower.

The reimbursement for J9217 will be $877.62 or the amount billed if lower.

Please contact Richard Delaney at Richard.Delaney@state.co.us or 303-866-3436 with questions.

Pharmacy Providers

Indian Health Services (IHS) Pharmacies Billing Updates

It was previously reported in the November 2012 (B1200330) and December 2012 (B1200331) provider bulletins that the pharmacy claim system would be moving to an encounter based reimbursement for claims submitted from IHS pharmacies. This change was to be effective January 1, 2013. Due to unforeseen circumstances, this implementation has been temporarily delayed. Upon full implementation, the Department will work with the individual entities currently registered with the Colorado Medical Assistance Program as IHS billing pharmacies to adjust claims as necessary. Please contact Jim Leonard at Jim.Leonard@state.co.us with questions.

Benefit Updates for Benzodiazepines and Barbiturates

Due to federal updates to Medicare Part D coverage exclusions, the Colorado Medicaid pharmacy benefit will soon be changing coverage for clients eligible for both Medicare and Medicaid.

Previously, benzodiazepines and barbiturates were covered through the Medicaid pharmacy benefit for clients eligible for Medicare-Medicaid enrollees (formerly known as "dual eligible clients"). Beginning January 1, 2013, benzodiazepines will no longer be covered for clients eligible for Medicare. Barbiturates will require prior authorization for all clients, and will only be covered by Colorado Medicaid for select indications. For more information, please see Appendix P located in the Pharmacy section under Forms in the Provider Services area of the Department's Web site.

Updated Pharmacy Reimbursement Methodology

Effective February 1, 2013, the Department will be moving to its new pharmacy reimbursement methodology. This methodology uses data from surveys of Colorado pharmacies to determine a professional dispensing fee and actual acquisition costs for drugs dispensed to Colorado Medicaid clients. The professional dispensing fees shall be tiered based upon the pharmacy's total prescription volume. The Medicaid prescription volume and the associated dispensing fees are listed below.

Number of Prescriptions	Professional Dispensing Fee
Less than 60,000	$13.40
60,000 and 89,999	$11.49
90,000 and 109,999	$10.25
More than 110,000	$9.31

More details are available on the Department's Web page under Provider Services in the Specialty Presentations section.

Total Prescription Volume Surveys

Total prescription volume surveys were sent out to all participating Colorado Medicaid pharmacies. The surveys will be used by the Department to establish the professional dispensing fee for each pharmacy provider. All pharmacies failing to respond to the survey will be reimbursed $9.31 for a professional dispensing fee under the new methodology effective February 1, 2013. During the month of January 2013, the Department will be mailing pharmacy providers their proposed dispensing fee based upon the information provided.

January and February 2013 Provider Workshops

Provider Billing Workshop Sessions and Descriptions

Provider billing workshops include both Colorado Medical Assistance Program billing instructions and a review of current billing procedures.

The current and following month's workshop calendars are included in this bulletin.

Class descriptions and workshop calendars are posted in the Provider Services under the Training section of the Department's Web site.

Who Should Attend?

Courses are intended to teach, improve, and enhance knowledge of Colorado Medical Assistance Program claim submission. Staff who submit claims, are new to billing Medicaid services, need a billing refresher course, or administer accounts should consider attending one or more of the Provider Billing Workshops listed below.

January 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6	7	8 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Audiology 1:00 PM-3:00 PM	9 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 P Hospice 1:00 PM-3:00 PM	10 *WebEx - Practitioner 9:00 AM-11:00 AM *WebEx - Dental 1:00 PM-3:00 PM Web Portal 3:15 PM-4:00 PM	11 *WebEx – Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM	12

February 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10	11	12 Beginning Billing – CO -1500 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM Substance Abuse 1:00 PM-3:00 PM	13 Beginning Billing – UB-04 9:00 AM-11:30 AM Web Portal 837I 11:45 AM-12:30 P Dialysis 1:00 PM-3:00 PM	14 DME Billing 9:00 AM-11:00 AM Pharmacy 1:00 PM-2:00 PM	15 Basic Billing – Waiver Providers 9:00 AM-11:30 AM Web Portal 837P 11:45 AM-12:30 PM ***WebEx –** FQHC/RHC 1:00 PM-3:00 PM	16

Reservations are required for all workshops

Email reservations to:
workshop.reservations@xerox.com

Or   Call the Reservation hotline to make reservations:
1-800-237-0757 or 1-800-237-0044 Extension 5

Leave the following information:

- Colorado Medical Assistance Program provider billing number
- The date and time of the workshop

- The number of people attending and their names
- Contact name, address and phone number

All this information is necessary to process your reservation successfully. Look for a confirmation by e-mail within one week of making a reservation.

Reservations will only be accepted until 5:00 p.m. the Friday prior to the training workshop to ensure there is adequate space available.

If a confirmation has not been received at least two business days prior to the workshop, please contact Provider Services and talk to a Provider Relations Representative.

All Workshops presented in Denver are held at:

Xerox State Healthcare
Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

*Please note: *For WebEx training, a meeting notification containing the Web site, phone number, meeting number and password will be emailed or mailed to those who sign up.*

The fiscal agent's office is located in the Denver Club Building on the west side of Glenarm Place at 17th Street (Glenarm is a two-way street).

Free parking is not provided and is limited in the downtown Denver area. Commercial parking lots are available throughout the downtown area. The daily rates range between $5 and $20. Carpooling and arriving early are recommended to secure parking.

Whenever possible, public transportation is also recommended. Some forms of public transportation include the following:

Light Rail Station - A Light Rail map is available at: http://www.rtd-denver.com/LightRail_Map.shtml.

