

The Financial Health of Colorado Hospitals

Trends 2011-2015





Table of Contents

Introduction.....	1
Background	2
The Colorado Hospital Association’s Commitment to Transparency	2
Health Care Costs, Hospitals and Transparency	3
How Does Colorado Compare to the Rest of the U.S.?	5
Financial Health of Colorado Hospitals.....	6
Hospitals are Key to Colorado’s Economy	6
Factors Influencing Hospital Financial Health	7
Pulling Back the Veil: A Closer Look at Hospital Revenues and Expenses	10
Conclusion	17
How to Read the Hospital Report.....	18
The Medicare Cost Report.....	19
Hospital Data Reports.....	20
Appendix 1 – 2017 CHA Transparency Resolution.....	A-1
Appendix 2 – 2014 CHA Transparency Resolution.....	A-2
Appendix 3 – Report Methodology	A-3

Introduction

Oct. 6, 2017

Dear Colorado Health Care Stakeholders,

Since Colorado's humble beginnings as a frontier mining outpost and land of opportunity for westward migrants, hospitals have been cornerstone institutions in communities across the region. And like Colorado, hospitals – and now often entire health systems – have evolved with the times to serve their patients, ever-changing in response to new populations, shifting demographics, new economic and political conditions and new market forces.

In recent years, the public and policymakers have sought increased information from various segments of the health care sector – physicians and hospitals, insurance companies and pharmaceutical firms, just to name a few. Demands for increased transparency about health care quality and pricing are understandable, well-justified and reasonable, sought with a goal of better understanding the true costs and cost-drivers that now comprise 18 percent of the nation's Gross Domestic Product (GDP) and nearly 10 percent of total household expenses. Colorado hospitals are often the focus of transparency discussions due to high state and federal government spending on hospital care and high costs of inpatient and emergency services.

Colorado hospitals have been a consistent and strong partner in advancing Colorado's health care transparency efforts – from helping to pass legislation to make hospital prices more readily available to patients to supporting the state's All Payer Claims Database. But it's also important to acknowledge that the health care system remains far from perfect in being able to provide all the information that patients, the public and policymakers want and need to be better and more informed health care consumers.

The Colorado Hospital Association (CHA) involvement in transparency initiatives is guided by two critically important principles: First, transparency efforts must support Colorado's culture of coverage, reflect a mutual buy-in of consumers, providers and payers and use existing public data sources whenever possible. Second, information provided must be meaningful, accurate and enable hospitals to provide fair, timely and accurate information to consumers about pricing and health care costs in order to promote informed consumer decision-making.

While the Association remains supportive of efforts to improve transparency that meet these high standards, transparency is not the end-game, but rather a means to an end. The goal of transparency is ultimately to improve affordability: giving consumers better information enables them to make smarter decisions about the cost and quality of their care.

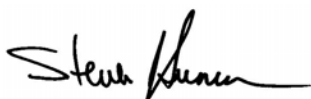
This inaugural report on the financial health of Colorado hospitals furthers the Association's commitment to be a leader in this field, among our state colleagues in health care, as well as nationally. By providing consistent and comparable information across hospitals – using only public data sources in the process – the public and policymakers will be able to better understand the importance of the hospital or hospitals in their communities: both as critical sources of care when people need it most and as major employers and economic drivers across Colorado.

Like any initiative to improve transparency, this report represents a step in the right direction but will not be the “be all, end all” of our commitment. We believe future iterations will provide an opportunity to better integrate price and quality information, as well as be available in an interactive digital platform. In addition, we want to challenge other segments of Colorado's health care economy to follow Colorado hospitals' lead in providing meaningful ways to improve transparency in their lines of business. By working together, the health care industry, patients, consumer advocates and policymakers can move towards creating a more sustainable future health care spending framework.

We welcome your input and your continued partnership to improve access to affordable, quality health care across Colorado.



Sincerely,



Steven J. Summer
PRESIDENT AND CEO

Health care continues to be at the center of both national and state debates as policymakers grapple with how to improve value and make it affordable. While Colorado is nationally recognized for having implemented innovative and progressive approaches to health care transparency and ranks well for health care coverage and affordability, external pressure continues to surge in support of having even more transparency of health care prices and affordability for health care consumers.

The changing health insurance landscape has left consumers responsible for understanding their health, an increasingly complex system and a greater share of their health care costs, now reaching nearly 10 percent of household expenses.¹ These costs weigh heavily on many Coloradans, and individuals often feel they cannot access the information they need to make informed decisions about their individual care. At the same time, policymakers are seeking improved transparency to better understand the value of public investments in health care and how best to help their constituents navigate a complex system.

Enhanced transparency is an important tool to help improve health care affordability, but transparency is *not* sufficient on its own. The complexities of the health care system are multifaceted, and a much broader system-wide effort must take place in order to successfully address the rising costs of health care in the long-run.

THE COLORADO HOSPITAL ASSOCIATION'S COMMITMENT TO TRANSPARENCY

CHA has a longstanding commitment to health care price transparency and a track record that proves a continued commitment to increased consumer education. Under the leadership of the Association's Board of Trustees, CHA has adopted two formal resolutions encouraging CHA members to adopt public pricing strategies to assist consumers in making informed decisions about the cost of their care and to publicly post prices that lead to common consumer confusion and media attention (*see Appendix 1 and 2*).

The Association supported the creation of the Center for Improving Value in Health Care (CIVHC) in 2010 and has been continuously active in its governance and the development of Colorado's All Payer Claims Database (APCD).² The Association also supported 2017 legislation requiring all health care providers to make "self pay" prices more publicly available.³

CHA also provides administrative support for public and Colorado-specific transparency tools for hospital pricing and quality, including the Hospital Price Report and the Hospital Report Card. The Hospital Price Report is a joint project by CHA and the Colorado Division of Insurance.⁴ This website provides information about average hospital charges and average reimbursement rates paid by health

insurers. Similarly, the Hospital Report Card is a joint project by CHA and the Colorado Department of Public Health and Environment.⁵ It focuses on quality metrics and was designed to allow stakeholders to easily compare health care services of hospitals throughout Colorado.

The Association has also spearheaded consumer education campaigns, including the "Where for Care" campaign, developed in response to public confusion about freestanding emergency departments (FSEDs).⁶ "Where for Care" informs consumers about the most appropriate facility for various medical conditions and features additional online content to help consumers better understand insurance and potential costs and to encourage individuals and families to have a care plan in place before an unexpected health event happens.



¹ "Consumer Expenditures – 2015," Bureau of Labor Statistics: <https://www.bls.gov/news.release/cesan.nr0.htm>

² House Bill 10-1330, Colorado General Assembly: http://www.leg.state.co.us/clics/clics2010a/csl.nsf/fsbillcont/7772EFE1E998E627872576B700617FA4?Open&file=1330_enr.pdf

³ Senate Bill 17-065, Colorado General Assembly: https://leg.colorado.gov/sites/default/files/documents/2017A/bills/2017a_065_signed.pdf

⁴ "Hospital Price Report," Colorado Department of Regulatory Agencies: <http://doraapps.state.co.us/insurance/drg/Default.aspx>

⁵ Colorado Hospital Quality Report, Colorado Department of Public Health and Environment: <http://www.cohospitalquality.org>

⁶ Where for Care, The Colorado Hospital Association: www.whereforcare.org

Background continued

HEALTH CARE COSTS, HOSPITALS AND TRANSPARENCY

The rising cost of health care in the United States is unsustainable, reaching nearly 18 percent of U.S. Gross Domestic Product.⁷ Evidence suggests key health care cost drivers include, but are not limited to, the following:

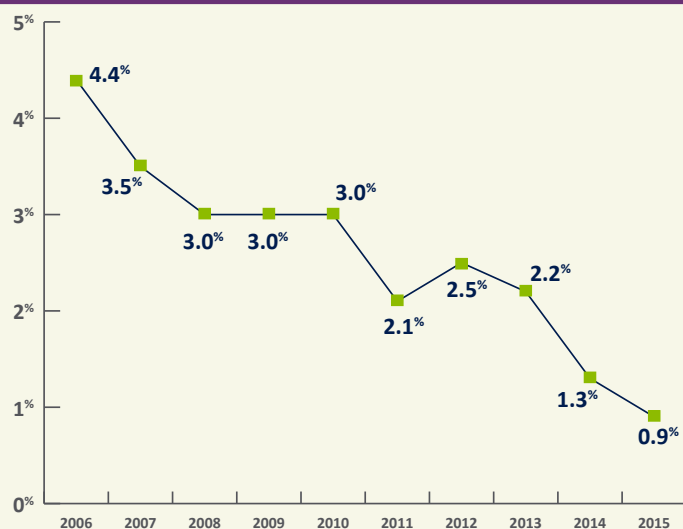
- **Underlying health of the population:** Growing incidence of obesity and chronic disease, aging of the U.S. population and lifestyle choices contribute to increasing health care costs;⁸
- **Payment systems that incentivize volume over value:** It is broadly recognized that the fee-for-service (FFS) payment system creates an environment in which there is little incentive to manage costs, leading to growth in per-unit cost as well as increased utilization;⁹
- **Administrative cost and inefficiency:** The complex systems of billing and reimbursement are costly, but they ensure patients get care and providers receive payment for the care they provide;¹⁰
- **Structure and supply of the health care workforce:** Insufficient data and analysis, maldistribution of health care workers, ineffective workflows and unnecessary restrictions on scope of practice lead to inefficient use of highly trained – and often costly – health care professionals;¹¹
- **Advances in medical technology and research:** Although new developments in technological or pharmacological treatment of illness can lead to better patient outcomes, the research and development to develop these treatments can have high price tags and significant lag time prior to widespread and effective adoption;¹²
- **Pharmaceutical costs:** Nationally, pharmaceutical spending continues to rise dramatically. This recent growth in spending is attributed to the sharp price increase of specialty drugs, which impacts providers' decisions about treatment options and threatens patient access to critical drug therapies.¹³

Due to the unique role hospitals play in the health care system – as the epicenters of care in their communities – hospitals must contribute and respond to many of the cost drivers listed above. For example, hospitals must navigate

complex systems of billing and reimbursement daily, hire all levels of health care workers, provide care to the sickest, most complex and vulnerable patients, purchase costly equipment, comply with continually changing payment reform initiatives, keep pace with pharmaceutical and medical advancements and ensure compliance with an endless amount of local, state and federal regulatory requirements. Meeting these responsibilities creates higher costs.

To effectively meet the needs of their communities, hospital spending currently accounts for the largest portion of overall health care spending in the United States.¹⁴ But hospitals have also been leaders in containing health care costs. For example, hospital price growth, as measured by the Hospital Producer Price Index, was 0.9 percent in 2015, the slowest rate since 1998 and down from 4.4 percent in 2006. Further, growth in Medicare spending for all hospital services – inpatient and outpatient – is at its lowest level in 17 years. Lastly, overall growth in spending on hospital care at 5.6 percent was lower than the health care average of 5.8 percent.¹⁵

The annual percent change in hospital prices has dropped significantly over the last 10 years.



SOURCE: Bureau of Labor Statistics. Producer Price Index data, 2006 - 2015, for hospitals (622).

⁷ "National Health Expenditure Fact Sheet," Centers for Medicare and Medicaid Services: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet.html>

⁸ "Direct medical cost of overweight and obesity in the USA: a quantitative systematic review," Tsai, Williamson and Glick, Obesity Reviews. 12:50-61, January 2011:

<http://onlinelibrary.wiley.com/doi/10.1111/j.1467-789X.2009.00708.x/full>

⁹ "Phasing out fee-for-service payment," National Commission on Physician Payment Reform, New England Journal of Medicine, 368:2029-2032, May 2013: <http://www.nejm.org/doi/full/10.1056/NEJMs1302322#t=article>

¹⁰ "Paper Cuts: Reducing Health Care Administrative Costs," Wikler, Basch, and Cutler, Center for American Progress, June 2012: <http://www.scribd.com/doc/96343761/Paper-Cuts-Reducing-Health-Care-Administrative-Costs>

¹¹ "What is driving U.S. health care spending?" Bipartisan Policy Center, September 2012: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2012/rwjf401339

¹² "Medical technology as a key driver of rising health expenditure: disentangling the relationship," Sorenson, Drummond, and Khan, ClinicoEconomics and Outcomes Research, 5:223-234, May 2013:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3686328/>

¹³ "2016 Report to the Colorado General Assembly and Colorado Governor," Colorado Commission on Affordable Health Care, November 2016:

<https://www.colorado.gov/pacific/sites/default/files/Cost%20Commission%20November%202016%20report%20-%20Final.pdf>

¹⁴ "National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2015," Centers for Disease Control and Prevention:

<https://www.cdc.gov/nchs/data/ahus/ahus16.pdf#094>

¹⁵ "The Cost of Caring," The American Hospital Association, February 2017: <http://www.aha.org/content/17/costofcaringfactsheet.pdf>

Background continued

Hospitals strive to reduce costs while still upholding their commitment to achieve the other two “legs” of the Triple Aim – improved health outcomes and improved patient experience of care. For example, a purchase of a \$1.7 million CT scanner may be a costly upfront investment for a hospital, but it will also help that facility save lives in an emergency.¹⁶ This “Catch 22” of the Triple Aim is an inherent tension: often to achieve better quality, improve patient outcomes and lower costs in the long-run, the system must incur significant upfront and ongoing operational costs.

New health insurance models, such as high deductible health plans (HDHPs), have also shaped consumer perceptions and expectations around the cost and delivery of health care services. HDHPs now represent 40 percent of all health plans purchased by Americans, exposing consumers to higher out-of-pocket health care costs.¹⁷ In fact, more than 19 percent of Coloradans indicate that they did not seek necessary care due to cost, even though 80 percent of Coloradans spend less than 5 percent of their household income on out-of-pocket costs, and the number of Coloradans reporting struggling to pay medical bills has fallen nearly 8 points since 2009 and now stands at an all-time low of 14 percent.¹⁸ This shift in financial responsibility has made consumers more acutely aware of the cost of care, and subsequently, consumers developed new expectations for the health care market around what information should be readily available to them when making health care purchasing decisions.

CHA and its member hospitals and health systems are working to meet this new consumer demand by improving hospital price transparency and affordability. Although greater transparency of the entire health care system is necessary, it will never be sufficient. The cost drivers outlined above illustrate the continued challenges Colorado faces in finding promising strategies to mitigate the rate of cost growth in the future.

CASE STUDY:

Hospitals Invest in the Community

Yampa Valley Medical Center (Steamboat Springs) donated \$150,000 for the second year in a row this year to its three local school districts. “It gets back to when we created our strategic plan a few years ago,” said Frank May, the hospital’s CEO. “We wanted to get back to the triple aim of the health of the individuals in our community, and we really saw this as being a driving force behind how we are going to keep our community well. Hospitals are taking a different approach to how we can be partners in the community – not only taking care of people when they are sick, but making sure we are out in front of this in keeping people well.”

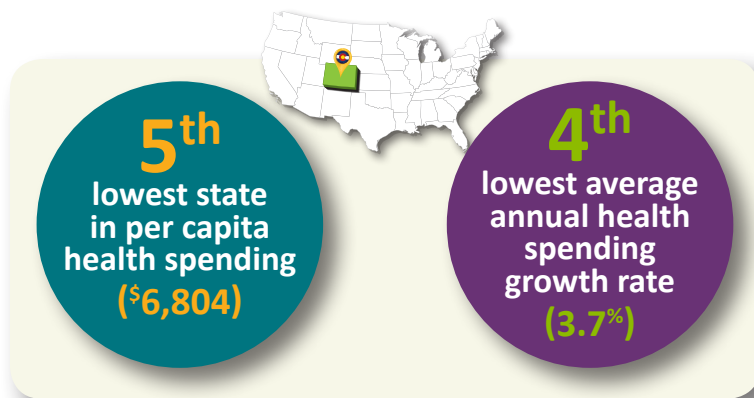


¹⁶ “Technology Price Index,” Modern Healthcare: <http://www.modernhealthcare.com/section/technology-price-index>

¹⁷ “Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–March 2016,” National Center for Health Statistics at the U.S. Centers for Disease Control and Prevention, September 2016: <https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201609.pdf>

¹⁸ “Colorado’s New Normal: Findings from the 2017 Colorado Health Access Survey,” Colorado Health Institute, September 2017: https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20CHAS%20DESIGN%20FINAL%20for%20Web.pdf

Background continued



HOW DOES COLORADO COMPARE TO THE REST OF THE U.S.?

While growth in health care spending in Colorado has continued to outpace growth in the rest of the economy, recent data released by the Centers for Medicare and Medicaid Services (CMS) highlights Colorado's progress in controlling the cost curve.¹⁹ Not only does Colorado rank 5th lowest among all states in per capita health spending – at \$6,804 – but Colorado also has the 4th lowest average annual health spending growth rate across an 11-year period from 2004 to 2014, at 3.7 percent.²⁰ According to a recent Altarum Institute data release, year-over-year hospital spending grew only 0.8 percent between June 2016 and June 2017, the lowest annual growth rate since Altarum began tracking hospital spending in January 1989.²¹ Overall health care spending growth was about 4 percent year-over-year, roughly tracking with GDP growth. National health care spending is nearly \$3.5 trillion.

Coloradans are satisfied with their health and health care – almost 75 percent of Coloradans report that the health care system meets the needs of their families, and 87 percent of Coloradans claim they are in excellent, very good or good health.²²

Additionally, Colorado has historically ranked well for both transparency and affordability in national studies and indexes for both transparency and affordability. The preeminent annual survey of statewide health care transparency efforts – the Report Card on State Transparency Laws published

by the Catalyst for Payment Reform and the Health Care Incentives Improvement Institute (HCII) – gives Colorado a grade of “A,” along with just two other states. In contrast, 43 states received an “F.”²³ Colorado's high grade was due to the strength in the design and implementation of Colorado's APCD, which includes a rich data source with meaningful and accessible price information for consumers.

Beyond Colorado's success in implementing the APCD, the state has taken other steps to improve transparency in health care. In 2003, Colorado passed a law requiring health care providers to disclose the estimated costs of any nonemergency procedure upon request.²⁴ In order to protect the uninsured from high hospital charges, the Colorado legislature passed a law in 2012 requiring hospitals to provide information to all patients about the hospital's financial assistance and charity care policies.²⁵ In addition, this law limits the amounts hospitals can charge patients eligible for financial assistance. Most recently, Colorado enacted a law requiring facilities and professionals to post “self-pay” prices for common procedures. The new law also requires providers to post notices encouraging individuals with insurance – more than 90 percent of Coloradans – to contact their health insurer to accurately determine their financial responsibility for a particular service.²⁶

Colorado has made important progress towards helping consumers better evaluate their options for care. Colorado-specific research shows, however, that even when information is available, consumers may not use it. For example, “more than 1.5 million Coloradans do not look into what their health plan covers before getting services; 1.2 million people say they don't check whether a doctor is in their network before receiving care; and 762,000 people don't review the medical statements showing charges and payments.”²⁷ Improving price transparency and encouraging consumers to understand the financial consequences of health care decisions they make is a responsibility that must be shared by organizations and individuals across the entire community.

¹⁹ Colorado Commission on Affordable Health Care, <https://www.colorado.gov/cocostcommission>

²⁰ “Health Spending By State 1991-2014: Measuring Per Capita Spending by Payers and Programs,” Lassman, David, et al., Health Affairs, June 2017: <http://content.healthaffairs.org/content/early/2017/06/13/hlthaff.2017.0416.abstract>

²¹ “Health Sector Economic Indicators,” Altarum Institute, September 2017: <https://altarum.org/our-work/cshs-health-sector-economic-indicators-briefs>

²² “Colorado's New Normal: Findings from the 2017 Colorado Health Access Survey,” Colorado Health Institute, September 2017:

https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20CHAS%20DESIGN%20FINAL%20for%20Web.pdf

²³ “Report Card on State Price Transparency Laws,” Health Care Incentives Improvement Institute, July 2016: <http://www.hcii.org/wp-content/uploads/2016/07/reportcard2016.pdf>

²⁴ Senate Bill 03-015, Colorado General Assembly: http://www.leg.state.co.us/2003a/inetbill.nsf/fsbillcont/5D20C26D750134A387256C5A00669916?Open&file=015_enr.pdf

²⁵ Senate Bill 12-134, Colorado General Assembly: http://www.leg.state.co.us/CLICS/CLICS2012A/csl.nsf/fsbillcont3/04A39F2C4940B95187257981007F1273?Open&file=134_enr.pdf. Senate Bill 12-134 was modified by Senate Bill 14-050, Colorado General Assembly: http://www.leg.state.co.us/CLICS/CLICS2014a/csl.nsf/fsbillcont3/B0AE346CF3A6AB7F87257C4300636A3F?Open&file=050_enr.pdf

²⁶ Senate Bill 17-065, Colorado General Assembly: https://leg.colorado.gov/sites/default/files/documents/2017A/bills/2017a_065_signed.pdf

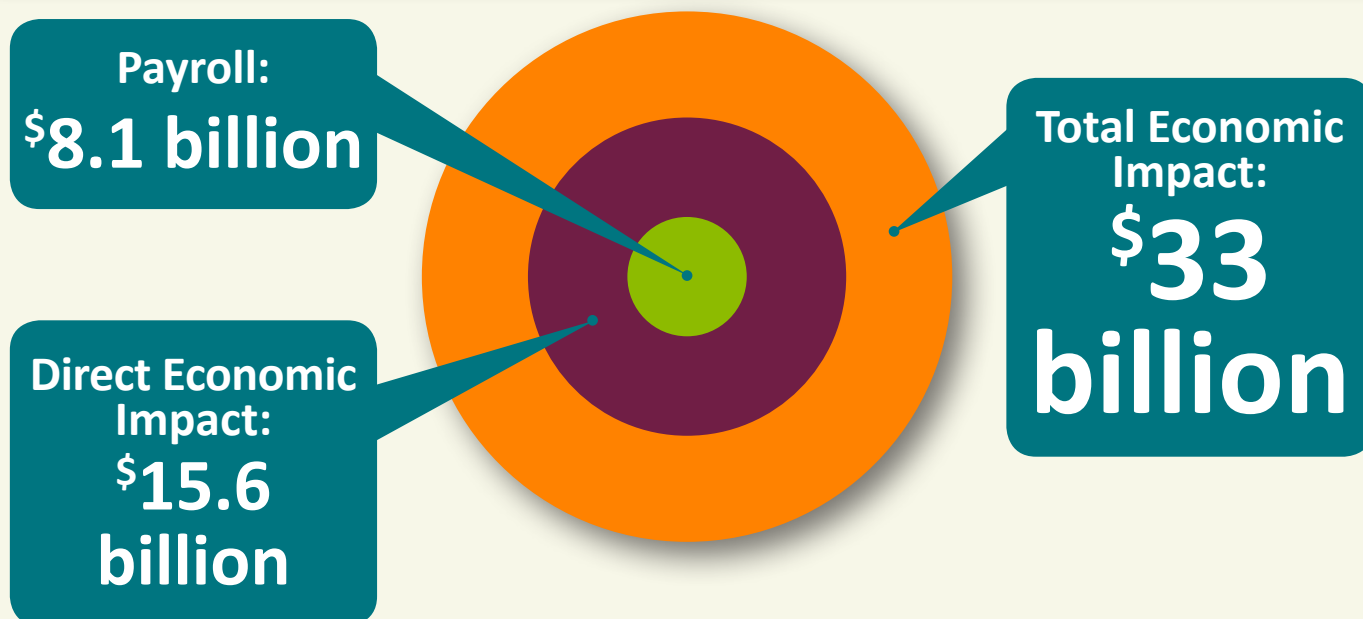
²⁷ “A New Day in Colorado: Findings from the 2015 Colorado Health Access Survey,” Colorado Health Institute, September 2015:

https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2015_CHAS_for_Web_.pdf

Financial Health of Colorado Hospitals

The financial health of Colorado hospitals is mostly strong, although significant variation exists across the state, and one hospital's experience cannot be generalized across other hospitals. This section addresses overall financial trends among Colorado hospitals, factors that may impact financial performance and key expense categories for all hospitals.

Colorado Hospitals' Economic Impact



SOURCE: CHI 2017 Hospital Economic Impact Report

HOSPITALS ARE KEY TO COLORADO'S ECONOMY

Colorado hospitals are critical to ensuring the health and wellness of communities all across the state, not only through the medical services they provide, but as key drivers of the economy in both rural and urban parts of Colorado. In 2015, hospitals experienced more than 9.2 million outpatient visits, 1.9 million visits to Emergency Departments, had 423,000 inpatient admissions and delivered 63,000 babies.²⁸

For every dollar spent at a Colorado hospital in 2015, two dollars were generated for the broader Colorado economy, creating \$33 billion in total economic activity.

This accounts for six percent of the state's total economic output. Colorado hospitals also provided jobs for 110,000 Coloradans in 2015 and created an additional 120,000 jobs in other sectors. Hospital jobs are also higher-skilled and higher-paying than the state average; individual compensation is \$16,000 more on average, with Colorado hospitals investing more than \$8 billion in salaries and benefits for their personnel.²⁹ Finally, hospital spending pumps a significant amount back into public goods and services. In 2015, Colorado hospitals generated \$1.1 billion in state and local taxes and an additional \$3.1 billion in federal taxes.³⁰

²⁸ CHA Databank, 2015

²⁹ Colorado Health Institute Analysis of Hospital Economic Impact, 2017

³⁰ Colorado Health Institute Analysis of Hospital Economic Impact, 2017

Financial Health of Colorado Hospitals continued

FACTORS INFLUENCING HOSPITAL FINANCIAL HEALTH

The extent of financial well-being varies significantly from hospital to hospital and is largely guided by a number of factors. Some of these factors include the type of hospital and its ownership, the hospital's location and health of the community it serves and competition in the market.

Different Types of Hospitals

Hospitals vary dramatically, from large to small, rural to urban, acute to specialty and everything in between. And even within a particular category or peer group, the services provided also vary from hospital to hospital. For purposes of this report, hospitals are divided into four general categories:

- **Urban Acute Care Hospitals (34):** These hospitals provide inpatient services, emergency medical and surgical care, continuous nursing services and necessary ancillary services 24/7/365. Many urban hospitals also provide a wide range of specialty and sub-specialty medical services.
- **Rural Acute Care Hospitals (12):** Like their urban counterparts, these hospitals also provide inpatient services, emergency medical and surgical care, continuous nursing services and necessary ancillary services 24/7/365 to rural communities in Colorado.³¹
- **Critical Access Hospitals (CAHs) (30):** This subset of rural hospitals serves Colorado's smallest communities. They have no more than 25 acute care beds and must generally be located at least 35 miles from the closest hospital (or 15 miles by mountainous terrain or secondary roads). Because of their federal designation as CAHs, Medicare reimburses them differently than other hospitals: they are paid based on allowed operating costs, as established by Medicare.
- **Specialty Hospitals (19):** These hospitals are primarily or exclusively engaged in the treatment of a particular condition or type of service (e.g., psychiatric, rehabilitative, long-term acute). They often provide both inpatient and outpatient services, but may not have the same services as a general hospital – for example, specialty hospitals rarely have emergency departments, but may offer more comprehensive services than an acute care hospital for their particular specialty and are still subject to most regulatory obligations that apply to acute care hospitals.

Hospitals That Pay Taxes Help Fund City Services

Colorado hospitals that operate on a for-profit basis also pay taxes, unlike their nonprofit counterparts. Taxes are often used by local communities to pay for services such as police, fire and emergency medical services. These tax expenses are not reflected on the individual hospital data sheets and will reduce overall hospital margins.



³¹ Hospitals located in a non-Core Based Statistical Area (as defined by the Office of Management and Budget), are considered rural for this report.

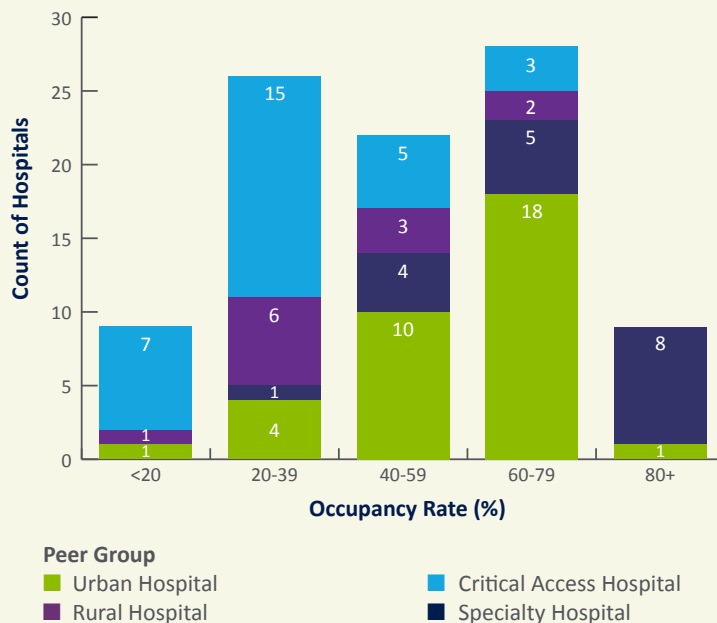
Financial Health of Colorado Hospitals continued

Ownership of Hospitals

Ownership structure of hospitals can also impact financial operations and governance.

- **Voluntary or Nonprofit Hospital (41):** These hospitals are nonprofit corporations and are thus exempt from some taxes, but any profits must be reinvested in achieving their mission (usually associated with providing health care services or improving community health). As a condition of their tax-exempt status, these hospitals are also required to conduct community health needs assessments and report community benefit.
- **Government-Owned Hospital (State or Local) (28):** These hospitals are publicly owned and operated and typically have a governing board elected by the residents of a city or county. In Colorado, many government-owned hospitals are Special Districts that receive local tax revenues. In addition, the State of Colorado operates two psychiatric hospitals that fall within this category. Government-owned hospitals are tax-exempt.
- **Proprietary or Tax-Paying Hospital (28):** These hospitals are investor-owned and report to a corporate board of directors to whom they owe a fiduciary duty. Proprietary hospitals pay property and income taxes, and profits are often returned to investors in the form of an annual dividend. Property and income taxes paid by hospitals fund local police, fire, EMS and other public services crucial to the health of communities.

2015 Occupancy Rate by Peer Group



Occupancy rates tend to be higher for urban hospitals and specialty hospitals (which include rehab and other long-term care hospitals) than for critical access hospitals.

CASE STUDY:

Occupancy Rates in Psychiatric Hospitals

As the data in this report shows, Colorado's hospitals that provide specialty psychiatric care consistently have the state's highest occupancy rates, as compared to other hospitals. While high occupancy rates are generally considered a positive indicator, in the case of behavioral health and Colorado's psychiatric hospitals in particular, occupancy rates this high may indicate an undersupply of psychiatric hospital beds across the state.



Centennial Peaks Hospital (Louisville), one of Colorado's psychiatric hospitals

Financial Health of Colorado Hospitals continued

Community and Population Differences

Colorado has made some significant achievements in health care in recent years, yet there is significant variation in the health status of people and communities across the state. The health of populations is another factor that can dramatically influence a hospital's operations and finances. Commonly referenced as "social determinants of health," variables such as socio-economic status, access to housing and education and physical environments can account for up to 20 percent of an individual's health.³²

One of the most significant differences in Colorado is the urban-rural divide. Rural communities in Colorado often have a significant proportion of individuals without health insurance or covered by Medicare or Medicaid, often more than in urban areas.³³ People living in rural and frontier areas of the state are also less likely to have a four-year college degree and generally make lower average wages than those living along the front range.³⁴ All of these factors are correlated with lower overall health status, which can mean a higher need for health care services.³⁵ Rural hospitals also tend to serve fewer individuals than their larger urban counterparts, although the fixed costs of operating a hospital remain high. In contrast, in Colorado's urban areas, competition among hospitals for higher patient volume is a key factor influencing financial decisions.

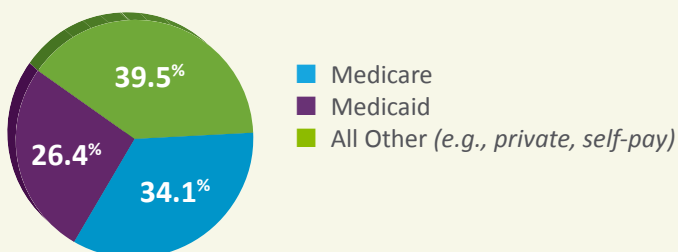
All of these variations can impact the types of services a hospital offers to best serve its community, which in turn, may have an effect on financial performance.

Payer Mix and Uncompensated Care

Hospitals treat everyone who comes through their doors, regardless of their ability to pay for services. This is a federal requirement for some services, such as emergency care, but also a point of pride for Colorado hospitals and a service hospitals provide as cornerstone institutions in their communities. The ability to care for those in need is analogous to the oaths taken by the medical professionals that work in hospitals. However, with that commitment to care come real financial challenges that must be dealt with by hospital leaders.

Perhaps the largest consideration in the financial operations of a hospital is who pays for the services the hospital provides

Colorado Hospital Payer Mix (Inpatient Days) in 2015



– its "payer mix." Care can be reimbursed by private health insurers, public health insurers (e.g., Medicare and Medicaid) and patients who choose to self-pay. In addition, hospitals manage the financial consequences of care for which payment is never received, also called "uncompensated care." Uncompensated care is the combination of "charity care" – care provided to low-income patients unable to pay their medical bills and who qualify under a hospital's charity care policy – and "bad debt" – care provided to patients who are subsequently unwilling or unable to pay the amount owed, even if they do not qualify for charity care. Because of uncompensated care, and because public programs such as Medicare and Medicaid generally pay hospitals at rates less than the cost of providing care, hospitals strive to maintain a favorable balance of public and private payers to remain financially sustainable in the long-run. In response to uncompensated care, hospitals must shift costs onto other payers, raising prices for individuals and businesses to ensure sustainability – commonly known as "cost shift."

Colorado has benefited in recent years from two significant state-level policy decisions: enacting and protecting the Hospital Provider Fee (HPF) – first enacted in 2009 – which has increased reimbursement for services delivered to Medicaid beneficiaries from 54 to 72 cents-on-the-dollar; and expanding health insurance coverage, which has enabled Colorado to reach an all-time low uninsured rate of just 6.5 percent.^{36, 37} The combination of these decisions has significantly reduced uncompensated care in Colorado, from \$700 million in 2013 to just \$264 million in 2015. Despite this progress, there is still a significant amount of uncompensated care for hospitals that impacts their financial operations.

³² "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity," Kaiser Family Foundation, November 2015:

<http://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

³³ "Colorado Health Statistics Region (HSR) Data Workbook," Colorado Health Institute, April 2017: http://www.coloradohealthinstitute.org/sites/default/files/data_files/HSRDataWorkbook_FINAL_0.xlsx

³⁴ "Bachelor's degree or higher, percent of persons age 25+, 2009-2013. U. S. Census Bureau, American Community Survey, 5-Year Estimates," Index Mundi:

<https://www.indexmundi.com/facts/united-states/quick-facts/colorado/percent-of-people-25-years-and-over-with-bachelors-degree-or-higher#map>

³⁵ "The Relative Contribution of Multiple Determinants to Health Outcomes," Health Affairs, August 2014: http://healthaffairs.org/healthpolicybriefs/brief_pdfs/healthpolicybrief_123.pdf

³⁶ House Bill 09-1293, Colorado General Assembly: http://www.leg.state.co.us/CLICS/CLICS2009A/csl.nsf/fsbillcont3/D71C48DD229F80CD872575540079F3A0?Open&file=1293_enr.pdf; Senate Bill 13-200, Colorado General Assembly: http://www.leg.state.co.us/CLICS/CLICS2013A/csl.nsf/fsbillcont3/8A3C037DB1746F5787257A83006D05A8?Open&file=200_enr.pdf

³⁷ "Colorado's New Normal: Findings from the 2017 Colorado Health Access Survey," Colorado Health Institute, September 2017:

https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20CHAS%20DESIGN%20FINAL%20for%20Web.pdf

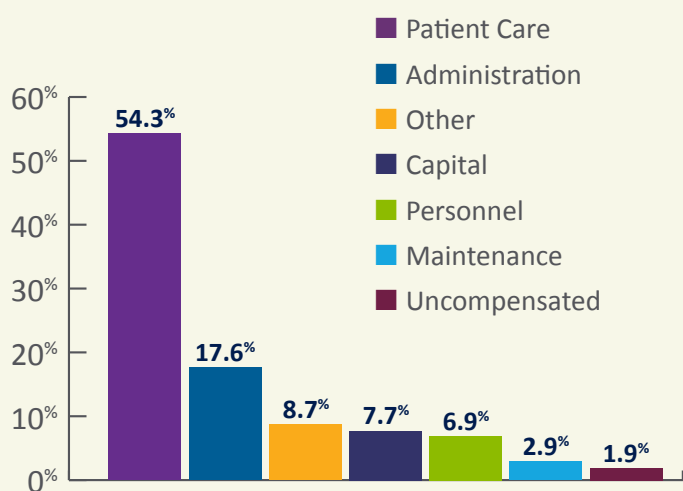
Financial Health of Colorado Hospitals continued

PULLING BACK THE VEIL: A CLOSER LOOK AT HOSPITAL REVENUES AND EXPENSES

Hospitals are not only economic drivers in Colorado but are cornerstone institutions committed to serving their communities, large and small. They are also complex organizations that must manage a myriad of factors in order to remain sustainable community partners. In fact, “no mission, no margin” is a phrase first coined by Sister Irene Krause, who was in charge of a large nonprofit health care system and believed that strong fiscal management was better than relying solely on charity as a means to enable hospitals to fulfill their mission.³⁸

This report relies on information submitted annually by hospitals to Medicare, which is made available to the public in the form of Medicare Cost Reports.³⁹ As the hospital-specific pages that accompany this report show, most hospital expenses fall into one of seven primary categories: patient care, personnel services, administration, capital expenditures, maintenance, uncompensated care and “other expenses.” The information below provides some context to each of those categories.

Total Hospital Expenses (%) in 2015



For more information about these categories, see Appendix 3 on page A-11

Revenues

First and foremost, Colorado hospitals exist to carry out their missions, ensuring patients in their communities receive high-quality health care when they need it most. Hospital revenues come from several sources but are primarily derived from care provided to patients. In 2015, net patient revenue across all Colorado hospitals was just over \$14 billion, and their total operating expenses were \$13.5 billion. Other revenue comes in the form of investments to ensure long-term sustainability, grants and donations from private individuals and organizations, and for public hospitals, from local tax revenues. Activities such as capital campaigns, gains in real estate investments and changes in the tax base due to local economic conditions can significantly skew one or more years' worth of revenue and margin data.

For purposes of Medicare Cost Reports, hospitals report two separate margins: first, they report a patient service margin based on revenue and expenses related to patient care; second, they report a total margin based on all revenue and expenses, including investments and real estate appreciation. In 2015, Colorado hospitals had an average patient service margin of 4.3 percent and an average total margin of 11.68 percent, with most hospitals falling within a range of 2 to 10 percent on total margins. These margins help hospitals combat political and policy uncertainty, “save for a rainy day” and ensure long-term sustainability as hospitals may not have consistent financial performance year-to-year or decade-to-decade. They also allow both private and public hospitals to reinvest in their communities through programs that focus on prevention and population health, practice transformation and care quality improvement, leadership development within the community and addressing social determinants of health, as well as revenues.

³⁸ “No Margin, No Mission: Flying Nuns and Sister Irene Kraus,” TeleTracking: <http://blog.teletracking.com/2012/03/20/margin-mission-flying-nuns-sister-irene-kraus/>

³⁹ Medicare Cost Reports, Centers for Medicare and Medicaid Services: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Cost-Reports/>

Financial Health of Colorado Hospitals continued

Expenses

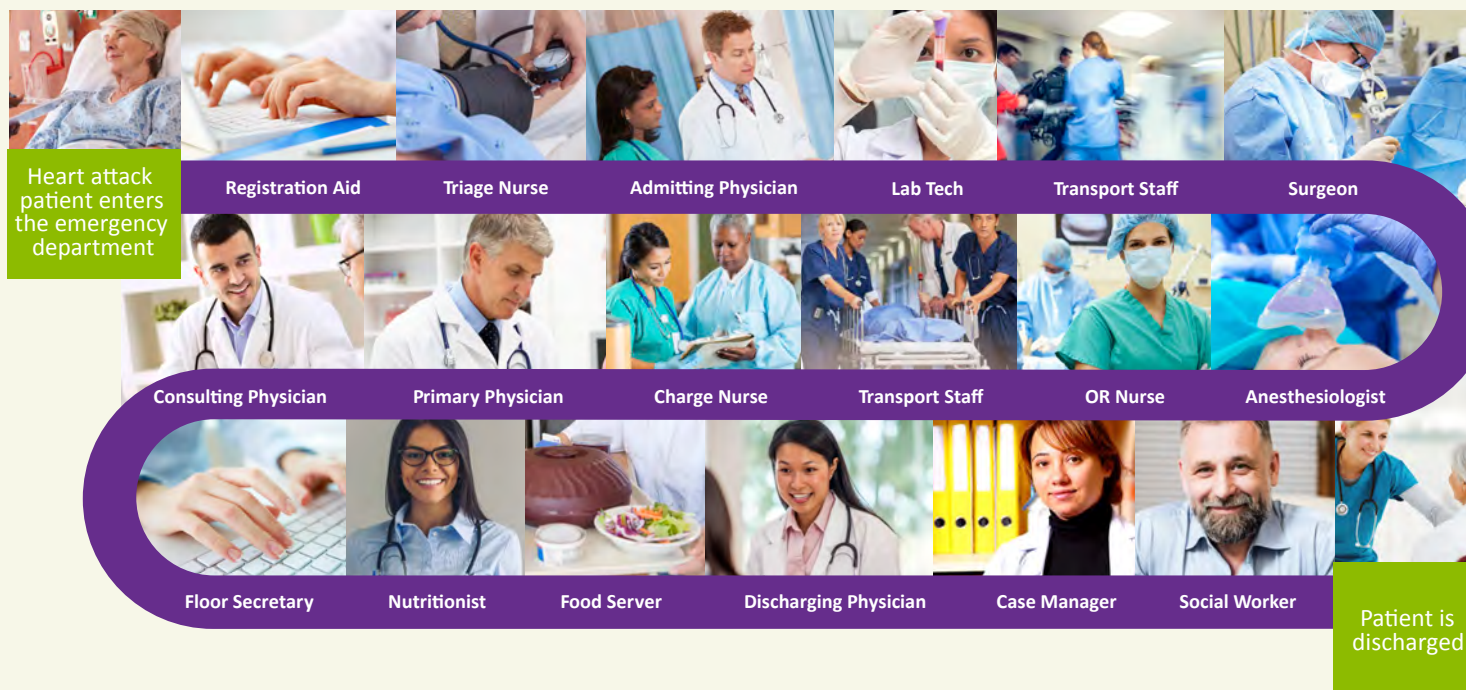
Patient Care and Personnel Services

Patient care accounts for the majority of costs incurred by most hospitals. It encompasses the primary functions of hospitals that commonly come to mind, including routine inpatient and outpatient care and care for patients in “observation status.”⁴⁰ It also includes “ancillary services,” the diagnostic (e.g., laboratory tests), therapeutic (e.g., hospital-administered prescription drugs) and custodial services required to facilitate patient care. In other words, patient care includes nearly everything related to treating both adult and pediatric patients in a hospital setting – cost of each hospital unit, specialized equipment, supplies, staffing, etc. Most employee salaries and benefits are also included in the total cost of patient care, as the majority of hospital employees’ time is spent directly caring for patients.

Hospitals are always seeking to manage the cost of patient care, but delivering high-quality, highly specialized medical

services in an acute care setting is expensive. First, treating communities’ sickest and most vulnerable individuals is labor intensive. As an illustration, from the time a heart attack patient enters the emergency room to when they are discharged from inpatient care, the typical patient interacts with more than 18 different hospital employees, with countless others – from laboratory technicians to maintenance staff – working behind the scenes.⁴¹ Moreover, hospital caregivers are highly skilled and often require higher levels of education and training compared to other service industries, and subsequently, receive higher compensation. There is a 30 percent difference in weekly labor costs for hospital workers compared to those workers in other service industries, a reflection of the 24/7 nature of the services hospitals provide.⁴² As such, across the United States, employee wages and benefits constituted the highest percentage of costs for all inpatient hospital services in 2015, at 59.1 percent.⁴³

Example of a Heart Attack Patient’s Staff Interactions from Emergency Department to Discharge



SOURCE: American Hospital Association

⁴⁰ Observation patients occupy a hospital bed just like an inpatient, but are not considered full “inpatients” because they are projected to stay for a shorter period of time. The classification of a patient as inpatient or observation is based on medical necessity, and while care and staffing needs are similar, reimbursement is often lower.

⁴¹ “The Cost of Caring: Drivers of Spending on Hospital Care,” The American Hospital Association, March 2011: <http://www.aha.org/research/reports/tw/11mar-tw-costofcaring.pdf>

⁴² “The Cost of Caring: Drivers of Spending on Hospital Care,” The American Hospital Association, March 2011: <http://www.aha.org/research/reports/tw/11mar-tw-costofcaring.pdf>

⁴³ “The Cost of Caring,” American Hospital Association, February 2017: <http://www.aha.org/content/17/costofcaringfactsheet.pdf>

Financial Health of Colorado Hospitals continued

CASE STUDY:

Hospitals Invest in People

The American Nurses Credentialing Center awards the Pathway to Excellence designation to organizations that create a positive nursing-practice environment. Three hospitals in Colorado – Lutheran Medical Center (Wheat Ridge), Rose Medical Center (Denver) and Sterling Regional MedCenter (Sterling) – have invested in their nursing staff and received this honor. To earn the designation, hospitals must retain excellent staff, improve nursing and patient satisfaction, boost patient quality and safety, and promote inter-professional teamwork.



Nursing staff at Lutheran Medical Center

The cost of hospital care is also consistently being influenced by external factors. While innovation leads to new medical advances and improved patient outcomes, it also leads to greater costs, as hospitals must routinely purchase new equipment, supplies and instruments to keep pace with ever-changing treatment options. In addition, the cost of inpatient drug spending continues to rise dramatically, resulting in increased patient care expenses. Between 2013 and 2015, inpatient prescription drug spending increased by 38.7 percent per hospital admission.⁴⁴ This increase was primarily driven by growth in the price of drugs, not an increase in prescribing.⁴⁵ Working to reduce future patient care expenses will continue to be a challenge for hospitals in both Colorado and across the United States.

In 2015, direct patient care comprised over half of total hospital expenses for all Colorado hospitals, at 54.3 percent – more than three times the next highest expense category. A number of indirect patient care expenses – such as quality improvement programs – fall within another category. There is significant variation across hospitals for patient care expenses, as this expense category ranged from 33 to 79 percent, excluding statistical outliers.

Hospitals Invest in Better Care Technology

It's common for patients to seek out the "latest and greatest" technology, and hospitals are always looking for new innovations that can improve patient safety and outcomes. Pregnant women want the latest ultrasound picture of their soon-to-be born baby, weekend warriors want an MRI instantly in order to know if they've torn that aching muscle and baby boomers want joint replacements that will last more than 20 years. In many instances, surgery is now performed using robotic devices designed to assist surgeons and provide superior patient outcomes. Hospitals who don't keep up with these trends are often passed over by both patients and surgeons, both of whom have hospitals to choose from.



⁴⁴ "Trends in Hospital Inpatient Drug Costs: Issues and Challenges," NORC at the University of Chicago, October 2016: <http://www.aha.org/content/16/aha-fah-rx-report.pdf>

⁴⁵ "Trends in Hospital Inpatient Drug Costs: Issues and Challenges," NORC at the University of Chicago, October 2016: <http://www.aha.org/content/16/aha-fah-rx-report.pdf>

Financial Health of Colorado Hospitals continued

Another related cost incurred by hospitals is personnel services, which includes employee compensation not otherwise accounted for in patient care (e.g., paid time off). Personnel expenses also encompass the general maintenance of personnel, such as the cost of providing room and board for employees. It is important to note that while most salaries are not included in personnel expenses, salaries for human resource employees is an exception. For Colorado hospitals in 2015, costs incurred for personnel services were less than one tenth of total hospital expenses, at 6.9 percent. While there is some variation in hospital personnel expenses, most hospitals fell between 5 and 10 percent of total expenses.

Hospitals Invest in Electronic Health Records

Technology represents a significant expense for hospitals large and small. In the current environment, the changes to technology occur on nearly a daily basis, making it both difficult and expensive to keep up with continual changes. The investment to build and maintain a hospital EHR is significant and ongoing; startup costs can range from \$2 million for a small rural hospital to more than \$100 million for a large urban integrated medical system. And EHRs are no longer an optional technology. In order to avoid penalties from Medicare – and to keep pace with consumer expectations – hospitals are required to have an EHR system that meets federal requirements.



Administrative Costs

In 2015, hospitals in Colorado spent 17.6 percent of total expenses on “administrative costs,” a somewhat misleading title, as this category encompasses a wide variety of services that contribute to improving patient care quality. “Administrative costs” includes expenses related to information technology (e.g., electronic medical records), volunteer services (e.g., pastoral care) and language translation services. The category also includes more mundane, but necessary, expenses, such as accounting, claims and billing departments, legal services and the cost of complying with regulations imposed by local, state and federal governments. Hospitals are one of the most highly regulated business sectors in the U.S. and simply maintaining compliance often requires multiple employees or whole departments.

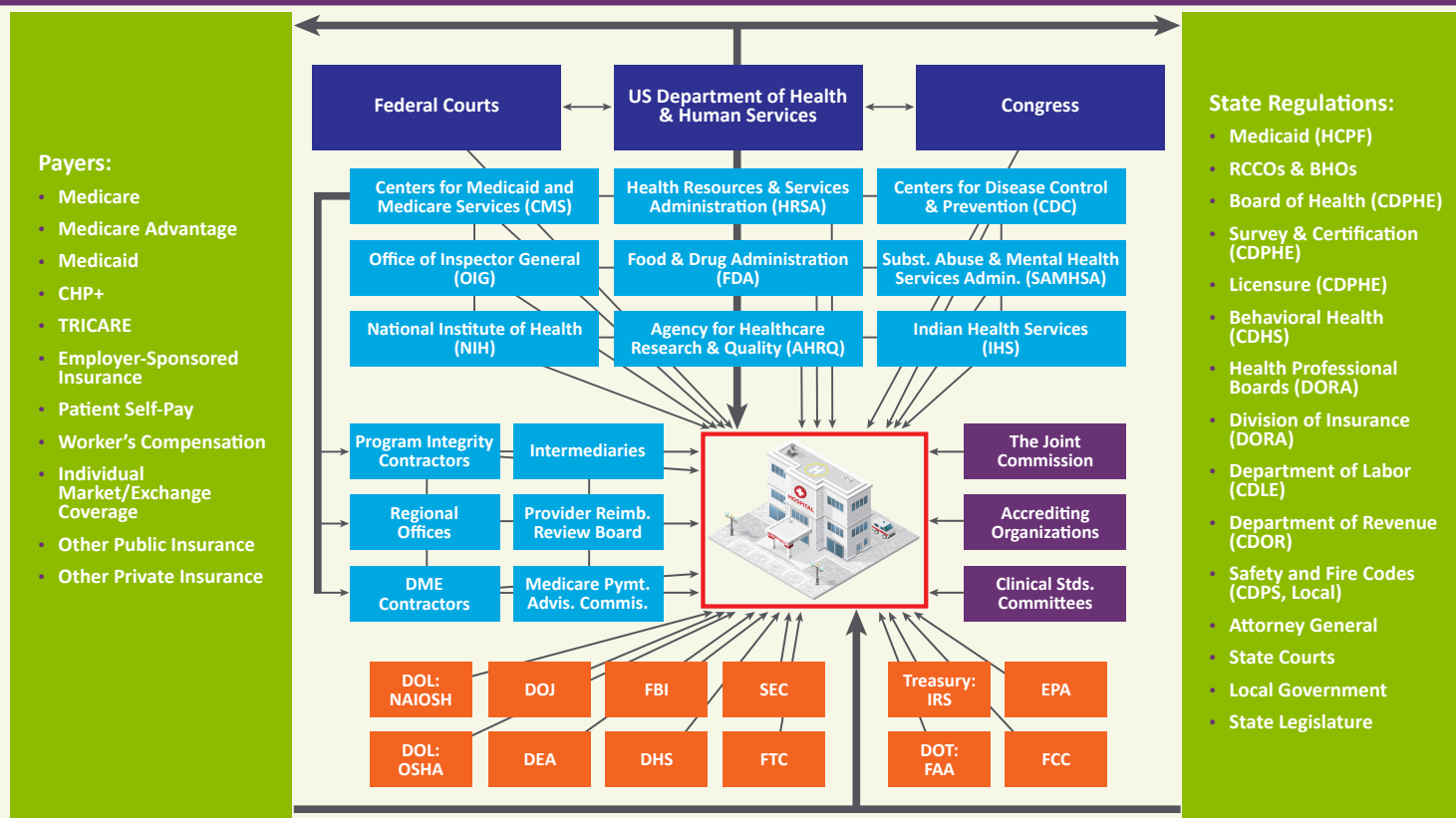
As with other expenditure categories, administrative costs in Colorado hospitals vary dramatically, with most hospitals falling within a range of 13 to 20 percent.

Billing Complexity

Billing for medical services is often incomprehensibly complex to the consumer, and recouping payments from patients – and responding to patient questions and concerns – presents a huge administrative cost to hospitals. As an example, the manual for processing claims from one payer alone is 38 chapters long. Patients should know that for any hospital visit, they are likely to receive a bill from the hospital and a separate bill from the physician and specialty providers they encountered during their visit. Patients should also know that higher-than-expected figures on their bills – due to the federally-required “chargemaster” – may not be the final amount owed by the patient. Insurance companies negotiate discounts on behalf of their customers, and hospitals often offer discounts to individuals who self-pay.

Financial Health of Colorado Hospitals continued

Hospitals Navigate a Complex Web of Local, State and Federal Regulatory Requirements



Greater Hospital Regulatory Requirements Can Increase Cost	Hospital Outpatient Dept.	Ambulatory Surgery Center	Physician Office
24/7 Standby Capacity for ED Services	✓		
Backup for Complications Occurring in Other Settings	✓		
Disaster Preparedness and Response	✓		
EMTALA Requirements	✓		
Uncompensated Care/Safety Net	✓		
Teaching/Graduate Medical Education	✓		
Special Capabilities (<i>burn, trauma, neonatal, psychiatric services, etc.</i>)	✓		
Required Government Cost Reports	✓		
Equipment Redundancy Requirements	✓		
Stringent Building Codes (<i>ventilation systems, hallway widths, ceiling heights, etc.</i>)	✓		
Infection Control Program	✓	✓	
Quality Assurance Program	✓	✓	
Joint Commission Accreditation	✓	✓	
Life and Fire Safety Codes	✓	✓	✓
Malpractice Insurance	✓	✓	✓
Admin Staff/Billing	✓	✓	✓
Medical Supplies	✓	✓	✓
Nurses	✓	✓	✓
Space and Utilities	✓	✓	✓

SOURCE: American Hospital Association

Financial Health of Colorado Hospitals continued

CASE STUDY:

Hospitals Invest in Infrastructure

Investments in capital are often driven by regulatory requirements, standards for care delivery and consumer and market demands. Most health care organizations spend years assessing the market, census trends and demand as they project facility needs for the future. A new hospital under construction is based on market predictions for the future, which include population growth and changes in the health care delivery system. Additionally, some hospitals are forced to “build new”

in order to keep up with regulatory requirements making renovation cost prohibitive. For example, not long ago, patient rooms were shared, but in response to consumer demand, today’s hospitals offer private rooms with space for a patient advocate, updated safety features, and connectivity to the world. Anything less, and patients will drive farther to get care. Patients also look for on-demand care that is close to home and work, which has helped to drive a proliferation of freestanding emergency departments throughout the Front Range of Colorado. Although non-emergency ED visits are declining overall, more than 60 percent of Coloradans who did visit an ED went there for non-emergency care because it was more convenient.⁴⁶ ER wait times, which were sometimes measured in hours, fell and were posted visibly as hospitals responded to patients making choices based on wait times and convenience.

Southwest Health System (Cortez) recently launched a campus improvement project in order to make much needed facility updates that will improve its ability to deliver health care to its community. The hospital’s new centralized campus will foster collaboration and communication between providers and support services, make it easier for patients to navigate the health care system and improve access to care.



Staff at Southwest Health System

Capital and Maintenance Expenses

Another important component of hospital expenses are the building costs and maintenance requirements that keep the basic infrastructure of a hospital facility sound. As reflected in the Medicare Cost Reports, many of these costs are accounting figures (e.g., the value of depreciation for a building or equipment) and are not necessarily all related to the purchase or construction of new buildings, as may be commonly believed. Capital costs include depreciation, the cost of leasing or purchasing a facility, land, equipment and other depreciable assets used for patient care. Also included in this category are

taxes, insurance and license and royalty fees related to depreciable assets which reflect the age and costs of the hospitals’ physical assets including buildings and equipment. On average, Colorado hospitals report spending 7.7 percent of expenses on capital.

In addition to capital expenses, hospitals incur significant expenses for maintenance, including basic plant operations, such as heating and cooling systems, ventilation, electricity and other mechanical systems – the consistent function of which is essential to ensuring patient care. These costs averaged 2.9 percent in 2015.

⁴⁶ C “Colorado’s New Normal: Findings from the 2017 Colorado Health Access Survey,” Colorado Health Institute, September 2017: https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/2017%20CHAS%20DESIGN%20FINAL%20for%20Web.pdf

Financial Health of Colorado Hospitals continued

Other Expenses

As reported in Medicare Cost Reports, “Other Expenses” includes a potpourri of items that do not fit neatly into other categories. For example, costs for ambulance services, durable medical equipment, organ transplant services and home health provided by the hospital are assigned to this category. In addition, it includes miscellaneous expenses, such as operating a hospital gift shop and community outreach expenditures.

As with some other categories that at face-value may be perceived as having little to do with patient care, a significant portion of “other expenses” for a particular hospital is likely centered on improving health and patient outcomes, or otherwise meeting the unique mission of a particular hospital. For example, academic medical centers, sole community hospitals, safety net hospitals and hospitals serving special populations are likely to have administrative structures and expenses that reflect the unique nature of their mission and the communities they serve.

Hospitals Invest in Emergency Preparedness

Hospitals Plan for Multiple Disasters



99%

plan for

**CHEMICAL
DISASTERS**



98%

plan for

**NATURAL
DISASTERS**



94%

plan for

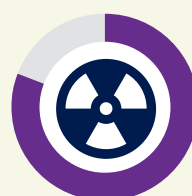
EPIDEMICS



93%

plan for

**BIOLOGICAL
DISASTERS**



81%

plan for

**NUCLEAR
DISASTERS**



80%

plan for

**EXPLOSIVE
DISASTERS**

Colorado communities not only rely on local hospitals for providing routine patient care, but also to ensure the health and safety of the public during events that exceed the limits of normal medical infrastructure – such as epidemics, mass shootings, chemical, natural, biological and nuclear disasters. Hospitals stay open, ready to care for the ill and injured 24/7. To prepare for an unexpected surge of trauma following a catastrophic event, hospitals invest in substantial resources to develop comprehensive disaster plans. It is estimated that hospitals across the U.S. spend approximately \$174.6 million for emergency preparedness training alone, such as simulations of large-scale disaster events to test and refine emergency response logistics and clinical plans. In addition to routine training, hospitals incur significant costs to ensure facilities have appropriate emergency equipment such as back-up generators and communications systems, surveillance systems, isolation rooms, personal protective equipment, decontamination units and stockpiled food, water and medical supplies. Once an emergency has subsided, hospitals are also responsible for appropriate waste disposal, environmental cleaning and decontamination. This critical ‘standby’ role Colorado hospitals play in their communities is not explicitly funded, resulting in significant costs for hospitals and health systems across the state.

SOURCE: American Hospital Association

Conclusion

Colorado hospitals agree that providing this information to the public in a user-friendly format is a step in the right direction to promote better transparency throughout the health care system. However, publishing the “facts” is arguably the easy part. What will be more challenging is to determine what these numbers mean to Colorado’s health care system. Yes, they indicate that the financial health of Colorado hospitals is generally strong, but there are exceptions that could jeopardize access to care.

There has been much speculation about the “right” amount of certain types of spending: Should patient care spending be higher? Should administrative costs be lower? Should we strive to eliminate uncompensated care altogether? CHA cautions against using these figures to fuel speculative judgments about how hospitals manage their finances for two reasons. First, we are guided by the principle that hospital financial decisions are best made by the experts who have dedicated their careers to hospital operations and the governing boards who have a fiduciary duty to ensure their organization is financially sound. Second, while these figures are informative and illustrative of the financial state of Colorado hospitals, they are not capable of providing evidence-based, across-the-board answers to the difficult questions of what will ultimately create better affordability.

The reality is that each Colorado hospital operates in its own complex and unique environment, and factors that impact one facility may differ significantly for the facility across town or across the state, no matter how similar those facilities look on paper. And like many other areas of the health care system, changes to one factor may have unintended consequences – for example, artificially restricting “administrative costs” may mean limiting expenses on quality programs or electronic health records that are proven to improve patient outcomes, when there is no evidence to indicate that low administrative costs mean better quality care, better outcomes or better value.

On behalf of its member hospitals, CHA is committed to engaging with the public and policymakers to improve health care affordability, and transparency is a key component of ensuring that individuals and families are informed about and engaged in their care decisions. But transparency is not the end-game, and “cracking the code” on affordability will require a wide range of partnerships across the public and private sectors, as well as shared goals and objectives and commitments to test new ideas and implement ideas that work. We stand at the ready to be a key partner in ensuring Colorado’s health care system remains on the vanguard and brings affordability to Coloradans across the state.

CASE STUDY:

Hospitals Invest in Community Need

Opened in July 2016, HealthONE’s Adolescent Behavioral Health Unit at The Medical Center of Aurora meets the community’s growing need for behavioral health services for the nearly 52,000 adolescents in Colorado who suffer from serious mental health conditions. In development for nearly two years, the new unit offers 20 in-patient beds and operates at nearly 100 percent capacity. Approximately 29 new clinical and non-clinical staff members joined the TMCA team upon opening of the unit which also included a sizeable capital construction project on the north campus.



Artwork at the Behavioral Health Unit at The Medical Center of Aurora

How to Read the Hospital Report

Blue Spruce Hospital

(Medicare Provider No. 999999)

7335 E Orchard Rd, Greenwood Village, CO 80111	Ownership Type	Vol. Non Profit - Other
(303) 123-4567	Hospital Type	Acute Hospital
www.bluesprucehosp.com	State House District	HD 99 - John Doe
Current Licensed Beds: 999	State Senate District	SD 99 - John Doe
Current Fiscal Year End: December 31	US Congressional District	CD 9 - John Doe

CMS Five Star Rating (2016)

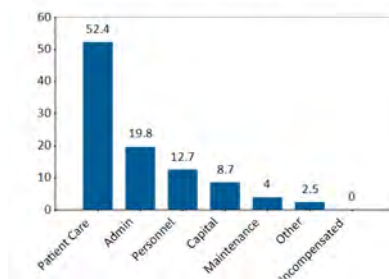
★★★★

HQIP Score (2016/2017) - Out of 50

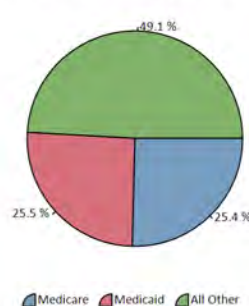
25

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	1,863	1,798	1,743	1,729	1,538
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	2,116	2,086	1,940	1,890	1,846
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	339	339	339	301	321
Inpatient Discharges	18,176	19,899	16,522	14,842	15,027
Inpatient Days	78,426	74,802	67,130	60,600	56,978
Average Length of Stay	4.31	3.76	4.06	4.08	3.79
Occupancy Rate (Inpatient Days)	63.44%	60.35%	54.31%	55.27%	48.67%
Observation Days	2,938	8,239	4,714	3,638	3,248
Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	1,568,310,297	1,635,009,220	1,578,714,536	1,592,070,534	1,655,639,247
Contractual Allowances	1,164,937,562	1,210,281,132	1,178,803,984	1,181,809,915	1,220,995,188
Net Patient Revenue	403,372,735	424,728,088	399,910,551	410,260,618	434,644,059
Total Operating Expenses	393,130,444	407,657,571	408,797,070	397,030,969	409,369,653
Salaries and Benefits	156,867,536	129,582,133	142,319,016	162,361,188	162,349,932
Other Non Patient Revenue	23,803,884	37,160,238	25,480,827	20,327,102	20,541,721
Other Non Patient Expenses	3,954,608	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	8,278,558	8,611,627	2,831,362	2,277,993	2,788,328
Bad Debt	4,429,178	2,903,202	4,316,648	3,591,852	8,866,453
Unreimbursed Cost for Medicaid	19,530,390	14,870,155	20,824,617	26,912,000	25,452,628
Patient Service Margin	10,242,290	17,070,517	-8,886,518	13,229,649	25,274,406
Total Margin	30,091,566	54,230,755	16,594,309	33,556,752	45,816,127
Patient Service Margin Percent	2.54%	4.02%	-2.22%	3.22%	5.81%
Total Margin Percent	7.04%	11.74%	3.90%	7.79%	10.07%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

- Licensed Beds** – the number of beds the state authorized
- Hospital Type** – Acute, Critical Access Hospital, Specialty Hospital
- Total FTE** – the total number of full-time equivalents employed and contracted by the hospital
- Available Beds** – the number of beds in use for patient care
- Occupancy Rate** – percent of time available beds are being used by inpatients. This metric does not include observation or outpatients in hospital beds
- Gross Patient Revenue** – the total charges at the hospital's full established rates for services rendered
- Contractual Allowances** – difference between hospital charges and payments received from private and government payers.
- Total Operating Expenses** – total cost of running the hospital
- Salary and Benefits** – a subset of total operating expenses – wages and benefits paid to all hospital employees
- Patient Service Margin** – Income/loss from providing patient care
- Total Margin** – total income/loss (includes patient care and non-patient care activities)
- Payer Mix** – share of patient days by payer – Medicare, Medicaid or other (e.g., commercial, self-pay)

The Medicare Cost Report

All Medicare-certified facilities are required to submit an annual Medicare Cost Report (MCR), which provides a plethora of information about hospital finances, utilization and staffing. While these reports are available to the public, they are difficult to access and decipher. In developing this report, CHA elected to use MCRs as the primary data source for two key reasons: they are publicly available, and they provide a consistent and audited reporting method that allows for comparisons across hospitals. However, MCRs are not a perfect source, and apples-to-apples comparisons across hospitals should be approached with caution. Each hospital may have different factors impacting its MCR, and important financial obligations are not reflected in a MCR. The Association considered alternatives to MCRs – such as independent reporting or using audited financial statements; however, these options present their own challenges for accuracy, comparability and administrative burden.

HOW DID CHA OBTAIN THE DATA FOR THIS REPORT?

CHA obtained all hospitals cost report information directly from the Centers for Medicare and Medicaid Services (CMS). CMS maintains the cost report data in the Healthcare Provider Cost Reporting Information System (HCRIS). This information is uploaded annually to the HCRIS database and released publicly. CHA used the most-recent information available in the HCRIS database, but if a hospital amends their cost report for a specific fiscal year after CHA has downloaded the MCR information, any changes made to the amended cost report will not be reflected in this transparency report.

CMS makes a reasonable effort to ensure that the data are up-to-date, accurate, complete and comprehensive at the time of disclosure. CMS is not responsible for data that is misrepresented, misinterpreted or altered in any way. Derived conclusions and analysis generated from this data are not to be considered attributable to CMS or HCRIS.

WHAT ARE THE LIMITATIONS TO THE MCR DATA?

The MCR does not fully reflect certain aspects of their hospital business and may cause certain costs and revenues to be misleading or underreported on a transparency report. Some of these issues and concerns are unique to a specific hospital while some may be an issue for all hospitals due to the reporting requirements of the MCR.

When comparing across the state it must be recognized that not all hospitals are the same and instead have unique situations based on the year, their location, their ownership type or other factors. Because the MCR is standardized, it typically does not allow for unique hospital situations to be addressed and properly explained. Additionally, the Medicare cost-to-charge ratio excludes certain expenses and revenues as they are non-reimbursable for Medicare, which causes costs to be understated. For example:

- The MCR requires hospitals to submit financial data that should mirror what is reported on a hospitals' financial statements, but the standard format does not allow hospitals to sufficiently detail some other their expenses and revenues, which makes it difficult to determine what is patient-care related and non-operating related, or may not allow a hospital to fully detail a large donation or grant received that impacts the bottom line.
- Costs for charity care, bad debts and unreimbursed cost for Medicaid are calculated using the Medicare cost-to-charge ratio. Therefore, some hospital expenses are not included as they have been determined by CMS to be Medicare non-reimbursable, and results in a lower calculated Medicare cost report, which in turn results in lower costs for charity care and bad debts.

IMPORTANT NOTE REGARDING CMS STAR RATING AND HQIP SCORE:

Freestanding psychiatric hospitals are not eligible for participation in the CMS Five Star Rating or HQIP reporting programs. Freestanding psychiatric hospitals are not eligible for Medicare DSH funds and therefore Medicaid days for these hospitals are unaudited by the Medicare Administrative Contractors. As a result, Medicaid days for freestanding psychiatric hospitals are submitted for informational purposes only and may not be an accurate representation of actual Medicaid utilization for this category of hospitals for various reasons including but not limited to (1) the lack of Medicare reimbursement impact and (2) potential for inconsistent reporting by these hospitals for Medicaid days for Medicaid recipients who are members of a Managed Medicaid BHO as well as out-of-state days, Medicaid secondary payer patient days and Medicaid eligible days for which no payment was received.

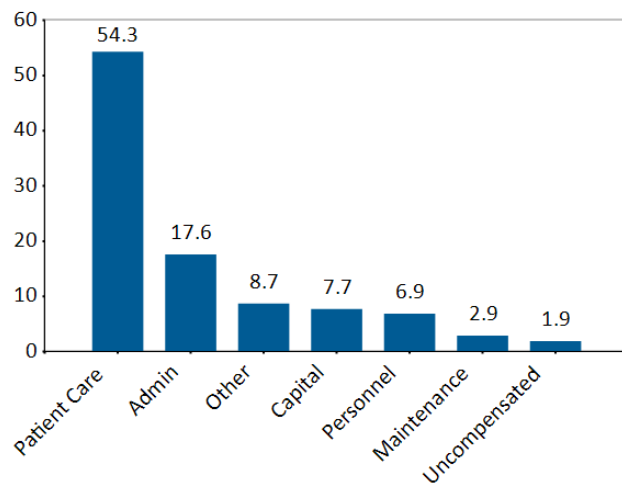
CHA recognizes that some hospital information may be misleading to some reviewing this report.

Colorado Statewide Summary

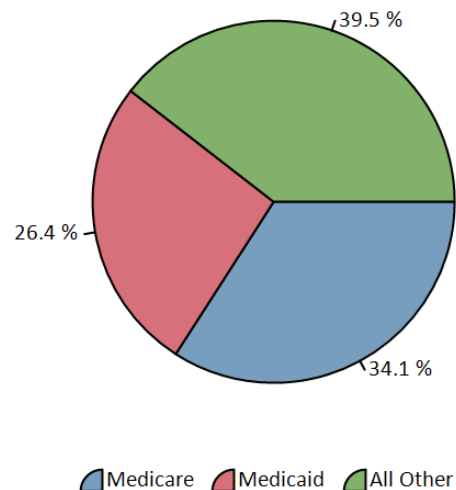
For Fiscal Year End 2015

Current Total Licensed Beds				
12,616				
Employment Trends	Denver Metro	Other Urban	Rural	Statewide
Employees on Payroll FTEs	34,963	20,745	9,800	65,508
Total Interns & Residents FTEs	1,024	101	2	1,127
Total FTEs	29,040	20,443	5,243	54,726
Utilization Trends	Denver Metro	Other Urban	Rural	Statewide
Available Beds	5,100	3,684	1,095	9,879
Inpatient Discharges	229,944	164,877	35,092	429,913
Inpatient Days	1,235,831	891,878	151,907	2,279,616
Average Length of Stay	5.37	5.41	3.25	5.21
Occupancy Rate (Inpatient Days)	66.39%	66.33%	38.01%	63.22%
Observation Days	62,083	50,490	15,641	128,214
Financial Trends	Denver Metro	Other Urban	Rural	Statewide
Gross Patient Revenue	31,976,931,639	15,369,221,473	3,606,404,009	50,952,557,121
Contractual Allowances	24,252,149,025	10,867,875,530	1,699,021,522	36,819,046,077
Net Patient Revenue	7,724,782,614	4,501,345,943	1,907,382,487	14,133,511,044
Total Operating Expenses	7,344,855,960	4,322,573,020	1,854,363,621	13,521,792,601
Salaries and Benefits	3,064,944,790	1,774,537,249	904,409,165	5,743,891,204
Other Non Patient Revenue	1,002,646,626	211,556,696	169,918,121	1,384,121,443
Other Non Patient Expenses	74,091,158	97,495,358	11,413,106	182,999,622
Cost of Charity Care	48,854,861	28,094,799	17,381,930	94,331,590
Cost of Bad Debt	79,702,462	40,792,663	46,534,448	167,029,573
Unreimbursed Cost for Medicaid	347,004,405	189,910,332	45,489,342	582,404,079
Patient Service Margin	379,926,654	178,772,923	53,018,866	611,718,443
Total Margin	1,308,482,122	292,834,261	211,523,881	1,812,840,264
Patient Service Margin Percent	4.92%	3.97%	2.78%	4.33%
Total Margin Percent	14.99%	6.21%	10.18%	11.68%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



Hospitals with incomplete cost reports (not covering 12 consecutive months) were excluded from this state summary. See the methodology section for details.

Animas Surgical Hospital

(Medicare Provider No. 060117)

575 Rivergate, Durango, CO 81301	Ownership Type	Proprietary
(970) 247-3537	Hospital Type	Acute Hospital
www.animasurgical.com	State House District	
Current Licensed Beds: 12	State Senate District	
Current Fiscal Year End: December 31	US Congressional District	

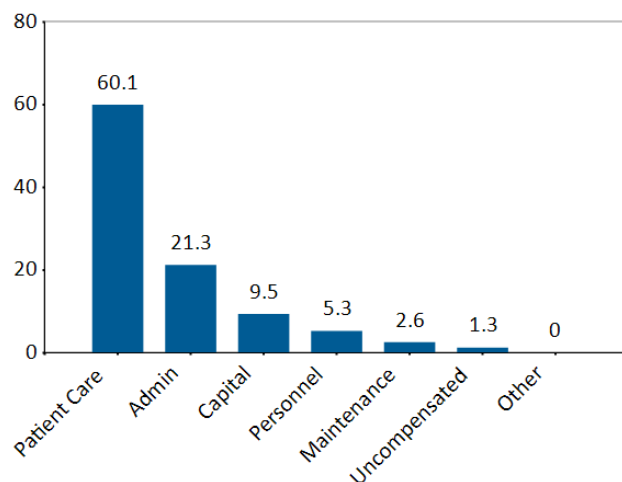
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	Not Applicable

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	75	81	89	96	100
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	75	89	101	109	110

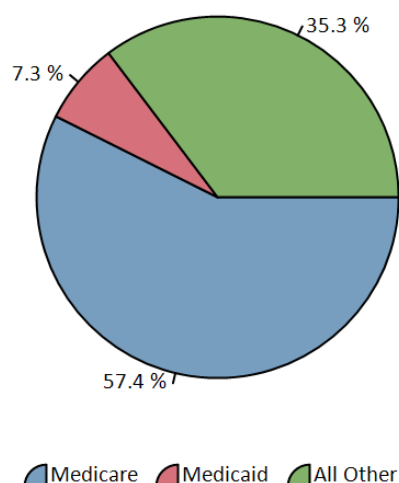
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	12	12	12	12	12
Inpatient Discharges	518	595	545	457	409
Inpatient Days	929	1,124	1,181	1,058	866
Average Length of Stay	1.79	1.89	2.17	2.32	2.12
Occupancy Rate (Inpatient Days)	21.21%	25.59%	26.96%	24.16%	19.77%
Observation Days	17	12	38	184	136

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	49,934,249	61,732,297	68,057,182	79,847,943	85,149,365
Contractual Allowances	29,120,642	35,570,739	40,397,329	49,687,037	54,723,533
Net Patient Revenue	20,813,607	26,161,558	27,659,853	30,160,906	30,425,832
Total Operating Expenses	17,949,654	20,605,723	22,928,127	24,262,877	24,815,220
Salaries and Benefits	5,940,754	6,808,057	8,232,332	8,633,667	9,438,180
Other Non Patient Revenue	14,765	45,096	1,003,123	799,586	476,877
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	23,783	41,203	72,181	20,761	5,000
Bad Debt	364,134	482,756	426,852	413,710	309,902
Unreimbursed Cost for Medicaid	Not Reported	Not Reported	Not Reported	297,485	Not Reported
Patient Service Margin	2,863,953	5,555,835	4,731,726	5,898,029	5,610,612
Total Margin	2,878,718	5,600,931	5,734,849	6,697,615	6,087,489
Patient Service Margin Percent	13.76%	21.24%	17.11%	19.56%	18.44%
Total Margin Percent	13.82%	21.37%	20.01%	21.63%	19.70%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Arkansas Valley Regional Medical Center

(Medicare Provider No. 060036)

1100 Carson Avenue, La Junta, CO 81050	Ownership Type	Vol. Non Profit - Other
(719) 384-5412	Hospital Type	Critical Access Hospital
www.avrmc.org	State House District	HD 47 - Clarice Navarro
Current Licensed Beds: 25	State Senate District	SD 35 - Larry Crowder
Current Fiscal Year End: March 31	US Congressional District	CD 4 - Ken Buck

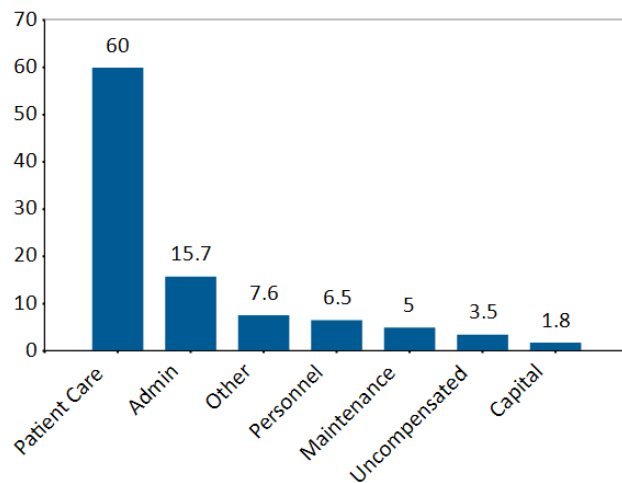
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★	17

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	Not Reported	296	287	264	270
Total Interns & Residents FTEs	Not Reported	0	0	0	0
Total FTEs	Not Reported	381	377	337	341

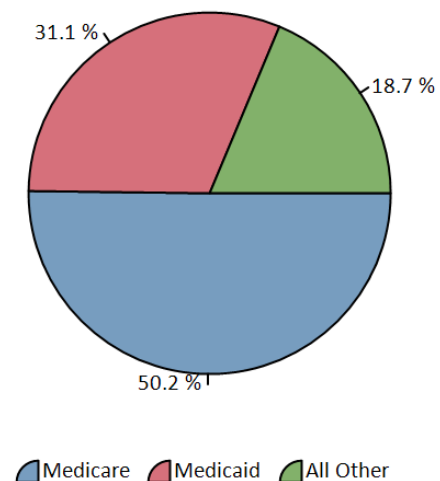
Utilization Trends	2011	2012	2013	2014	2015
Available Beds		54	54	54	45
Inpatient Discharges		2,023	1,772	1,600	1,273
Inpatient Days		6,623	5,086	4,529	4,322
Average Length of Stay		3.27	2.87	2.83	3.40
Occupancy Rate (Inpatient Days)		33.51%	25.80%	22.98%	26.31%
Observation Days		294	774	510	574

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue		76,213,613	75,315,664	77,304,195	78,950,701
Contractual Allowances		34,985,959	37,885,752	39,680,279	43,350,006
Net Patient Revenue		41,227,654	37,429,912	37,623,916	35,600,695
Total Operating Expenses		41,333,808	41,843,337	40,107,996	40,814,550
Salaries and Benefits		23,309,241	21,963,045	21,120,704	21,659,098
Other Non Patient Revenue		561,082	615,289	1,749,466	2,059,344
Other Non Patient Expenses		Not Reported	Not Reported	Not Reported	2,950
Charity Care		Not Reported	Not Reported	Not Reported	211,315
Bad Debt		1,499,836	1,013,152	1,126,487	1,253,946
Unreimbursed Cost for Medicaid		2,225,308	2,457,335	4,127,382	1,090,986
Patient Service Margin		-106,154	-4,413,425	-2,484,080	-5,213,855
Total Margin		454,928	-3,798,136	-734,614	-3,157,461
Patient Service Margin Percent		-0.26%	-11.79%	-6.60%	-14.65%
Total Margin Percent		1.09%	-9.98%	-1.87%	-8.38%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Aspen Valley Hospital

(Medicare Provider No. 061324)

0401 Castle Creek Road, Aspen, CO 81611	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(970) 925-1120	Hospital Type	Critical Access Hospital
www.avhaspen.org	State House District	HD 61 - Millie Hamner
Current Licensed Beds: 25	State Senate District	SD 5 - Kerry Donovan
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

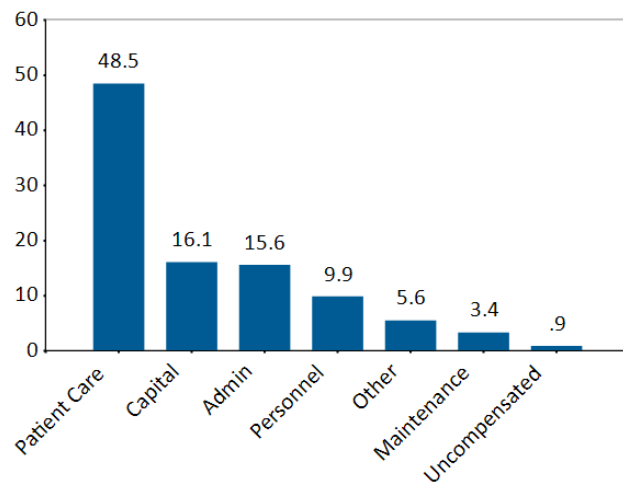
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★★	47

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	288	286	297	317	354
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

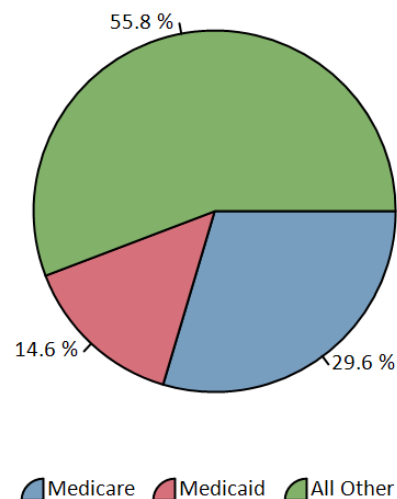
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	25	25	25	25	25
Inpatient Discharges	793	829	881	812	787
Inpatient Days	3,074	2,955	2,863	2,548	2,789
Average Length of Stay	3.82	3.55	3.25	3.02	3.28
Occupancy Rate (Inpatient Days)	33.69%	32.30%	31.38%	27.92%	30.56%
Observation Days	377	288	272	244	233

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	78,253,969	81,815,079	91,158,048	94,418,205	101,952,725
Contractual Allowances	20,543,248	22,184,845	23,543,483	21,382,750	22,121,144
Net Patient Revenue	57,710,721	59,630,234	67,614,565	73,035,455	79,831,581
Total Operating Expenses	58,099,281	59,394,580	64,199,766	73,198,764	80,820,610
Salaries and Benefits	28,661,335	29,913,636	30,813,735	34,550,307	36,571,369
Other Non Patient Revenue	9,831,298	15,921,021	17,783,045	18,216,694	17,503,128
Other Non Patient Expenses	Not Reported	483,203	Not Reported	1,060,816	Not Reported
Charity Care	2,147,770	336,786	370,463	184,421	433,493
Bad Debt	713,848	497,276	416,315	522,383	310,098
Unreimbursed Cost for Medicaid	1,690,233	1,679,600	1,267,430	2,086,131	735,948
Patient Service Margin	-388,560	235,654	3,414,799	-163,309	-989,029
Total Margin	9,442,738	15,673,472	21,197,844	16,992,569	16,514,099
Patient Service Margin Percent	-0.67%	0.40%	5.05%	-0.22%	-1.24%
Total Margin Percent	13.98%	20.75%	24.82%	18.62%	16.97%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Avista Adventist Hospital

(Medicare Provider No. 060103)

100 Health Park Drive, Louisville, CO 80027	Ownership Type	Vol. Non Profit - Private
(303) 673-1000	Hospital Type	Acute Hospital
www.avistahospital.org	State House District	HD 12 - Mike Foote
Current Licensed Beds: 114	State Senate District	SD 17 - Matt Jones
Current Fiscal Year End: June 30	US Congressional District	CD 2 - Jared Polis

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

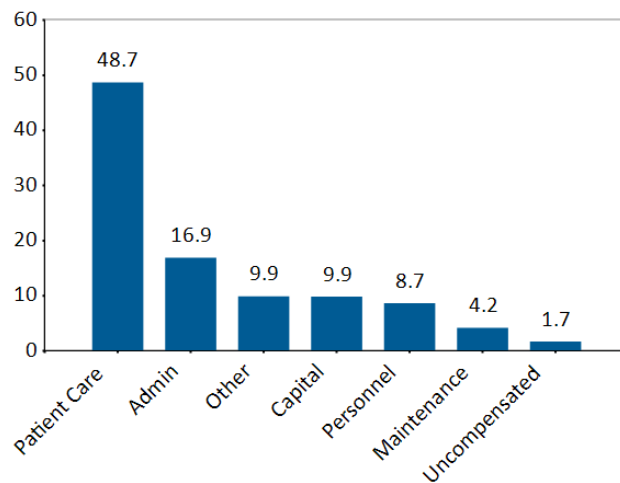
40

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	469	481	Not Reported	492	502
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	514	527	516	549	575

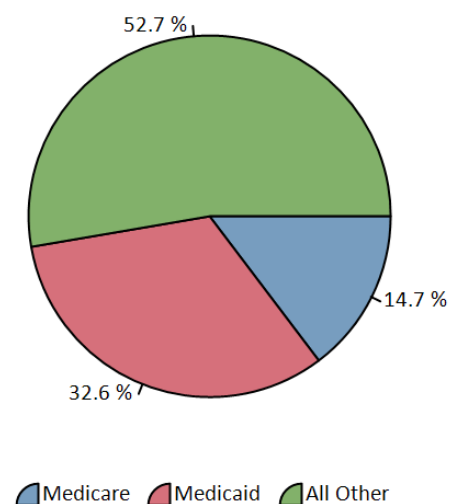
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	114	114	114	114	114
Inpatient Discharges	4,318	4,424	4,459	4,118	4,144
Inpatient Days	17,273	18,160	17,927	15,713	16,000
Average Length of Stay	4.00	4.10	4.02	3.82	3.86
Occupancy Rate (Inpatient Days)	41.51%	43.52%	43.08%	37.76%	38.45%
Observation Days	909	818	943	863	1,004

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	254,144,404	284,864,072	314,842,885	306,683,961	340,438,823
Contractual Allowances	175,360,829	199,417,701	223,637,438	227,161,082	244,944,214
Net Patient Revenue	78,783,575	85,446,371	91,205,447	79,522,879	95,494,609
Total Operating Expenses	79,787,434	86,169,718	92,407,876	91,562,756	100,920,781
Salaries and Benefits	43,823,923	47,390,168	50,787,743	53,064,738	55,101,546
Other Non Patient Revenue	7,401,266	6,238,955	3,453,745	3,373,258	1,422,871
Other Non Patient Expenses	2,049	846	2,150	353,836	-30,955
Charity Care	1,597,971	1,742,005	1,799,281	1,211,377	1,173,741
Bad Debt	617,090	562,755	624,492	473,618	544,445
Unreimbursed Cost for Medicaid	2,392,578	81,676	89,114	30,629	7,245,465
Patient Service Margin	-1,003,859	-723,347	-1,202,429	-12,039,877	-5,426,172
Total Margin	6,395,358	5,514,762	2,249,166	-9,020,455	-3,972,346
Patient Service Margin Percent	-1.27%	-0.85%	-1.32%	-15.14%	-5.68%
Total Margin Percent	7.42%	6.01%	2.38%	-10.88%	-4.10%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Banner Fort Collins Medical Center

(Medicare Provider No. 060126)

4700 Lady Moon Dr., Fort Collins, CO 80528	Ownership Type	Vol. Non Profit - Other
(970) 821-4000	Hospital Type	Acute Hospital
www.bannerhealth.com	State House District	HD 52 - Joann Ginal
Current Licensed Beds: 22	State Senate District	SD 14 - John Kefalas
Current Fiscal Year End: December 31	US Congressional District	CD 2 - Jared Polis

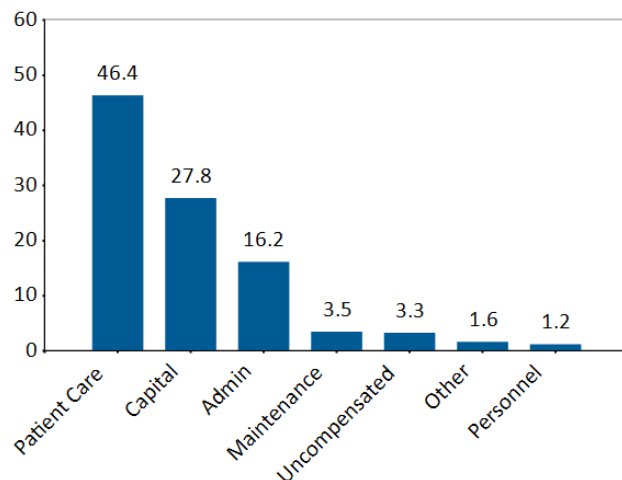
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	30

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	Not Reported	Not Reported	Not Reported	Not Reported	155*
Total Interns & Residents FTEs	Not Reported	Not Reported	Not Reported	Not Reported	0*
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	212*

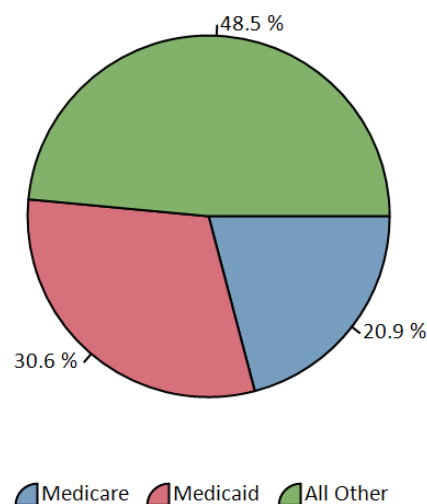
Utilization Trends	2011	2012	2013	2014	2015
Available Beds					22
Inpatient Discharges					407*
Inpatient Days					1,211*
Average Length of Stay					2.98*
Occupancy Rate (Inpatient Days)					23.52%
Observation Days					325*

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue					34,296,444*
Contractual Allowances					20,520,320*
Net Patient Revenue					13,776,124*
Total Operating Expenses					25,946,503*
Salaries and Benefits					11,405,780*
Other Non Patient Revenue					85,744*
Other Non Patient Expenses					Not Reported
Charity Care					494,629*
Bad Debt					396,316*
Unreimbursed Cost for Medicaid					4,792,256*
Patient Service Margin					-12,170,379*
Total Margin					-12,084,635*
Patient Service Margin Percent					-88.34%*
Total Margin Percent					-87.18%*

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Boulder Community Health

(Medicare Provider No. 060027)

4747 Arapahoe Ave, Boulder, CO 80303	Ownership Type	Vol. Non Profit - Other
(303) 415-7000	Hospital Type	Acute Hospital
www.bch.org	State House District	HD 13 - KC Becker
Current Licensed Beds: 178	State Senate District	SD 18 - Stephen Fenberg
Current Fiscal Year End: December 31	US Congressional District	CD 2 - Jared Polis

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

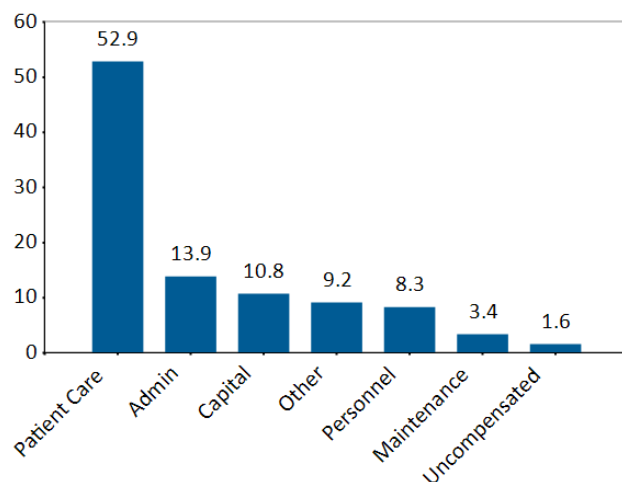
19

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	1,648	1,690	1,692	1,712	1,724
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	1,753	1,788	1,791	1,814	1,830

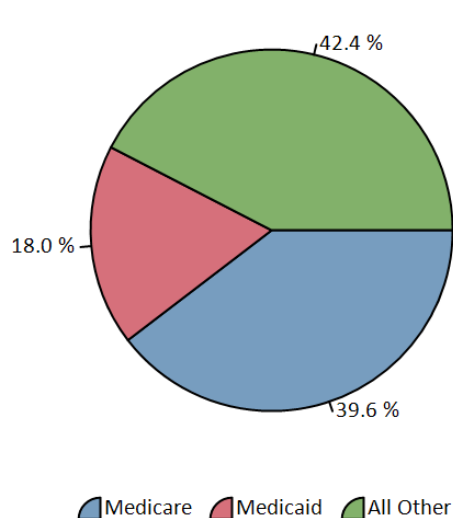
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	138	134	134	133	139
Inpatient Discharges	8,846	8,980	8,692	8,485	8,735
Inpatient Days	31,962	32,597	28,188	28,055	28,789
Average Length of Stay	3.61	3.63	3.24	3.31	3.30
Occupancy Rate (Inpatient Days)	63.45%	66.46%	57.63%	57.79%	56.74%
Observation Days	2,538	2,504	3,971	3,679	3,456

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	903,733,218	963,925,299	1,042,960,147	1,128,426,711	1,254,245,045
Contractual Allowances	619,071,016	672,674,613	752,401,755	830,381,694	971,903,619
Net Patient Revenue	284,662,202	291,250,686	290,558,392	298,045,017	282,341,426
Total Operating Expenses	283,136,594	281,072,950	296,465,489	285,160,977	317,113,156
Salaries and Benefits	140,348,224	150,404,635	155,849,231	158,366,850	178,573,908
Other Non Patient Revenue	Not Reported	Not Reported	Not Reported	Not Reported	37,444,420
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	7,379,198	8,488,849	8,782,674	5,856,747	1,624,701
Bad Debt	5,807,250	4,487,226	3,943,385	3,140,011	3,549,461
Unreimbursed Cost for Medicaid	6,529,731	3,867,865	4,383,629	6,410,583	52,987
Patient Service Margin	1,525,608	10,177,736	-5,907,097	12,884,040	-34,771,730
Total Margin	1,525,608	10,177,736	-5,907,097	12,884,040	2,672,690
Patient Service Margin Percent	0.54%	3.49%	-2.03%	4.32%	-12.32%
Total Margin Percent	0.54%	3.49%	-2.03%	4.32%	0.84%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Castle Rock Adventist Hospital