Free MallRide - The MallRide stops are located on 16th St. at every intersection between Civic Center Station and Union Station.

Please direct questions about Colorado Medical Assistance Program billing or the information in this bulletin to
Xerox State Healthcare at 1-800-237-0757 or 1-800-237-0044.

Please remember to check the Provider Services section of the Department's Web site at:
colorado.gov/pacific/hcpf

Attachment A

Percentage Adjustment Factors for Federal Fiscal Year (FFY) 2011-12 and FFY 2012-13

Name	FFY 11-12 OP Percentage Adjustment Factor	FFY 12-13 OP Percentage Adjustment Factor
Animas Surgical Hospital	141.39%	155.18%
Arkansas Valley Regional Medical Center	31.55%	31.67%
Aspen Valley Hospital	57.45%	63.94%
Boulder Community Hospital	48.60%	63.92%
Centura Health - Avista Adventist Hospital	38.57%	44.33%
Centura Health - Littleton Adventist Hospital	25.76%	25.66%
Centura Health - Mercy Regional Medical Center	48.91%	50.85%
Centura Health - Parker Adventist Hospital	55.89%	46.20%
Centura Health - Penrose -St. Francis Health Services	27.22%	24.88%
Centura Health - Porter Adventist Hospital	44.95%	44.50%
Centura Health - Saint Anthony Central Hospital	5.65%	5.68%
Centura Health - Saint Anthony North Hospital	35.57%	44.22%
Centura Health - Saint Anthony Summit Hospital	57.59%	61.01%
Centura Health - St. Mary-Corwin Medical Center	52.83%	64.10%
Centura Health - St. Thomas More Hospital	96.34%	117.04%
Children's Hospital Colorado	25.61%	28.20%
Colorado Plains Medical Center	9.46%	8.96%
Community Hospital	33.81%	45.53%
Conejos County Hospital	216.33%	193.27%
Craig Hospital	196.20%	339.46%
Delta County Memorial Hospital	99.65%	147.11%
Denver Health Medical Center	18.32%	21.59%
East Morgan County Hospital	68.40%	65.95%
Estes Park Medical Center	12.28%	11.94%
Exempla Good Samaritan Medical Center	49.39%	54.62%
Exempla Lutheran Medical Center	17.55%	17.95%
Exempla Saint Joseph Hospital	39.43%	44.77%
Family Health West Hospital	139.02%	154.85%
Grand River Medical Center	41.05%	38.63%
Gunnison Valley Hospital	9.34%	9.63%
Haxtun Hospital	57.35%	74.61%
HealthOne Medical Center of Aurora	29.10%	39.96%
HealthOne North Suburban Medical Center	23.02%	32.52%
HealthOne Presbyterian/St. Luke's Medical Center	8.94%	7.61%
HealthOne Rose Medical Center	49.52%	60.85%
HealthOne Sky Ridge Medical Center	69.35%	74.97%
HealthOne Spalding Rehabilitation Hospital	5.91%	42.97%
HealthOne Swedish Medical Center	30.44%	35.94%
HealthSouth Rehabilitation Hospital	208.96%	298.04%
Heart of the Rockies Regional Medical Center	27.56%	22.85%
Keefe Memorial Hospital	102.55%	89.19%

Name	FFY 11-12 OP Percentage Adjustment Factor	FFY 12-13 OP Percentage Adjustment Factor
Kit Carson County Memorial Hospital	51.56%	62.07%
Kremmling Memorial Hospital	36.14%	32.08%
Lincoln Community Hospital and Nursing Home	152.37%	165.25%
Longmont United Hospital	6.44%	7.44%
McKee Medical Center	46.96%	59.20%
Medical Center of the Rockies	19.82%	17.88%
Melissa Memorial Hospital	268.09%	384.80%
Memorial Hospital	33.00%	36.37%
Montrose Memorial Hospital	13.77%	16.03%
Mount San Rafael Hospital	50.09%	44.48%
National Jewish Health	75.49%	90.04%
North Colorado Medical Center	14.57%	17.23%
Northern Colorado Rehabilitation Hospital	143.06%	465.18%
Pagosa Mountain Hospital	140.61%	100.56%
Parkview Medical Center	24.75%	24.11%
Pikes Peak Regional Hospital	138.50%	124.31%
Pioneers Hospital	124.87%	144.40%
Platte Valley Medical Center	29.63%	34.86%
Poudre Valley Hospital	21.94%	23.03%
Prowers Medical Center	51.40%	61.56%
Rangely District Hospital	36.71%	55.81%
Rio Grande Hospital	206.37%	219.71%
San Luis Valley Regional Medical Center	15.13%	16.55%
Sedgwick County Memorial Hospital	111.09%	111.81%
Southeast Colorado Hospital	176.46%	198.63%
Southwest Memorial Hospital	31.94%	35.67%
Spanish Peaks Regional Health Center	66.00%	88.70%
St. Mary's Hospital and Medical Center	15.14%	25.33%
St. Vincent General Hospital District	41.86%	50.76%
Sterling Regional MedCenter	29.81%	35.22%
The Memorial Hospital	31.28%	30.30%
University of Colorado Hospital	32.77%	36.66%
Vail Valley Medical Center	59.79%	50.58%
Valley View Hospital	9.46%	13.10%
Vibra Long Term Acute Care Hospital	2358.41%	0.00%
Weisbrod Memorial County Hospital	243.12%	234.54%
Wray Community District Hospital	76.53%	68.58%
Yampa Valley Medical Center	12.57%	13.49%
Yuma District Hospital	74.84%	71.76%