(Medicare Provider No. 060125)

2350 Meadows Blvd, Castle Rock, CO 80109	Ownership Type	Vol. Non Profit - Other
(720) 455-5000	Hospital Type	Acute Hospital
www.castlerockhospital.org	State House District	HD 45 - Patrick Neville
Current Licensed Beds: 55	State Senate District	SD 4 - Jim Smallwood
Current Fiscal Year End: June 30	US Congressional District	CD 4 - Ken Buck

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

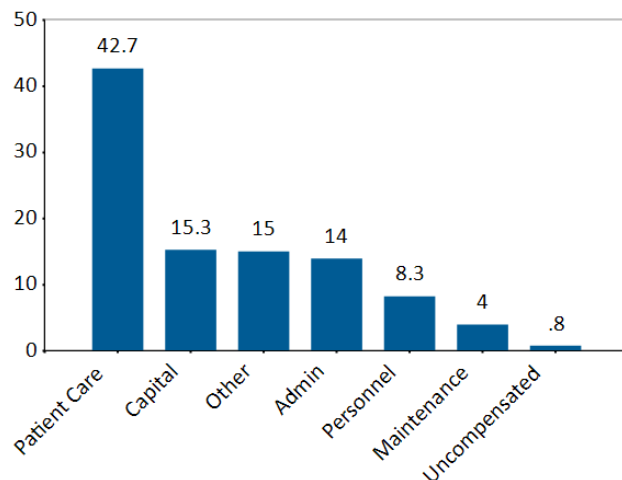
40

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	Not Reported	Not Reported	Not Reported	319*	377
Total Interns & Residents FTEs	Not Reported	Not Reported	Not Reported	0*	0
Total FTEs	Not Reported	Not Reported	Not Reported	408*	457

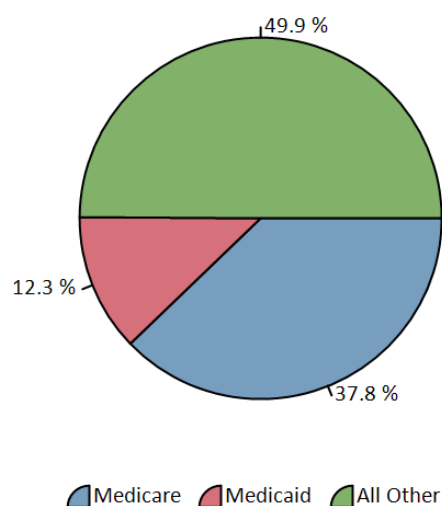
Utilization Trends	2011	2012	2013	2014	2015
Available Beds				50	50
Inpatient Discharges				1,663*	2,545
Inpatient Days				5,930*	8,775
Average Length of Stay				3.57*	3.45
Occupancy Rate (Inpatient Days)				37.06%	48.08%
Observation Days				822*	1,046

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue				190,177,985*	273,153,419
Contractual Allowances				134,271,365*	195,951,256
Net Patient Revenue				55,906,620*	77,202,163
Total Operating Expenses				68,727,628*	88,302,409
Salaries and Benefits				32,437,464*	44,760,760
Other Non Patient Revenue				4,239,345*	1,137,981
Other Non Patient Expenses				24,453*	-27,028
Charity Care				864,108*	-21,034
Bad Debt				442,297*	680,212
Unreimbursed Cost for Medicaid				3,477,896*	4,255,433
Patient Service Margin				-12,821,008*	-11,100,246
Total Margin				-8,606,116*	-9,935,237
Patient Service Margin Percent				-22.93%*	-14.38%
Total Margin Percent				-14.31%*	-12.68%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Cedar Springs Hospital

(Medicare Provider No. 064009)

2135 Southgate Road, Colorado Springs, CO 80906	Ownership Type	Proprietary
(719) 633-4114	Hospital Type	Psychiatric Hospital
www.cedarspringshospital.com	State House District	HD 20 - Terri Carver
Current Licensed Beds: 76	State Senate District	SD 11 - Michael Merrifield
Current Fiscal Year End: December 31	US Congressional District	CD 5 - Doug Lamborn

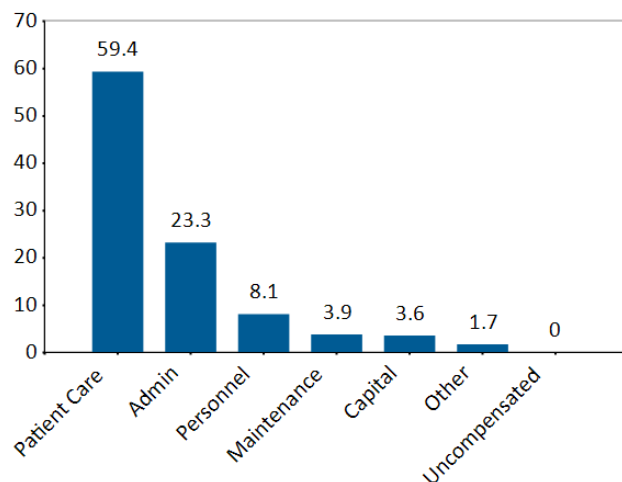
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Applicable	Not Applicable

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	152	158	158	174	174
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

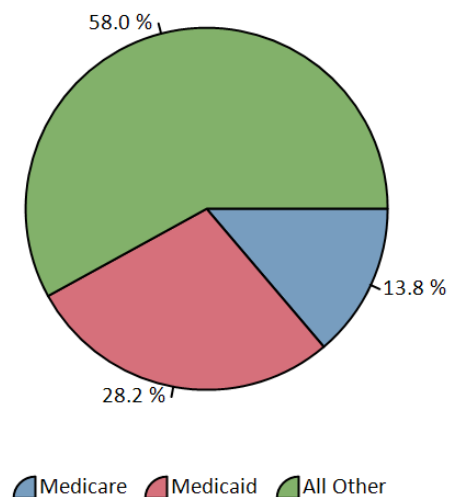
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	72	72	72	72	72
Inpatient Discharges	2,814	3,184	3,184	3,161	3,397
Inpatient Days	20,699	21,566	21,431	22,404	24,851
Average Length of Stay	7.36	6.77	6.73	7.09	7.32
Occupancy Rate (Inpatient Days)	78.76%	81.84%	81.55%	85.25%	94.56%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	36,249,192	39,043,423	39,374,209	47,945,293	48,331,122
Contractual Allowances	14,978,569	17,014,771	15,837,173	23,471,807	22,594,597
Net Patient Revenue	21,270,623	22,028,652	23,537,036	24,473,486	25,736,525
Total Operating Expenses	18,926,812	22,304,382	18,102,357	23,651,190	20,282,409
Salaries and Benefits	9,061,364	9,450,846	9,927,376	10,335,516	10,745,881
Other Non Patient Revenue	239,518	44,751	57,912	57,311	48,646
Other Non Patient Expenses	Not Reported	Not Reported	364,769	224,819	401,610
Patient Service Margin	2,343,811	-275,730	5,434,679	822,296	5,454,116
Total Margin	2,583,329	-230,979	5,127,822	654,788	5,101,152
Patient Service Margin Percent	11.02%	-1.25%	23.09%	3.36%	21.19%
Total Margin Percent	12.01%	-1.05%	21.73%	2.67%	19.78%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



Psychiatric hospitals are ineligible to report uncompensated care on Medicare Cost Reports; therefore, the 'Uncompensated Care' portion of the Total Hospital Expenses graph is recorded as \$0.

* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Centennial Peaks Hospital

(Medicare Provider No. 064007)

2255 S. 88th Street, Louisville, CO 80027	Ownership Type	Proprietary
(303) 673-9990	Hospital Type	Psychiatric Hospital
www.centennialpeaks.com	State House District	HD 33 - Matt Gray
Current Licensed Beds: 72	State Senate District	SD 17 - Matt Jones
Current Fiscal Year End: December 31	US Congressional District	CD 2 - Jared Polis

CMS Five Star Rating (2016)

Not Applicable

HQIP Score (2016/2017) - Out of 50

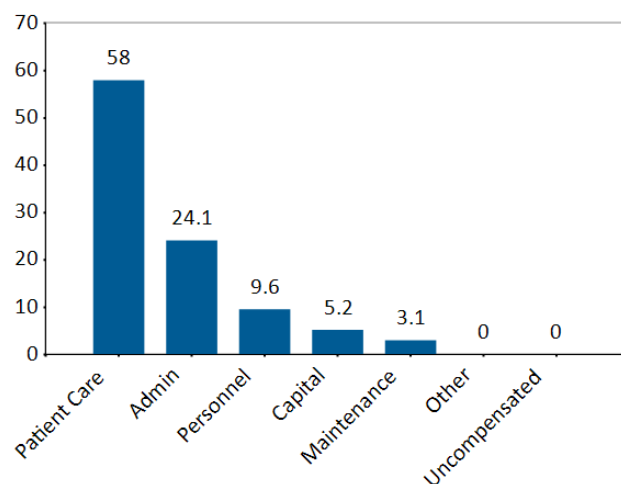
Not Applicable

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	116	127	136	142	155
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

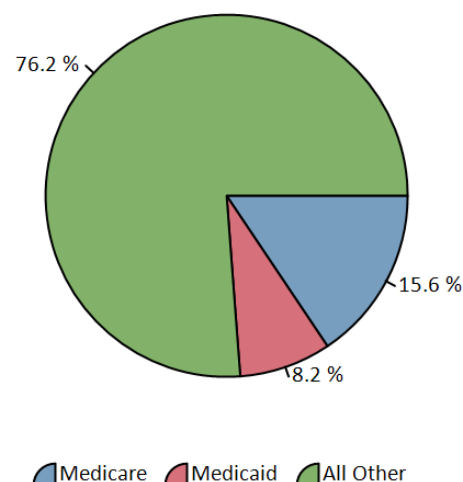
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	72	72	72	72	72
Inpatient Discharges	2,289	2,855	3,366	3,378	3,139
Inpatient Days	15,515	19,751	21,183	21,318	22,340
Average Length of Stay	6.78	6.92	6.29	6.31	7.12
Occupancy Rate (Inpatient Days)	59.04%	74.95%	80.61%	81.12%	85.01%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	21,605,294	27,704,407	33,260,576	39,432,530	43,555,357
Contractual Allowances	7,586,049	11,067,486	13,693,044	17,053,966	18,162,950
Net Patient Revenue	14,019,245	16,636,921	19,567,532	22,378,564	25,392,407
Total Operating Expenses	15,160,269	16,052,532	15,095,666	16,516,575	18,167,569
Salaries and Benefits	7,194,720	7,918,234	8,627,032	9,091,787	10,136,163
Other Non Patient Revenue	88,697	82,251	70,050	71,888	90,404
Other Non Patient Expenses	Not Reported	Not Reported	845,299	579,253	516,927
Patient Service Margin	-1,141,024	584,389	4,471,866	5,861,989	7,224,838
Total Margin	-1,052,327	666,640	3,696,617	5,354,624	6,798,315
Patient Service Margin Percent	-8.14%	3.51%	22.85%	26.19%	28.45%
Total Margin Percent	-7.46%	3.99%	18.82%	23.85%	26.68%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



Psychiatric hospitals are ineligible to report uncompensated care on Medicare Cost Reports; therefore, the 'Uncompensated Care' portion of the Total Hospital Expenses graph is recorded as \$0.

* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Children's Hospital Colorado

(Medicare Provider No. 063301)

13123 E. 16th Ave., Aurora, CO 80045	Ownership Type	Vol. Non Profit - Private
(720) 777-1234	Hospital Type	Acute Hospital
www.childrenscolorado.org	State House District	HD 30 - Dafna Michaelson
Current Licensed Beds: 444	State Senate District	SD 25 - Kevin Priola
Current Fiscal Year End: December 31	US Congressional District	CD 6 - Mike Coffman

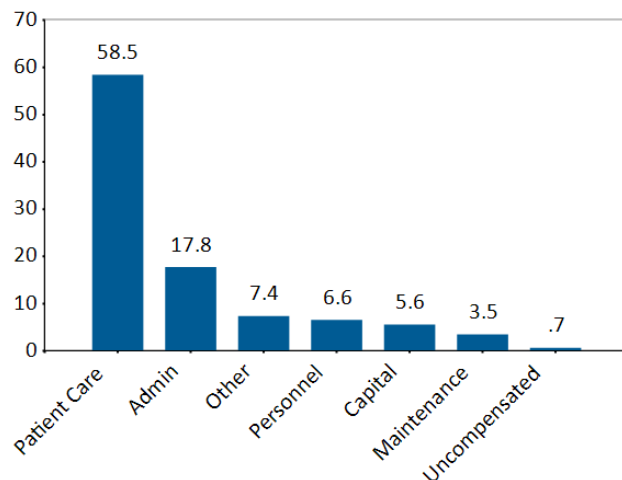
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	40

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	3,610	3,835	4,396	4,724	4,907
Total Interns & Residents FTEs	179	176	195	205	213
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

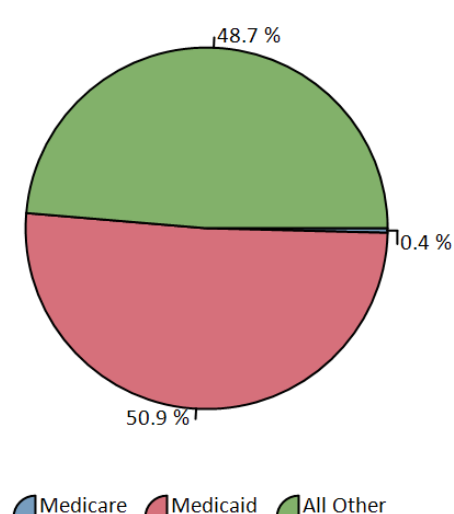
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	299	512	524	496	400
Inpatient Discharges	13,445	14,311	17,742	18,949	17,486
Inpatient Days	77,280	86,483	108,200	111,400	106,293
Average Length of Stay	5.75	6.04	6.10	5.88	6.08
Occupancy Rate (Inpatient Days)	70.81%	46.15%	56.57%	61.53%	72.80%
Observation Days	3,876	4,728	5,712	7,410	6,458

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	1,411,742,000	1,662,343,749	1,986,538,914	2,172,692,584	2,221,229,958
Contractual Allowances	812,135,000	968,977,000	1,192,754,914	1,293,561,583	1,313,066,958
Net Patient Revenue	599,607,000	693,366,749	793,784,000	879,131,001	908,163,000
Total Operating Expenses	609,238,000	688,835,630	816,886,000	873,539,000	907,219,997
Salaries and Benefits	275,045,687	298,431,044	334,935,682	363,008,383	416,422,425
Other Non Patient Revenue	25,018,000	102,197,000	147,413,000	52,430,000	81,912,484
Other Non Patient Expenses	Not Reported	2,064,119	Not Reported	Not Reported	57,102,484
Charity Care	7,204,232	5,934,938	6,805,269	4,889,663	3,305,084
Bad Debt	5,061,077	4,000,841	4,844,449	5,079,425	3,288,248
Unreimbursed Cost for Medicaid	80,493,803	76,984,218	110,471,234	83,278,253	60,461,279
Patient Service Margin	-9,631,000	4,531,119	-23,102,000	5,592,001	943,003
Total Margin	15,387,000	104,664,000	124,311,000	58,022,001	25,753,003
Patient Service Margin Percent	-1.61%	0.65%	-2.91%	0.64%	0.10%
Total Margin Percent	2.46%	13.16%	13.21%	6.23%	2.60%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



The CHCO data includes the audited financial results of the CHC Health System and CHC Foundation. In 2016 and beyond, the results will include only the hospital operations.

* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Colorado Acute Long Term Hospital

(Medicare Provider No. 062012)

1690 N. Meade Street, Denver, CO 80204	Ownership Type	Proprietary
(303) 264-6900	Hospital Type	Long Term Acute Hospital
www.lifecare-hospitals.com	State House District	HD 4 - Dan Pabon
Current Licensed Beds: 63	State Senate District	SD 34 - Lucia Guzman
Current Fiscal Year End: May 30	US Congressional District	CD 1 - Diana Degette

CMS Five Star Rating (2016)

Not Applicable

HQIP Score (2016/2017) - Out of 50

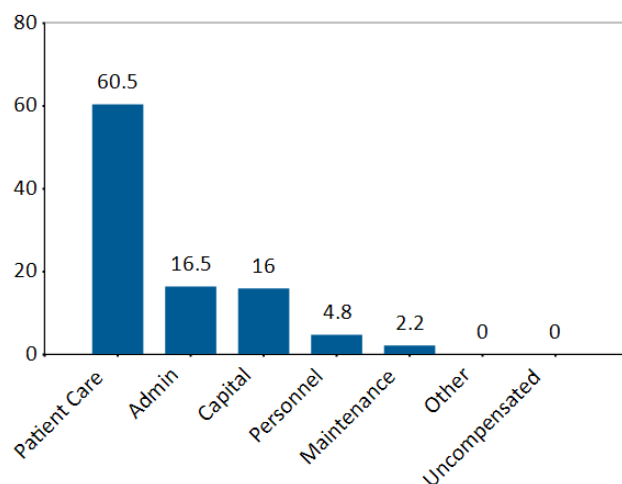
4*

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	103	107	106*	91	105
Total Interns & Residents FTEs	0	0	0*	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

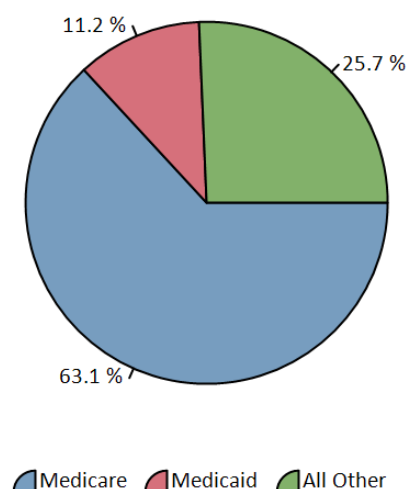
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	63	63	63	63	63
Inpatient Discharges	449	404	154*	348	424
Inpatient Days	11,710	10,273	4,360*	9,159	11,877
Average Length of Stay	26.08	25.43	28.31*	26.32	28.01
Occupancy Rate (Inpatient Days)	50.92%	44.55%	46.14%	39.83%	51.65%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	58,458,263	52,806,132	26,284,481*	60,579,238	78,132,510
Contractual Allowances	35,775,278	32,866,099	16,438,444*	41,245,310	53,923,217
Net Patient Revenue	22,682,985	19,940,033	9,846,037*	19,333,928	24,209,293
Total Operating Expenses	21,568,496	20,456,614	8,728,956*	19,441,097	22,712,191
Salaries and Benefits	9,033,267	8,874,573	3,620,622*	7,907,587	9,164,659
Other Non Patient Revenue	257,469	965,549	547,319*	802,537	1,157,600
Other Non Patient Expenses	Not Reported	-1	-3*	17,382	2
Patient Service Margin	1,114,489	-516,581	1,117,081*	-107,169	1,497,102
Total Margin	1,371,958	448,969	1,664,403*	677,986	2,654,700
Patient Service Margin Percent	4.91%	-2.59%	11.35%*	-0.55%	6.18%
Total Margin Percent	5.98%	2.15%	16.01%*	3.37%	10.47%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Colorado Canyons Hospital and Medical Center

(Medicare Provider No. 061302)

300 West Ottley Ave, Fruita, CO 81521	Ownership Type	Vol. Non Profit - Private
(970) 858-3900	Hospital Type	Critical Access Hospital
www.fhw.org	State House District	HD 54 - Yeulin Willett
Current Licensed Beds: 16	State Senate District	SD 7 - Ray Scott
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

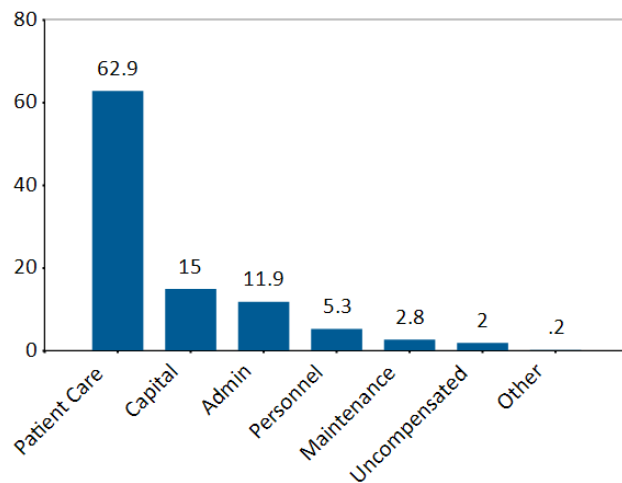
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	44

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	188	138	282	282	173
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

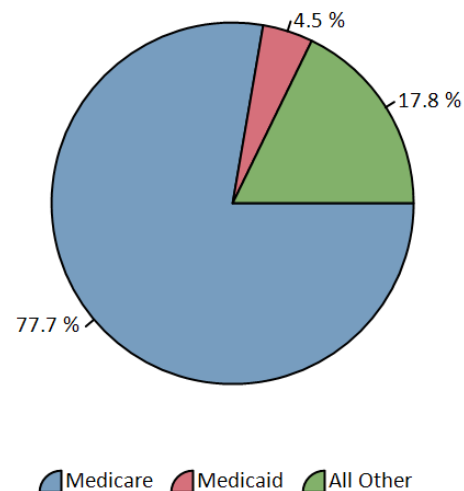
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	16	16	16	16	16
Inpatient Discharges	230	237	228	228	355
Inpatient Days	3,883	3,187	4,373	4,138	3,548
Average Length of Stay	2.88	2.69	3.11	4.40	2.93
Occupancy Rate (Inpatient Days)	66.49%	54.42%	74.88%	70.86%	60.75%
Observation Days	23	13	8	65	52

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	34,866,987	45,647,538	56,619,401	70,058,254	71,096,658
Contractual Allowances	8,572,746	14,767,997	17,569,161	27,043,909	28,789,349
Net Patient Revenue	26,294,241	30,879,541	39,050,240	43,014,345	42,307,309
Total Operating Expenses	27,686,770	31,310,581	37,414,494	43,836,207	35,615,249
Salaries and Benefits	13,348,038	14,453,755	15,568,643	16,735,306	15,160,748
Other Non Patient Revenue	1,663,249	2,502,075	637,660	3,106,597	636,983
Other Non Patient Expenses	Not Reported	1,109,483	91,258	Not Reported	Not Reported
Charity Care	Not Reported	112,973	125,864	140,316	336,129
Bad Debt	637,598	767,908	506,546	420,006	384,207
Unreimbursed Cost for Medicaid	81,149	1,132,244	Not Reported	Not Reported	73,122
Patient Service Margin	-1,392,529	-431,040	1,635,746	-821,862	6,692,060
Total Margin	270,720	961,552	2,182,148	2,284,735	7,329,043
Patient Service Margin Percent	-5.30%	-1.40%	4.19%	-1.91%	15.82%
Total Margin Percent	0.97%	2.88%	5.50%	4.95%	17.07%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Colorado Mental Health Institute-Ft Logan

(Medicare Provider No. 064003)

3520 W Oxford Ave, Denver, CO 80236	Ownership Type	Government - State
(303) 866-7066	Hospital Type	Psychiatric Hospital
	State House District	
Current Licensed Beds: 94	State Senate District	
Current Fiscal Year End: June 30	US Congressional District	

CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Applicable	Not Applicable

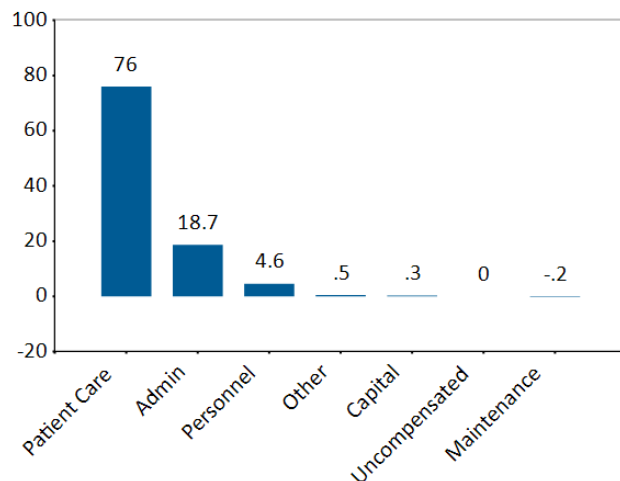
Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	241	221	225	230	232
Total Interns & Residents FTEs	0	1	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

Utilization Trends	2011	2012	2013	2014	2015
Available Beds	94	94	94	94	94
Inpatient Discharges	573	497	428	444	454
Inpatient Days	32,421	32,980	33,285	33,356	33,334
Average Length of Stay	56.58	66.36	77.77	75.13	73.42
Occupancy Rate (Inpatient Days)	94.49%	95.86%	97.01%	97.22%	97.16%

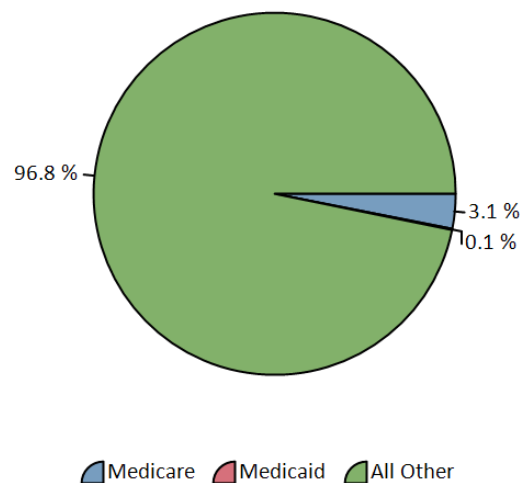
Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	24,636,980	24,240,300	26,694,570	26,751,512	28,933,912
Contractual Allowances	22,123,625	24,248,208	25,361,475	26,807,751	29,532,890
Net Patient Revenue	2,513,355	-7,908	1,333,095	-56,239	-598,978
Total Operating Expenses	21,880,398	19,157,274	24,464,428	26,088,657	27,629,453
Salaries and Benefits	14,856,313	13,823,036	14,026,960	14,901,068	15,341,764
Other Non Patient Revenue	20,884,136	20,312,726	21,235,546	22,981,505	23,987,486
Other Non Patient Expenses	69,930	145,454	104,693	-105,513	-10,635

Patient Service Margin	-19,367,043	-19,165,182	-23,131,333	-26,144,896	-28,228,431
Total Margin	1,447,163	1,002,090	-2,000,480	-3,057,878	-4,230,310
Patient Service Margin Percent	-770.57%	242351.82%	-1735.16%	46488.91%	4712.77%
Total Margin Percent	6.19%	4.94%	-8.86%	-13.34%	-18.09%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



Psychiatric hospitals are ineligible to report uncompensated care on Medicare Cost Reports; therefore, the 'Uncompensated Care' portion of the Total Hospital Expenses graph is recorded as \$0.

* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Colorado Mental Health Institute-Pueblo

(Medicare Provider No. 064001)

1600 W 24th St, Pueblo, CO 81003 (719) 546-4146	Ownership Type Hospital Type	Government - State Psychiatric Hospital
Current Licensed Beds: 449	State House District	
Current Fiscal Year End: June 30	State Senate District	
	US Congressional District	

CMS Five Star Rating (2016)

Not Applicable

HQIP Score (2016/2017) - Out of 50

Not Applicable

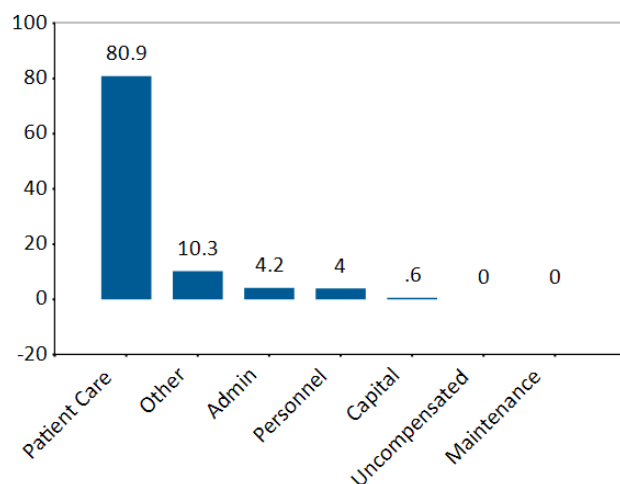
Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	949	952	957	959	1,026
Total Interns & Residents FTEs	1	1	1	1	1
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

Utilization Trends	2011	2012	2013	2014	2015
Available Beds	438	451	451	451	449
Inpatient Discharges	1,653	1,600	1,424	1,362	1,125
Inpatient Days	146,018	146,310	143,915	146,069	152,103
Average Length of Stay	88.34	91.44	101.06	107.25	135.20
Occupancy Rate (Inpatient Days)	91.34%	88.64%	87.43%	88.73%	92.81%

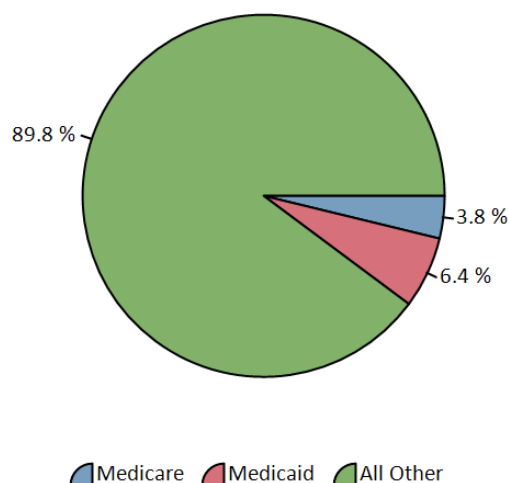
Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	85,425,631	86,502,664	91,249,037	96,017,015	104,873,763
Contractual Allowances	73,320,734	72,742,149	78,588,110	82,411,108	90,356,782
Net Patient Revenue	12,104,897	13,760,515	12,660,927	13,605,907	14,516,981
Total Operating Expenses	92,942,915	94,674,830	99,651,130	108,639,718	112,245,050
Salaries and Benefits	52,207,291	52,011,873	53,705,192	58,465,720	60,278,662
Other Non Patient Revenue	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

Patient Service Margin	-80,838,018	-80,914,315	-86,990,203	-95,033,811	-97,728,069
Total Margin	-80,838,018	-80,914,315	-86,990,203	-95,033,811	-97,728,069
Patient Service Margin Percent	-667.81%	-588.02%	-687.08%	-698.47%	-673.20%
Total Margin Percent	-667.81%	-588.02%	-687.08%	-698.47%	-673.20%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



Psychiatric hospitals are ineligible to report uncompensated care on Medicare Cost Reports; therefore, the 'Uncompensated Care' portion of the Total Hospital Expenses graph is recorded as \$0.

* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Colorado Plains Medical Center

(Medicare Provider No. 060044)

1000 Lincoln Street, Fort Morgan, CO 80701	Ownership Type	Proprietary
(970) 867-3391	Hospital Type	Acute Hospital
www.coloradoplainsmedicalcenter.com	State House District	HD 65 - Jon Becker
Current Licensed Beds: 50	State Senate District	SD 1 - Jerry Sonnenberg
Current Fiscal Year End: October 31	US Congressional District	CD 4 - Ken Buck

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

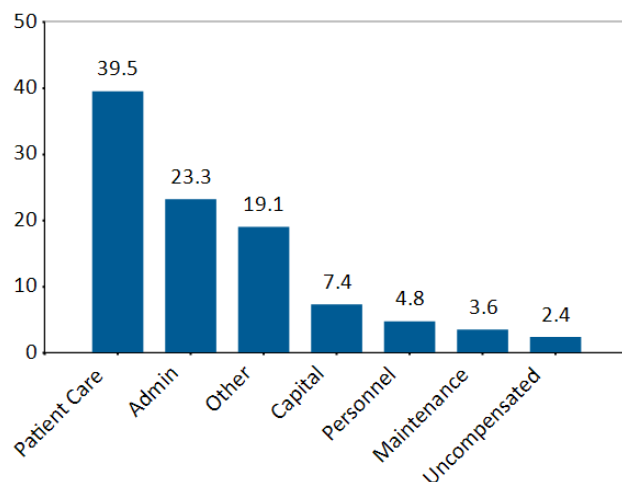
32

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	212	229	241	245	280
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	252	273	290	290	285

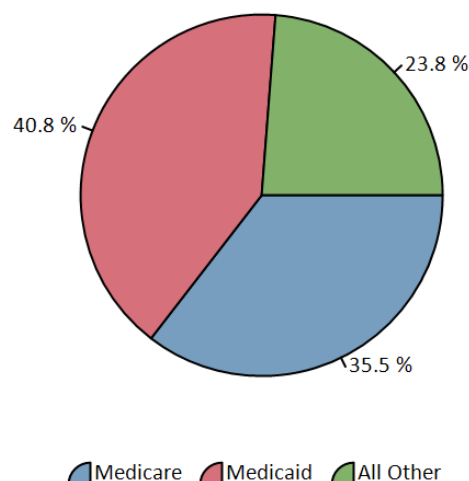
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	40	36	36	36	36
Inpatient Discharges	1,575	1,491	1,469	1,391	1,355
Inpatient Days	4,758	4,382	3,725	3,754	3,626
Average Length of Stay	2.89	2.81	2.43	2.61	2.59
Occupancy Rate (Inpatient Days)	32.59%	33.26%	28.35%	28.57%	27.60%
Observation Days	440	419	482	396	291

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	99,017,439	106,456,082	118,317,256	129,615,154	133,910,079
Contractual Allowances	49,116,569	55,881,900	63,073,016	72,835,754	75,647,000
Net Patient Revenue	49,900,870	50,574,182	55,244,240	56,779,400	58,263,079
Total Operating Expenses	43,465,171	45,586,236	48,117,752	48,404,304	50,242,359
Salaries and Benefits	19,694,969	21,942,121	24,170,646	24,524,394	24,616,472
Other Non Patient Revenue	750,947	1,603,745	1,564,183	2,267,679	1,877,375
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	1,108,778	1,144,586	1,265,582	291,510	95,267
Bad Debt	761,637	713,420	1,111,928	-438	1,029,781
Unreimbursed Cost for Medicaid	135,631	1,703,928	9,892	65,588	99,511
Patient Service Margin	6,435,699	4,987,946	7,126,488	8,375,096	8,020,720
Total Margin	7,186,646	6,591,691	8,690,671	10,642,775	9,898,095
Patient Service Margin Percent	12.90%	9.86%	12.90%	14.75%	13.77%
Total Margin Percent	14.19%	12.63%	15.30%	18.02%	16.46%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Community Hospital

(Medicare Provider No. 060054)

2351 G Road, Grand Junction, CO 81505	Ownership Type	Vol. Non Profit - Private
(970) 242-0920	Hospital Type	Acute Hospital
www.yourcommunityhospital.com	State House District	HD 55 - Dan Thurlow
Current Licensed Beds: 60	State Senate District	SD 7 - Ray Scott
Current Fiscal Year End: April 30	US Congressional District	CD 3 - Scott Tipton

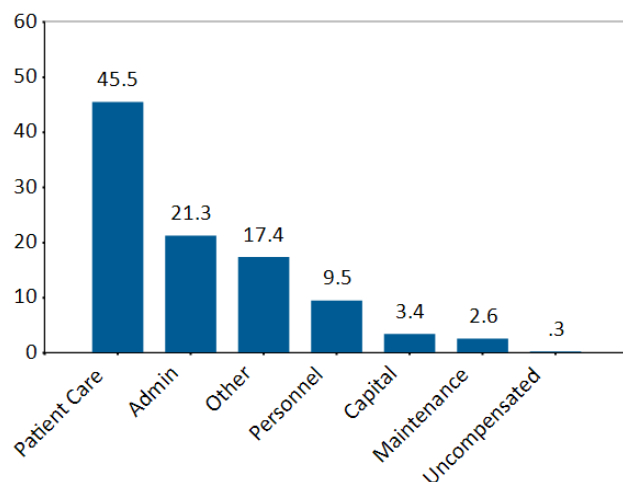
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★	30

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	413	437	437	439	512
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	423	445	462	470	529

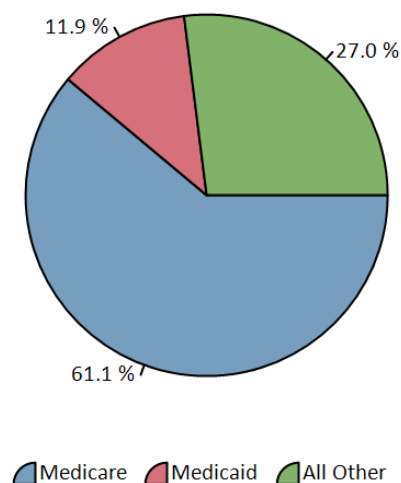
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	46	46	42	42	42
Inpatient Discharges	1,943	1,751	1,409	1,585	1,849
Inpatient Days	6,648	5,953	4,690	5,464	6,385
Average Length of Stay	3.42	3.40	3.33	3.45	3.45
Occupancy Rate (Inpatient Days)	39.59%	35.36%	30.59%	35.64%	41.65%
Observation Days	996	828	928	652	555

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	137,876,615	147,837,799	156,973,772	171,735,670	211,044,911
Contractual Allowances	74,203,752	79,760,605	89,881,461	98,325,133	122,107,401
Net Patient Revenue	63,672,863	68,077,194	67,092,311	73,410,537	88,937,510
Total Operating Expenses	62,556,305	66,744,157	66,730,090	71,157,731	87,776,548
Salaries and Benefits	32,166,796	36,006,085	36,048,134	39,082,948	46,210,464
Other Non Patient Revenue	1,093,598	2,901,912	3,150,251	2,204,017	2,068,080
Other Non Patient Expenses	Not Reported	Not Reported	877,612	Not Reported	Not Reported
Charity Care	1,070,112	1,215,649	673,033	517,161	208,028
Bad Debt	2,695,655	2,730,340	3,211,623	1,931,988	22,053
Unreimbursed Cost for Medicaid	4,313,431	4,244,601	3,995,098	4,278,912	3,533,093
Patient Service Margin	1,116,558	1,333,037	362,221	2,252,806	1,160,962
Total Margin	2,210,156	4,234,949	2,634,860	4,456,823	3,229,042
Patient Service Margin Percent	1.75%	1.96%	0.54%	3.07%	1.31%
Total Margin Percent	3.41%	5.97%	3.75%	5.89%	3.55%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Craig Hospital

(Medicare Provider No. 062011)

3425 S. Clarkson St, Englewood, CO 80113	Ownership Type	Vol. Non Profit - Private
(303) 789-8000	Hospital Type	Long Term Acute Hospital
www.craighospital.org	State House District	HD 3 - Jeff Bridges
Current Licensed Beds: 93	State Senate District	SD 26 - Daniel Kagan
Current Fiscal Year End: September 30	US Congressional District	CD 1 - Diana Degette

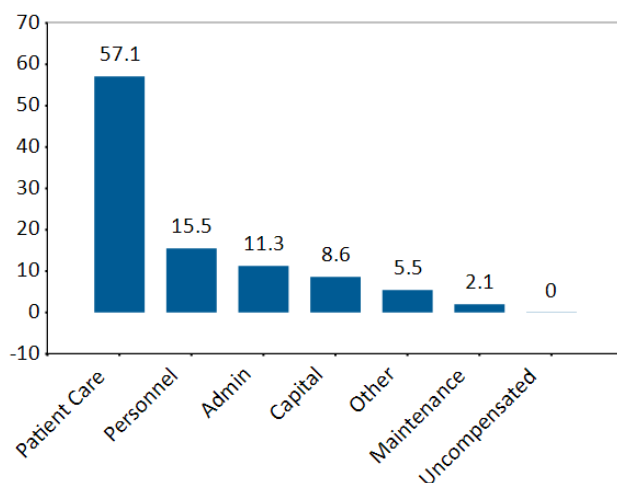
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Applicable	48*

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	549	572	621	648	671
Total Interns & Residents FTEs	1	1	1	1	1
Total FTEs	550	572	621	648	671

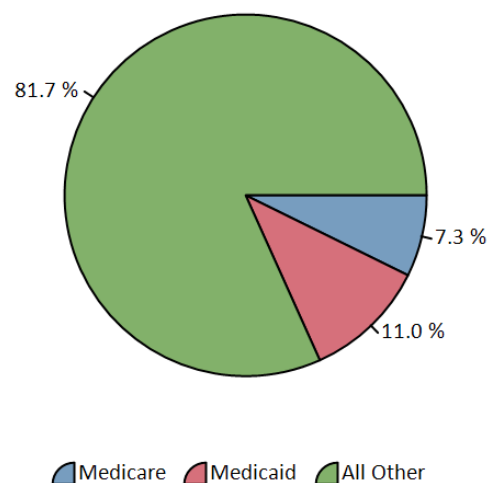
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	93	93	93	93	93
Inpatient Discharges	460	503	497	511	522
Inpatient Days	25,879	27,049	26,563	27,416	27,598
Average Length of Stay	56.26	53.78	53.45	53.65	52.87
Occupancy Rate (Inpatient Days)	76.24%	79.47%	78.25%	80.77%	81.30%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	112,030,610	126,715,794	127,582,370	140,325,478	152,608,797
Contractual Allowances	43,189,627	49,857,116	52,268,947	59,983,794	65,136,929
Net Patient Revenue	68,840,983	76,858,678	75,313,423	80,341,684	87,471,868
Total Operating Expenses	68,002,841	72,390,181	74,992,751	79,284,110	86,871,160
Salaries and Benefits	32,280,692	34,256,758	37,328,207	38,295,596	41,791,735
Other Non Patient Revenue	5,032,940	7,561,241	16,597,416	17,835,099	12,862,246
Other Non Patient Expenses	102,091	415,009	50,071	473,167	2,055,523
Charity Care	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Bad Debt	-14,476	-14,483	-5,910	-20,262	-24,255
Unreimbursed Cost for Medicaid	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Patient Service Margin	838,142	4,468,497	320,672	1,057,574	600,708
Total Margin	5,768,991	11,614,729	16,868,017	18,419,506	11,407,431
Patient Service Margin Percent	1.22%	5.81%	0.43%	1.32%	0.69%
Total Margin Percent	7.81%	13.76%	18.35%	18.76%	11.37%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Delta County Memorial Hospital

(Medicare Provider No. 060071)

1501 E 3rd St, Delta, CO 81416	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(970) 874-7681	Hospital Type	Acute Hospital
www.deltahospital.org	State House District	HD 54 - Yeulin Willett
Current Licensed Beds: 49	State Senate District	SD 5 - Kerry Donovan
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

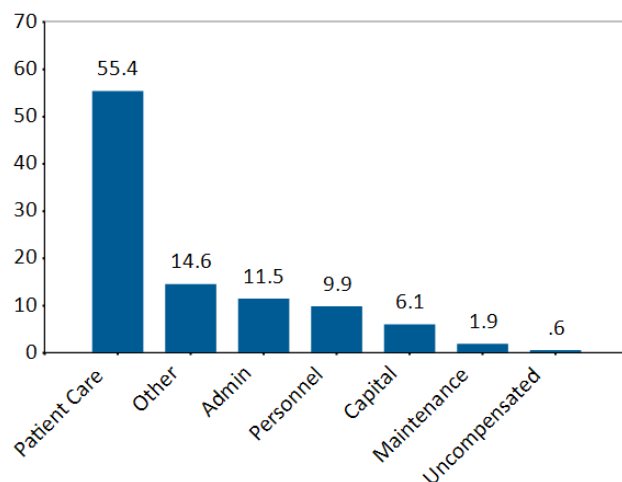
16

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	368	385	354	381	408
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	391	409	383	410	439

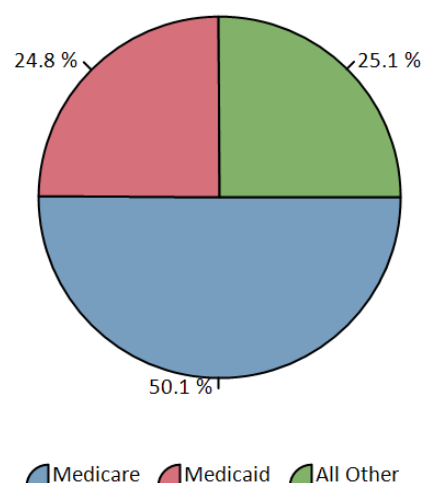
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	49	49	49	49	49
Inpatient Discharges	2,652	2,198	1,761	1,824	1,763
Inpatient Days	8,601	7,233	5,707	5,846	5,347
Average Length of Stay	3.24	3.29	3.24	3.21	3.03
Occupancy Rate (Inpatient Days)	48.09%	40.33%	31.91%	32.69%	29.90%
Observation Days	487	812	1,279	766	671

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	122,633,451	127,085,197	126,679,918	137,456,455	150,697,588
Contractual Allowances	62,218,444	63,567,742	64,846,892	73,620,365	81,994,449
Net Patient Revenue	60,415,007	63,517,455	61,833,026	63,836,090	68,703,139
Total Operating Expenses	61,879,684	65,252,611	63,327,388	65,352,447	69,704,363
Salaries and Benefits	30,217,377	32,582,895	31,244,447	31,772,718	34,546,164
Other Non Patient Revenue	2,314,076	1,664,177	2,944,752	3,155,970	1,700,239
Other Non Patient Expenses	Not Reported	Not Reported	86,280	Not Reported	Not Reported
Charity Care	-4,239	2,022	7,642	47,861	54,794
Bad Debt	2,057,500	2,075,592	994,731	644,883	387,691
Unreimbursed Cost for Medicaid	594,517	3,485,130	1,799,521	118,157	2,138,839
Patient Service Margin	-1,464,677	-1,735,156	-1,494,362	-1,516,357	-1,001,224
Total Margin	849,399	-70,979	1,364,110	1,639,613	699,015
Patient Service Margin Percent	-2.42%	-2.73%	-2.42%	-2.38%	-1.46%
Total Margin Percent	1.35%	-0.11%	2.11%	2.45%	0.99%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Denver Health

(Medicare Provider No. 060011)

777 Bannock Street, Denver, CO 80204	Ownership Type	Government - Local
(303) 436-6000	Hospital Type	Acute Hospital
www.denverhealth.org	State House District	HD 5 - Crisanta Duran
Current Licensed Beds: 525	State Senate District	SD 34 - Lucia Guzman
Current Fiscal Year End: December 31	US Congressional District	CD 1 - Diana Degette

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

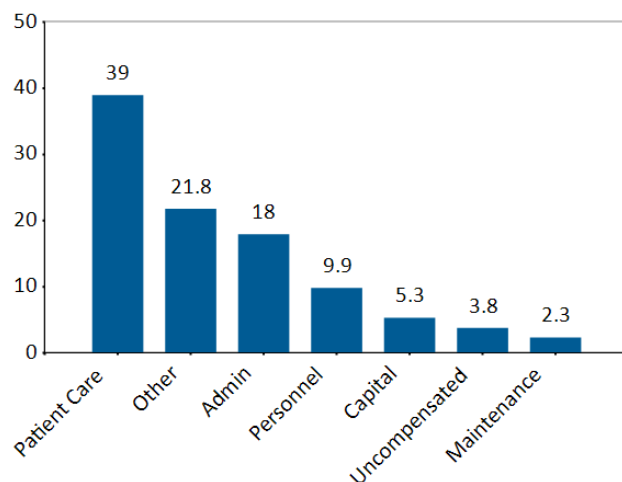
27

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	4,488	4,683	4,657	4,784	5,144
Total Interns & Residents FTEs	190	187	195	200	213
Total FTEs	5,247	5,190	5,111	5,331	5,673

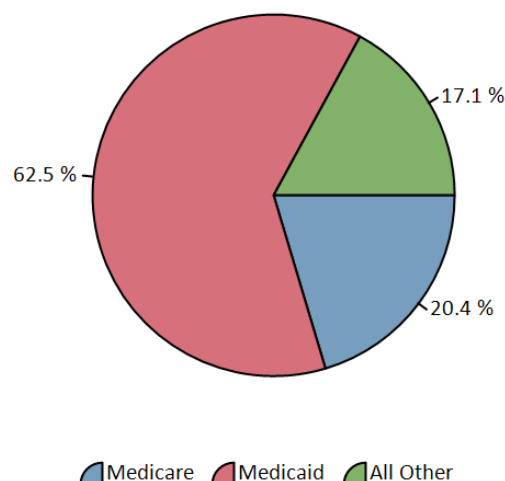
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	313	337	340	336	342
Inpatient Discharges	19,869	19,059	17,708	18,480	18,770
Inpatient Days	94,492	93,409	91,089	94,872	96,180
Average Length of Stay	4.76	4.90	5.14	5.13	5.12
Occupancy Rate (Inpatient Days)	82.71%	75.73%	73.40%	77.36%	77.05%
Observation Days	3,404	5,560	5,693	4,255	4,969

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	1,523,683,465	1,664,350,302	1,761,615,845	1,878,875,788	2,058,906,268
Contractual Allowances	1,190,983,028	1,311,518,311	1,284,137,898	1,429,061,543	1,549,962,739
Net Patient Revenue	332,700,437	352,831,991	477,477,947	449,814,245	508,943,529
Total Operating Expenses	806,668,631	848,835,086	918,936,203	975,279,478	1,048,694,352
Salaries and Benefits	454,770,126	477,629,311	491,052,709	509,826,163	566,652,368
Other Non Patient Revenue	397,096,286	502,692,805	423,520,098	571,243,354	578,565,557
Other Non Patient Expenses	-90,107,490	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	16,528,603	15,760,819	15,064,694	12,562,626	13,735,736
Bad Debt	25,542,780	15,846,666	32,312,903	31,364,726	27,770,636
Unreimbursed Cost for Medicaid	50,312,147	61,154,709	55,361,786	21,852,238	Not Reported
Patient Service Margin	-473,968,194	-496,003,095	-441,458,256	-525,465,233	-539,750,823
Total Margin	13,235,582	6,689,710	-17,938,158	45,778,121	38,814,734
Patient Service Margin Percent	-142.46%	-140.58%	-92.46%	-116.82%	-106.05%
Total Margin Percent	1.81%	0.78%	-1.99%	4.48%	3.57%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

East Morgan County Hospital

(Medicare Provider No. 061303)

2400 W. Edison, Brush, CO 80723	Ownership Type	Vol. Non Profit - Other
(970) 842-6200	Hospital Type	Critical Access Hospital
www.bannerhealth.com	State House District	HD 65 - Jon Becker
Current Licensed Beds: 25	State Senate District	SD 1 - Jerry Sonnenberg
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

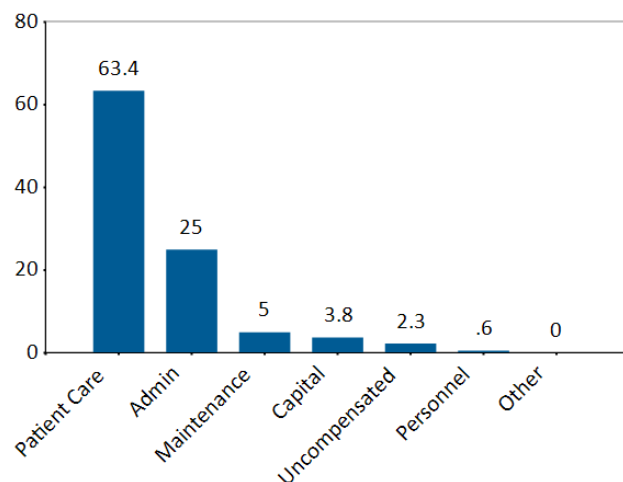
44

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	136	133	127	137	139
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	164	158	175	Not Reported

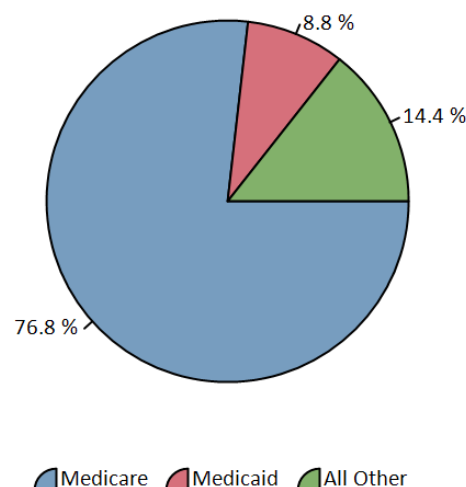
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	25	25	25	25	25
Inpatient Discharges	472	516	418	394	390
Inpatient Days	2,687	2,364	1,927	2,030	1,871
Average Length of Stay	3.39	3.13	3.19	3.05	2.92
Occupancy Rate (Inpatient Days)	29.45%	25.84%	21.12%	22.25%	20.50%
Observation Days	213	248	264	242	163

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	40,927,759	38,831,567	37,232,151	43,851,707	46,354,313
Contractual Allowances	16,979,986	17,356,188	15,190,901	18,951,630	18,215,375
Net Patient Revenue	23,947,773	21,475,379	22,041,250	24,900,077	28,138,938
Total Operating Expenses	22,152,313	21,836,319	22,738,893	24,615,565	24,969,964
Salaries and Benefits	10,921,592	14,710,701	14,890,256	16,283,046	11,801,123
Other Non Patient Revenue	203,328	867,008	941,785	193,401	251,895
Other Non Patient Expenses	Not Reported	766	2,582	Not Reported	Not Reported
Charity Care	337,316	216,073	214,493	368,332	229,184
Bad Debt	380,244	419,894	360,788	495,753	350,379
Unreimbursed Cost for Medicaid	Not Reported	Not Reported	Not Reported	671,168	1,292,008
Patient Service Margin	1,795,460	-360,940	-697,643	284,512	3,168,974
Total Margin	1,998,788	505,302	241,560	477,913	3,420,869
Patient Service Margin Percent	7.50%	-1.68%	-3.17%	1.14%	11.26%
Total Margin Percent	8.28%	2.26%	1.05%	1.90%	12.05%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Estes Park Medical Center

(Medicare Provider No. 061312)

555 Prospect Ave, Estes Park, CO 80517	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(970) 586-2317	Hospital Type	Critical Access Hospital
www.epmedcenter.com	State House District	HD 49 - Perry Buck
Current Licensed Beds: 23	State Senate District	SD 15 - Kevin Lundberg
Current Fiscal Year End: December 31	US Congressional District	CD 2 - Jared Polis

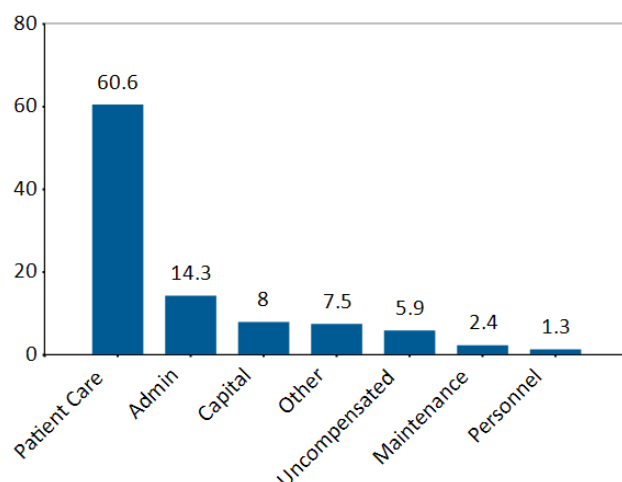
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	36

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	181	215	279	264	265
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

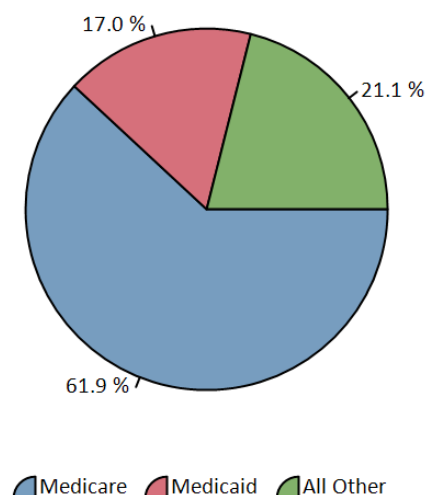
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	25	25	25	25	25
Inpatient Discharges	444	456	430	337	341
Inpatient Days	2,141	2,202	2,113	1,858	1,663
Average Length of Stay	2.96	2.95	3.11	3.16	3.12
Occupancy Rate (Inpatient Days)	23.46%	24.07%	23.16%	20.36%	18.22%
Observation Days	267	235	305	386	404

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	56,167,592	58,546,187	60,361,052	64,592,858	73,223,001
Contractual Allowances	25,106,680	25,291,539	25,161,698	26,817,367	29,547,097
Net Patient Revenue	31,060,912	33,254,648	35,199,354	37,775,491	43,675,904
Total Operating Expenses	32,095,426	35,984,874	37,629,953	39,486,014	41,522,284
Salaries and Benefits	15,609,540	17,118,190	18,546,362	18,049,256	18,858,061
Other Non Patient Revenue	3,052,210	3,126,555	3,803,231	3,885,121	3,002,750
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	10,777
Charity Care	935,577	1,996,777	350,242	155,573	20,163
Bad Debt	867,934	807,753	2,420,496	2,429,540	2,595,825
Unreimbursed Cost for Medicaid	514,103	681,377	209,099	Not Reported	1,592,754
Patient Service Margin	-1,034,514	-2,730,226	-2,430,599	-1,710,523	2,153,620
Total Margin	2,017,696	396,329	1,372,632	2,174,598	5,145,593
Patient Service Margin Percent	-3.33%	-8.21%	-6.91%	-4.53%	4.93%
Total Margin Percent	5.91%	1.09%	3.52%	5.22%	11.02%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Good Samaritan Medical Center

(Medicare Provider No. 060116)

200 Exempla Circle, Lafayette, CO 80026	Ownership Type	Vol. Non Profit - Other
(303) 689-4000	Hospital Type	Acute Hospital
www.goodsamaritancolorado.org	State House District	HD 12 - Mike Foote
Current Licensed Beds: 234	State Senate District	SD 17 - Matt Jones
Current Fiscal Year End: December 31	US Congressional District	CD 2 - Jared Polis

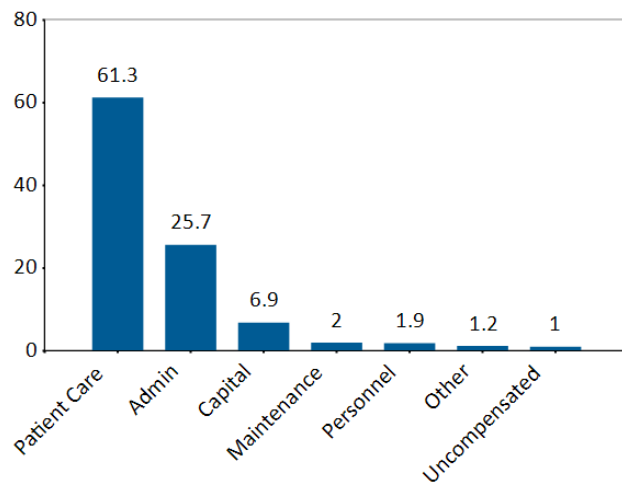
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★	35

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	1,178	1,204	1,188	1,142	1,110
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	1,357	1,356	1,339	1,327	1,364

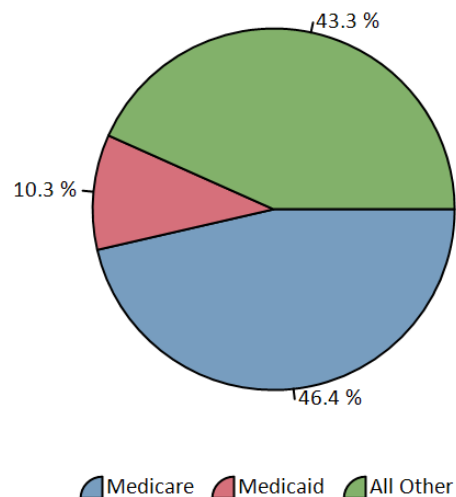
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	213	213	215	215	215
Inpatient Discharges	12,902	12,939	12,180	12,212	12,438
Inpatient Days	53,592	55,784	50,294	51,884	50,072
Average Length of Stay	4.15	4.31	4.13	4.25	4.03
Occupancy Rate (Inpatient Days)	68.93%	71.56%	64.09%	66.12%	63.81%
Observation Days	4,062	4,766	5,526	6,028	5,016

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	953,358,027	1,062,625,793	1,075,266,286	1,184,413,579	1,252,386,648
Contractual Allowances	731,195,400	810,552,558	810,383,488	913,442,493	961,963,051
Net Patient Revenue	222,162,627	252,073,235	264,882,798	270,971,086	290,423,597
Total Operating Expenses	215,911,931	238,856,371	249,488,592	266,962,144	274,125,645
Salaries and Benefits	112,903,981	111,530,589	111,320,570	121,208,778	126,165,906
Other Non Patient Revenue	5,720,097	15,501,805	10,685,167	10,596,192	9,631,742
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	4,876,832	4,909,696	1,863,277	5,577,452	824,664
Bad Debt	2,153,853	1,395,371	4,379,095	1,508,902	1,972,880
Unreimbursed Cost for Medicaid	2,924,538	3,064,406	3,920,868	7,167,878	9,693,278
Patient Service Margin	6,250,696	13,216,864	15,394,206	4,008,942	16,297,952
Total Margin	11,970,793	28,718,669	26,079,373	14,605,134	25,929,694
Patient Service Margin Percent	2.81%	5.24%	5.81%	1.48%	5.61%
Total Margin Percent	5.25%	10.73%	9.46%	5.19%	8.64%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Grand River Hospital District

(Medicare Provider No. 061317)

501 Airport Rd, Rifle, CO 81650	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(970) 625-1510	Hospital Type	Critical Access Hospital
www.grhd.org	State House District	HD 57 - Bob Rankin
Current Licensed Beds: 25	State Senate District	SD 8 - Randy Baumgardner
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

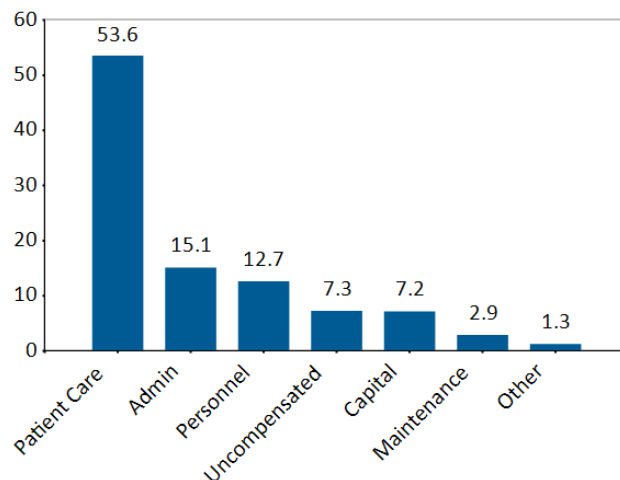
15

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	209	213	213	240	280
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	265	265	265	Not Reported	Not Reported

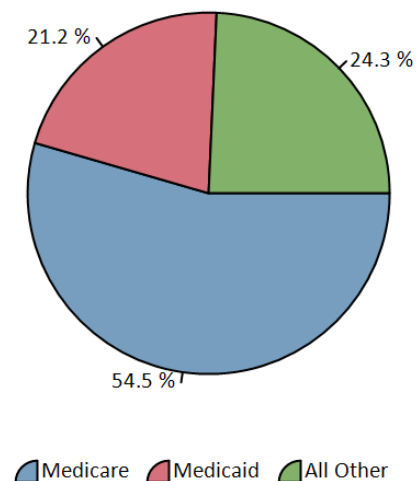
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	25	25	25	13	13
Inpatient Discharges	491	440	475	485	517
Inpatient Days	1,225	1,050	1,184	1,305	1,363
Average Length of Stay	2.43	2.35	2.37	2.62	2.58
Occupancy Rate (Inpatient Days)	13.42%	11.48%	12.98%	27.50%	28.72%
Observation Days	250	231	245	305	390

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	55,598,604	60,717,556	72,190,382	90,083,936	101,390,593
Contractual Allowances	23,984,469	25,598,827	32,944,326	41,793,409	44,024,534
Net Patient Revenue	31,614,135	35,118,729	39,246,056	48,290,527	57,366,059
Total Operating Expenses	41,139,150	45,194,678	52,212,533	59,403,397	65,762,506
Salaries and Benefits	19,244,604	20,196,522	25,570,939	38,388,654	42,231,952
Other Non Patient Revenue	15,508,284	19,243,279	19,890,340	15,980,528	16,625,146
Other Non Patient Expenses	141,182	Not Reported	Not Reported	Not Reported	19,273
Charity Care	6,537	-3,606	-7,756	1,426,542	765,139
Bad Debt	2,692,076	2,660,716	2,991,404	5,054,464	4,415,493
Unreimbursed Cost for Medicaid	3,341,597	2,167,737	5,872,384	2,656,272	117,460
Patient Service Margin	-9,525,015	-10,075,949	-12,966,477	-11,112,870	-8,396,447
Total Margin	5,842,087	9,167,330	6,923,863	4,867,658	8,209,426
Patient Service Margin Percent	-30.13%	-28.69%	-33.04%	-23.01%	-14.64%
Total Margin Percent	12.40%	16.86%	11.71%	7.57%	11.10%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Gunnison Valley Health

(Medicare Provider No. 061320)

711 N. Taylor St., Gunnison, CO 81230	Ownership Type	Government - Local
(970) 641-1456	Hospital Type	Critical Access Hospital
www.gunnisonvalleyhealth.org	State House District	HD 59 - Barbara McLachlan
Current Licensed Beds: 24	State Senate District	SD 5 - Kerry Donovan
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

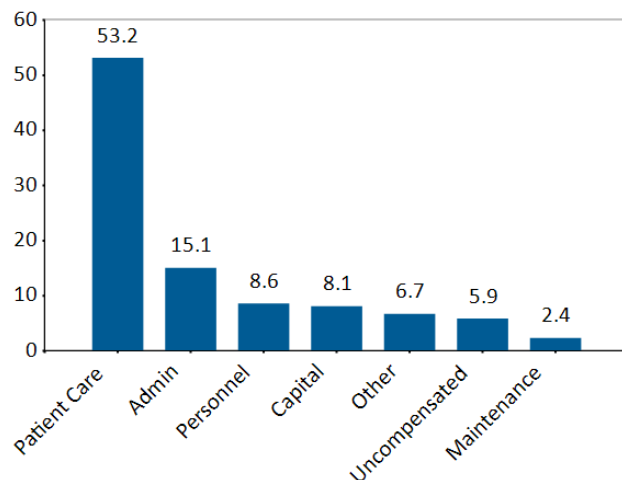
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	33

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	145	139	139	158	177
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

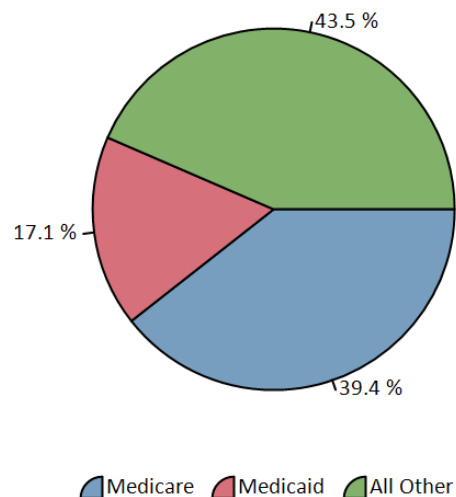
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	20	20	20	20	20
Inpatient Discharges	628	523	489	565	555
Inpatient Days	1,988	1,866	1,918	2,158	2,043
Average Length of Stay	2.77	2.93	2.83	2.77	2.90
Occupancy Rate (Inpatient Days)	27.23%	25.49%	26.27%	29.56%	27.99%
Observation Days	458	366	247	284	293

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	34,880,117	35,478,316	41,117,492	49,235,756	53,216,767
Contractual Allowances	12,313,251	12,923,480	12,294,447	18,054,242	20,281,804
Net Patient Revenue	22,566,866	22,554,836	28,823,045	31,181,514	32,934,963
Total Operating Expenses	22,924,055	22,963,823	25,561,329	25,344,144	27,645,094
Salaries and Benefits	9,870,750	9,651,597	7,578,406	11,489,304	13,770,988
Other Non Patient Revenue	737,186	595,299	400,017	1,152,853	817,124
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	144,907	1,077,329	1,610,679	644,798	713,090
Bad Debt	1,115,183	2,025,343	1,553,139	1,342,318	1,024,146
Unreimbursed Cost for Medicaid	456,890	621,979	477,001	277,942	70,736
Patient Service Margin	-357,189	-408,987	3,261,716	5,837,370	5,289,869
Total Margin	379,997	186,312	3,661,733	6,990,223	6,106,993
Patient Service Margin Percent	-1.58%	-1.81%	11.32%	18.72%	16.06%
Total Margin Percent	1.63%	0.80%	12.53%	21.62%	18.09%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Haxtun Hospital District

(Medicare Provider No. 061304)

235 W Fletcher St, Haxtun, CO 80731	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(970) 774-6123	Hospital Type	Critical Access Hospital
www.haxtunhealth.org	State House District	HD 65 - Jon Becker
Current Licensed Beds: 25	State Senate District	SD 1 - Jerry Sonnenberg
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

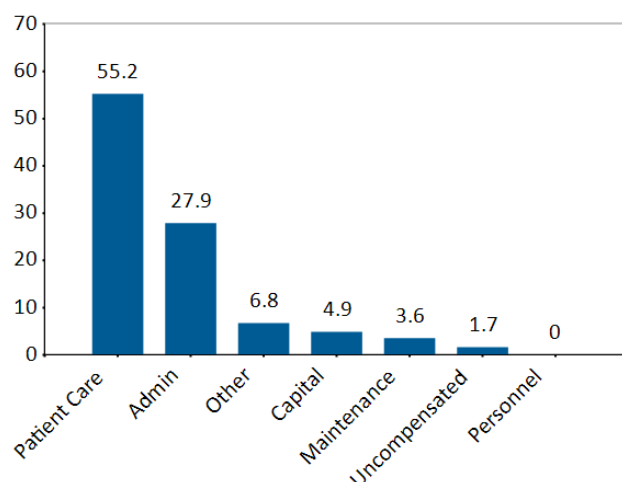
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	19

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	71	71	67	72	74
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

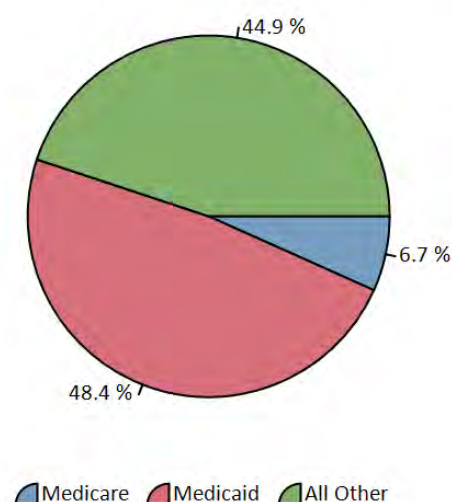
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	25	25	25	25	25
Inpatient Discharges	78	77	107	44	81
Inpatient Days	7,204	7,256	7,077	7,919	7,033
Average Length of Stay	2.60	2.86	1.44	2.34	1.16
Occupancy Rate (Inpatient Days)	78.95%	79.30%	77.56%	86.78%	77.07%
Observation Days	17	43	45	25	24

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	8,300,293	7,269,518	6,463,581	7,664,237	7,244,621
Contractual Allowances	1,904,319	1,779,331	608,374	321,164	-872,820
Net Patient Revenue	6,395,974	5,490,187	5,855,207	7,343,073	8,117,441
Total Operating Expenses	6,728,104	7,031,131	7,208,201	7,508,965	7,824,310
Salaries and Benefits	3,302,898	3,637,627	3,622,231	3,739,935	4,040,292
Other Non Patient Revenue	404,786	584,964	728,305	704,324	686,862
Other Non Patient Expenses	10,802	28	85,429	Not Reported	104,259
Charity Care	Not Reported	Not Reported	Not Reported	23,175	Not Reported
Bad Debt	35,539	100,918	175,223	257,009	131,548
Unreimbursed Cost for Medicaid	151,558	216,823	Not Reported	584,924	346,788
Patient Service Margin	-332,130	-1,540,944	-1,352,994	-165,892	293,131
Total Margin	61,854	-956,008	-710,118	538,432	875,734
Patient Service Margin Percent	-5.19%	-28.07%	-23.11%	-2.26%	3.61%
Total Margin Percent	0.91%	-15.74%	-10.79%	6.69%	9.95%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

HealthSouth Rehabilitation Hospital of Colorado Springs

(Medicare Provider No. 063030)

325 Parkside Drive, Colorado Springs, CO 80910	Ownership Type	Proprietary
(719) 630-8000	Hospital Type	Rehabilitation Hospital
www.healthsouthcoloradosprings.com	State House District	HD 17 - Tony Exum
Current Licensed Beds: 64	State Senate District	SD 11 - Michael Merrifield
Current Fiscal Year End: December 31	US Congressional District	CD 5 - Doug Lamborn

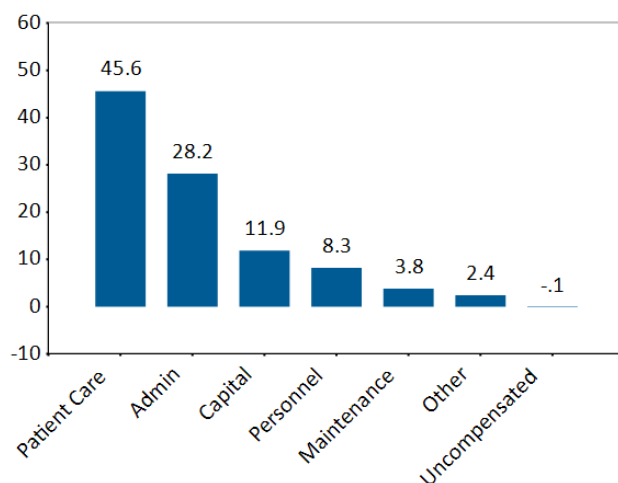
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Applicable	27

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	80	90	110	117	119
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	90	105	126	134	134

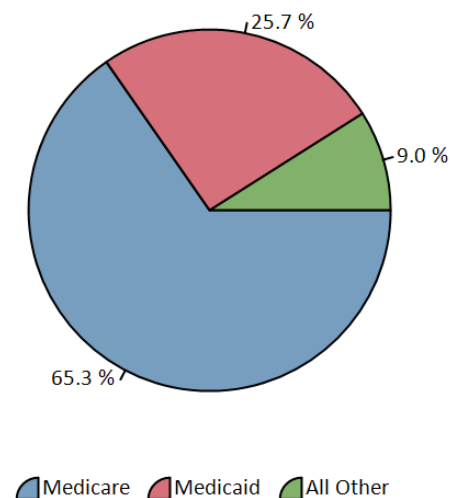
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	56	56	56	60	60
Inpatient Discharges	714	891	1,017	1,087	1,231
Inpatient Days	8,671	11,152	13,128	14,523	14,626
Average Length of Stay	12.14	12.52	12.91	13.36	11.88
Occupancy Rate (Inpatient Days)	42.42%	54.41%	64.23%	66.32%	66.79%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	17,742,631	21,954,153	26,402,933	29,617,013	28,944,409
Contractual Allowances	6,563,535	7,347,551	9,832,832	11,558,291	10,581,039
Net Patient Revenue	11,179,096	14,606,602	16,570,101	18,058,722	18,363,370
Total Operating Expenses	11,127,762	13,770,543	15,736,844	16,882,300	17,208,575
Salaries and Benefits	6,836,621	8,055,416	9,266,599	10,188,717	10,068,836
Other Non Patient Revenue	368,859	424,961	403,626	118,129	1,050,375
Other Non Patient Expenses	2,514	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Bad Debt	-2,280	-15,732	-23,720	-30,417	-17,831
Unreimbursed Cost for Medicaid	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Patient Service Margin	51,334	836,059	833,257	1,176,422	1,154,795
Total Margin	417,679	1,261,020	1,236,883	1,294,551	2,205,170
Patient Service Margin Percent	0.46%	5.72%	5.03%	6.51%	6.29%
Total Margin Percent	3.62%	8.39%	7.29%	7.12%	11.36%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

HealthSouth Rehabilitation Hospital of Littleton

(Medicare Provider No. 063034)

1001 West Mineral Avenue, Littleton, CO 80120	Ownership Type	Proprietary
(303) 334-1100	Hospital Type	Rehabilitation Hospital
www.healthsouthdenver.com	State House District	HD 38 - Susan Beckman
Current Licensed Beds: 40	State Senate District	SD 26 - Daniel Kagan
Current Fiscal Year End: May 31	US Congressional District	CD 6 - Mike Coffman

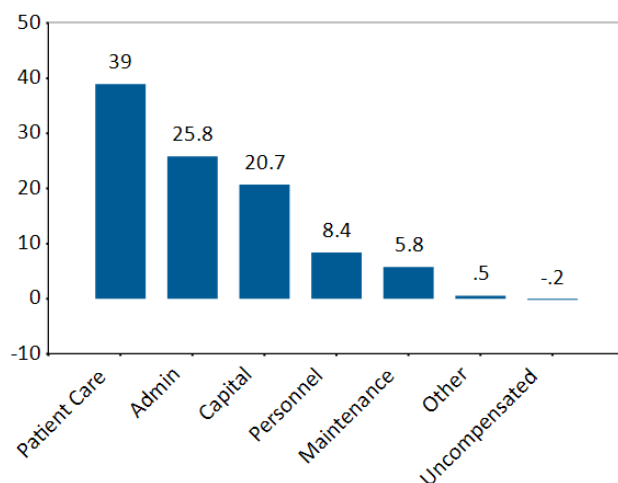
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Applicable	40

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	Not Reported	Not Reported	Not Reported	65*	83
Total Interns & Residents FTEs	Not Reported	Not Reported	Not Reported	0*	0
Total FTEs	Not Reported	Not Reported	Not Reported	70*	88

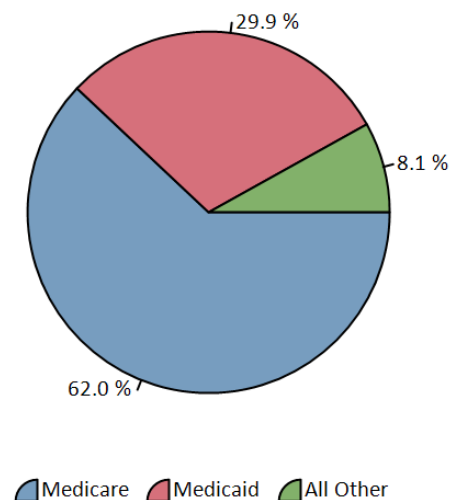
Utilization Trends	2011	2012	2013	2014	2015
Available Beds				40	40
Inpatient Discharges				465*	730
Inpatient Days				6,106*	8,602
Average Length of Stay				13.13*	11.78
Occupancy Rate (Inpatient Days)				42.88%	58.92%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue				11,528,973*	16,738,600
Contractual Allowances				4,958,092*	4,284,552
Net Patient Revenue				6,570,881*	12,454,048
Total Operating Expenses				8,030,211*	11,773,893
Salaries and Benefits				5,308,208*	6,861,250
Other Non Patient Revenue				88,756*	275,090
Other Non Patient Expenses				Not Reported	Not Reported
Charity Care					Not Reported
Bad Debt					-21,016
Unreimbursed Cost for Medicaid					Not Reported
Patient Service Margin				-1,459,330*	680,155
Total Margin				-1,370,574*	955,245
Patient Service Margin Percent				-22.21%*	5.46%
Total Margin Percent				-20.58%*	7.50%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Heart of the Rockies Regional Medical Center

(Medicare Provider No. 061322)

1000 Rush Dr, Salida, CO 81201	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(719) 530-2200	Hospital Type	Critical Access Hospital
www.hrrmc.com	State House District	HD 60 - Jim Wilson
Current Licensed Beds: 25	State Senate District	SD 5 - Kerry Donovan
Current Fiscal Year End: December 31	US Congressional District	CD 5 - Doug Lamborn

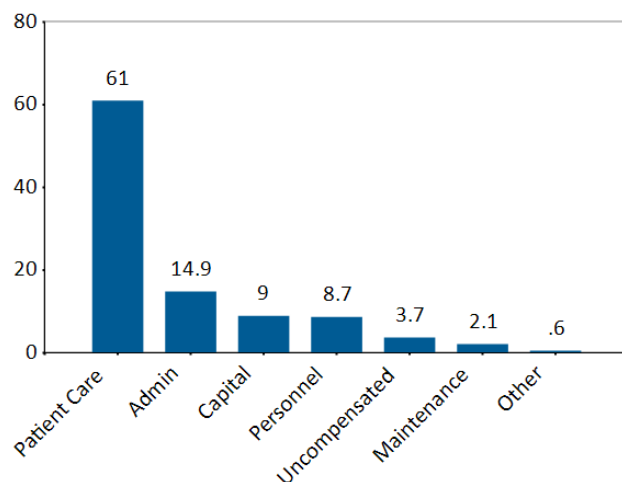
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	33

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	220	233	242	270	296
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

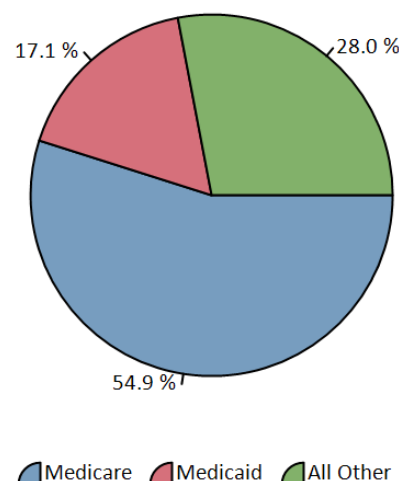
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	25	25	25	25	25
Inpatient Discharges	1,028	965	945	960	986
Inpatient Days	4,062	3,839	4,074	4,181	3,956
Average Length of Stay	3.68	3.71	3.90	3.86	3.68
Occupancy Rate (Inpatient Days)	44.52%	41.96%	44.65%	45.82%	43.35%
Observation Days	287	313	355	383	368

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	59,081,933	65,176,537	71,655,101	83,451,875	96,443,413
Contractual Allowances	21,080,732	26,727,072	31,051,548	39,799,720	45,814,736
Net Patient Revenue	38,001,201	38,449,465	40,603,553	43,652,155	50,628,677
Total Operating Expenses	36,685,622	38,716,667	40,616,602	42,461,695	48,809,000
Salaries and Benefits	15,565,678	18,074,856	20,560,551	22,938,033	25,704,542
Other Non Patient Revenue	1,308,473	1,140,285	1,112,138	1,373,416	1,831,361
Other Non Patient Expenses	39	17,040	211,926	Not Reported	37,045
Charity Care	682,440	89,285	84,342	88,468	109,824
Bad Debt	1,341,751	1,511,740	1,581,218	1,577,525	1,787,063
Unreimbursed Cost for Medicaid	1,598,678	885,559	1,256,795	2,299,846	1,664,369
Patient Service Margin	1,315,579	-267,202	-13,049	1,190,460	1,819,677
Total Margin	2,624,013	856,043	887,163	2,563,876	3,613,993
Patient Service Margin Percent	3.46%	-0.69%	-0.03%	2.73%	3.59%
Total Margin Percent	6.68%	2.16%	2.13%	5.69%	6.89%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Highlands Behavioral Health System

(Medicare Provider No. 064024)

8565 S. Poplar Way, Littleton, CO 80130	Ownership Type	Proprietary
(720) 348-2800	Hospital Type	Psychiatric Hospital
www.highlandsbhs.com	State House District	HD 43 - Kevin Van Winkle
Current Licensed Beds: 86	State Senate District	SD 30 - Chris Holbert
Current Fiscal Year End: December 31	US Congressional District	CD 6 - Mike Coffman

CMS Five Star Rating (2016)

Not Applicable

HQIP Score (2016/2017) - Out of 50

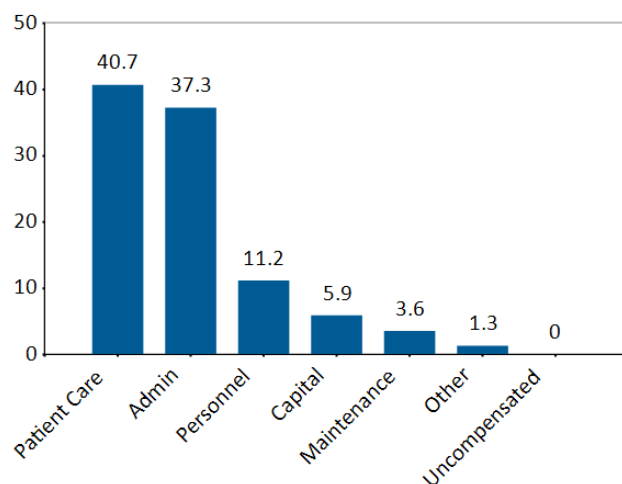
Not Applicable

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	129	132	136	134	140
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

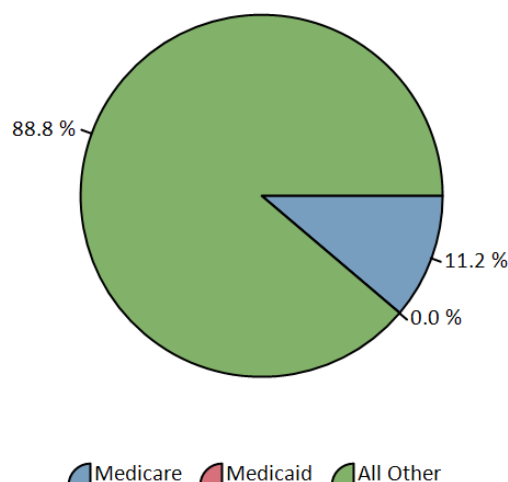
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	86	86	86	86	86
Inpatient Discharges	3,115	3,004	3,108	3,407	3,002
Inpatient Days	23,192	23,568	23,734	23,658	22,376
Average Length of Stay	7.45	7.85	7.64	6.94	7.45
Occupancy Rate (Inpatient Days)	73.88%	74.88%	75.61%	75.37%	71.28%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	37,202,150	38,044,220	38,557,342	38,871,581	37,642,825
Contractual Allowances	19,856,294	20,840,915	18,928,313	17,613,027	16,506,139
Net Patient Revenue	17,345,856	17,203,305	19,629,029	21,258,554	21,136,686
Total Operating Expenses	15,356,397	14,295,331	15,409,123	16,560,274	17,156,215
Salaries and Benefits	8,101,570	8,357,590	8,890,883	9,171,860	9,183,830
Other Non Patient Revenue	82,016	82,016	45,910	23,813	58,448
Other Non Patient Expenses	Not Reported	Not Reported	932,388	1,005,007	555,253
Patient Service Margin	1,989,459	2,907,974	4,219,906	4,698,280	3,980,471
Total Margin	2,071,475	2,989,990	3,333,428	3,717,086	3,483,666
Patient Service Margin Percent	11.47%	16.90%	21.50%	22.10%	18.83%
Total Margin Percent	11.89%	17.30%	16.94%	17.47%	16.44%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



Psychiatric hospitals are ineligible to report uncompensated care on Medicare Cost Reports; therefore, the 'Uncompensated Care' portion of the Total Hospital Expenses graph is recorded as \$0.

* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Keefe Memorial Health Service District

(Medicare Provider No. 060043)

602 N 6th West St, Cheyenne Wells, CO 80810	Ownership Type	Government - Local
(719) 767-5661	Hospital Type	Acute Hospital
www.keefememorial.com	State House District	HD 65 - Jon Becker
Current Licensed Beds: 25	State Senate District	SD 1 - Jerry Sonnenberg
Current Fiscal Year End: December 01	US Congressional District	CD 4 - Ken Buck

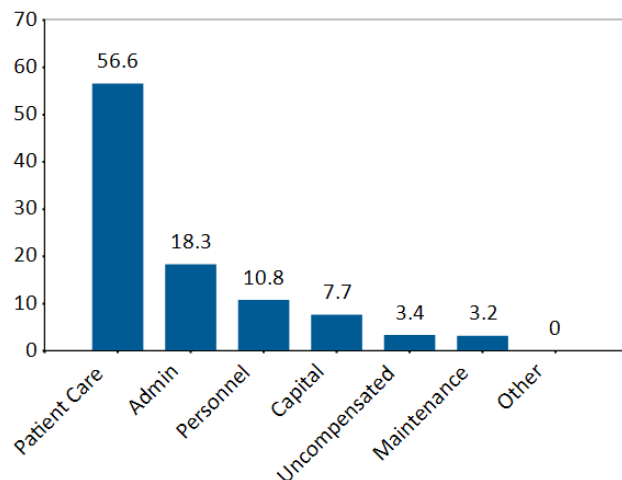
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	35

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	46	38	38	46	40**
Total Interns & Residents FTEs	0	0	0	0	0**
Total FTEs	56	46	45	56	49**

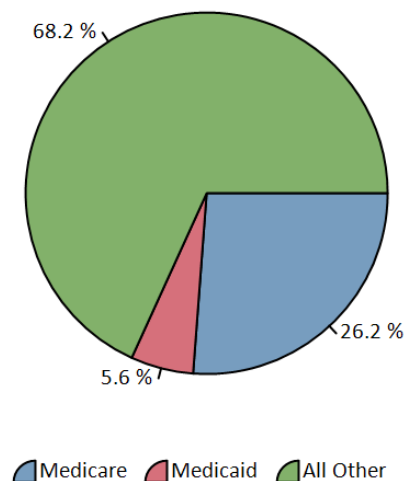
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	11	11	11	11	22
Inpatient Discharges	107	73	64	53	64**
Inpatient Days	783	339	303	280	286**
Average Length of Stay	4.44	3.97	3.80	4.51	3.86**
Occupancy Rate (Inpatient Days)	19.50%	8.42%	7.55%	6.97%	3.56%
Observation Days	135	135	146	57	91**

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	4,577,161	3,656,550	3,705,586	5,421,907	6,180,825**
Contractual Allowances	1,063,594	534,228	582,756	1,563,858	566,126**
Net Patient Revenue	3,513,567	3,122,322	3,122,830	3,858,049	5,614,699**
Total Operating Expenses	5,121,511	4,683,285	4,486,097	4,878,625	5,268,970**
Salaries and Benefits	3,063,087	2,403,856	2,633,719	3,005,407	3,103,809**
Other Non Patient Revenue	79,915	2,123,821	1,913,805	1,923,526	1,959,913**
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	100,447	116,618	29,434	23,109	10,953**
Bad Debt	-8,385	-2,491	113,596	178,469	175,048**
Unreimbursed Cost for Medicaid	Not Reported	Not Reported	29,338	332,382	508,286**
Patient Service Margin	-1,607,944	-1,560,963	-1,363,267	-1,020,576	345,729**
Total Margin	-1,528,029	562,858	550,538	902,950	2,305,642**
Patient Service Margin Percent	-45.76%	-49.99%	-43.65%	-26.45%	6.16%**
Total Margin Percent	-42.52%	10.73%	10.93%	15.62%	30.44%**

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



** For 2015, Keefe submitted two partial cost reports and a third that overlapped with another fiscal year. The two partial reports were summed together to capture as much of the 2015 fiscal year as possible.

* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Kindred Hospital - Aurora

(Medicare Provider No. 062013)

700 Potomac St, Aurora, CO 80011	Ownership Type	Proprietary
(720) 857-8333	Hospital Type	Long Term Acute Hospital
www.khaurora.com	State House District	HD 42 - Dominique Jackson
Current Licensed Beds: 37	State Senate District	SD 29 - Rhonda Fields
Current Fiscal Year End: April 30	US Congressional District	CD 6 - Mike Coffman

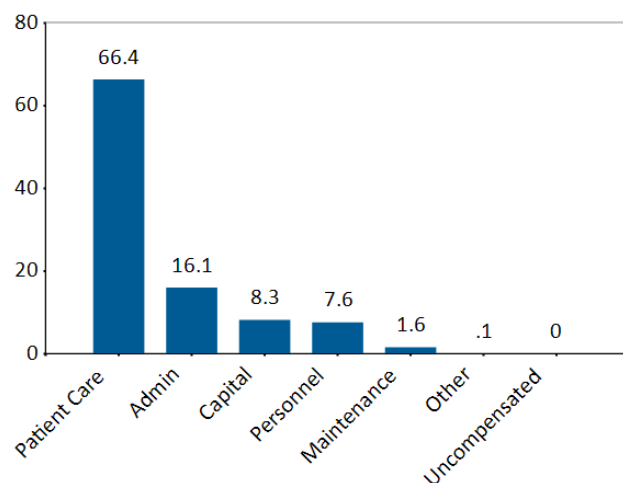
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Applicable	13

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	65	48	70	62	79
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	59	83	71	95

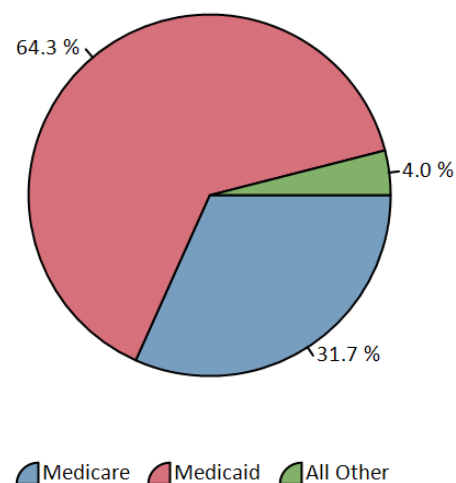
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	37	37	37	37	37
Inpatient Discharges	230	172	252	200	203
Inpatient Days	6,043	5,224	6,547	5,358	7,240
Average Length of Stay	26.27	30.37	25.98	26.79	35.67
Occupancy Rate (Inpatient Days)	44.75%	38.58%	48.48%	39.67%	53.61%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	32,212,593	29,636,677	35,618,356	32,071,453	43,101,203
Contractual Allowances	20,421,801	20,825,928	24,983,157	22,332,234	30,653,397
Net Patient Revenue	11,790,792	8,810,749	10,635,199	9,739,219	12,447,806
Total Operating Expenses	9,937,959	8,722,785	11,282,300	10,122,482	12,432,704
Salaries and Benefits	4,888,693	5,238,131	6,957,626	6,037,776	8,163,488
Other Non Patient Revenue	3,960	7,975	18,197	5,375	65,998
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	Not Reported	Not Reported			
Bad Debt	86,592	-6,759			
Unreimbursed Cost for Medicaid	Not Reported	Not Reported			
Patient Service Margin	1,852,833	87,964	-647,101	-383,263	15,102
Total Margin	1,856,793	95,939	-628,904	-377,888	81,100
Patient Service Margin Percent	15.71%	1.00%	-6.08%	-3.94%	0.12%
Total Margin Percent	15.74%	1.09%	-5.90%	-3.88%	0.65%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Kindred Hospital - Colorado Springs

(Medicare Provider No. 062016)

6001 E Woodmen Road, Colorado Springs, CO 80923	Ownership Type	Proprietary
(719) 571-6000	Hospital Type	Long Term Acute Hospital
www.kindredcoloradosprings.com	State House District	HD 15 - Dave Williams
Current Licensed Beds: 30	State Senate District	SD 10 - Owen Hill
Current Fiscal Year End: January 31	US Congressional District	CD 5 - Doug Lamborn

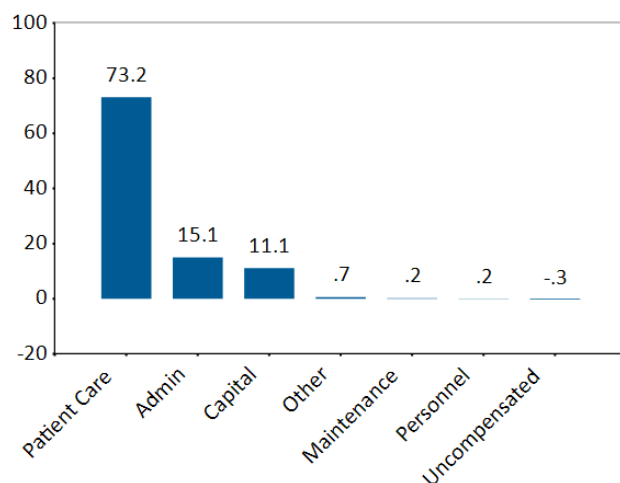
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Applicable	0

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	Not Reported	76	80	77	72
Total Interns & Residents FTEs	Not Reported	0	0	0	0
Total FTEs	Not Reported	81	85	80	72

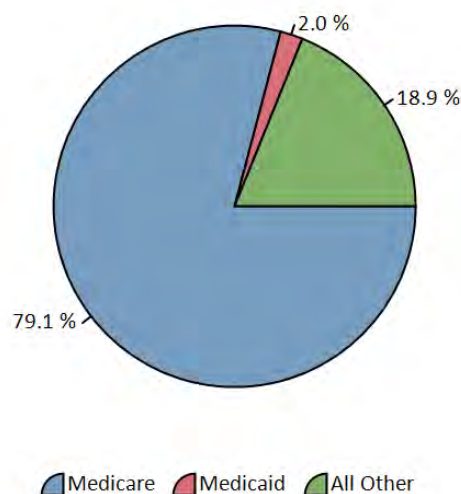
Utilization Trends	2011	2012	2013	2014	2015
Available Beds		30	30	30	30
Inpatient Discharges		322	311	301	273
Inpatient Days		8,696	8,465	7,977	7,210
Average Length of Stay		27.01	27.22	26.50	26.41
Occupancy Rate (Inpatient Days)		79.42%	77.09%	72.85%	65.84%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue		31,336,239	29,676,572	28,178,088	28,437,004
Contractual Allowances		17,424,428	16,835,620	16,745,860	17,941,084
Net Patient Revenue		13,911,811	12,840,952	11,432,228	10,495,920
Total Operating Expenses		11,065,409	10,640,951	9,741,171	9,379,165
Salaries and Benefits		6,135,448	5,452,923	4,960,764	4,544,450
Other Non Patient Revenue		4,414	50,813	6,720	5,966
Other Non Patient Expenses		1,174,607	2,163,755	1,276,949	Not Reported
Charity Care		Not Reported	Not Reported	Not Reported	Not Reported
Bad Debt		-33,910	-44,498	-23,998	-31,548
Unreimbursed Cost for Medicaid		Not Reported	Not Reported	Not Reported	Not Reported
Patient Service Margin		2,846,402	2,200,001	1,691,057	1,116,755
Total Margin		1,676,209	87,059	420,828	1,122,721
Patient Service Margin Percent		20.46%	17.13%	14.79%	10.64%
Total Margin Percent		12.04%	0.68%	3.68%	10.69%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Kindred Hospital - Denver

(Medicare Provider No. 062009)

1920 High Street, Denver, CO 80218	Ownership Type	Proprietary
(303) 330-5100	Hospital Type	Long Term Acute Hospital
www.kh-denver.com	State House District	HD 8 - Leslie Herod
Current Licensed Beds: 68	State Senate District	SD 33 - Angela Williams
Current Fiscal Year End: August 31	US Congressional District	CD 1 - Diana Degette

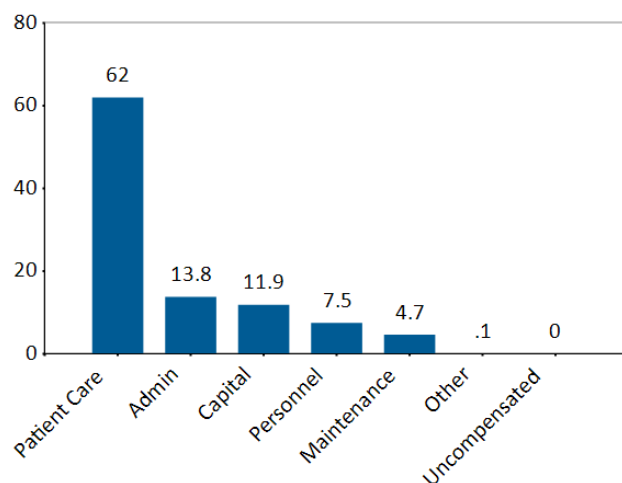
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Applicable	0

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	134	132	128	116	118
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	156	155	150	137	137

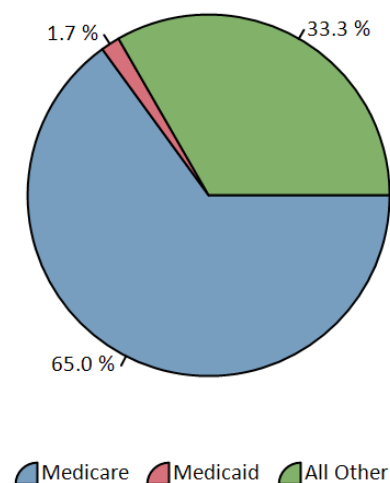
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	68	68	68	68	68
Inpatient Discharges	315	323	312	261	260
Inpatient Days	12,682	12,663	11,285	8,140	9,351
Average Length of Stay	40.26	39.20	36.17	31.19	35.97
Occupancy Rate (Inpatient Days)	51.10%	50.88%	45.47%	32.80%	37.68%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	53,864,055	57,577,945	51,673,932	40,466,586	47,851,080
Contractual Allowances	33,016,429	37,440,277	33,619,642	25,827,575	28,817,834
Net Patient Revenue	20,847,626	20,137,668	18,054,290	14,639,011	19,033,246
Total Operating Expenses	21,004,052	21,274,905	20,522,780	18,284,979	17,984,134
Salaries and Benefits	11,148,749	12,530,220	12,131,733	11,026,989	11,401,273
Other Non Patient Revenue	100,359	206,534	242,298	36,383	108,721
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	Not Reported				
Bad Debt	-84,873				
Unreimbursed Cost for Medicaid	Not Reported				
Patient Service Margin	-156,426	-1,137,237	-2,468,490	-3,645,968	1,049,112
Total Margin	-56,067	-930,703	-2,226,192	-3,609,585	1,157,833
Patient Service Margin Percent	-0.75%	-5.65%	-13.67%	-24.91%	5.51%
Total Margin Percent	-0.27%	-4.57%	-12.17%	-24.60%	6.05%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Kindred Hospital - Denver South

(Medicare Provider No. 062015)

2525 S Downing St, Denver, CO 80210	Ownership Type	Proprietary
(303) 715-7373	Hospital Type	Long Term Acute Hospital
www.kindreddenversouth.com	State House District	HD 2 - Alec Garnett
Current Licensed Beds: 28	State Senate District	SD 32 - Irene Aguilar
Current Fiscal Year End: May 31	US Congressional District	CD 1 - Diana Degette

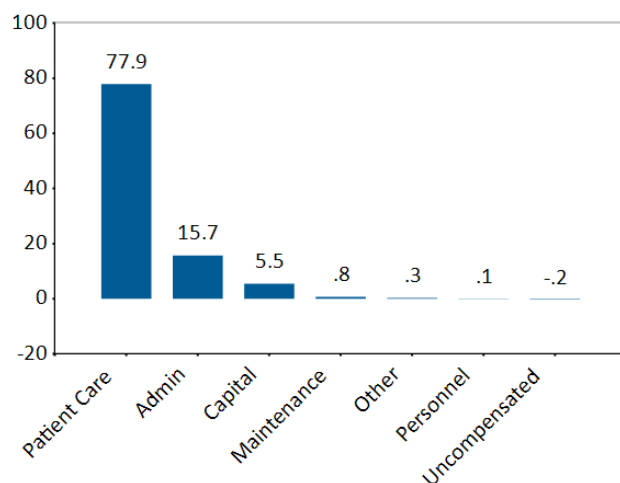
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Applicable	0

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	133	121	121	115	119
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	139	127	127	115	119

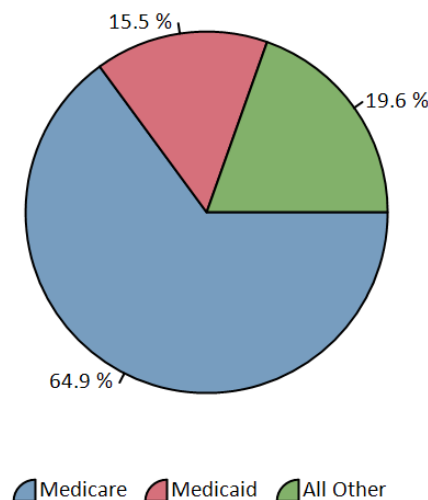
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	65	65	65	65	65
Inpatient Discharges	564	458	455	430	456
Inpatient Days	14,196	12,679	11,449	11,001	11,959
Average Length of Stay	25.17	27.68	25.16	25.58	26.23
Occupancy Rate (Inpatient Days)	59.84%	53.30%	48.26%	46.37%	50.41%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	56,006,061	55,947,273	53,720,572	58,210,562	67,760,123
Contractual Allowances	31,762,567	34,553,061	34,636,225	39,279,317	47,364,591
Net Patient Revenue	24,243,494	21,394,212	19,084,347	18,931,245	20,395,532
Total Operating Expenses	19,519,404	18,672,045	17,911,430	17,668,558	18,725,269
Salaries and Benefits	10,432,192	10,139,155	8,507,502	7,689,764	8,148,047
Other Non Patient Revenue	24,744	72,980	242,242	57,825	5,432
Other Non Patient Expenses	2,499,453	2,294,562	1,519,137	1,415,367	1,030,959
Charity Care	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Bad Debt	-73,851	-57,148	-53,654	-39,065	-43,963
Unreimbursed Cost for Medicaid	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Patient Service Margin	4,724,090	2,722,167	1,172,917	1,262,687	1,670,263
Total Margin	2,249,381	500,585	-103,978	-94,855	644,736
Patient Service Margin Percent	19.49%	12.72%	6.15%	6.67%	8.19%
Total Margin Percent	9.27%	2.33%	-0.54%	-0.50%	3.16%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Kit Carson County Health Service District

(Medicare Provider No. 061313)

286 16th Street, Burlington, CO 80807	Ownership Type	Government - Local
(719) 346-5311	Hospital Type	Critical Access Hospital
www.kcchsd.org	State House District	HD 65 - Jon Becker
Current Licensed Beds: 19	State Senate District	SD 1 - Jerry Sonnenberg
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

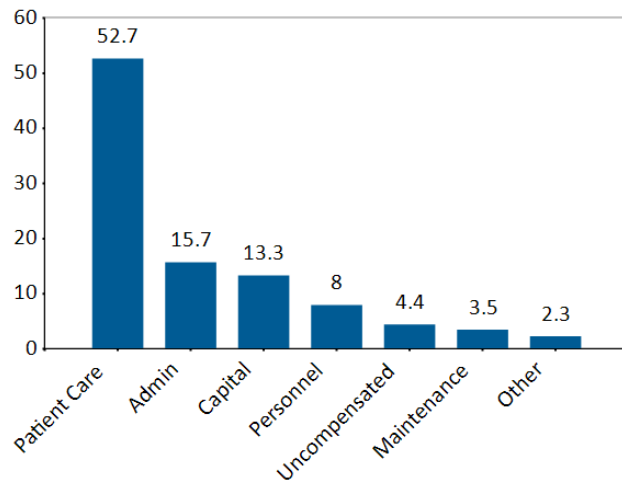
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	7

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	93	90	83	79	80
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

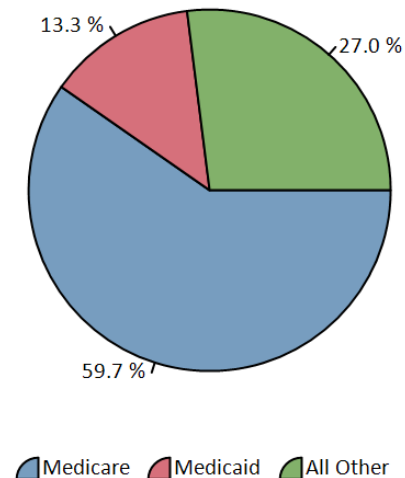
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	19	19	19	19	19
Inpatient Discharges	354	327	257	292	259
Inpatient Days	1,959	1,706	1,696	1,564	1,636
Average Length of Stay	3.23	2.87	3.13	3.01	3.05
Occupancy Rate (Inpatient Days)	28.25%	24.53%	24.46%	22.55%	23.59%
Observation Days	151	119	65	91	100

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	17,436,342	18,579,876	19,908,100	21,897,156	22,228,978
Contractual Allowances	5,232,498	5,655,868	7,573,013	8,307,943	7,099,616
Net Patient Revenue	12,203,844	12,924,008	12,335,087	13,589,213	15,129,362
Total Operating Expenses	13,549,695	14,393,126	13,960,610	15,021,354	16,083,548
Salaries and Benefits	6,779,710	6,766,447	6,782,186	6,966,883	7,257,248
Other Non Patient Revenue	667,321	706,382	1,867,406	759,257	1,287,512
Other Non Patient Expenses	19,243	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	62,235	139,536	100,042	87,922	195,246
Bad Debt	945,483	1,274,414	1,110,916	428,431	550,322
Unreimbursed Cost for Medicaid	220,303	Not Reported	208,432	340,838	1,537,745
Patient Service Margin	-1,345,851	-1,469,118	-1,625,523	-1,432,141	-954,186
Total Margin	-697,773	-762,736	241,883	-672,884	333,326
Patient Service Margin Percent	-11.03%	-11.37%	-13.18%	-10.54%	-6.31%
Total Margin Percent	-5.42%	-5.60%	1.70%	-4.69%	2.03%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Lincoln Community Hospital

(Medicare Provider No. 061306)

111 6th St, Hugo, CO 80821	Ownership Type	Government - Local
(719) 743-2421	Hospital Type	Critical Access Hospital
www.lincolncommunityhospital.com	State House District	HD 64 - Kimmi Lewis
Current Licensed Beds: 15	State Senate District	SD 1 - Jerry Sonnenberg
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

CMS Five Star Rating (2016)

Not Available

HQIP Score (2016/2017) - Out of 50

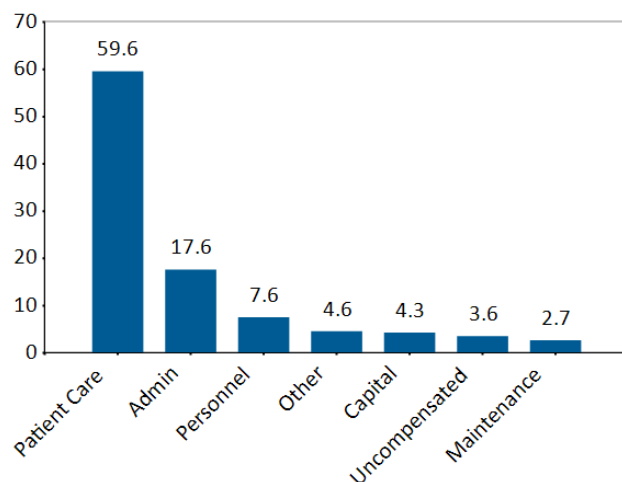
11

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	93	96	104	106	113
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

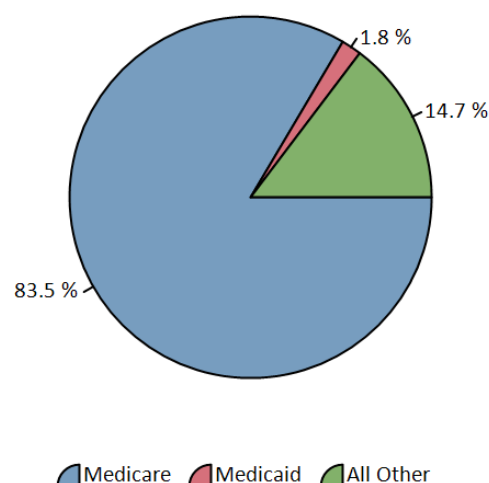
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	21	21	25	25	15
Inpatient Discharges	203	179	138	149	143
Inpatient Days	1,443	1,251	1,051	1,288	1,057
Average Length of Stay	3.52	3.34	3.21	3.33	3.49
Occupancy Rate (Inpatient Days)	18.83%	16.28%	11.52%	14.12%	19.31%
Observation Days	138	180	134	171	166

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	15,109,448	16,495,076	16,339,874	17,939,037	18,853,793
Contractual Allowances	4,384,839	4,571,840	4,878,929	5,567,598	5,040,016
Net Patient Revenue	10,724,609	11,923,236	11,460,945	12,371,439	13,813,777
Total Operating Expenses	12,137,583	12,614,219	13,369,036	14,029,867	14,985,355
Salaries and Benefits	7,079,945	7,216,689	7,878,630	8,473,300	8,813,556
Other Non Patient Revenue	1,231,777	2,354,731	1,338,198	2,251,874	1,316,511
Other Non Patient Expenses	Not Reported	5	Not Reported	Not Reported	Not Reported
Charity Care	Not Reported	Not Reported	Not Reported	Not Reported	82,084
Bad Debt	461,710	460,943	550,239	245,457	475,824
Unreimbursed Cost for Medicaid	358,026	Not Reported	Not Reported	563,782	Not Reported
Patient Service Margin	-1,412,974	-690,983	-1,908,091	-1,658,428	-1,171,578
Total Margin	-181,197	1,663,743	-569,893	593,446	144,933
Patient Service Margin Percent	-13.18%	-5.80%	-16.65%	-13.41%	-8.48%
Total Margin Percent	-1.52%	11.65%	-4.45%	4.06%	0.96%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Littleton Adventist Hospital

(Medicare Provider No. 060113)

7700 S Broadway, Littleton, CO 80122	Ownership Type	Vol. Non Profit - Other
(303) 730-8900	Hospital Type	Acute Hospital
www.mylittletonhospital.org	State House District	HD 38 - Susan Beckman
Current Licensed Beds: 231	State Senate District	SD 26 - Daniel Kagan
Current Fiscal Year End: June 30	US Congressional District	CD 6 - Mike Coffman

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

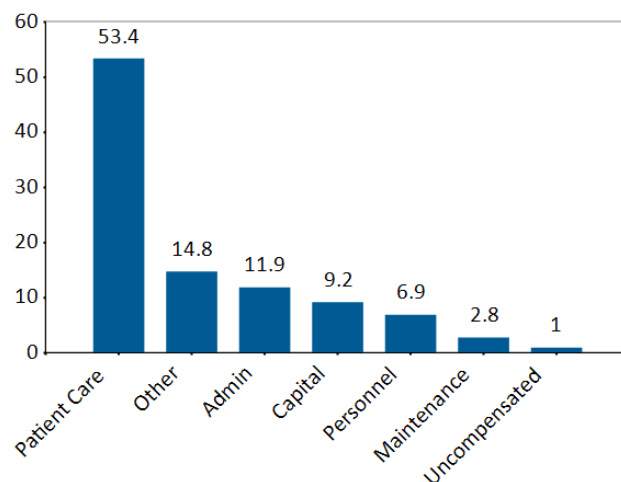
30

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	937	1,028	Not Reported	1,006	1,011
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	1,047	1,155	1,154	1,179	1,202

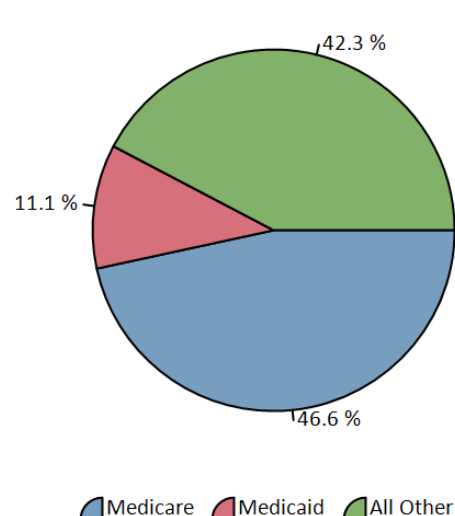
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	188	188	188	184	184
Inpatient Discharges	10,140	9,741	9,244	8,899	9,176
Inpatient Days	44,463	43,746	41,172	40,964	40,473
Average Length of Stay	4.38	4.49	4.45	4.60	4.41
Occupancy Rate (Inpatient Days)	64.80%	63.58%	60.00%	60.99%	60.26%
Observation Days	2,075	2,229	2,611	2,601	2,595

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	883,009,067	1,039,475,837	1,071,332,993	1,093,227,570	1,158,117,670
Contractual Allowances	667,242,875	784,103,353	810,698,395	820,702,957	881,447,587
Net Patient Revenue	215,766,192	255,372,484	260,634,598	272,524,613	276,670,083
Total Operating Expenses	191,703,811	242,787,302	241,891,488	256,047,313	253,734,498
Salaries and Benefits	95,224,151	110,873,203	110,347,251	111,975,345	116,558,210
Other Non Patient Revenue	5,898,823	7,349,352	6,076,840	5,598,914	2,032,990
Other Non Patient Expenses	Not Reported	1,939	10,268	467,071	Not Reported
Charity Care	6,967,230	8,705,484	3,093,171	2,020,819	1,197,666
Bad Debt	2,164,862	1,191,212	1,427,238	1,654,335	1,223,830
Unreimbursed Cost for Medicaid	890,093	15,400,890	10,857,553	14,574,124	10,445,236
Patient Service Margin	24,062,381	12,585,182	18,743,110	16,477,300	22,935,585
Total Margin	29,961,204	19,932,595	24,809,682	21,609,143	24,968,575
Patient Service Margin Percent	11.15%	4.93%	7.19%	6.05%	8.29%
Total Margin Percent	13.52%	7.59%	9.30%	7.77%	8.96%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Longmont United Hospital

(Medicare Provider No. 060003)

1950 Mountain View Ave, Longmont, CO 80502	Ownership Type	Vol. Non Profit - Private
(303) 651-5111	Hospital Type	Acute Hospital
www.luhcares.org	State House District	HD 11 - Jonathan Singer
Current Licensed Beds: 186	State Senate District	SD 17 - Matt Jones
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

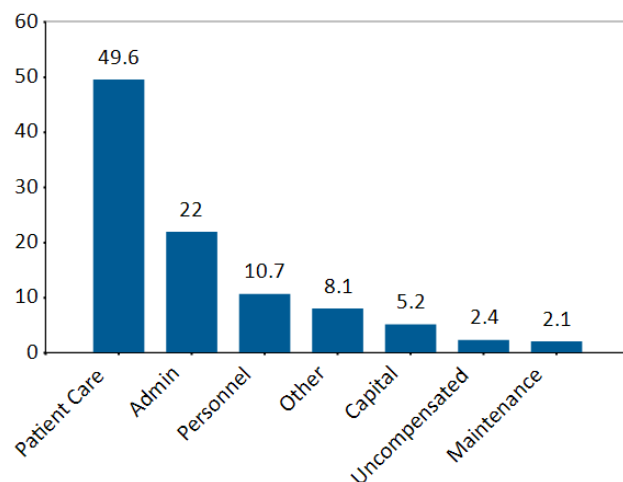
36

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	950	971	996	988	1,014
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	987	1,005	1,032	991	1,050

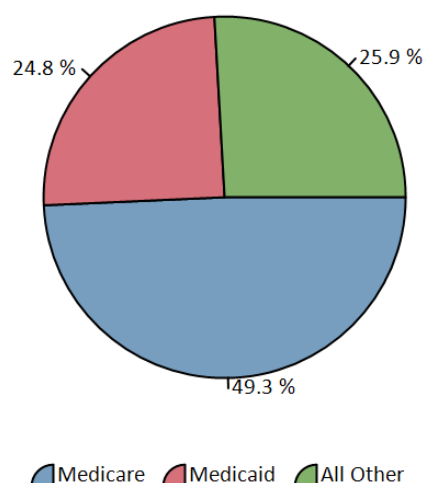
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	125	125	125	125	125
Inpatient Discharges	7,355	7,178	7,045	6,613	6,552
Inpatient Days	31,115	29,202	29,892	28,653	27,866
Average Length of Stay	4.23	4.07	4.24	4.33	4.25
Occupancy Rate (Inpatient Days)	68.20%	63.83%	65.52%	62.80%	61.08%
Observation Days	1,678	2,122	2,334	2,637	2,608

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	445,413,285	448,911,786	502,814,987	541,547,266	573,737,707
Contractual Allowances	271,840,324	273,050,328	336,454,517	369,026,455	403,588,968
Net Patient Revenue	173,572,961	175,861,458	166,360,470	172,520,811	170,148,739
Total Operating Expenses	174,571,266	182,046,307	173,926,141	172,989,737	185,342,569
Salaries and Benefits	75,367,673	79,053,210	85,977,419	84,795,912	91,911,741
Other Non Patient Revenue	5,367,799	9,313,765	4,498,035	4,873,401	16,750,045
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	-15,298
Charity Care	7,204,898	6,664,144	6,596,952	1,739,891	993,770
Bad Debt	4,922,218	4,622,532	5,626,091	4,795,981	3,522,817
Unreimbursed Cost for Medicaid	9,766,851	9,644,872	9,479,176	5,852,569	15,086,328
Patient Service Margin	-998,305	-6,184,849	-7,565,671	-468,926	-15,193,830
Total Margin	4,369,494	3,128,916	-3,067,636	4,404,475	1,571,513
Patient Service Margin Percent	-0.58%	-3.52%	-4.55%	-0.27%	-8.93%
Total Margin Percent	2.44%	1.69%	-1.80%	2.48%	0.84%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Lutheran Medical Center

(Medicare Provider No. 060009)

8300 W. 38th Avenue, Wheat Ridge, CO 80033	Ownership Type	Vol. Non Profit - Other
(303) 425-4500	Hospital Type	Acute Hospital
www.lutheranmedicalcenter.org	State House District	HD 24 - Jessie Danielson
Current Licensed Beds: 338	State Senate District	SD 20 - Cheri Jahn
Current Fiscal Year End: December 31	US Congressional District	CD 7 - Ed Perlmutter

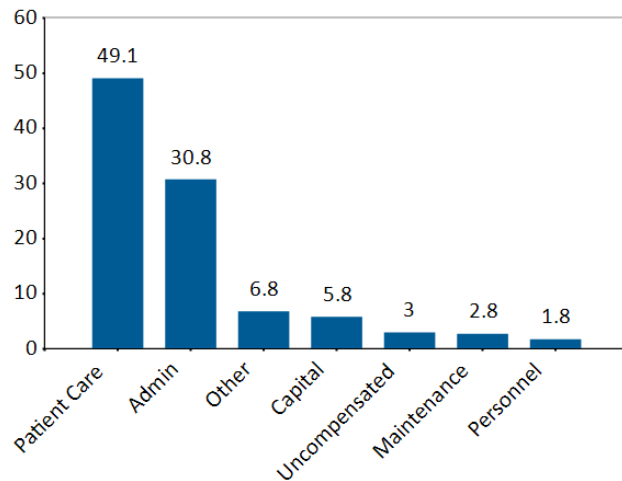
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★	33

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	1,553	1,499	1,453	1,442	1,282
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	1,930	1,904	1,785	1,741	1,722

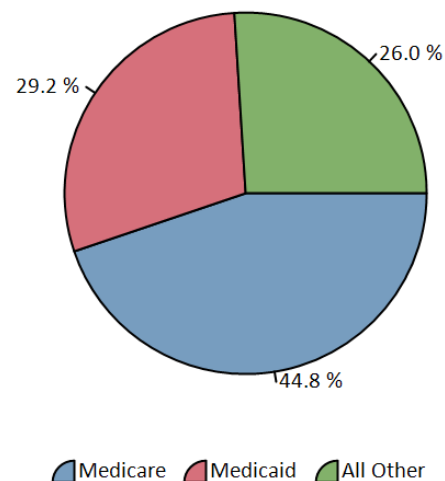
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	283	283	283	251	268
Inpatient Discharges	15,147	16,583	13,769	12,369	12,523
Inpatient Days	65,355	62,335	55,942	50,500	47,482
Average Length of Stay	4.31	3.76	4.06	4.08	3.79
Occupancy Rate (Inpatient Days)	63.27%	60.18%	54.16%	55.12%	48.54%
Observation Days	2,449	6,866	3,929	3,032	2,707

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	1,306,925,248	1,362,507,684	1,315,595,447	1,326,725,445	1,379,699,373
Contractual Allowances	970,781,302	1,008,567,610	982,336,654	984,841,596	1,017,495,990
Net Patient Revenue	336,143,946	353,940,074	333,258,793	341,883,849	362,203,383
Total Operating Expenses	327,608,704	339,714,643	340,664,225	330,859,141	341,141,378
Salaries and Benefits	169,798,959	152,891,187	150,474,242	160,769,971	165,268,952
Other Non Patient Revenue	19,836,570	30,966,865	21,234,023	16,939,252	17,118,101
Other Non Patient Expenses	3,295,507	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	7,108,178	19,813,472	18,828,867	7,167,729	2,660,771
Bad Debt	3,690,982	2,419,335	3,597,207	2,993,210	7,388,711
Unreimbursed Cost for Medicaid	16,275,325	12,391,796	17,353,848	22,426,667	21,210,524
Patient Service Margin	8,535,242	14,225,431	-7,405,432	11,024,708	21,062,005
Total Margin	25,076,305	45,192,296	13,828,591	27,963,960	38,180,106
Patient Service Margin Percent	2.54%	4.02%	-2.22%	3.22%	5.81%
Total Margin Percent	7.04%	11.74%	3.90%	7.79%	10.07%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

McKee Medical Center

(Medicare Provider No. 060030)

2000 Boise Ave, Loveland, CO 80538	Ownership Type	Vol. Non Profit - Private
(970) 820-4640	Hospital Type	Acute Hospital
www.mckee Loveland.com	State House District	HD 51 - Hugh McKean
Current Licensed Beds: 115	State Senate District	SD 15 - Kevin Lundberg
Current Fiscal Year End: December 31	US Congressional District	CD 2 - Jared Polis

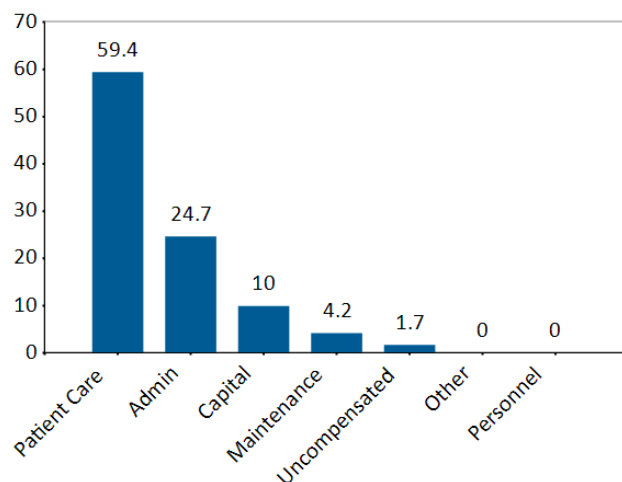
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★	30

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	700	700	700	562	573
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	797	763	726	676	685

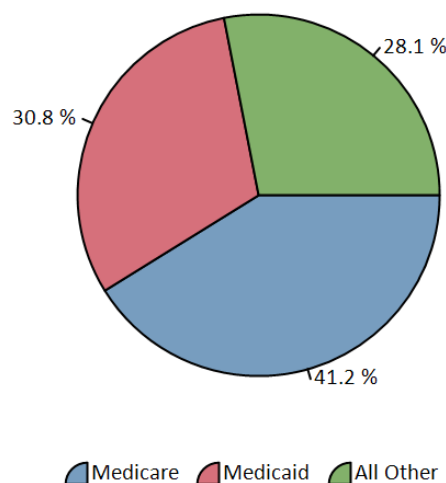
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	115	115	115	115	115
Inpatient Discharges	5,582	5,378	4,862	4,353	4,858
Inpatient Days	18,000	17,095	15,207	13,299	13,171
Average Length of Stay	3.22	3.18	3.13	3.06	2.71
Occupancy Rate (Inpatient Days)	42.88%	40.62%	36.23%	31.68%	31.38%
Observation Days	623	1,029	1,430	1,803	2,469

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	355,494,580	342,784,536	328,435,148	348,476,237	363,004,206
Contractual Allowances	211,232,152	197,791,447	188,297,191	208,201,832	225,534,746
Net Patient Revenue	144,262,428	144,993,089	140,137,957	140,274,405	137,469,460
Total Operating Expenses	121,590,228	124,193,182	122,121,840	120,086,345	125,817,361
Salaries and Benefits	64,505,664	65,573,059	58,231,255	56,040,140	55,265,932
Other Non Patient Revenue	2,075,931	2,976,219	1,000,815	1,116,508	1,398,597
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	714,581	Not Reported
Charity Care	1,693,409	1,377,608	1,370,227	1,486,607	1,050,837
Bad Debt	2,178,089	2,276,084	2,301,801	1,328,124	1,137,759
Unreimbursed Cost for Medicaid	Not Reported	Not Reported	Not Reported	2,325,627	Not Reported
Patient Service Margin	22,672,200	20,799,907	18,016,117	20,188,060	11,652,099
Total Margin	24,748,131	23,776,126	19,016,932	20,589,987	13,050,696
Patient Service Margin Percent	15.72%	14.35%	12.86%	14.39%	8.48%
Total Margin Percent	16.91%	16.07%	13.47%	14.56%	9.40%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Medical Center of the Rockies

(Medicare Provider No. 060119)

2500 Rocky Mountain Ave, Loveland, CO 80538	Ownership Type	Proprietary
(970) 624-2500	Hospital Type	Acute Hospital
www.uchealth.org	State House District	HD 51 - Hugh McKean
Current Licensed Beds: 174	State Senate District	SD 15 - Kevin Lundberg
Current Fiscal Year End: June 30	US Congressional District	CD 2 - Jared Polis

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

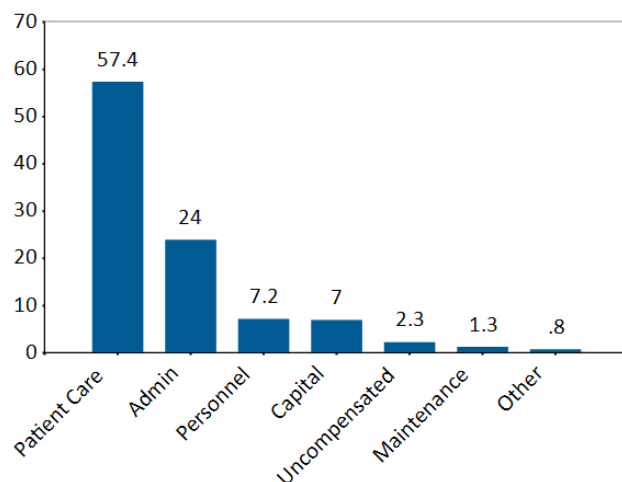
37

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	972	1,018*	1,240	1,054	1,080
Total Interns & Residents FTEs	0	0*	0	0	0
Total FTEs	1,162	1,290*	1,388	1,342	1,432

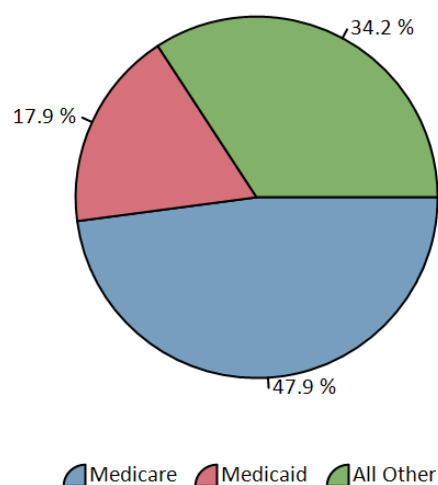
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	136	146	166	148	148
Inpatient Discharges	7,177	3,793*	9,290	9,987	11,079
Inpatient Days	28,095	15,130*	37,404	39,177	41,926
Average Length of Stay	3.91	3.99*	4.03	3.92	3.78
Occupancy Rate (Inpatient Days)	56.60%	56.94%	61.73%	72.52%	77.61%
Observation Days	682	442*	632	2,013	2,257

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	548,114,237	334,474,175*	737,802,050	870,053,654	995,226,460
Contractual Allowances	300,362,486	188,231,458*	426,536,603	527,236,779	591,728,637
Net Patient Revenue	247,751,751	146,242,717*	311,265,447	342,816,875	403,497,823
Total Operating Expenses	220,671,540	129,288,986*	277,520,494	266,946,306	292,541,765
Salaries and Benefits	88,208,775	49,630,814*	111,696,753	121,859,770	125,229,427
Other Non Patient Revenue	3,584,331	1,093,877*	8,627,869	18,484,024	8,148,960
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	50,716,613
Charity Care	1,795,676	1,536,871*	2,422,218	3,301,504	2,379,924
Bad Debt	1,811,853	1,380,916*	2,457,586	6,046,364	4,478,332
Unreimbursed Cost for Medicaid	9,978,557	6,793,913*	13,826,875	16,746,804	11,081,354
Patient Service Margin	27,080,211	16,953,731*	33,744,953	75,870,569	110,956,058
Total Margin	30,664,542	18,047,608*	42,372,822	94,354,593	68,388,405
Patient Service Margin Percent	10.93%	11.59%*	10.84%	22.13%	27.50%
Total Margin Percent	12.20%	12.25%*	13.25%	26.12%	16.61%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Melissa Memorial Hospital

(Medicare Provider No. 061305)

1001 E Johnson St, Holyoke, CO 80734	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(970) 854-2241	Hospital Type	Critical Access Hospital
www.melissamemorial.org	State House District	HD 65 - Jon Becker
Current Licensed Beds: 15	State Senate District	SD 1 - Jerry Sonnenberg
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

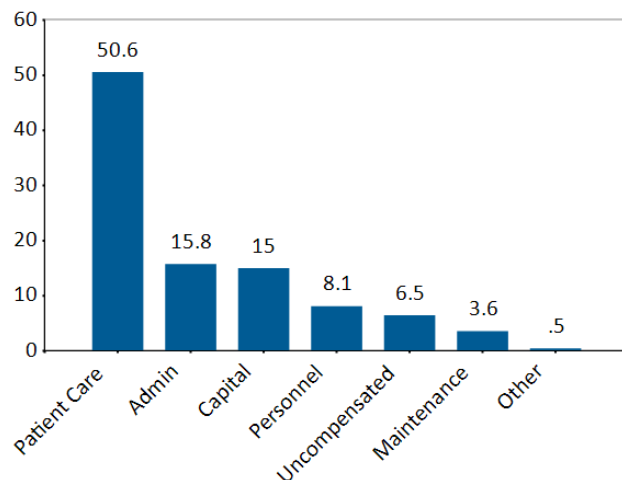
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	43

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	60	59	60	62	63
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

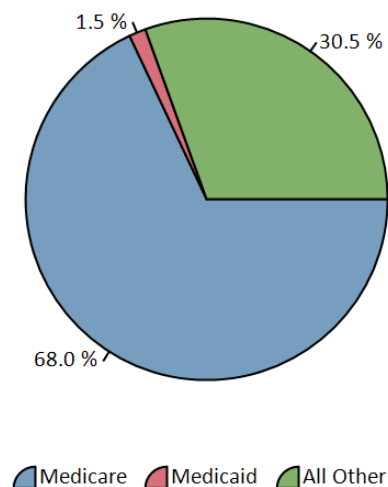
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	15	15	15	15	15
Inpatient Discharges	254	147	152	125	119
Inpatient Days	1,485	1,021	1,251	1,010	1,015
Average Length of Stay	2.56	3.08	3.47	3.25	3.44
Occupancy Rate (Inpatient Days)	27.12%	18.60%	22.85%	18.45%	18.54%
Observation Days	108	79	97	76	91

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	11,907,966	10,704,855	12,046,524	12,503,232	13,373,251
Contractual Allowances	2,350,012	878,441	1,287,784	1,315,086	2,954,184
Net Patient Revenue	9,557,954	9,826,414	10,758,740	11,188,146	10,419,067
Total Operating Expenses	9,632,764	10,217,542	10,746,286	10,976,456	11,472,491
Salaries and Benefits	4,589,774	4,768,578	4,992,633	5,232,995	5,567,308
Other Non Patient Revenue	806,383	920,309	1,068,927	1,517,949	1,449,485
Other Non Patient Expenses	Not Reported	Not Reported	199,122	3,923	Not Reported
Charity Care	4,960	7,492	46,946	14,761	51,217
Bad Debt	351,964	338,796	411,100	174,533	740,628
Unreimbursed Cost for Medicaid	144,166	220,862	969,730	38,732	403,624
Patient Service Margin	-74,810	-391,128	12,454	211,690	-1,053,424
Total Margin	731,573	529,181	882,259	1,725,716	396,061
Patient Service Margin Percent	-0.78%	-3.98%	0.12%	1.89%	-10.11%
Total Margin Percent	7.06%	4.92%	7.46%	13.58%	3.34%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Memorial Hospital

(Medicare Provider No. 060022)

1400 E. Boulder St, Colorado Springs, CO 80909	Ownership Type	Vol. Non Profit - Other
(719) 365-5000	Hospital Type	Acute Hospital
www.uchealth.org	State House District	HD 18 - Pete Lee
Current Licensed Beds: 671	State Senate District	SD 11 - Michael Merrifield
Current Fiscal Year End: June 30	US Congressional District	CD 5 - Doug Lamborn

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

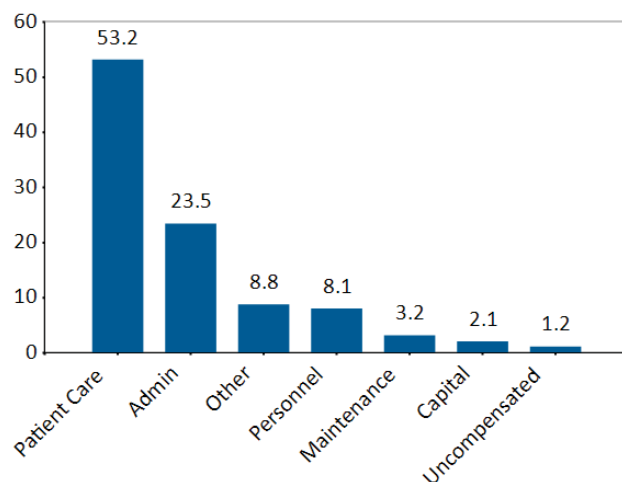
30

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	3,397	3,445*	3,341*	2,559	2,676
Total Interns & Residents FTEs	0	0*	0*	0	0
Total FTEs	3,804	3,768*	3,705*	3,056	3,172

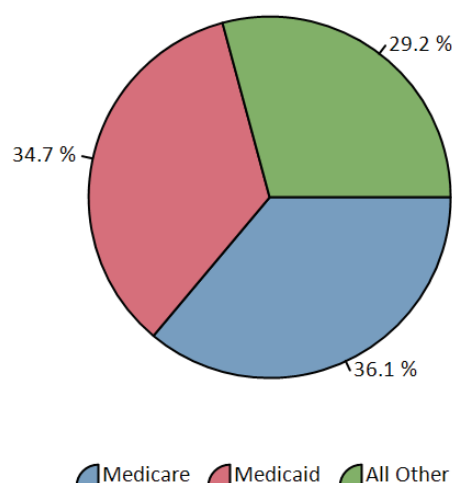
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	509	509	413	414	412
Inpatient Discharges	23,374	15,692*	13,902*	17,794	21,259
Inpatient Days	117,614	81,740*	65,618*	78,657	85,363
Average Length of Stay	5.03	5.21*	4.72*	4.42	4.02
Occupancy Rate (Inpatient Days)	63.31%	58.61%*	58.20%*	52.05%	56.76%
Observation Days	7,492	7,973*	5,895*	11,784	2,096

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	1,873,351,162	1,491,630,321*	1,493,491,694*	2,047,467,634	2,188,051,883
Contractual Allowances	1,283,207,589	1,034,450,014*	1,080,315,465*	1,492,813,660	1,575,967,950
Net Patient Revenue	590,143,573	457,180,307*	413,176,229*	554,653,974	612,083,933
Total Operating Expenses	613,457,446	468,200,165*	450,035,580*	606,605,159	596,666,738
Salaries and Benefits	310,163,754	232,425,250*	219,247,423*	295,105,810	295,106,417
Other Non Patient Revenue	13,193,530	10,184,060*	13,796,450*	15,661,071	19,053,029
Other Non Patient Expenses	Not Reported	Not Reported	-4*	Not Reported	Not Reported
Cost of Charity Care	10,644,273	7,729,183*	19,504,421*	17,991,243	615,215
Cost of Bad Debt	12,256,606	12,322,687*	17,832,959*	12,155,413	6,446,589
Unreimbursed Cost for Medicaid	39,787,893	37,029,877*	28,624,760*	20,485,572	26,243,926
Patient Service Margin	-23,313,873	-11,019,858*	-36,859,351*	-51,951,185	15,417,195
Total Margin	-10,120,343	-835,798*	-23,062,897*	-36,290,114	34,470,224
Patient Service Margin Percent	-3.95%	-2.41%*	-8.92%*	-9.37%	2.52%
Total Margin Percent	-1.68%	-0.18%*	-5.40%*	-6.36%	5.46%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Memorial Regional Health

(Medicare Provider No. 061314)

750 Hospital Loop, Craig, CO 81625	Ownership Type	Government - Local
(970) 824-9411	Hospital Type	Critical Access Hospital
www.thememorialhospital.com	State House District	HD 57 - Bob Rankin
Current Licensed Beds: 25	State Senate District	SD 8 - Randy Baumgardner
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

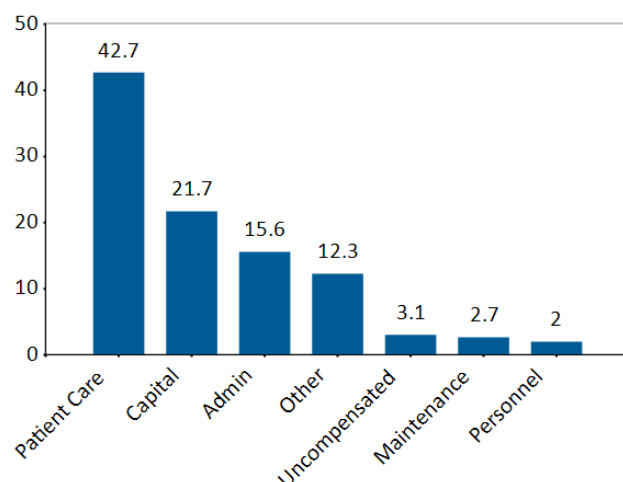
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	21

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	182	187	194	201	217
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

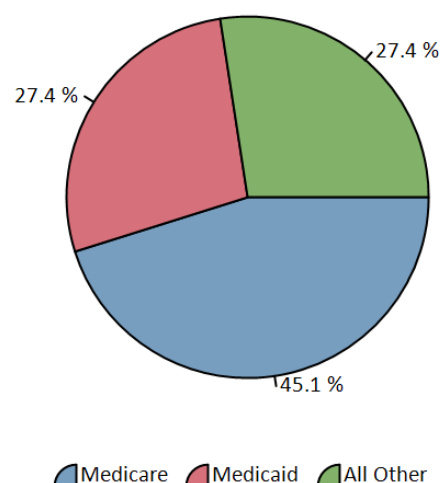
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	25	25	25	25	25
Inpatient Discharges	838	749	689	768	767
Inpatient Days	3,497	3,204	2,991	2,959	2,904
Average Length of Stay	3.67	3.73	3.67	3.43	3.26
Occupancy Rate (Inpatient Days)	38.32%	35.02%	32.78%	32.43%	31.82%
Observation Days	316	223	134	314	292

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	46,420,671	51,708,082	50,195,990	53,874,473	59,561,775
Contractual Allowances	16,661,207	18,974,753	18,470,966	20,082,986	25,450,182
Net Patient Revenue	29,759,464	32,733,329	31,725,024	33,791,487	34,111,593
Total Operating Expenses	29,014,603	31,679,133	32,183,359	40,136,430	43,071,975
Salaries and Benefits	10,936,846	11,900,497	12,667,205	13,811,214	15,349,462
Other Non Patient Revenue	2,104,993	2,607,844	2,491,228	6,555,255	10,610,405
Other Non Patient Expenses	Not Reported	Not Reported	226,256	Not Reported	Not Reported
Charity Care	298,598	166,055	204,405	121,568	148,734
Bad Debt	926,769	1,101,869	1,188,657	1,108,037	1,211,221
Unreimbursed Cost for Medicaid	1,437,150	2,164,010	2,854,281	374,020	234,727
Patient Service Margin	744,861	1,054,196	-458,335	-6,344,943	-8,960,382
Total Margin	2,849,854	3,662,040	1,806,637	210,312	1,650,023
Patient Service Margin Percent	2.50%	3.22%	-1.44%	-18.78%	-26.27%
Total Margin Percent	8.94%	10.36%	5.28%	0.52%	3.69%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Mercy Regional Medical Center

(Medicare Provider No. 060013)

1010 Three Springs Blvd, Durango, CO 81301	Ownership Type	Vol. Non Profit - Church
(970) 247-4311	Hospital Type	Acute Hospital
www.mercydurango.org	State House District	HD 59 - Barbara McLachlan
Current Licensed Beds: 82	State Senate District	SD 6 - Don Coram
Current Fiscal Year End: June 30	US Congressional District	CD 3 - Scott Tipton

CMS Five Star Rating (2016)

★★★★★

HQIP Score (2016/2017) - Out of 50

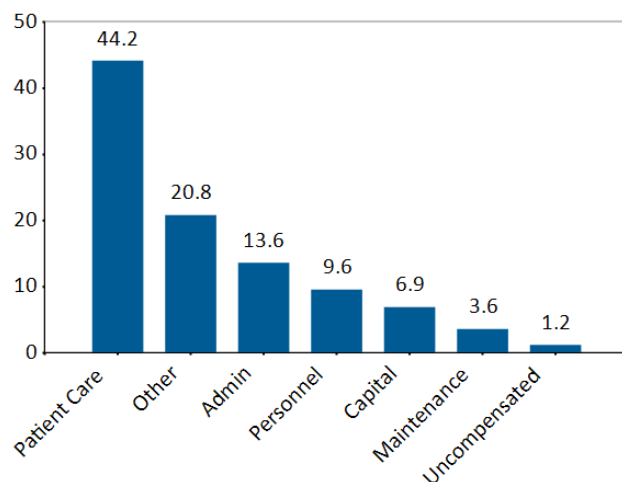
40

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	336*	Not Reported	770	790	803
Total Interns & Residents FTEs	0*	0	0	0	0
Total FTEs	736*	785	907	869	942

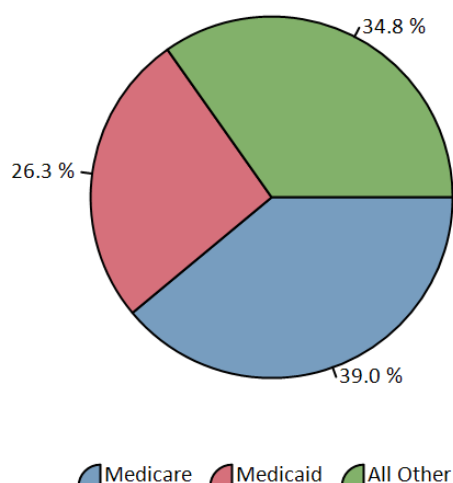
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	82	82	82	82	82
Inpatient Discharges	2,284*	5,439	4,192	4,185	4,278
Inpatient Days	8,562*	16,044	14,932	14,865	15,247
Average Length of Stay	3.75*	2.95	3.56	3.55	3.56
Occupancy Rate (Inpatient Days)	57.37%	53.46%	49.89%	49.67%	50.94%
Observation Days	344*	749	966	1,146	1,270

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	132,314,693*	278,005,434	348,649,093	362,481,838	437,441,065
Contractual Allowances	72,212,843*	169,329,193	208,431,877	214,050,946	265,136,216
Net Patient Revenue	60,101,850*	108,676,241	140,217,216	148,430,892	172,304,849
Total Operating Expenses	62,163,600*	127,619,839	146,817,122	148,256,878	161,425,073
Salaries and Benefits	30,172,018*	69,433,544	84,775,386	84,112,498	94,730,743
Other Non Patient Revenue	5,202,886*	10,335,926	10,041,265	9,312,261	3,336,100
Other Non Patient Expenses	Not Reported	70,782	-949	-7,841	-99,496
Charity Care	2,049,552*	2,674,838	3,827,271	2,860,427	1,196,557
Bad Debt	386,626*	858,218	569,140	825,944	807,897
Unreimbursed Cost for Medicaid	3,950,056*	7,972,456	5,870,314	4,898,198	7,469,090
Patient Service Margin	-2,061,750*	-18,943,598	-6,599,906	174,014	10,879,776
Total Margin	3,141,136*	-8,678,454	3,442,308	9,494,116	14,315,372
Patient Service Margin Percent	-3.43%*	-17.43%	-4.71%	0.12%	6.31%
Total Margin Percent	4.81%*	-7.29%	2.29%	6.02%	8.15%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Middle Park Medical Center - Kremmling

(Medicare Provider No. 061318)

214 S. 4th Street, Kremmling, CO 80459	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(970) 724-3442	Hospital Type	Critical Access Hospital
www.mpmc.org	State House District	HD 13 - KC Becker
Current Licensed Beds: 23	State Senate District	SD 8 - Randy Baumgardner
Current Fiscal Year End: December 31	US Congressional District	CD 2 - Jared Polis

CMS Five Star Rating (2016)

Not Available

HQIP Score (2016/2017) - Out of 50

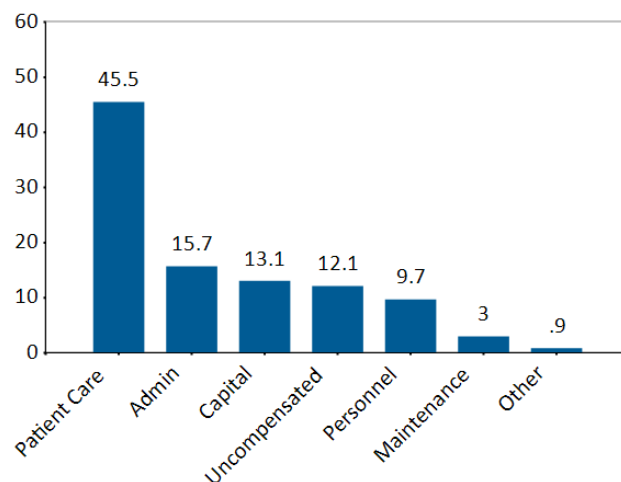
45

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	99	144	141	137	142
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

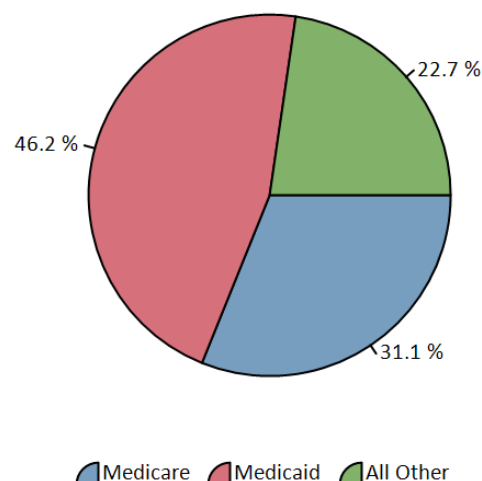
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	19	21	21	21	21
Inpatient Discharges	92	91	128	104	108
Inpatient Days	2,705	2,529	2,754	3,046	1,960
Average Length of Stay	2.52	2.78	2.30	2.68	3.13
Occupancy Rate (Inpatient Days)	39.01%	32.90%	35.93%	39.74%	25.57%
Observation Days	36	71	85	98	70

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	11,740,647	22,544,629	24,186,661	27,666,931	31,705,350
Contractual Allowances	2,434,714	5,611,586	6,858,223	9,189,566	8,548,279
Net Patient Revenue	9,305,933	16,933,043	17,328,438	18,477,365	23,157,071
Total Operating Expenses	10,685,922	19,763,041	21,590,572	22,311,961	25,601,785
Salaries and Benefits	6,744,434	11,208,827	12,569,245	12,132,341	14,070,277
Other Non Patient Revenue	1,328,119	2,318,033	1,407,737	1,554,573	3,716,239
Other Non Patient Expenses	142,884	36,827	10,486	Not Reported	Not Reported
Charity Care	209,029	705,475	1,153,361	524,127	230,298
Bad Debt	494,830	794,237	1,435,258	1,963,587	3,303,056
Unreimbursed Cost for Medicaid	332,988	580,663	30,682	Not Reported	Not Reported
Patient Service Margin	-1,379,989	-2,829,998	-4,262,134	-3,834,596	-2,444,714
Total Margin	-194,754	-548,792	-2,864,883	-2,280,023	1,271,525
Patient Service Margin Percent	-14.83%	-16.71%	-24.60%	-20.75%	-10.56%
Total Margin Percent	-1.83%	-2.85%	-15.29%	-11.38%	4.73%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Montrose Memorial Hospital

(Medicare Provider No. 060006)

800 South Third, Montrose, CO 81401	Ownership Type	Vol. Non Profit - Other
(970) 249-2211	Hospital Type	Acute Hospital
www.montrosehospital.com	State House District	HD 58 - Marc Catlin
Current Licensed Beds: 75	State Senate District	SD 6 - Don Coram
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

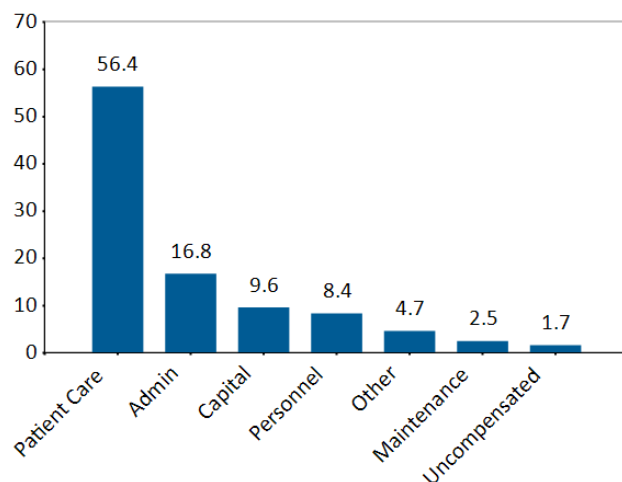
32

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	439	421	438	458	494
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	464	459	463	484	520

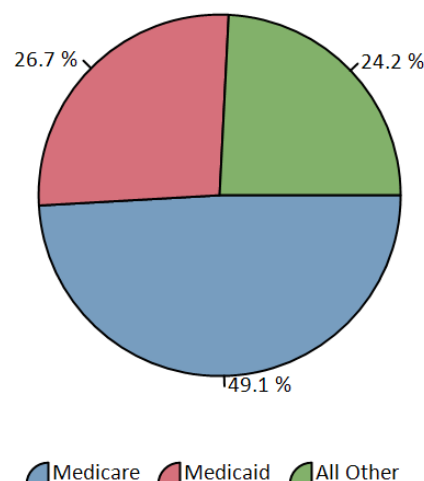
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	53	53	53	53	53
Inpatient Discharges	2,983	2,918	2,682	2,682	2,728
Inpatient Days	9,194	9,112	8,391	8,772	8,739
Average Length of Stay	3.08	3.12	3.13	3.27	3.20
Occupancy Rate (Inpatient Days)	47.53%	46.97%	43.38%	45.35%	45.17%
Observation Days	1,233	1,064	1,095	1,342	1,276

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	146,219,204	150,330,732	159,479,833	180,722,617	197,374,061
Contractual Allowances	71,646,494	75,959,848	84,741,107	95,882,909	105,643,259
Net Patient Revenue	74,572,710	74,370,884	74,738,726	84,839,708	91,730,802
Total Operating Expenses	73,639,711	75,550,572	76,775,216	82,244,151	89,388,961
Salaries and Benefits	34,590,274	35,067,564	35,579,377	40,040,593	41,968,522
Other Non Patient Revenue	3,454,357	2,200,393	4,073,350	3,026,978	3,508,941
Other Non Patient Expenses	8,950	15,788	99,227	46,859	90,723
Charity Care	418,512	363,877	630,681	771,151	488,034
Bad Debt	1,674,244	1,898,366	1,709,902	1,423,889	939,538
Unreimbursed Cost for Medicaid	3,853,470	5,880,256	4,425,059	434,909	1,534,201
Patient Service Margin	932,999	-1,179,688	-2,036,490	2,595,557	2,341,841
Total Margin	4,378,406	1,004,917	1,937,633	5,575,676	5,760,059
Patient Service Margin Percent	1.25%	-1.59%	-2.72%	3.06%	2.55%
Total Margin Percent	5.61%	1.31%	2.46%	6.35%	6.05%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Mt. San Rafael Hospital

(Medicare Provider No. 061321)

410 Benedicta Ave., Trinidad, CO 81082	Ownership Type	Vol. Non Profit - Private
(719) 846-9213	Hospital Type	Critical Access Hospital
www.msrrhc.org	State House District	HD 64 - Kimmi Lewis
Current Licensed Beds: 25	State Senate District	SD 35 - Larry Crowder
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

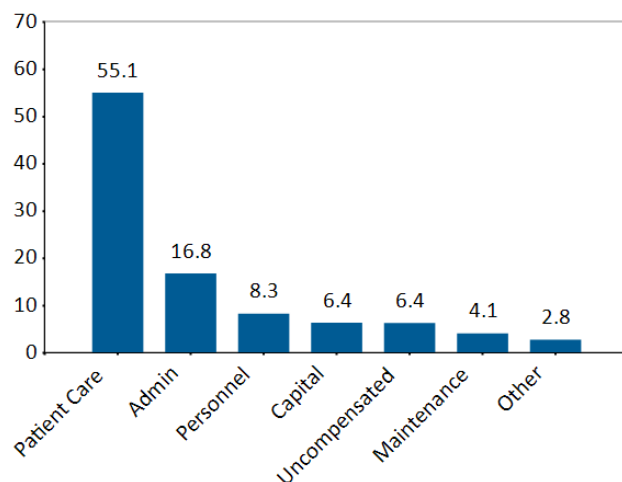
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	11

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	140	149	145	153	170
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	129	129	129	188	188

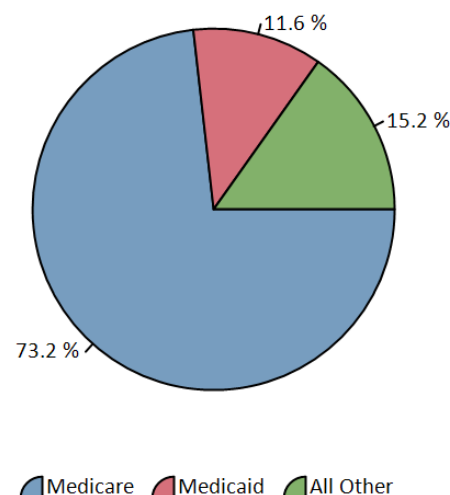
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	25	25	25	25	25
Inpatient Discharges	549	690	669	653	537
Inpatient Days	3,267	3,471	3,516	3,431	3,340
Average Length of Stay	3.64	3.45	3.46	3.52	3.57
Occupancy Rate (Inpatient Days)	35.80%	37.93%	38.53%	37.60%	36.60%
Observation Days	352	458	459	490	418

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	49,419,178	55,417,390	55,039,018	61,939,841	65,949,491
Contractual Allowances	23,537,290	32,668,714	31,388,434	37,762,213	36,180,451
Net Patient Revenue	25,881,888	22,748,676	23,650,584	24,177,628	29,769,040
Total Operating Expenses	27,017,695	24,580,903	23,820,797	24,132,980	28,030,679
Salaries and Benefits	10,160,818	11,327,378	12,342,480	11,685,528	12,274,780
Other Non Patient Revenue	307,871	373,194	243,606	1,471,080	1,838,054
Other Non Patient Expenses	Not Reported	6,608	Not Reported	1,918	267,114
Charity Care	1,145,549	1,232,232	471,436	248,125	947,190
Bad Debt	1,339,390	1,312,010	1,571,995	1,535,009	961,243
Unreimbursed Cost for Medicaid	2,054,694	2,637,676	1,363,641	1,801,948	327,316
Patient Service Margin	-1,135,807	-1,832,227	-170,213	44,648	1,738,361
Total Margin	-827,936	-1,465,641	73,393	1,513,810	3,309,301
Patient Service Margin Percent	-4.39%	-8.05%	-0.72%	0.18%	5.84%
Total Margin Percent	-3.16%	-6.34%	0.31%	5.90%	10.47%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

National Jewish Health

(Medicare Provider No. 060107)

1400 Jackson St, Denver, CO 80206	Ownership Type	Vol. Non Profit - Private
(303) 388-4461	Hospital Type	Acute Hospital
www.njhealth.org	State House District	HD 8 - Leslie Herod
Current Licensed Beds: 46	State Senate District	SD 31 - Lois Court
Current Fiscal Year End: June 30	US Congressional District	CD 1 - Diana Degette

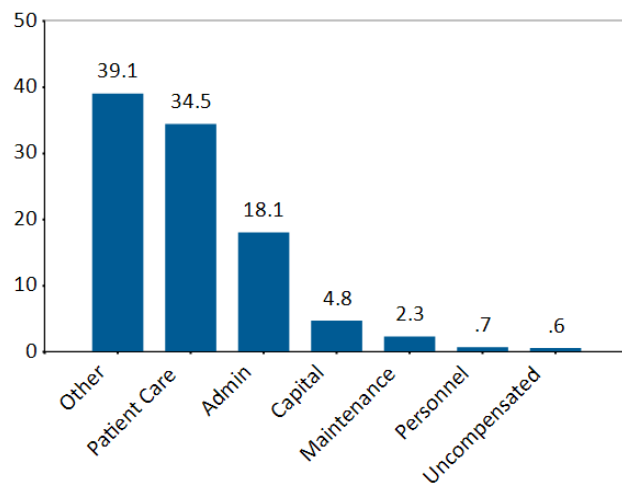
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	46*

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	1,556	1,578	1,537	1,540	1,511
Total Interns & Residents FTEs	15	15	14	9	8
Total FTEs	1,562	1,580	1,547	1,546	1,517

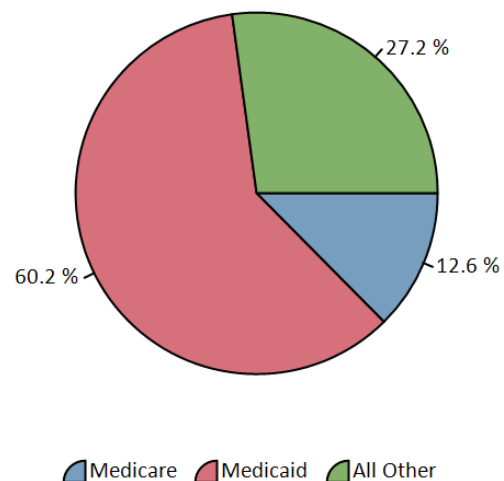
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	24	24	24	24	24
Inpatient Discharges	100	72	66	71	61
Inpatient Days	295	188	152	186	151
Average Length of Stay	2.95	2.61	2.30	2.62	2.48
Occupancy Rate (Inpatient Days)	3.37%	2.14%	1.74%	2.12%	1.72%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	125,788,209	137,405,953	143,383,206	145,299,524	161,894,748
Contractual Allowances					
Net Patient Revenue	125,788,209	137,405,953	143,383,206	145,299,524	161,894,748
Total Operating Expenses	223,548,429	223,902,683	221,860,233	232,011,820	244,556,762
Salaries and Benefits	122,318,898	138,623,545	141,390,635	143,151,519	147,438,553
Other Non Patient Revenue	116,450,220	81,489,730	84,768,027	98,314,486	84,141,014
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	127,627	148,636	147,757	168,313	60,437
Bad Debt	1,560,939	1,443,225	1,642,356	1,277,281	1,456,580
Unreimbursed Cost for Medicaid	3,623,654	3,587,371	3,245,523	2,502,772	4,033,049
Patient Service Margin	-97,760,220	-86,496,730	-78,477,027	-86,712,296	-82,662,014
Total Margin	18,690,000	-5,007,000	6,291,000	11,602,190	1,479,000
Patient Service Margin Percent	-77.72%	-62.95%	-54.73%	-59.68%	-51.06%
Total Margin Percent	7.72%	-2.29%	2.76%	4.76%	0.60%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

North Colorado Medical Center

(Medicare Provider No. 060001)

1801 16th St, Greeley, CO 80631	Ownership Type	Vol. Non Profit - Other
(970) 352-4121	Hospital Type	Acute Hospital
www.bannerhealth.com	State House District	HD 50 - Dave Young
Current Licensed Beds: 378	State Senate District	SD 13 - John Cooke
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

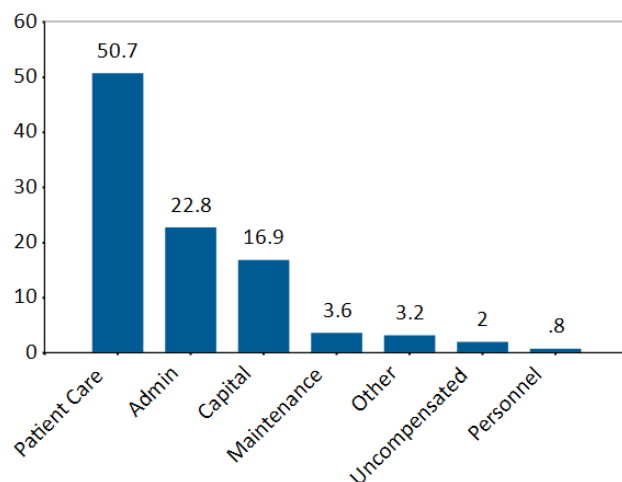
26

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	1,826	1,814	1,622	1,597	1,593
Total Interns & Residents FTEs	25	33	27	28	29
Total FTEs	2,113	2,089	1,940	1,921	1,921

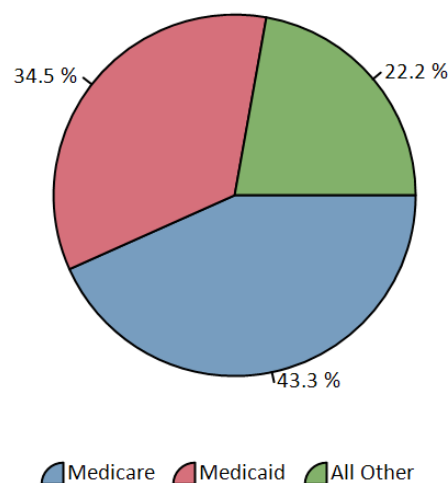
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	278	278	269	257	255
Inpatient Discharges	13,937	13,457	12,650	11,963	10,990
Inpatient Days	53,476	51,164	48,694	46,770	44,312
Average Length of Stay	3.84	3.80	3.85	3.91	4.03
Occupancy Rate (Inpatient Days)	52.70%	50.29%	49.59%	49.86%	47.61%
Observation Days	3,755	5,741	7,707	7,560	7,701

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	908,745,596	920,068,428	917,987,337	966,593,764	1,007,141,777
Contractual Allowances	553,195,100	567,241,060	569,029,262	612,969,055	634,516,208
Net Patient Revenue	355,550,496	352,827,368	348,958,075	353,624,709	372,625,569
Total Operating Expenses	329,756,906	339,364,520	325,353,472	323,335,602	351,535,106
Salaries and Benefits	176,149,498	174,163,238	151,848,779	155,771,137	152,073,507
Other Non Patient Revenue	10,955,352	18,456,171	16,032,230	15,961,650	12,446,347
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	8,109,828	5,909,688	5,656,997	5,682,711	4,047,358
Bad Debt	8,402,668	7,729,003	6,877,109	4,881,853	3,187,132
Unreimbursed Cost for Medicaid	Not Reported	Not Reported	Not Reported	3,969,839	11,098,274
Patient Service Margin	25,793,590	13,462,848	23,604,603	30,289,107	21,090,463
Total Margin	36,748,942	31,919,019	39,636,833	46,250,757	33,536,810
Patient Service Margin Percent	7.25%	3.82%	6.76%	8.57%	5.66%
Total Margin Percent	10.03%	8.60%	10.86%	12.51%	8.71%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

North Suburban Medical Center

(Medicare Provider No. 060065)

9191 Grant Street, Thornton, CO 80229	Ownership Type	Proprietary
(303) 451-7800	Hospital Type	Acute Hospital
www.northsuburban.com	State House District	HD 31 - Joseph Salazar
Current Licensed Beds: 157	State Senate District	SD 25 - Kevin Priola
Current Fiscal Year End: December 31	US Congressional District	CD 7 - Ed Perlmutter

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

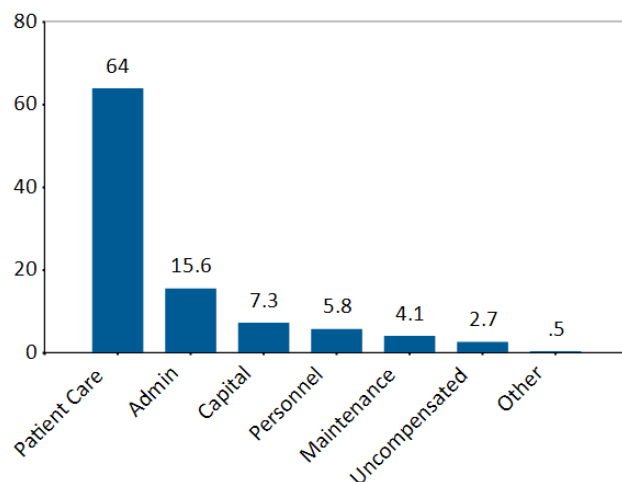
30

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	536	582	608	627	664
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	625	707	723	750	788

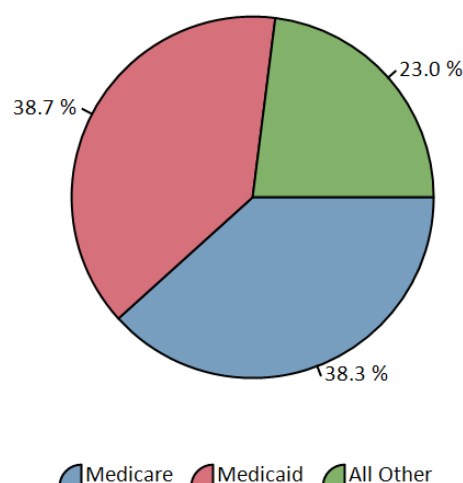
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	118	109	119	127	127
Inpatient Discharges	5,995	7,033	6,773	6,616	7,037
Inpatient Days	25,136	29,229	28,458	27,774	29,326
Average Length of Stay	4.19	4.16	4.20	4.20	4.17
Occupancy Rate (Inpatient Days)	58.36%	73.27%	65.52%	59.92%	63.26%
Observation Days	3,472	2,570	2,227	3,072	2,078

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	596,917,062	739,066,845	832,167,763	958,743,839	1,092,920,808
Contractual Allowances	479,919,458	614,951,339	703,812,149	820,238,772	947,135,166
Net Patient Revenue	116,997,604	124,115,506	128,355,614	138,505,067	145,785,642
Total Operating Expenses	101,305,527	106,385,885	108,927,318	114,824,452	123,159,044
Salaries and Benefits	52,936,410	62,113,231	63,275,496	67,755,545	70,268,845
Other Non Patient Revenue	1,663,237	628,024	520,525	484,617	930,789
Other Non Patient Expenses	Not Reported	-4	3	1	22
Charity Care	2,609,929	2,636,864	2,628,595	845,789	848,148
Bad Debt	1,120,898	2,487,921	3,690,605	599,284	2,555,397
Unreimbursed Cost for Medicaid	1,141,763	1,047,779	2,488,322	3,845,915	4,328,642
Patient Service Margin	15,692,077	17,729,621	19,428,296	23,680,615	22,626,598
Total Margin	17,355,314	18,357,649	19,948,818	24,165,231	23,557,365
Patient Service Margin Percent	13.41%	14.28%	15.14%	17.10%	15.52%
Total Margin Percent	14.63%	14.72%	15.48%	17.39%	16.06%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Northern Colorado Long Term Acute Hospital

(Medicare Provider No. 062017)

4401 Union Street, Johnstown, CO 80534	Ownership Type	Proprietary
(970) 619-3663	Hospital Type	Long Term Acute Hospital
www.ncltah.ernesthealth.com	State House District	HD 49 - Perry Buck
Current Licensed Beds: 20	State Senate District	SD 23 - Vickie Marble
Current Fiscal Year End: February 28	US Congressional District	CD 2 - Jared Polis

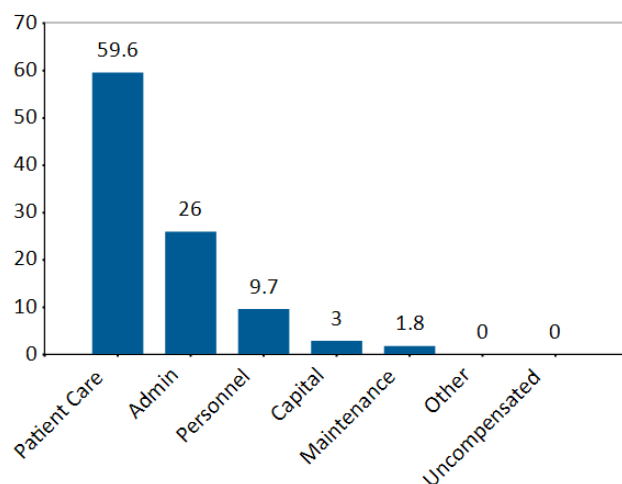
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Applicable	0

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	Not Reported	34	47	48	47
Total Interns & Residents FTEs	Not Reported	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

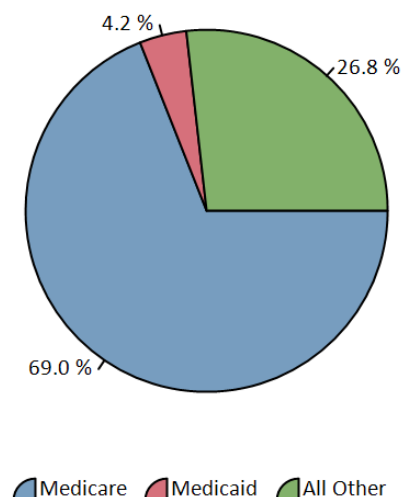
Utilization Trends	2011	2012	2013	2014	2015
Available Beds		20	20	20	20
Inpatient Discharges		189	204	194	255
Inpatient Days		4,790	5,787	4,675	5,337
Average Length of Stay		25.34	28.37	24.10	20.93
Occupancy Rate (Inpatient Days)		65.44%	79.27%	64.04%	73.11%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue		16,385,788	18,093,265	15,583,633	16,431,945
Contractual Allowances		7,717,323	9,814,241	8,266,525	8,257,740
Net Patient Revenue		8,668,465	8,279,024	7,317,108	8,174,205
Total Operating Expenses		7,843,159	7,646,175	6,962,045	7,799,467
Salaries and Benefits		4,303,918	4,413,783	4,026,884	4,208,775
Other Non Patient Revenue		39,337	4,594	1,262	82,804
Other Non Patient Expenses		Not Reported	Not Reported	Not Reported	Not Reported
Patient Service Margin		825,306	632,849	355,063	374,738
Total Margin		864,643	637,443	356,325	457,542
Patient Service Margin Percent		9.52%	7.64%	4.85%	4.58%
Total Margin Percent		9.93%	7.70%	4.87%	5.54%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Northern Colorado Rehabilitation Hospital

(Medicare Provider No. 063033)

4401 Union Street, Johnstown, CO 80534	Ownership Type	Proprietary
(970) 619-3400	Hospital Type	Rehabilitation Hospital
ncrh.ernesthealth.com	State House District	HD 49 - Perry Buck
Current Licensed Beds: 40	State Senate District	SD 23 - Vickie Marble
Current Fiscal Year End: December 31	US Congressional District	CD 2 - Jared Polis

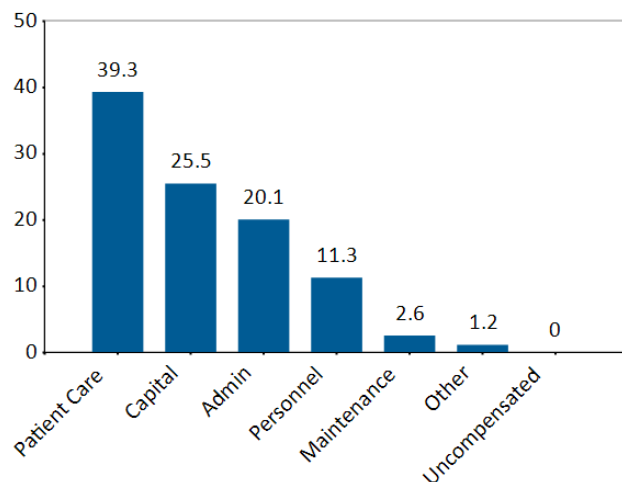
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Applicable	10

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	157	155	153	157	151
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

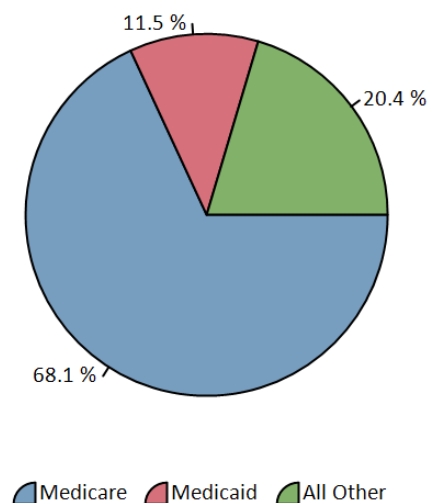
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	40	40	40	40	40
Inpatient Discharges	846	851	882	930	928
Inpatient Days	12,760	12,511	12,472	12,705	12,646
Average Length of Stay	15.08	14.70	14.14	13.66	13.63
Occupancy Rate (Inpatient Days)	87.40%	85.46%	85.42%	87.02%	86.62%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	26,887,447	25,268,572	25,765,816	26,559,609	26,844,655
Contractual Allowances	10,405,409	9,019,433	9,315,985	9,284,922	9,036,308
Net Patient Revenue	16,482,038	16,249,139	16,449,831	17,274,687	17,808,347
Total Operating Expenses	14,732,918	16,075,522	16,006,838	16,325,140	16,399,781
Salaries and Benefits	8,306,010	8,071,091	8,004,586	8,754,566	8,389,654
Other Non Patient Revenue	343,963	132,768	65,895	108,900	60,042
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Patient Service Margin	1,749,120	173,617	442,993	949,547	1,408,566
Total Margin	2,093,083	306,385	508,888	1,058,447	1,468,608
Patient Service Margin Percent	10.61%	1.07%	2.69%	5.50%	7.91%
Total Margin Percent	12.44%	1.87%	3.08%	6.09%	8.22%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

OrthoColorado Hospital

(Medicare Provider No. 060124)

11650 West 2nd Place, Lakewood, CO 80228	Ownership Type	Proprietary
(720) 321-5000	Hospital Type	Acute Hospital
www.orthocolorado.org	State House District	HD 23 - Chris Kennedy
Current Licensed Beds: 48	State Senate District	SD 20 - Cheri Jahn
Current Fiscal Year End: June 30	US Congressional District	CD 7 - Ed Perlmutter

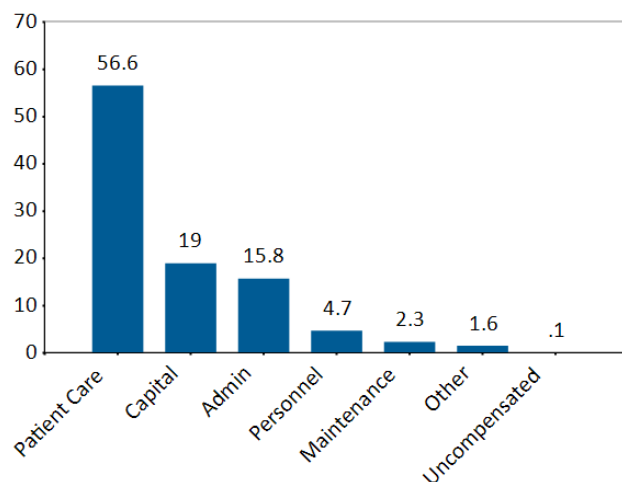
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	130*	130	124	117	120
Total Interns & Residents FTEs	0*	0	0	0	0
Total FTEs	156*	157	151	165	172

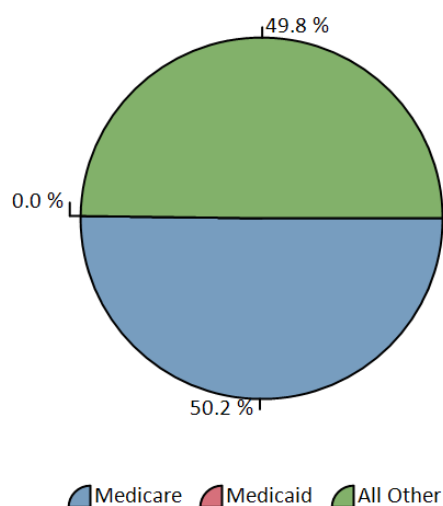
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	48	48	48	48	48
Inpatient Discharges	1,186*	1,877	2,078	2,180	2,296
Inpatient Days	3,028*	4,723	4,504	4,360	4,315
Average Length of Stay	2.55*	2.52	2.17	2.00	1.88
Occupancy Rate (Inpatient Days)	17.97%	26.88%	25.71%	24.89%	24.63%
Observation Days	142*	179	24	23	32

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	133,379,350*	196,015,893	197,091,738	207,003,518	236,015,853
Contractual Allowances	92,884,364*	147,229,340	145,709,969	152,838,507	175,199,975
Net Patient Revenue	40,494,986*	48,786,553	51,381,769	54,165,011	60,815,878
Total Operating Expenses	42,088,458*	46,037,767	43,247,827	42,927,770	46,694,332
Salaries and Benefits	13,379,186*	13,471,777	12,944,199	13,786,279	15,155,704
Other Non Patient Revenue	589,831*	530,544	8,924	784,152	50,981
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	-11,002	-4,079
Charity Care	10,784*	7,078	1,688	Not Reported	Not Reported
Bad Debt	315,199*	44,992	29,637	73,987	34,753
Unreimbursed Cost for Medicaid	475,993*	14,948	1,963	501,899	7,013
Patient Service Margin	-1,593,472*	2,748,786	8,133,942	11,237,241	14,121,546
Total Margin	-1,003,641*	3,279,330	8,142,866	12,032,395	14,176,606
Patient Service Margin Percent	-3.93%*	5.63%	15.83%	20.75%	23.22%
Total Margin Percent	-2.44%*	6.65%	15.85%	21.90%	23.29%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Pagosa Springs Medical Center

(Medicare Provider No. 061328)

95 S. Pagosa Blvd., Pagosa Springs, CO 81147	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(970) 731-3700	Hospital Type	Critical Access Hospital
www.pagosaspringsmedicalcenter.com	State House District	HD 59 - Barbara McLachlan
Current Licensed Beds: 11	State Senate District	SD 6 - Don Coram
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

CMS Five Star Rating (2016)

Not Available

HQIP Score (2016/2017) - Out of 50

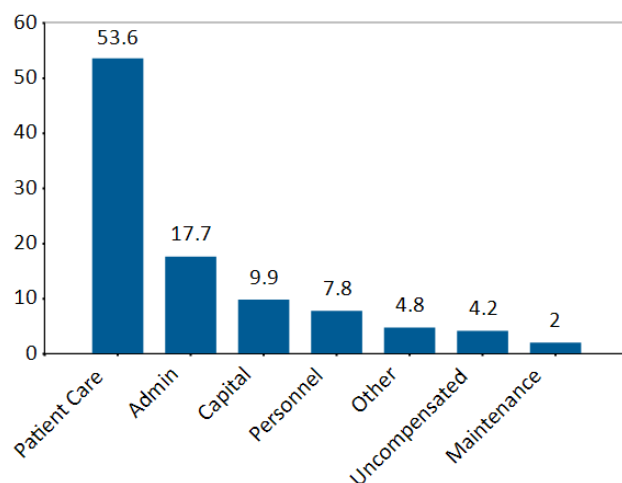
30

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	90	108	125	160	180
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	106	129	149	182	208

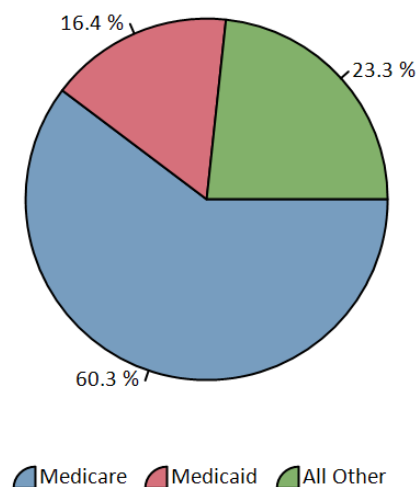
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	11	11	11	11	11
Inpatient Discharges	164	170	243	424	523
Inpatient Days	788	724	875	1,076	1,285
Average Length of Stay	3.10	3.01	2.91	2.36	2.39
Occupancy Rate (Inpatient Days)	19.63%	17.98%	21.79%	26.80%	32.00%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	16,100,385	20,377,275	24,349,054	34,983,889	46,294,273
Contractual Allowances	4,348,237	8,939,835	10,269,996	15,500,141	22,895,113
Net Patient Revenue	11,752,148	11,437,440	14,079,058	19,483,748	23,399,160
Total Operating Expenses	13,491,053	13,925,285	17,080,641	21,832,607	25,967,211
Salaries and Benefits	6,368,513	7,842,210	9,503,194	12,702,692	15,551,648
Other Non Patient Revenue	2,141,981	2,653,621	3,166,135	3,133,436	4,321,560
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	199,227	335,653	386,560	141,170	111,718
Bad Debt	1,276,623	1,294,928	1,414,642	1,112,644	1,021,911
Unreimbursed Cost for Medicaid	643,152	718,243	1,005,627	1,611,714	2,443,634
Patient Service Margin	-1,738,905	-2,487,845	-3,001,583	-2,348,859	-2,568,051
Total Margin	403,076	165,776	164,552	784,577	1,753,509
Patient Service Margin Percent	-14.80%	-21.75%	-21.32%	-12.06%	-10.97%
Total Margin Percent	2.90%	1.18%	0.95%	3.47%	6.33%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Parker Adventist Hospital

(Medicare Provider No. 060114)

9395 Crown Crest Blvd, Parker, CO 80138	Ownership Type	Vol. Non Profit - Other
(303) 269-4000	Hospital Type	Acute Hospital
www.parkerhospital.org	State House District	HD 44 - Kim Ransom
Current Licensed Beds: 170	State Senate District	SD 4 - Jim Smallwood
Current Fiscal Year End: June 30	US Congressional District	CD 4 - Ken Buck

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

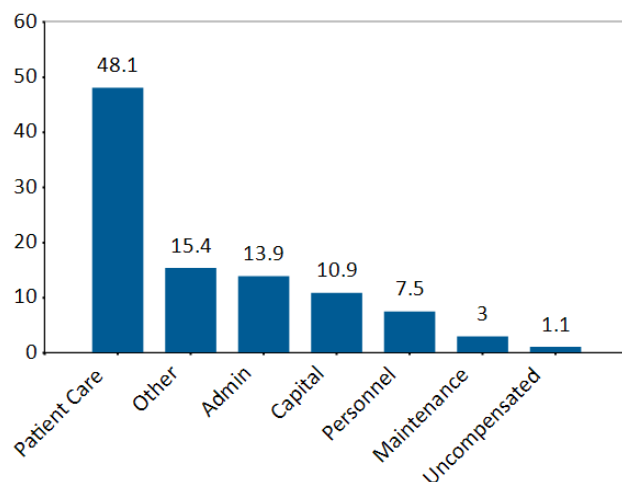
30

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	688	756	Not Reported	818	872
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	773	834	893	925	1,016

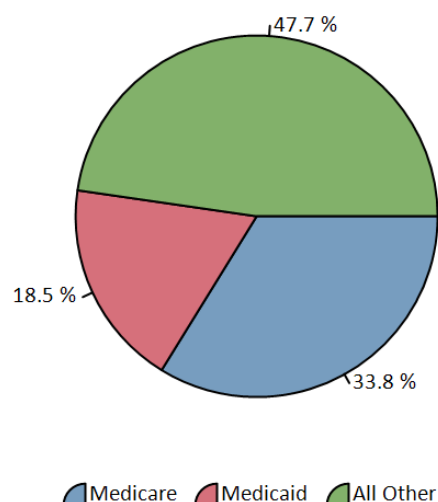
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	136	136	173	124	135
Inpatient Discharges	6,922	8,802	7,312	6,895	7,376
Inpatient Days	27,909	29,766	30,227	29,440	30,441
Average Length of Stay	4.03	3.38	4.13	4.27	4.13
Occupancy Rate (Inpatient Days)	56.22%	59.80%	47.87%	65.05%	61.78%
Observation Days	1,324	1,255	1,680	2,448	2,262

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	624,872,064	654,249,693	760,509,322	789,201,481	934,038,779
Contractual Allowances	456,860,260	507,971,795	563,871,145	578,272,106	692,865,716
Net Patient Revenue	168,011,804	146,277,898	196,638,177	210,929,375	241,173,063
Total Operating Expenses	137,593,606	157,325,809	166,564,406	189,487,345	211,490,598
Salaries and Benefits	64,986,695	72,707,376	79,661,209	87,717,991	101,054,280
Other Non Patient Revenue	4,538,321	5,341,338	4,892,942	4,242,149	2,175,717
Other Non Patient Expenses	26,678	35,392	106,456	51,192	8,543
Charity Care	1,819,890	2,113,655	2,192,055	1,731,684	912,728
Bad Debt	1,427,106	1,149,875	1,241,174	1,239,442	1,418,068
Unreimbursed Cost for Medicaid	467,814	5,657,635	5,943,517	7,829,340	9,861,502
Patient Service Margin	30,418,198	-11,047,911	30,073,771	21,442,030	29,682,465
Total Margin	34,929,841	-5,741,965	34,860,257	25,632,987	31,849,639
Patient Service Margin Percent	18.10%	-7.55%	15.29%	10.17%	12.31%
Total Margin Percent	20.24%	-3.79%	17.30%	11.91%	13.09%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Parkview Medical Center

(Medicare Provider No. 060020)

400 West 16th St., Pueblo, CO 81003	Ownership Type	Vol. Non Profit - Private
(719) 584-4000	Hospital Type	Acute Hospital
www.parkviewmc.com	State House District	HD 47 - Clarice Navarro
Current Licensed Beds: 350	State Senate District	SD 3 - Leroy Garcia
Current Fiscal Year End: June 30	US Congressional District	CD 3 - Scott Tipton

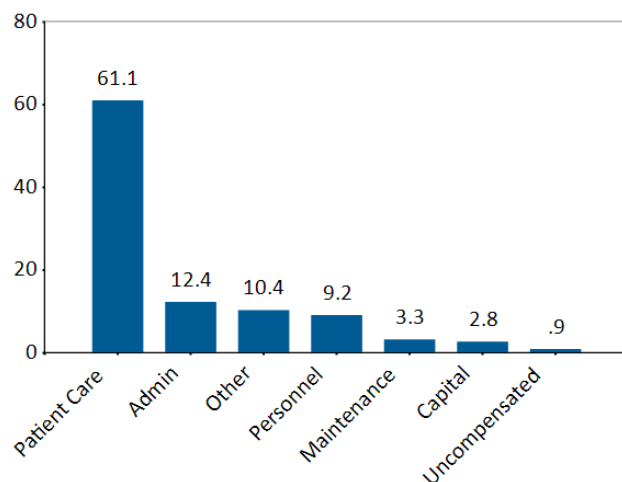
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★★	36

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	1,876	1,987	2,075	2,075	2,075
Total Interns & Residents FTEs	0	0	10	10	10
Total FTEs	2,048	2,155	2,263	2,299	2,369

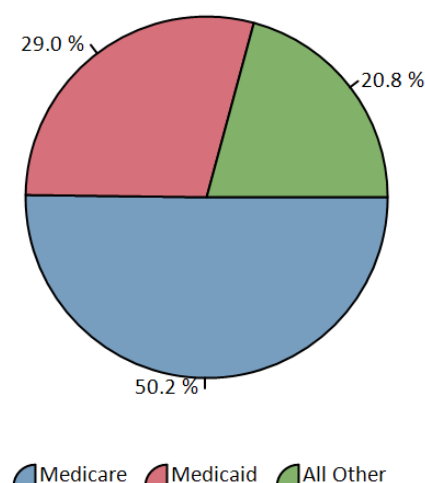
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	280	252	263	248	272
Inpatient Discharges	12,489	11,664	11,747	12,582	13,881
Inpatient Days	62,456	61,304	65,433	66,487	71,793
Average Length of Stay	5.00	5.26	5.57	5.28	5.17
Occupancy Rate (Inpatient Days)	61.11%	66.47%	68.16%	73.45%	72.31%
Observation Days	7,062	8,888	6,853	7,464	6,002

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	982,685,349	1,146,353,272	1,310,059,588	1,383,675,402	1,477,174,098
Contractual Allowances	734,968,421	875,383,762	1,025,612,786	1,117,287,540	1,191,451,067
Net Patient Revenue	247,716,928	270,969,510	284,446,802	266,387,862	285,723,031
Total Operating Expenses	238,570,609	273,695,572	266,831,406	252,541,625	272,895,118
Salaries and Benefits	133,805,319	148,492,247	154,525,857	158,220,994	171,710,421
Other Non Patient Revenue	11,043,906	26,015,779	11,718,907	13,865,526	16,584,563
Other Non Patient Expenses	23,542	132,705	10,776,336	13,358,869	17,969,652
Charity Care	529,568	785,102	620,793	339,772	193,720
Bad Debt	5,014,579	3,788,433	3,941,241	6,169,697	2,644,905
Unreimbursed Cost for Medicaid	13,495,982	24,996,234	26,695,036	21,064,409	27,959,771
Patient Service Margin	9,146,319	-2,726,062	17,615,396	13,846,237	12,827,913
Total Margin	20,166,683	23,157,012	18,557,967	14,352,894	11,442,824
Patient Service Margin Percent	3.69%	-1.01%	6.19%	5.20%	4.49%
Total Margin Percent	7.79%	7.80%	6.27%	5.12%	3.79%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Peak View Behavioral Health

(Medicare Provider No. 064026)

7353 Sisters Grove, Colorado Springs, CO 80923	Ownership Type	Proprietary
(719) 444-8484	Hospital Type	Psychiatric Hospital
www.peakviewbh.com	State House District	HD 15 - Dave Williams
Current Licensed Beds: 112	State Senate District	SD 10 - Owen Hill
Current Fiscal Year End: December 31	US Congressional District	CD 5 - Doug Lamborn

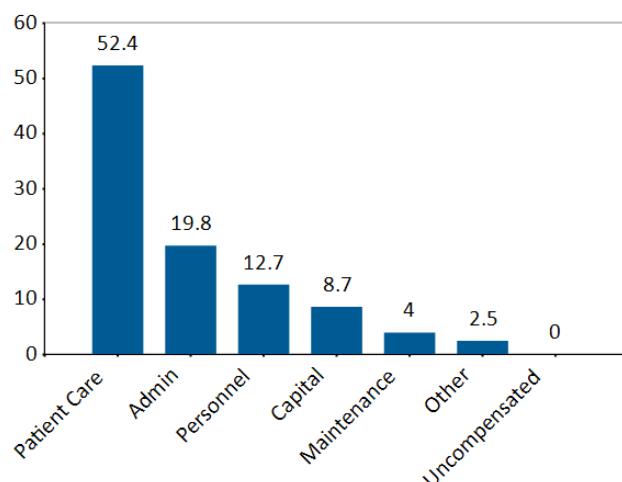
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Applicable	Not Applicable

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	43	88	232	199	186
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

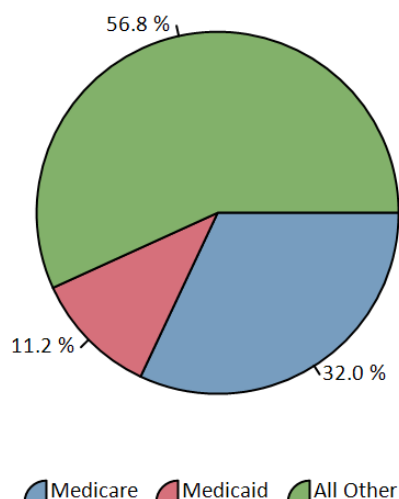
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	24	58	92	92	92
Inpatient Discharges	510	1,343	3,094	3,456	3,401
Inpatient Days	6,365	11,815	24,374	27,230	27,610
Average Length of Stay	12.48	8.80	7.88	7.88	8.12
Occupancy Rate (Inpatient Days)	72.66%	55.66%	72.58%	81.09%	82.22%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	9,315,298	15,886,816	34,719,488	38,386,717	49,084,943
Contractual Allowances	3,374,205	7,038,304	14,086,548	14,762,962	25,145,649
Net Patient Revenue	5,941,093	8,848,512	20,632,940	23,623,755	23,939,294
Total Operating Expenses	4,438,104	7,799,558	14,737,887	16,405,538	16,246,618
Salaries and Benefits	2,388,724	4,830,332	9,320,596	10,689,637	10,826,374
Other Non Patient Revenue	1,270	2,940	26,684	20,856	21,991
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Patient Service Margin	1,502,989	1,048,954	5,895,053	7,218,217	7,692,676
Total Margin	1,504,259	1,051,894	5,921,737	7,239,073	7,714,667
Patient Service Margin Percent	25.30%	11.85%	28.57%	30.55%	32.13%
Total Margin Percent	25.31%	11.88%	28.66%	30.62%	32.20%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



Psychiatric hospitals are ineligible to report uncompensated care on Medicare Cost Reports; therefore, the 'Uncompensated Care' portion of the Total Hospital Expenses graph is recorded as \$0.

* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Penrose-St. Francis Health Services

(Medicare Provider No. 060031)

2222 N. Nevada Ave., Colorado Springs, CO 80907	Ownership Type	Vol. Non Profit - Private
(719) 776-5000	Hospital Type	Acute Hospital
www.penrosetfrancis.org	State House District	HD 18 - Pete Lee
Current Licensed Beds: 327	State Senate District	SD 11 - Michael Merrifield
Current Fiscal Year End: June 30	US Congressional District	CD 5 - Doug Lamborn

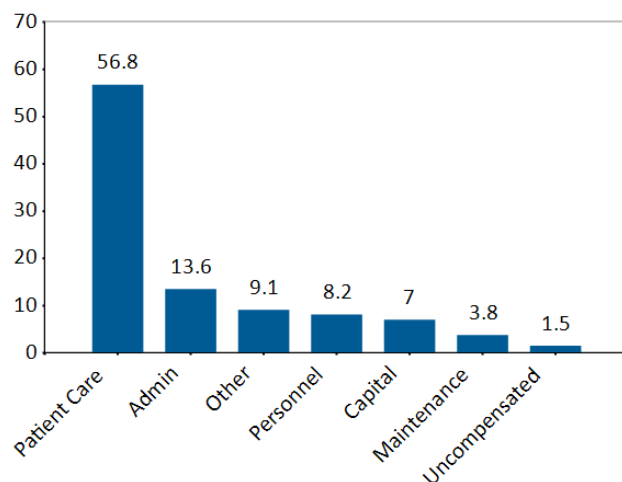
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★★	44

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	2,100	2,222	2,377	2,454	2,524
Total Interns & Residents FTEs	7	0	8	7	7
Total FTEs	2,358	2,421	2,604	2,719	2,865

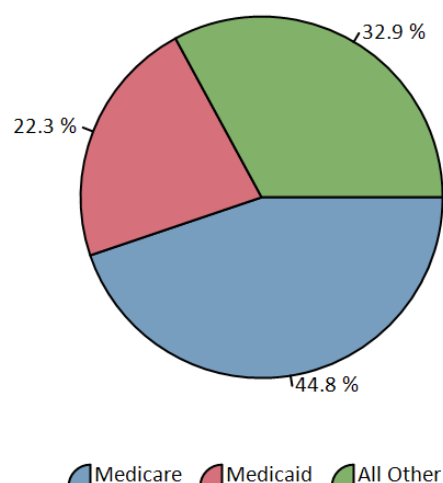
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	382	382	402	402	402
Inpatient Discharges	21,025	23,909	21,533	22,299	22,612
Inpatient Days	85,423	85,484	86,714	90,391	92,459
Average Length of Stay	4.06	3.58	4.03	4.05	4.09
Occupancy Rate (Inpatient Days)	61.27%	61.14%	59.10%	61.60%	63.01%
Observation Days	5,818	4,197	4,174	5,107	6,766

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	1,556,723,452	1,673,779,370	1,829,855,743	2,014,214,204	2,274,617,200
Contractual Allowances	1,178,426,106	1,307,026,434	1,403,321,196	1,536,134,137	1,750,669,913
Net Patient Revenue	378,297,346	366,752,936	426,534,547	478,080,067	523,947,287
Total Operating Expenses	387,628,587	413,163,820	433,854,851	484,027,169	512,512,009
Salaries and Benefits	173,481,138	184,104,670	198,893,227	217,942,249	236,280,936
Other Non Patient Revenue	23,013,133	28,953,134	35,600,336	35,418,953	16,301,369
Other Non Patient Expenses	20,632	13,633	Not Reported	42,879	-202,650
Charity Care	15,497,983	19,164,335	19,660,304	13,325,268	5,693,358
Bad Debt	3,784,816	2,271,928	1,660,435	2,188,539	2,133,396
Unreimbursed Cost for Medicaid	13,039,182	48,535,887	48,778,897	33,271,148	35,292,405
Patient Service Margin	-9,331,241	-46,410,884	-7,320,304	-5,947,102	11,435,278
Total Margin	13,661,260	-17,471,383	28,280,032	29,428,972	27,939,297
Patient Service Margin Percent	-2.47%	-12.65%	-1.72%	-1.24%	2.18%
Total Margin Percent	3.40%	-4.42%	6.12%	5.73%	5.17%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Pikes Peak Regional Hospital

(Medicare Provider No. 061326)

16420 West Highway 24, Woodland Park, CO 80863	Ownership Type	Proprietary
(719) 687-9999	Hospital Type	Critical Access Hospital
www.pprh.net	State House District	HD 39 - Polly Lawrence
Current Licensed Beds: 15	State Senate District	SD 2 - Kevin Grantham
Current Fiscal Year End: December 31	US Congressional District	CD 5 - Doug Lamborn

CMS Five Star Rating (2016)

Not Available

HQIP Score (2016/2017) - Out of 50

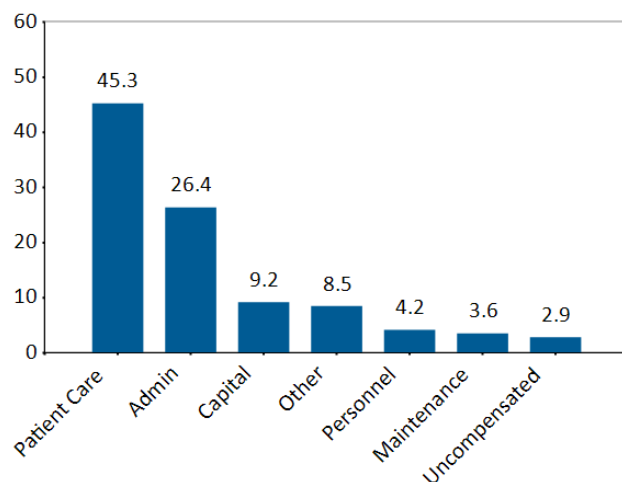
50

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	110	112	108	108	111
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

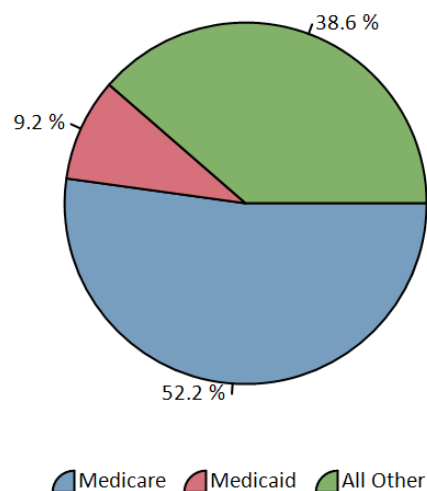
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	15	15	15	15	15
Inpatient Discharges	666	541	535	556	463
Inpatient Days	2,411	2,128	2,071	2,332	2,270
Average Length of Stay	2.46	2.65	2.59	2.63	2.69
Occupancy Rate (Inpatient Days)	44.04%	38.76%	37.83%	42.59%	41.46%
Observation Days	254	284	335	346	413

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	41,776,889	38,699,212	40,740,398	47,948,100	50,259,896
Contractual Allowances	21,574,005	18,320,215	18,590,374	23,534,607	25,083,559
Net Patient Revenue	20,202,884	20,378,997	22,150,024	24,413,493	25,176,337
Total Operating Expenses	20,762,067	20,051,200	20,196,714	20,447,071	20,702,088
Salaries and Benefits	6,828,106	7,177,709	7,358,429	7,529,050	7,776,389
Other Non Patient Revenue	99,104	140,924	149,237	169,476	186,683
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Bad Debt	785,629	711,245	755,965	665,572	610,333
Unreimbursed Cost for Medicaid	770,221	446,437	Not Reported	Not Reported	Not Reported
Patient Service Margin	-559,183	327,797	1,953,310	3,966,422	4,474,249
Total Margin	-460,079	468,721	2,102,547	4,135,898	4,660,932
Patient Service Margin Percent	-2.77%	1.61%	8.82%	16.25%	17.77%
Total Margin Percent	-2.27%	2.28%	9.43%	16.82%	18.38%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Pioneers Medical Center

(Medicare Provider No. 061325)

100 Pioneers Medical Center Dr, Meeker, CO 81641	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(970) 878-5047	Hospital Type	Critical Access Hospital
www.pioneershospital.org	State House District	HD 57 - Bob Rankin
Current Licensed Beds: 10	State Senate District	SD 8 - Randy Baumgardner
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

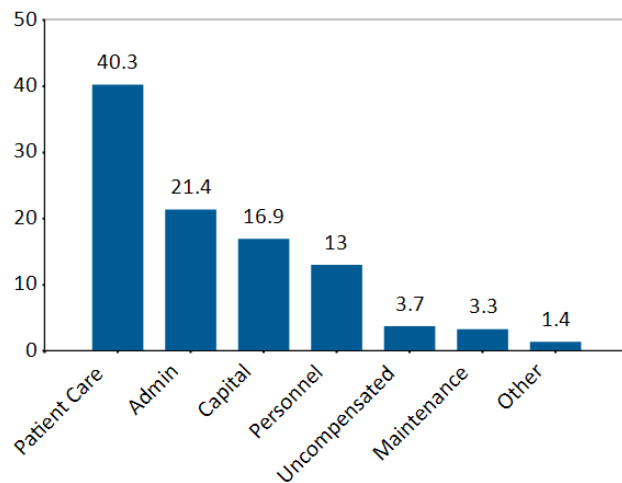
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	18

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	72	76	74	72	84
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

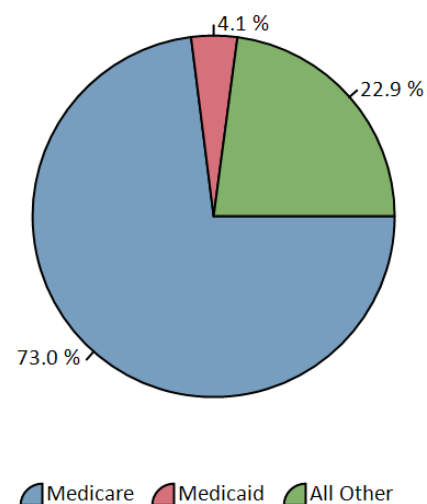
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	15	15	15	15	10
Inpatient Discharges	123	137	128	138	149
Inpatient Days	877	853	911	823	1,017
Average Length of Stay	2.54	2.53	2.50	2.82	2.62
Occupancy Rate (Inpatient Days)	16.02%	15.54%	16.64%	15.03%	27.86%
Observation Days	73	86	121	93	151

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	12,238,655	13,223,039	13,750,666	13,572,181	15,516,820
Contractual Allowances	2,271,219	2,789,043	2,772,234	2,557,721	2,053,161
Net Patient Revenue	9,967,436	10,433,996	10,978,432	11,014,460	13,463,659
Total Operating Expenses	12,287,791	12,926,811	14,007,308	13,721,293	18,469,803
Salaries and Benefits	7,714,353	8,382,216	8,765,348	8,611,398	9,249,111
Other Non Patient Revenue	6,219,356	8,209,658	7,901,882	7,353,559	6,269,883
Other Non Patient Expenses	26,257	Not Reported	Not Reported	Not Reported	2,010,884
Charity Care	223,522	347,777	207,672	28,026	144,152
Bad Debt	478,179	473,305	595,915	421,343	574,123
Unreimbursed Cost for Medicaid	124,273	Not Reported	Not Reported	179,934	Not Reported
Patient Service Margin	-2,320,355	-2,492,815	-3,028,876	-2,706,833	-5,006,144
Total Margin	3,872,744	5,716,843	4,873,006	4,646,726	-747,145
Patient Service Margin Percent	-23.28%	-23.89%	-27.59%	-24.58%	-37.18%
Total Margin Percent	23.93%	30.66%	25.81%	25.30%	-3.79%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Platte Valley Medical Center

(Medicare Provider No. 060004)

1600 Prairie Center Parkway, Brighton, CO 80601	Ownership Type	Vol. Non Profit - Private
(303) 498-1600	Hospital Type	Acute Hospital
www.pvmc.org	State House District	HD 56 - Phil Covarrubias
Current Licensed Beds: 98	State Senate District	SD 25 - Kevin Priola
Current Fiscal Year End: December 31	US Congressional District	CD 6 - Mike Coffman

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

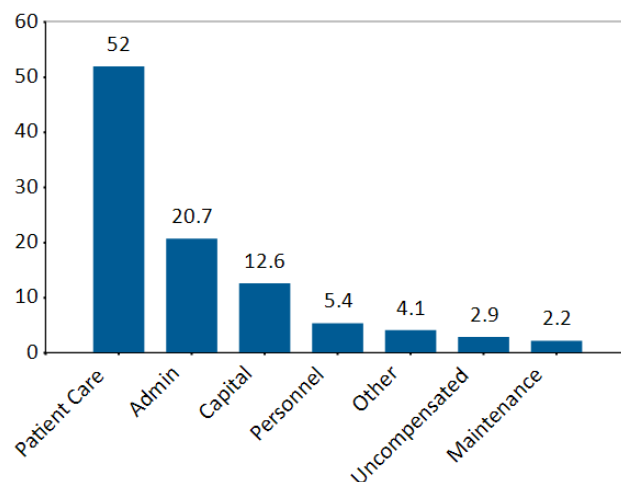
40

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	465	473	484	505	518
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	471	479	492	513	528

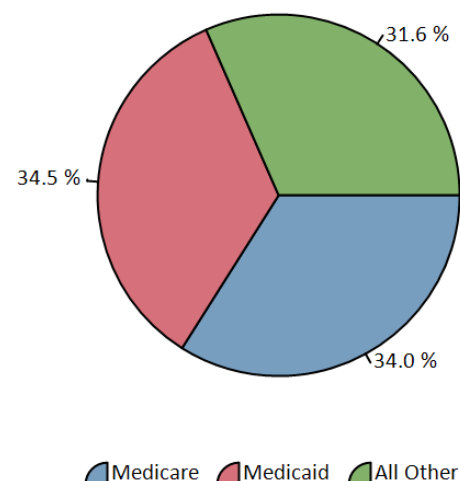
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	89	89	89	89	89
Inpatient Discharges	3,165	3,248	3,197	3,085	2,984
Inpatient Days	11,420	11,296	11,074	11,182	10,291
Average Length of Stay	3.61	3.48	3.46	3.62	3.45
Occupancy Rate (Inpatient Days)	35.15%	34.68%	34.09%	34.42%	31.68%
Observation Days	676	601	519	508	749

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	191,945,020	207,208,416	223,056,284	263,524,421	255,517,017
Contractual Allowances	110,035,252	123,455,687	140,459,867	168,633,160	159,488,126
Net Patient Revenue	81,909,768	83,752,729	82,596,417	94,891,261	96,028,891
Total Operating Expenses	84,554,640	83,138,792	81,486,842	89,022,276	92,539,339
Salaries and Benefits	37,358,049	37,981,175	40,086,974	42,240,853	43,291,028
Other Non Patient Revenue	4,072,715	5,171,496	7,349,028	6,155,523	64,443,622
Other Non Patient Expenses	680,259	1,671,385	1,627,045	2,714,190	4,619,189
Charity Care	1,261,629	2,348,333	1,939,250	2,655,130	1,312,866
Bad Debt	2,064,390	1,314,886	1,942,156	1,473,144	1,476,298
Unreimbursed Cost for Medicaid	1,647,415	2,451,920	3,739,998	1,365,781	24,344
Patient Service Margin	-2,644,872	613,937	1,109,575	5,868,985	3,489,552
Total Margin	747,584	4,114,048	6,831,558	9,310,318	63,313,985
Patient Service Margin Percent	-3.23%	0.73%	1.34%	6.18%	3.63%
Total Margin Percent	0.87%	4.63%	7.60%	9.21%	39.45%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Porter Adventist Hospital

(Medicare Provider No. 060064)

2525 S. Downing, Denver, CO 80210	Ownership Type	Vol. Non Profit - Private
(303) 778-1955	Hospital Type	Acute Hospital
www.centura.org	State House District	HD 2 - Alec Garnett
Current Licensed Beds: 368	State Senate District	SD 32 - Irene Aguilar
Current Fiscal Year End: June 30	US Congressional District	CD 1 - Diana Degette

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

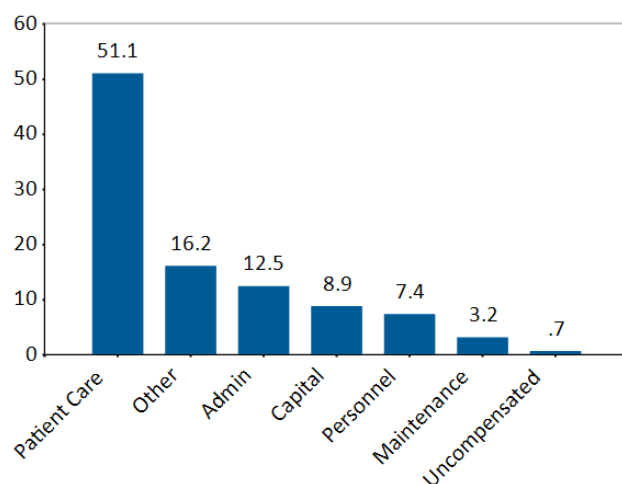
37

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	1,116	1,257	1,272	1,236	1,185
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	1,215	1,388	1,407	1,473	1,549

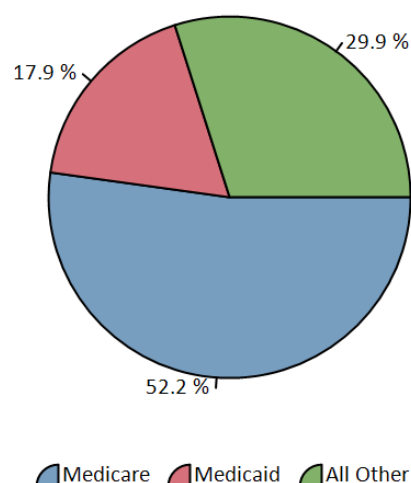
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	188	188	176	168	188
Inpatient Discharges	8,643	8,849	8,525	7,633	8,035
Inpatient Days	35,933	36,231	35,481	33,290	35,532
Average Length of Stay	4.16	4.09	4.16	4.36	4.42
Occupancy Rate (Inpatient Days)	52.37%	52.66%	55.23%	54.29%	51.78%
Observation Days	1,806	1,416	1,648	2,652	3,380

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	957,929,673	1,200,586,223	1,145,395,848	1,161,782,865	1,336,340,949
Contractual Allowances	720,786,949	816,463,959	869,234,130	873,856,588	1,020,874,483
Net Patient Revenue	237,142,724	384,122,264	276,161,718	287,926,277	315,466,466
Total Operating Expenses	252,092,480	267,314,434	274,590,687	290,701,021	307,310,869
Salaries and Benefits	104,011,151	124,567,925	128,295,122	137,866,364	154,204,317
Other Non Patient Revenue	13,731,673	13,454,704	10,171,562	9,370,027	5,564,657
Other Non Patient Expenses	98,900	Not Reported	Not Reported	73,137	10,641
Charity Care	7,341,432	13,163,525	5,181,455	3,322,486	1,247,482
Bad Debt	2,199,740	864,570	1,058,649	1,319,402	971,404
Unreimbursed Cost for Medicaid	352,537	17,890,786	12,124,194	12,381,268	17,526,314
Patient Service Margin	-14,949,756	116,807,830	1,571,031	-2,774,744	8,155,597
Total Margin	-1,316,983	130,262,534	11,742,593	6,522,146	13,709,613
Patient Service Margin Percent	-6.30%	30.41%	0.57%	-0.96%	2.59%
Total Margin Percent	-0.52%	32.76%	4.10%	2.19%	4.27%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Poudre Valley Hospital

(Medicare Provider No. 060010)

1024 S. Lemay Ave., Fort Collins, CO 80524	Ownership Type	Vol. Non Profit - Other
(970) 495-7000	Hospital Type	Acute Hospital
www.uchealth.org	State House District	HD 52 - Joann Ginal
Current Licensed Beds: 234	State Senate District	SD 14 - John Kefalas
Current Fiscal Year End: June 30	US Congressional District	CD 2 - Jared Polis

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

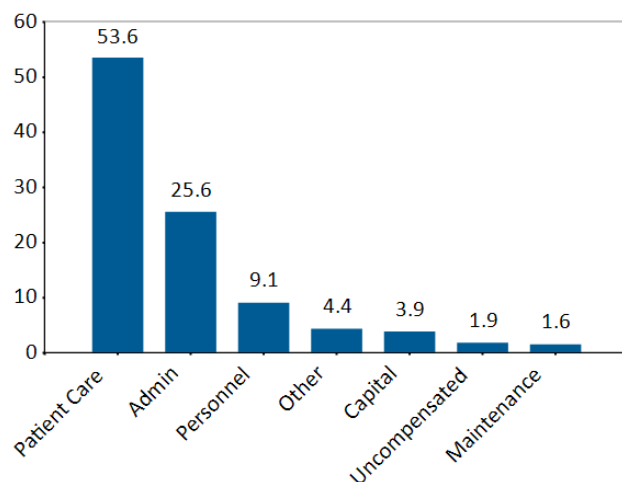
37

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	2,018	1,962*	2,100	1,781	1,716
Total Interns & Residents FTEs	18	20*	17	17	16
Total FTEs	2,439	2,448*	2,308	1,792	2,089

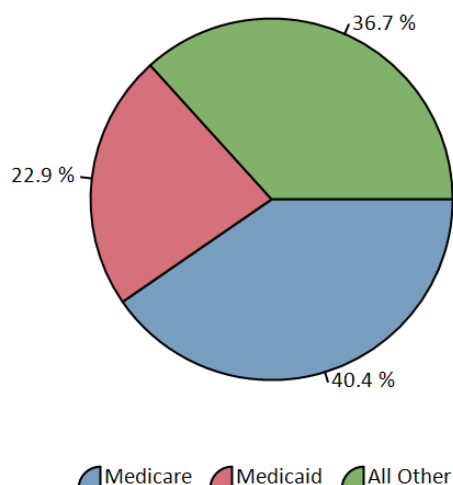
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	203	197	197	197	197
Inpatient Discharges	15,487	6,446*	12,817	12,837	13,326
Inpatient Days	52,467	24,854*	50,260	51,113	52,463
Average Length of Stay	3.39	3.86*	3.92	3.98	3.94
Occupancy Rate (Inpatient Days)	70.81%	69.32%	69.90%	71.08%	72.96%
Observation Days	1,458	1,192*	1,979	2,973	3,263

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	871,627,146	453,091,972*	984,375,828	1,103,029,868	1,229,177,838
Contractual Allowances	467,606,284	246,787,076*	555,964,628	661,738,244	748,744,882
Net Patient Revenue	404,020,862	206,304,896*	428,411,200	441,291,624	480,432,956
Total Operating Expenses	381,559,024	195,600,205*	373,706,754	367,270,732	374,587,869
Salaries and Benefits	184,858,151	93,233,084*	194,099,304	150,458,835	186,920,660
Other Non Patient Revenue	3,946,173	4,450,280*	2,566,425	4,322,096	20,085,550
Other Non Patient Expenses	-6,652,380	280,936*	Not Reported	Not Reported	27,082,047
Charity Care	4,537,171	2,837,891*	4,763,671	3,380,882	1,596,865
Bad Debt	3,191,117	957,318*	2,234,832	7,843,766	5,480,784
Unreimbursed Cost for Medicaid	18,988,279	10,887,454*	20,765,264	24,266,369	14,844,135
Patient Service Margin	22,461,838	10,704,691*	54,704,446	74,020,892	105,845,087
Total Margin	33,060,391	14,874,035*	57,270,871	78,342,988	98,848,590
Patient Service Margin Percent	5.56%	5.19%*	12.77%	16.77%	22.03%
Total Margin Percent	8.10%	7.06%*	13.29%	17.58%	19.75%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Presbyterian/St. Luke's Medical Center

(Medicare Provider No. 060014)

1719 East 19th Ave., Denver, CO 80218	Ownership Type	Proprietary
(303) 839-6000	Hospital Type	Acute Hospital
www.pslmc.com	State House District	HD 8 - Leslie Herod
Current Licensed Beds: 680	State Senate District	SD 33 - Angela Williams
Current Fiscal Year End: August 31	US Congressional District	CD 1 - Diana Degette

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

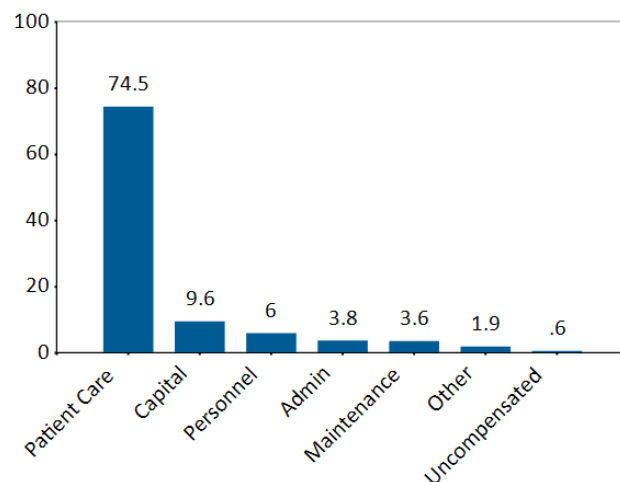
26

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	1,425	1,514	1,481	1,477	1,475
Total Interns & Residents FTEs	28	28	27	28	30
Total FTEs	1,716	1,814	1,736	1,837	1,816

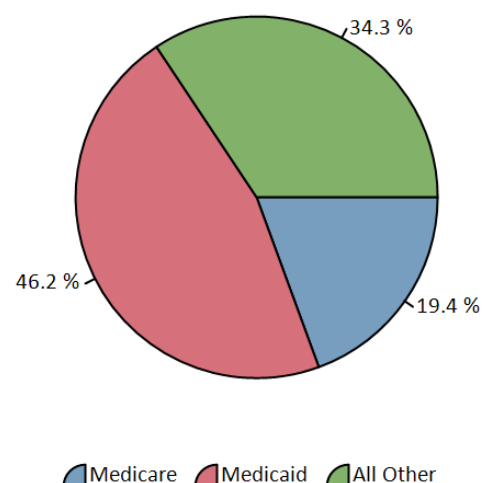
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	324	337	363	344	348
Inpatient Discharges	9,663	10,119	10,872	10,485	10,288
Inpatient Days	73,974	76,515	79,119	77,458	80,915
Average Length of Stay	7.66	7.56	7.28	7.39	7.86
Occupancy Rate (Inpatient Days)	62.55%	62.03%	59.71%	61.69%	63.70%
Observation Days	3,928	3,068	1,635	2,153	2,095

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	1,326,268,064	1,543,468,507	1,761,866,805	1,895,809,537	2,083,566,919
Contractual Allowances	948,779,790	1,135,238,662	1,325,279,127	1,465,242,620	1,620,845,154
Net Patient Revenue	377,488,274	408,229,845	436,587,678	430,566,917	462,721,765
Total Operating Expenses	312,107,243	315,219,404	311,902,466	311,525,818	313,051,443
Salaries and Benefits	145,318,246	153,684,147	152,757,849	164,883,854	165,871,787
Other Non Patient Revenue	3,076,010	3,177,535	3,391,863	3,429,990	3,268,367
Other Non Patient Expenses	60	Not Reported	Not Reported	-142	80
Charity Care	1,800,858	1,915,181	2,450,523	1,076,170	680,544
Bad Debt	1,160,880	1,774,977	1,509,549	1,796,257	1,331,898
Unreimbursed Cost for Medicaid	11,799,050	7,954,295	8,100,481	19,228,665	20,716,314
Patient Service Margin	65,381,031	93,010,441	124,685,212	119,041,099	149,670,322
Total Margin	68,456,981	96,187,976	128,077,075	122,471,231	152,938,609
Patient Service Margin Percent	17.32%	22.78%	28.56%	27.65%	32.35%
Total Margin Percent	17.99%	23.38%	29.11%	28.22%	32.82%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Prowers Medical Center

(Medicare Provider No. 061323)

401 Kendall Dr, Lamar, CO 81052	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(719) 336-4343	Hospital Type	Critical Access Hospital
www.prowersmedical.com	State House District	HD 64 - Kimmi Lewis
Current Licensed Beds: 25	State Senate District	SD 35 - Larry Crowder
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

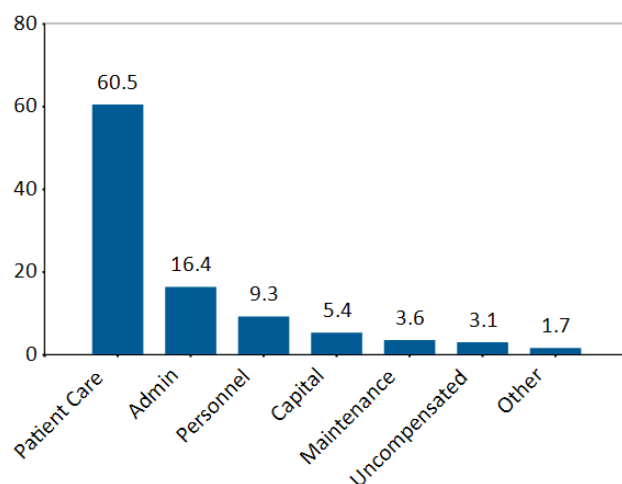
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★	37

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	167	170	166	161	168
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

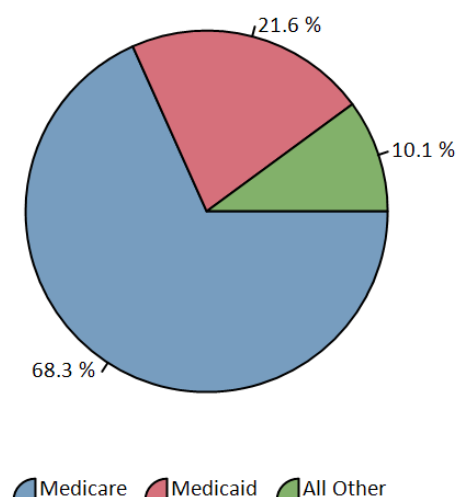
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	25	25	25	25	25
Inpatient Discharges	622	764	653	672	785
Inpatient Days	3,663	3,653	3,316	3,412	3,918
Average Length of Stay	3.99	2.99	3.07	2.94	2.75
Occupancy Rate (Inpatient Days)	40.14%	39.92%	36.34%	37.39%	42.94%
Observation Days	271	202	173	188	357

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	37,866,352	38,777,690	38,235,301	41,031,645	44,200,394
Contractual Allowances	13,187,242	14,340,237	14,701,026	16,431,909	13,702,014
Net Patient Revenue	24,679,110	24,437,453	23,534,275	24,599,736	30,498,380
Total Operating Expenses	24,372,108	25,556,750	24,956,343	25,795,773	26,338,259
Salaries and Benefits	12,069,850	12,411,094	11,986,717	12,363,838	13,277,360
Other Non Patient Revenue	926,357	730,620	2,058,566	1,441,893	1,499,456
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	1,284,883	1,116,867	1,422,955	423,687	297,718
Bad Debt	894,364	618,861	734,832	485,916	500,461
Unreimbursed Cost for Medicaid	736,587	914,514	Not Reported	589,070	Not Reported
Patient Service Margin	307,002	-1,119,297	-1,422,068	-1,196,037	4,160,121
Total Margin	1,233,359	-388,677	636,498	245,856	5,659,577
Patient Service Margin Percent	1.24%	-4.58%	-6.04%	-4.86%	13.64%
Total Margin Percent	4.82%	-1.54%	2.49%	0.94%	17.69%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Rangely District Hospital

(Medicare Provider No. 061307)

225 Eagle Crest Drive, Rangely, CO 81648	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(970) 675-5011	Hospital Type	Critical Access Hospital
www.rangelyhospital.com	State House District	HD 57 - Bob Rankin
Current Licensed Beds: 25	State Senate District	SD 8 - Randy Baumgardner
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

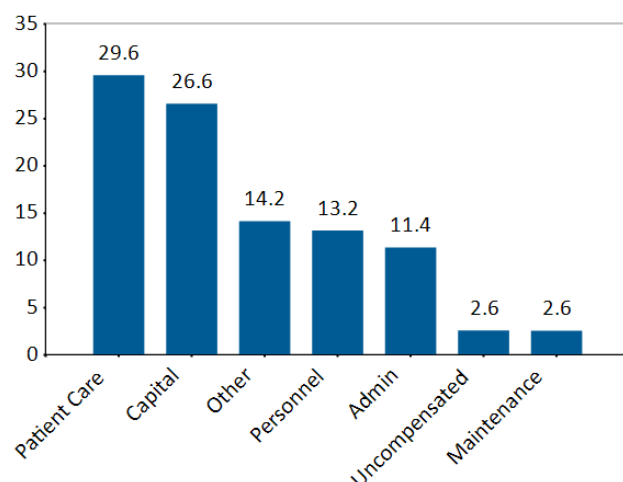
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	27

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	104	110	125	125	136
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

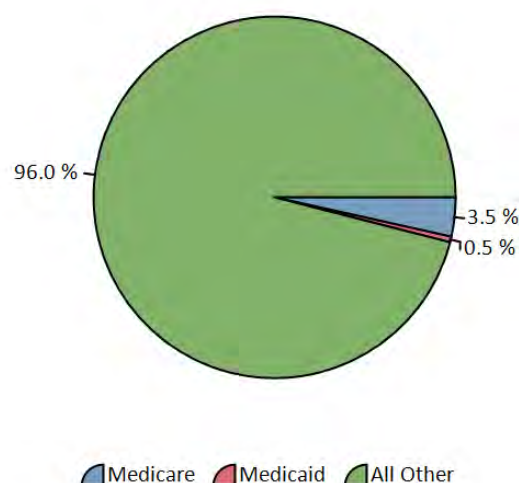
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	25	25	25	25	25
Inpatient Discharges	81	71	52	50	40
Inpatient Days	2,849	2,994	4,039	4,920	5,290
Average Length of Stay	3.37	2.85	3.35	2.52	3.53
Occupancy Rate (Inpatient Days)	31.22%	32.72%	44.26%	53.92%	57.97%
Observation Days	40	37	39	42	39

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	9,144,923	8,946,651	9,042,785	10,042,010	11,219,093
Contractual Allowances	637,454	930,435	-2,715,180	-2,781,040	-3,653,180
Net Patient Revenue	8,507,469	8,016,216	11,757,965	12,823,050	14,872,273
Total Operating Expenses	11,790,016	12,801,568	18,983,731	20,583,684	21,017,350
Salaries and Benefits	5,309,340	8,478,406	9,175,592	10,108,331	11,107,162
Other Non Patient Revenue	6,243,510	5,949,656	6,834,455	6,828,207	6,311,715
Other Non Patient Expenses	Not Reported	254	Not Reported	Not Reported	Not Reported
Charity Care	Not Reported	14,199	6,600	1,771	5,806
Bad Debt	939,646	1,084,350	1,085,995	950,606	550,563
Unreimbursed Cost for Medicaid	311,605	380,889	134,167	141,412	3,793,706
Patient Service Margin	-3,282,547	-4,785,352	-7,225,766	-7,760,634	-6,145,077
Total Margin	2,960,963	1,164,050	-391,311	-932,427	166,638
Patient Service Margin Percent	-38.58%	-59.70%	-61.45%	-60.52%	-41.32%
Total Margin Percent	20.07%	8.33%	-2.10%	-4.74%	0.79%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Rio Grande Hospital

(Medicare Provider No. 061301)

310 County Road 14, Del Norte, CO 81132	Ownership Type	Vol. Non Profit - Private
(719) 657-2510	Hospital Type	Critical Access Hospital
www.rio-grande-hospital.org	State House District	HD 62 - Donald Valdez
Current Licensed Beds: 17	State Senate District	SD 35 - Larry Crowder
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

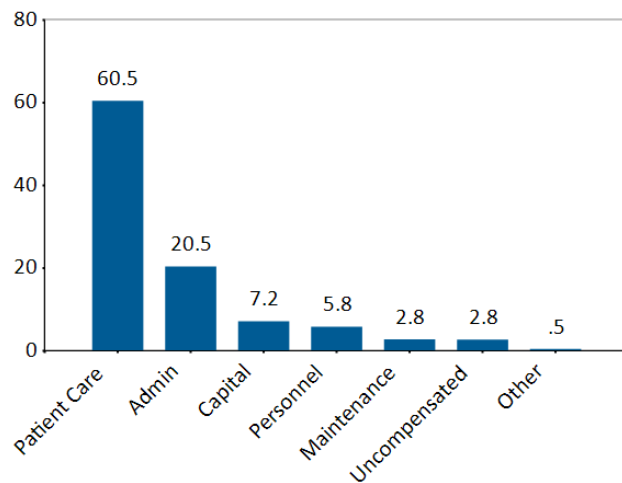
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★	36

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	79	82	84	102	106
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

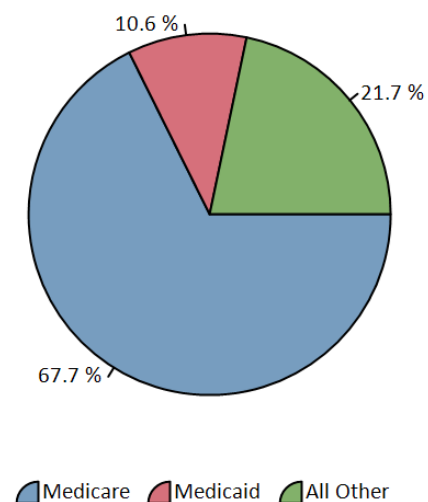
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	12	12	17	17	17
Inpatient Discharges	374	357	320	395	402
Inpatient Days	1,903	2,039	1,706	2,115	2,327
Average Length of Stay	2.81	2.94	3.02	3.07	2.72
Occupancy Rate (Inpatient Days)	43.45%	46.43%	27.49%	34.09%	37.50%
Observation Days	343	361	278	254	152

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	20,806,807	21,858,054	21,004,278	24,717,658	26,531,693
Contractual Allowances	9,270,230	8,112,199	7,440,459	10,234,059	10,948,936
Net Patient Revenue	11,536,577	13,745,855	13,563,819	14,483,599	15,582,757
Total Operating Expenses	11,238,709	12,799,917	12,847,944	13,399,930	14,394,240
Salaries and Benefits	5,677,103	6,148,992	6,680,701	7,339,464	7,865,173
Other Non Patient Revenue	682,711	838,914	742,757	1,176,187	1,316,214
Other Non Patient Expenses	Not Reported	60,542	Not Reported	Not Reported	Not Reported
Charity Care	Not Reported	50,963	558,721	486,894	252,500
Bad Debt	626,657	-113,831	704,017	857,506	154,145
Unreimbursed Cost for Medicaid	19,675	120,715	589,381	1,109,150	1,001,334
Patient Service Margin	297,868	945,938	715,875	1,083,669	1,188,517
Total Margin	980,579	1,724,310	1,458,632	2,259,856	2,504,731
Patient Service Margin Percent	2.58%	6.88%	5.28%	7.48%	7.63%
Total Margin Percent	8.02%	11.82%	10.20%	14.43%	14.82%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Rose Medical Center

(Medicare Provider No. 060032)

4567 E. 9th Ave., Denver, CO 80220	Ownership Type	Proprietary
(303) 320-2121	Hospital Type	Acute Hospital
www.rosemed.com	State House District	HD 8 - Leslie Herod
Current Licensed Beds: 422	State Senate District	SD 31 - Lois Court
Current Fiscal Year End: December 31	US Congressional District	CD 1 - Diana Degette

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

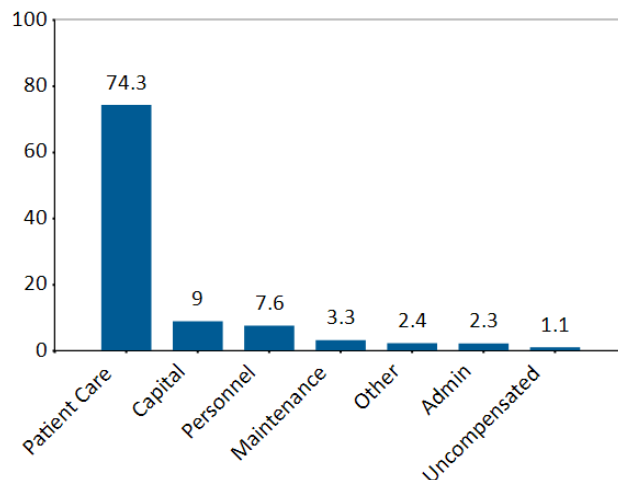
27

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	1,042	999	1,000	994	961
Total Interns & Residents FTEs	29	28	27	27	27
Total FTEs	1,256	1,238	1,260	1,136	1,146

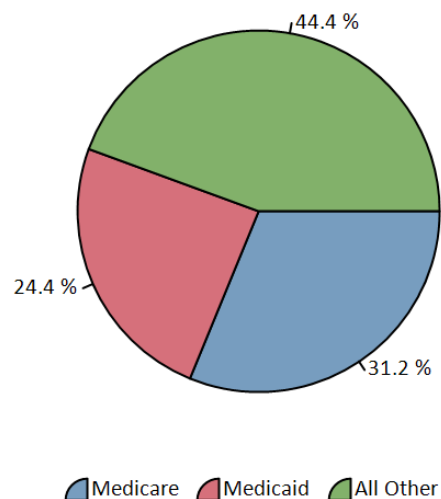
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	254	223	244	244	183
Inpatient Discharges	12,721	12,360	12,621	12,192	11,546
Inpatient Days	57,228	54,280	56,110	51,980	49,007
Average Length of Stay	4.50	4.39	4.45	4.26	4.24
Occupancy Rate (Inpatient Days)	61.73%	66.50%	63.00%	58.37%	73.37%
Observation Days	4,756	3,655	3,054	3,489	3,450

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	1,133,531,341	1,217,208,983	1,349,254,371	1,459,124,249	1,627,995,086
Contractual Allowances	861,462,717	947,453,990	1,072,311,432	1,175,183,008	1,338,583,952
Net Patient Revenue	272,068,624	269,754,993	276,942,939	283,941,241	289,411,134
Total Operating Expenses	216,245,421	201,457,826	202,058,570	196,472,959	190,821,280
Salaries and Benefits	105,458,594	107,965,693	110,691,265	102,057,913	107,126,379
Other Non Patient Revenue	2,602,793	1,095,486	1,206,887	1,257,203	1,217,864
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	1,855,449	1,753,576	1,330,602	454,616	454,883
Bad Debt	1,219,049	1,434,479	2,842,325	783,621	1,655,500
Unreimbursed Cost for Medicaid	5,239,513	2,935,460	4,140,187	11,357,651	7,424,520
Patient Service Margin	55,823,203	68,297,167	74,884,369	87,468,282	98,589,854
Total Margin	58,425,996	69,392,653	76,091,256	88,725,485	99,807,718
Patient Service Margin Percent	20.52%	25.32%	27.04%	30.81%	34.07%
Total Margin Percent	21.27%	25.62%	27.36%	31.11%	34.34%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Saint Joseph Hospital

(Medicare Provider No. 060028)

1375 East 19th Ave, Denver, CO 80218	Ownership Type	Proprietary
(303) 812-2000	Hospital Type	Acute Hospital
www.saintjosephdenver.org	State House District	HD 8 - Leslie Herod
Current Licensed Beds: 400	State Senate District	SD 33 - Angela Williams
Current Fiscal Year End: December 31	US Congressional District	CD 1 - Diana Degette

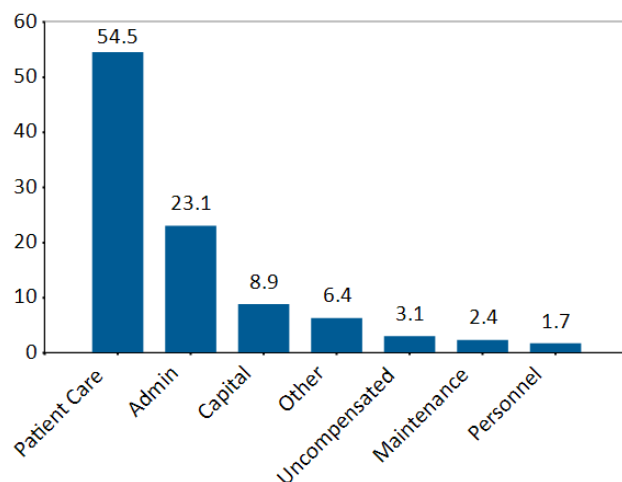
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★★	31

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	2,163	2,230	2,028	2,123	2,047
Total Interns & Residents FTEs	99	97	102	102	102
Total FTEs	2,430	2,472	2,319	2,475	2,372

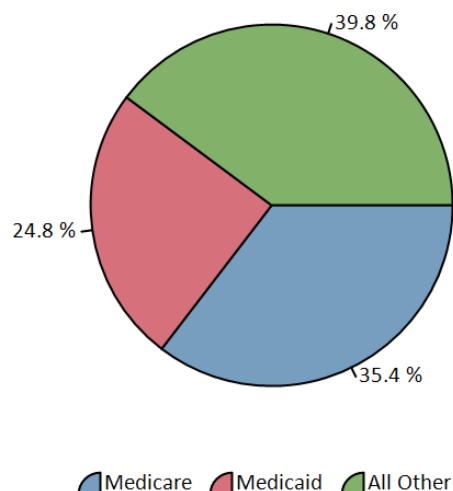
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	370	355	330	296	356
Inpatient Discharges	19,732	18,477	18,218	18,674	18,487
Inpatient Days	84,156	84,551	85,739	84,154	89,000
Average Length of Stay	4.26	4.58	4.71	4.51	4.81
Occupancy Rate (Inpatient Days)	62.31%	65.07%	71.18%	77.89%	68.49%
Observation Days	3,847	3,991	5,629	4,941	3,770

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	1,593,042,483	1,714,383,635	1,842,092,973	1,893,332,127	2,060,242,349
Contractual Allowances	1,167,102,940	1,267,816,974	1,379,083,427	1,427,493,662	1,562,062,674
Net Patient Revenue	425,939,543	446,566,661	463,009,546	465,838,465	498,179,675
Total Operating Expenses	412,798,290	422,282,932	440,656,911	464,460,646	497,179,084
Salaries and Benefits	206,567,838	195,646,970	201,899,146	222,447,244	220,921,826
Other Non Patient Revenue	17,150,043	29,037,710	29,233,178	24,339,667	36,153,803
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	17,445,264	22,485,589	19,676,430	20,599,732	12,368,545
Bad Debt	1,904,025	1,583,941	1,799,655	1,606,607	2,820,538
Unreimbursed Cost for Medicaid	8,983,977	8,902,192	10,811,507	17,015,964	16,597,307
Patient Service Margin	13,141,253	24,283,729	22,352,635	1,377,819	1,000,591
Total Margin	30,291,296	53,321,439	51,585,813	25,717,486	37,154,394
Patient Service Margin Percent	3.09%	5.44%	4.83%	0.30%	0.20%
Total Margin Percent	6.84%	11.21%	10.48%	5.25%	6.95%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

San Luis Valley Health Conejos County Hospital

(Medicare Provider No. 061308)

19021 U.S. Hwy. 285, La Jara, CO 81140	Ownership Type	Vol. Non Profit - Other
(719) 274-5121	Hospital Type	Critical Access Hospital
www.sanluisvalleyhealth.org	State House District	HD 62 - Donald Valdez
Current Licensed Beds: 17	State Senate District	SD 35 - Larry Crowder
Current Fiscal Year End: June 30	US Congressional District	CD 3 - Scott Tipton

CMS Five Star Rating (2016)

Not Available

HQIP Score (2016/2017) - Out of 50

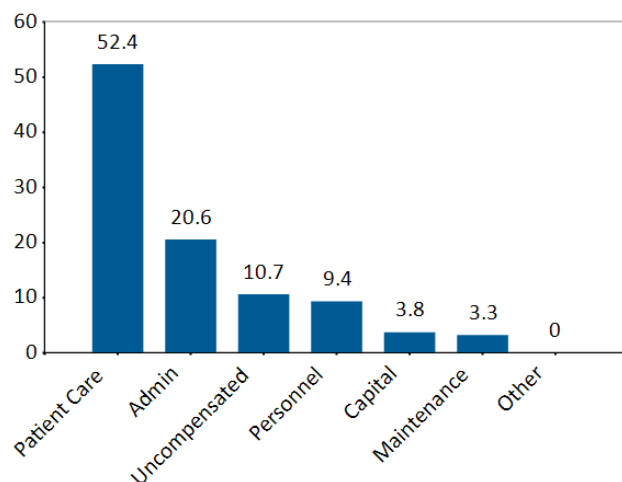
30

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	62	49	51	54	69
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

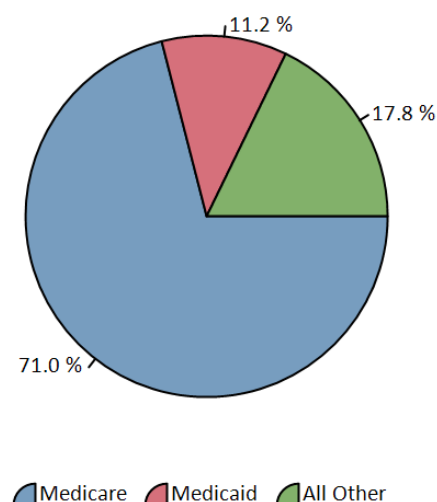
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	17	17	17	17	17
Inpatient Discharges	280	245	126	133	130
Inpatient Days	966	1,041	838	606	527
Average Length of Stay	2.19	2.14	2.73	1.89	2.37
Occupancy Rate (Inpatient Days)	15.57%	16.73%	13.51%	9.77%	8.49%
Observation Days	29	227	377	295	274

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	11,117,393	12,573,281	13,203,659	13,420,235	15,132,385
Contractual Allowances	2,839,704	3,606,421	3,608,695	2,632,272	4,773,482
Net Patient Revenue	8,277,689	8,966,860	9,594,964	10,787,963	10,358,903
Total Operating Expenses	8,309,861	8,184,070	8,876,879	10,435,528	9,924,420
Salaries and Benefits	3,902,175	4,366,292	4,780,853	5,451,567	5,638,382
Other Non Patient Revenue	94,283	156,567	363,799	368,028	688,554
Other Non Patient Expenses	Not Reported	751	Not Reported	Not Reported	24,222
Charity Care	Not Reported	Not Reported	12,900	12	7,808
Bad Debt	406,101	511,333	3,518	676,523	1,177,867
Unreimbursed Cost for Medicaid	1,471,140	130,946	Not Reported	303,779	435,176
Patient Service Margin	-32,172	782,790	718,085	352,435	434,483
Total Margin	62,111	938,606	1,081,884	720,463	1,098,815
Patient Service Margin Percent	-0.39%	8.73%	7.48%	3.27%	4.19%
Total Margin Percent	0.74%	10.29%	10.86%	6.46%	9.95%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

San Luis Valley Health Regional Medical Center

(Medicare Provider No. 060008)

106 Blanca Ave., Alamosa, CO 81101	Ownership Type	Vol. Non Profit - Other
(719) 589-2511	Hospital Type	Acute Hospital
www.sanluisvalleyhealth.org	State House District	HD 62 - Donald Valdez
Current Licensed Beds: 49	State Senate District	SD 35 - Larry Crowder
Current Fiscal Year End: June 30	US Congressional District	CD 3 - Scott Tipton

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

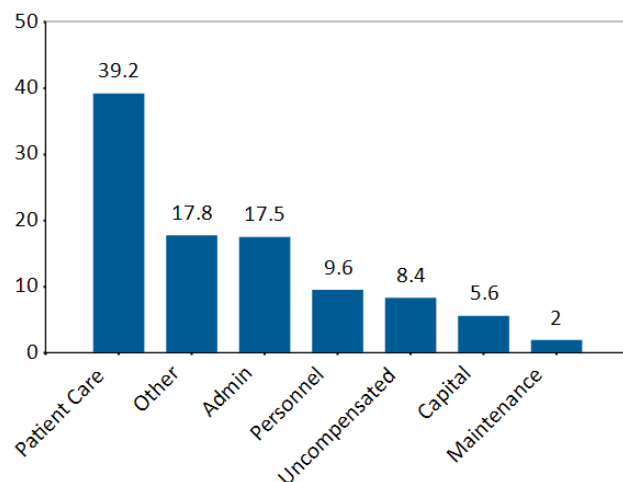
35

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	425	450	440	447	472
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	515	533	499	546	563

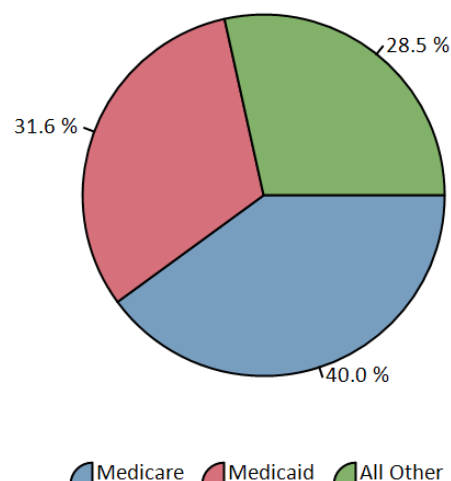
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	49	49	49	49	49
Inpatient Discharges	2,392	2,316	2,016	1,823	1,858
Inpatient Days	7,300	6,863	6,684	5,569	6,548
Average Length of Stay	3.05	2.96	3.24	2.96	3.46
Occupancy Rate (Inpatient Days)	40.82%	38.27%	37.37%	31.14%	36.61%
Observation Days	236	538	508	690	600

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	121,341,698	125,097,185	117,970,446	132,229,404	152,270,346
Contractual Allowances	64,321,348	69,403,524	64,328,481	73,064,022	90,153,257
Net Patient Revenue	57,020,350	55,693,661	53,641,965	59,165,382	62,117,089
Total Operating Expenses	59,659,773	57,079,401	57,791,966	64,566,359	63,952,899
Salaries and Benefits	39,569,945	40,638,137	40,949,448	42,564,465	43,910,320
Other Non Patient Revenue	3,277,974	2,291,789	4,427,632	5,514,586	4,117,304
Other Non Patient Expenses	92,283	-81,006	26,527	-134,091	153,725
Charity Care	66,652	147,771	100,672	92,310	96,541
Bad Debt	2,100,557	1,913,894	-132,303	2,983,709	5,739,461
Unreimbursed Cost for Medicaid	Not Reported	528,674	2,696,898	1,242,707	4,811
Patient Service Margin	-2,639,423	-1,385,740	-4,150,001	-5,400,977	-1,835,810
Total Margin	546,268	987,055	251,104	247,700	2,127,769
Patient Service Margin Percent	-4.63%	-2.49%	-7.74%	-9.13%	-2.96%
Total Margin Percent	0.91%	1.70%	0.43%	0.38%	3.21%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Sedgwick County Health Center

(Medicare Provider No. 061310)

900 Cedar St, Julesburg, CO 80737	Ownership Type	Government - Local
(970) 474-3323	Hospital Type	Critical Access Hospital
www.schealth.org	State House District	HD 65 - Jon Becker
Current Licensed Beds: 15	State Senate District	SD 1 - Jerry Sonnenberg
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

CMS Five Star Rating (2016)

Not Available

HQIP Score (2016/2017) - Out of 50

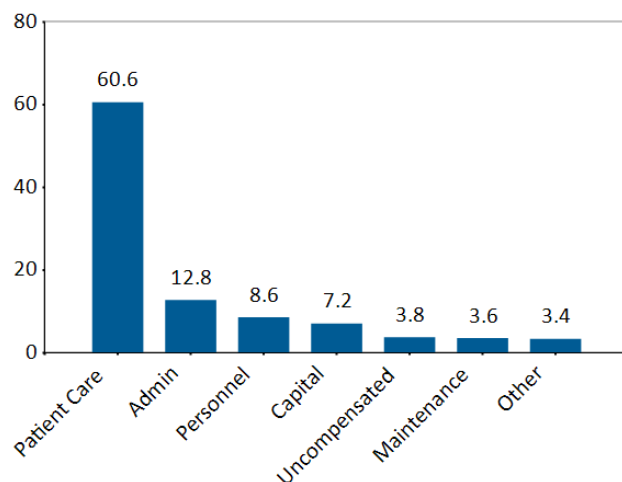
6

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	52	55	54	62	63
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

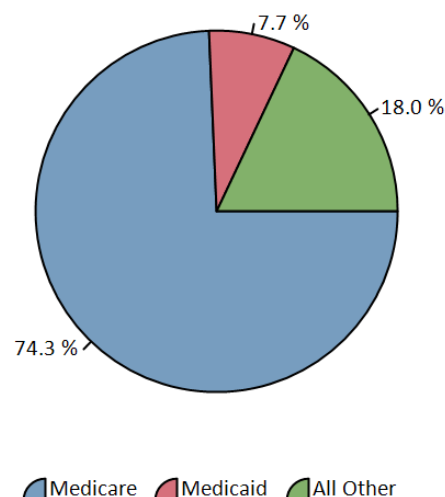
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	9	9	9	9	9
Inpatient Discharges	155	151	168	128	143
Inpatient Days	661	776	517	677	741
Average Length of Stay	2.97	2.98	2.15	2.95	2.85
Occupancy Rate (Inpatient Days)	20.12%	23.56%	15.74%	20.61%	22.56%
Observation Days	76	63	112	165	186

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	10,915,980	12,976,047	12,807,830	14,048,886	15,076,055
Contractual Allowances	3,497,407	4,380,474	4,293,581	4,970,098	4,843,865
Net Patient Revenue	7,418,573	8,595,573	8,514,249	9,078,788	10,232,190
Total Operating Expenses	7,913,811	8,561,283	8,866,026	9,094,402	9,577,392
Salaries and Benefits	4,560,135	4,958,998	5,102,337	5,502,624	5,715,008
Other Non Patient Revenue	653,503	864,683	706,866	827,623	728,170
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	43,689	28,826	48,489	31,793	13,696
Bad Debt	288,529	227,400	280,079	271,678	366,068
Unreimbursed Cost for Medicaid	36,373	404,319	385,874	388,533	485,145
Patient Service Margin	-495,238	34,290	-351,777	-15,614	654,798
Total Margin	158,265	898,973	355,089	812,009	1,382,968
Patient Service Margin Percent	-6.68%	0.40%	-4.13%	-0.17%	6.40%
Total Margin Percent	1.96%	9.50%	3.85%	8.20%	12.62%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Sky Ridge Medical Center

(Medicare Provider No. 060112)

10101 Ridgeway Parkway, Lone Tree, CO 80124	Ownership Type	Proprietary
(720) 225-1000	Hospital Type	Acute Hospital
www.skyridgemedcenter.com	State House District	HD 44 - Kim Ransom
Current Licensed Beds: 284	State Senate District	SD 30 - Chris Holbert
Current Fiscal Year End: June 30	US Congressional District	CD 4 - Ken Buck

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

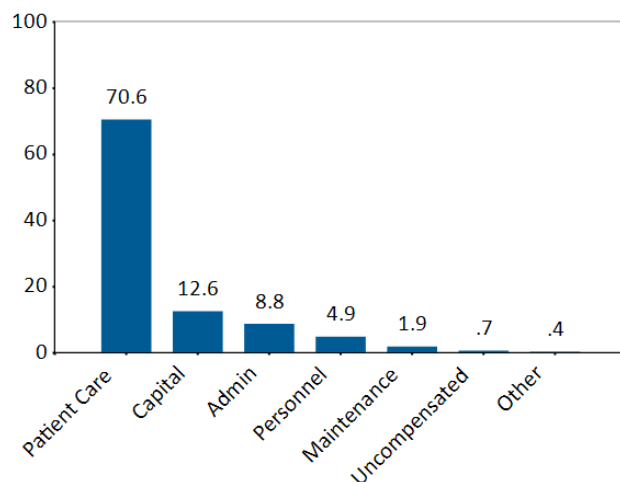
20

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	845	897	919	929	1,456
Total Interns & Residents FTEs	0	0	0	10	17
Total FTEs	1,025	1,099	1,139	1,163	1,195

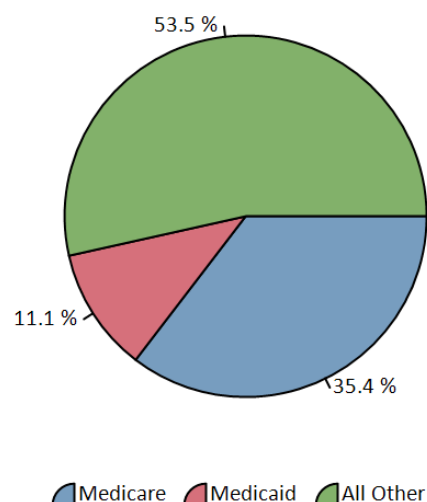
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	185	185	180	177	269
Inpatient Discharges	12,644	13,684	14,067	13,314	14,410
Inpatient Days	50,284	54,321	56,639	53,269	54,934
Average Length of Stay	3.98	3.97	4.03	4.00	3.81
Occupancy Rate (Inpatient Days)	74.47%	80.23%	86.21%	82.45%	55.95%
Observation Days	5,195	4,489	4,891	3,915	4,462

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	1,240,721,510	1,404,895,932	1,567,029,956	1,702,061,045	2,035,419,816
Contractual Allowances	925,860,477	1,077,528,445	1,219,861,156	1,347,294,340	1,645,911,397
Net Patient Revenue	314,861,033	327,367,487	347,168,800	354,766,705	389,508,419
Total Operating Expenses	203,659,848	212,380,185	216,668,080	213,279,306	235,069,172
Salaries and Benefits	87,166,332	94,095,293	97,296,415	104,531,724	109,083,819
Other Non Patient Revenue	1,333,598	1,419,538	1,341,627	1,516,502	1,554,027
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	851,941	732,730	930,008	694,628	154,109
Bad Debt	1,101,536	1,017,334	1,492,371	895,968	1,499,766
Unreimbursed Cost for Medicaid	2,333,648	2,584,124	2,942,899	4,162,192	5,558,026
Patient Service Margin	111,201,185	114,987,302	130,500,720	141,487,399	154,439,247
Total Margin	112,534,783	116,406,840	131,842,347	143,003,901	155,993,274
Patient Service Margin Percent	35.32%	35.12%	37.59%	39.88%	39.65%
Total Margin Percent	35.59%	35.40%	37.83%	40.14%	39.89%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Southeast Colorado Hospital District

(Medicare Provider No. 061311)

373 E 10th Ave, Springfield, CO 81073	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(719) 523-4501	Hospital Type	Critical Access Hospital
www.sechosp.org	State House District	HD 64 - Kimmi Lewis
Current Licensed Beds: 23	State Senate District	SD 35 - Larry Crowder
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

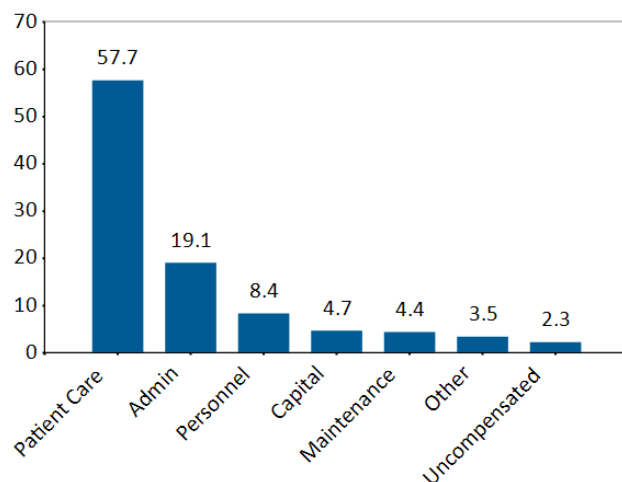
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	44

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	83	103	90	111	104
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

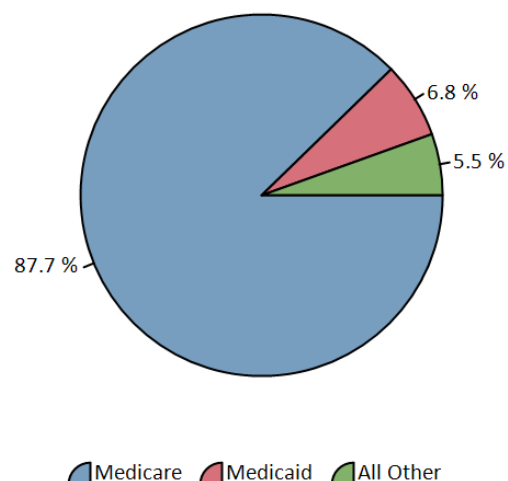
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	15	15	15	15	15
Inpatient Discharges	190	168	154	169	155
Inpatient Days	1,750	1,199	1,145	1,414	1,826
Average Length of Stay	3.16	3.02	2.74	3.04	3.34
Occupancy Rate (Inpatient Days)	31.96%	21.84%	20.91%	25.83%	33.35%
Observation Days	146	56	67	81	91

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	17,467,467	15,611,229	16,894,578	21,519,435	22,714,177
Contractual Allowances	6,255,063	5,022,850	6,017,659	6,707,995	8,426,981
Net Patient Revenue	11,212,404	10,588,379	10,876,919	14,811,440	14,287,196
Total Operating Expenses	12,218,807	12,101,636	12,170,646	13,406,757	14,405,727
Salaries and Benefits	7,046,719	6,726,067	7,031,293	7,870,896	8,643,754
Other Non Patient Revenue	726,324	1,012,296	1,564,735	Not Reported	796,735
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Bad Debt	351,021	297,529	38,039	328,616	337,059
Unreimbursed Cost for Medicaid	356,904	582,916	208,632	2,814,468	3,224,933
Patient Service Margin	-1,006,403	-1,513,257	-1,293,727	1,404,683	-118,531
Total Margin	-280,079	-500,961	271,008	1,404,683	678,204
Patient Service Margin Percent	-8.98%	-14.29%	-11.89%	9.48%	-0.83%
Total Margin Percent	-2.35%	-4.32%	2.18%	9.48%	4.50%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Southwest Health System, Inc.

(Medicare Provider No. 061327)

1311 North Mildred Road, Cortez, CO 81321	Ownership Type	Vol. Non Profit - Private
(970) 565-6666	Hospital Type	Critical Access Hospital
www.swhealth.org	State House District	HD 58 - Marc Catlin
Current Licensed Beds: 25	State Senate District	SD 6 - Don Coram
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

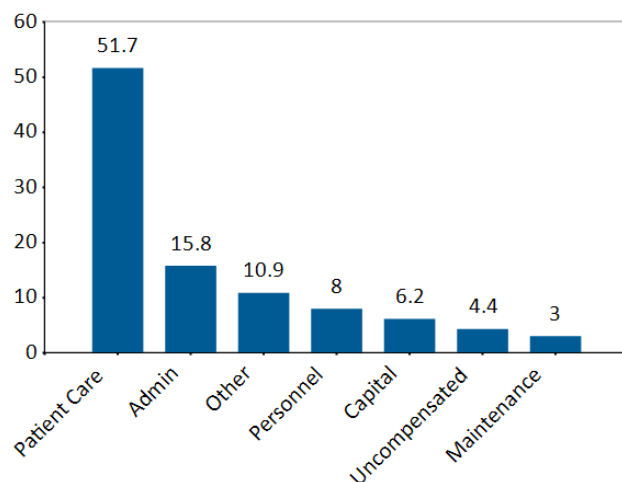
26

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	258	287	276	286	300
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	298	309	Not Reported	Not Reported	Not Reported

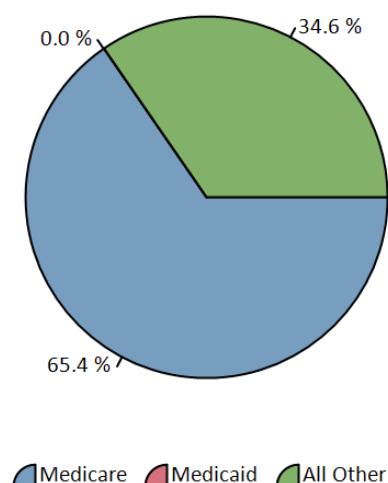
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	25	25	25	25	25
Inpatient Discharges	1,170	1,170	1,264	909	850
Inpatient Days	4,813	4,693	4,450	4,461	4,223
Average Length of Stay	3.61	3.56	3.05	4.36	3.88
Occupancy Rate (Inpatient Days)	52.75%	51.29%	48.77%	48.89%	46.28%
Observation Days	320	372	294	251	472

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	73,400,519	79,998,184	85,673,688	90,867,874	99,283,902
Contractual Allowances	36,459,874	40,322,349	43,531,168	46,592,720	49,226,789
Net Patient Revenue	36,940,645	39,675,835	42,142,520	44,275,154	50,057,113
Total Operating Expenses	39,387,588	41,935,066	44,908,998	45,133,663	50,012,251
Salaries and Benefits	21,519,345	23,923,044	24,442,637	25,182,407	26,614,512
Other Non Patient Revenue	1,933,161	1,961,798	673,821	1,407,156	2,162,798
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	1,087,005	906,212	1,054,868	536,310	65,265
Bad Debt	1,568,528	2,275,864	2,386,364	1,173,267	2,208,103
Unreimbursed Cost for Medicaid	4,785,842	1,840,248	1,709,508	Not Reported	Not Reported
Patient Service Margin	-2,446,943	-2,259,231	-2,766,478	-858,509	44,862
Total Margin	-513,782	-297,433	-2,092,657	548,647	2,207,660
Patient Service Margin Percent	-6.62%	-5.69%	-6.56%	-1.94%	0.09%
Total Margin Percent	-1.32%	-0.71%	-4.89%	1.20%	4.23%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Spalding Rehabilitation Hospital

(Medicare Provider No. 063027)

900 Potomac St., Aurora, CO 80011	Ownership Type	Proprietary
(303) 367-1166	Hospital Type	Rehabilitation Hospital
www.spaldingrehab.com	State House District	HD 42 - Dominique Jackson
Current Licensed Beds: 78	State Senate District	SD 29 - Rhonda Fields
Current Fiscal Year End: May 31	US Congressional District	CD 6 - Mike Coffman

CMS Five Star Rating (2016)

Not Applicable

HQIP Score (2016/2017) - Out of 50

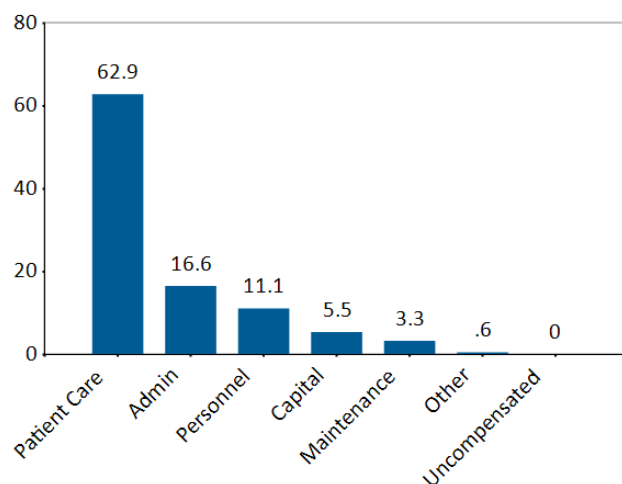
15

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	166	176	168*	148	147
Total Interns & Residents FTEs	0	0	0*	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

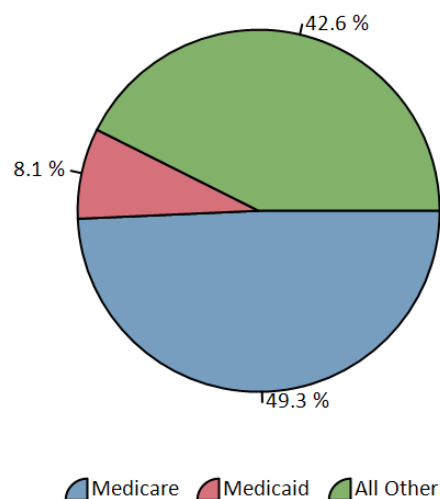
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	100	100	100	100	55
Inpatient Discharges	712	821	481*	818	872
Inpatient Days	12,156	13,059	7,634*	12,822	13,340
Average Length of Stay	17.07	15.91	15.87*	15.67	15.30
Occupancy Rate (Inpatient Days)	33.30%	35.68%	36.01%	35.13%	66.45%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	61,390,218	72,450,719	45,053,245*	79,105,166	88,664,829
Contractual Allowances	38,281,631	47,450,415	30,240,500*	55,132,749	63,650,621
Net Patient Revenue	23,108,587	25,000,304	14,812,745*	23,972,417	25,014,208
Total Operating Expenses	19,295,319	22,559,581	11,744,405*	19,161,355	19,147,546
Salaries and Benefits	12,522,661	13,634,605	7,550,012*	11,783,975	11,944,299
Other Non Patient Revenue	148,814	601,898	134,546*	70,553	51,108
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Patient Service Margin	3,813,268	2,440,723	3,068,340*	4,811,062	5,866,662
Total Margin	3,962,082	3,042,621	3,202,886*	4,881,615	5,917,770
Patient Service Margin Percent	16.50%	9.76%	20.71%*	20.07%	23.45%
Total Margin Percent	17.04%	11.88%	21.43%*	20.30%	23.61%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Spanish Peaks Regional Health Center & Spanish Peaks Veterans Community Living Center

(Medicare Provider No. 061316)

23500 U.S. Highway 160, Walsenburg, CO 81089	Ownership Type	Government - State
(719) 738-5100	Hospital Type	Critical Access Hospital
www.sprhc.org	State House District	HD 62 - Donald Valdez
Current Licensed Beds: 20	State Senate District	SD 35 - Larry Crowder
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

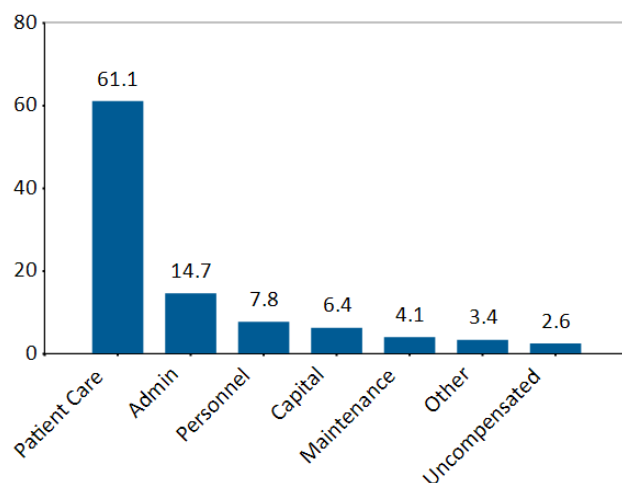
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★	41

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	184	174	168	178	177
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

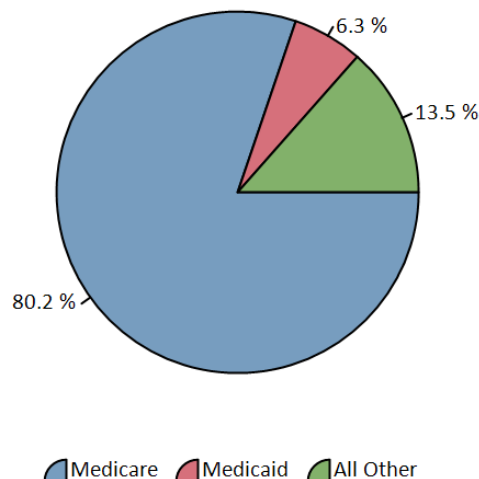
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	20	20	20	20	20
Inpatient Discharges	273	217	226	183	137
Inpatient Days	1,740	1,281	1,405	1,144	882
Average Length of Stay	3.65	3.22	3.35	3.20	3.07
Occupancy Rate (Inpatient Days)	23.84%	17.50%	19.25%	15.67%	12.08%
Observation Days	125	130	127	116	140

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	29,880,748	29,873,962	31,333,164	31,703,368	32,315,679
Contractual Allowances	11,728,047	10,908,794	11,123,628	10,423,070	9,660,845
Net Patient Revenue	18,152,701	18,965,168	20,209,536	21,280,298	22,654,834
Total Operating Expenses	22,283,438	23,214,550	24,237,447	25,489,443	26,831,493
Salaries and Benefits	12,072,791	15,833,282	15,311,548	16,241,617	16,881,036
Other Non Patient Revenue	5,747,497	5,029,091	3,953,107	4,247,628	3,189,023
Other Non Patient Expenses	84,227	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	122,186	126,930	156,734	144,261	147,999
Bad Debt	759,532	633,429	557,094	541,950	555,246
Unreimbursed Cost for Medicaid	588,861	609,055	47,529	623,032	698,284
Patient Service Margin	-4,130,737	-4,249,382	-4,027,911	-4,209,145	-4,176,659
Total Margin	1,532,533	779,709	-74,804	38,483	-987,636
Patient Service Margin Percent	-22.76%	-22.41%	-19.93%	-19.78%	-18.44%
Total Margin Percent	6.41%	3.25%	-0.31%	0.15%	-3.82%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

St. Anthony Hospital

(Medicare Provider No. 060015)

11600 W. 2nd Place, Lakewood, CO 80228	Ownership Type	Vol. Non Profit - Private
(720) 321-0000	Hospital Type	Acute Hospital
www.stanthonyhosp.org	State House District	HD 23 - Chris Kennedy
Current Licensed Beds: 224	State Senate District	SD 20 - Cheri Jahn
Current Fiscal Year End: June 30	US Congressional District	CD 7 - Ed Perlmutter

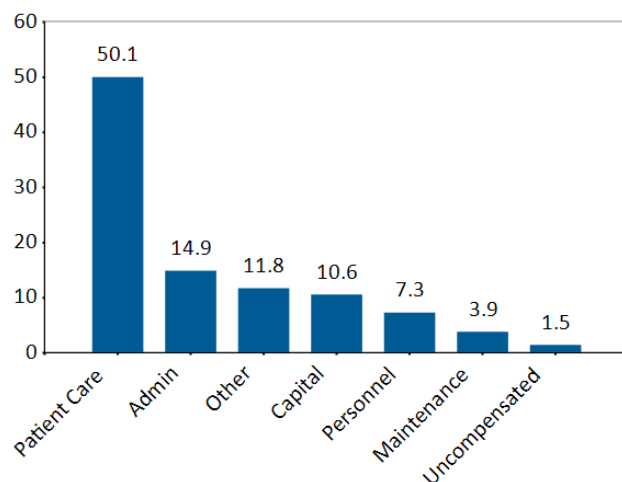
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★★	44

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	1,307	1,270	1,331	1,389	1,400
Total Interns & Residents FTEs	3	1	1	1	3
Total FTEs	1,550	1,486	1,673	1,675	1,817

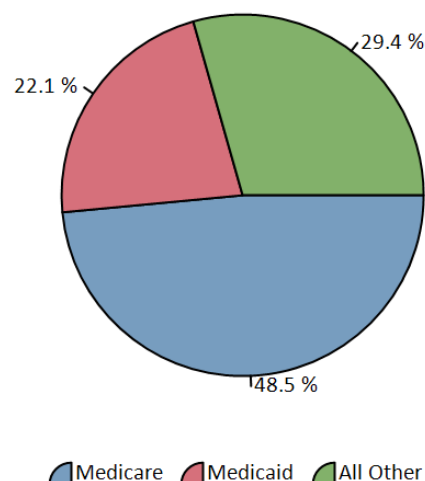
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	225	213	184	206	206
Inpatient Discharges	10,791	10,774	10,060	10,198	11,189
Inpatient Days	53,309	51,227	52,205	50,922	54,781
Average Length of Stay	4.94	4.75	5.19	4.99	4.90
Occupancy Rate (Inpatient Days)	64.91%	65.71%	77.73%	67.72%	72.86%
Observation Days	3,247	4,197	3,915	4,461	4,236

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	1,249,069,572	1,266,110,667	1,320,278,178	1,508,124,148	1,677,479,099
Contractual Allowances	963,978,986	967,847,471	1,076,646,709	1,143,850,072	1,289,104,955
Net Patient Revenue	285,090,586	298,263,196	243,631,469	364,274,076	388,374,144
Total Operating Expenses	291,958,520	299,956,730	312,963,758	351,943,710	358,487,668
Salaries and Benefits	139,112,652	138,223,467	146,806,564	154,792,579	174,302,898
Other Non Patient Revenue	3,232,007	13,780,773	12,872,788	11,702,587	9,963,276
Other Non Patient Expenses	Not Reported	8,399	-58	-5,448,530	Not Reported
Charity Care	20,694,323	24,786,336	11,203,402	7,227,262	2,768,882
Bad Debt	4,671,049	3,505,951	4,823,440	3,573,353	2,301,372
Unreimbursed Cost for Medicaid	49,668	13,866,541	16,419,347	19,724,576	38,857,630
Patient Service Margin	-6,867,934	-1,693,534	-69,332,289	12,330,366	29,886,476
Total Margin	-3,635,927	12,078,840	-56,459,443	29,481,483	39,849,752
Patient Service Margin Percent	-2.41%	-0.57%	-28.46%	3.38%	7.70%
Total Margin Percent	-1.26%	3.87%	-22.01%	7.84%	10.00%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

St. Anthony North Health Campus

(Medicare Provider No. 060104)

14300 Orchard Parkway, Westminster, CO 80023	Ownership Type	Vol. Non Profit - Private
(720) 627-0000	Hospital Type	Acute Hospital
www.stanthonynorthhealthcampus.org	State House District	HD 35 - Faith Winter
Current Licensed Beds: 100	State Senate District	SD 24 - Beth Martinez-Humenik
Current Fiscal Year End: June 30	US Congressional District	CD 7 - Ed Perlmutter

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

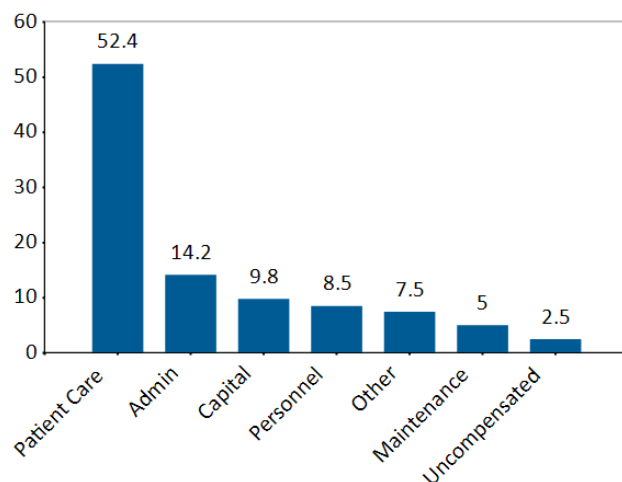
32

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	667	660	714	726	731
Total Interns & Residents FTEs	23	23	23	24	24
Total FTEs	792	731	844	882	986

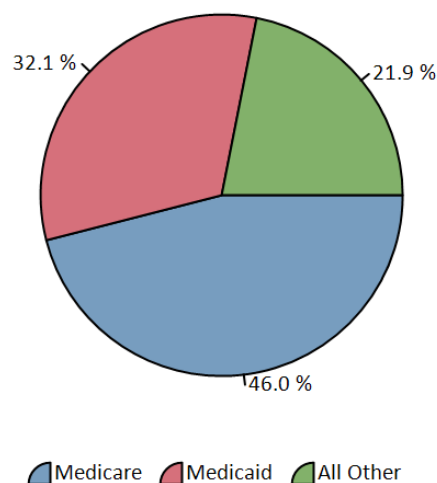
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	138	31	138	133	97
Inpatient Discharges	6,709	7,228	5,826	5,806	5,327
Inpatient Days	27,714	25,578	23,788	22,910	20,013
Average Length of Stay	4.13	3.54	4.08	3.95	3.76
Occupancy Rate (Inpatient Days)	55.02%	225.44%	47.23%	47.19%	56.53%
Observation Days	2,445	3,033	4,009	5,077	4,536

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	480,916,922	511,102,365	548,020,208	599,993,655	607,536,033
Contractual Allowances	373,051,944	397,587,726	431,999,606	464,466,554	469,031,070
Net Patient Revenue	107,864,978	113,514,639	116,020,602	135,527,101	138,504,963
Total Operating Expenses	115,683,960	123,392,678	132,874,879	146,718,357	157,581,073
Salaries and Benefits	65,231,181	66,550,731	72,452,200	80,822,639	91,007,056
Other Non Patient Revenue	4,019,619	5,568,310	3,562,590	6,216,978	1,950,859
Other Non Patient Expenses	20,672	906	-5	-13,624	31,694
Charity Care	2,258,203	2,684,523	5,626,706	4,733,264	2,320,125
Bad Debt	3,802,092	3,674,085	2,526,150	2,407,372	1,565,806
Unreimbursed Cost for Medicaid	Not Reported	2,209,840	6,949,735	3,886,216	12,405,826
Patient Service Margin	-7,818,982	-9,878,039	-16,854,277	-11,191,256	-19,076,110
Total Margin	-3,820,035	-4,310,635	-13,291,682	-4,960,654	-17,156,945
Patient Service Margin Percent	-7.25%	-8.70%	-14.53%	-8.26%	-13.77%
Total Margin Percent	-3.41%	-3.62%	-11.12%	-3.50%	-12.22%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

St. Anthony Summit Medical Center

(Medicare Provider No. 060118)

340 Peak One Dr, Frisco, CO 80443	Ownership Type	Vol. Non Profit - Private
(970) 668-3300	Hospital Type	Acute Hospital
www.summitmedicalcenter.org	State House District	HD 61 - Millie Hamner
Current Licensed Beds: 35	State Senate District	SD 8 - Randy Baumgardner
Current Fiscal Year End: June 30	US Congressional District	CD 2 - Jared Polis

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

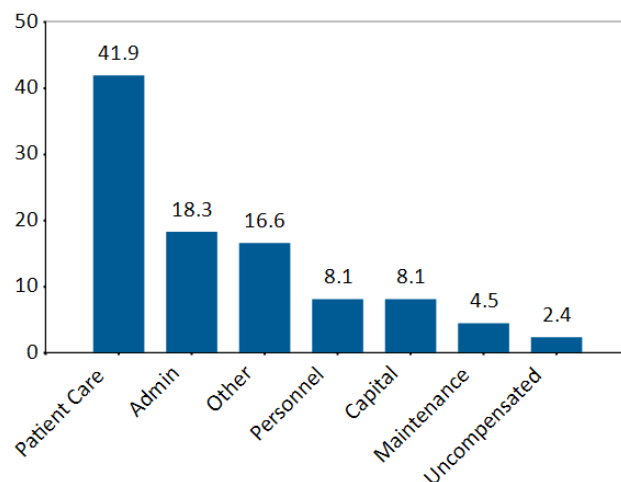
47

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	189	189	204	219	215
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	224	216	233	248	299

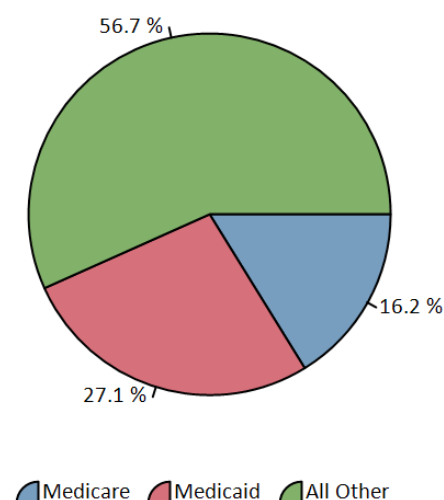
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	34	34	34	34	34
Inpatient Discharges	1,457	1,307	1,175	1,179	1,242
Inpatient Days	4,557	4,153	3,830	3,803	3,722
Average Length of Stay	3.13	3.18	3.26	3.17	2.93
Occupancy Rate (Inpatient Days)	36.72%	33.37%	30.86%	30.64%	29.99%
Observation Days	426	397	375	381	357

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	129,552,087	124,514,358	130,699,831	Not Reported	151,241,168
Contractual Allowances	65,729,781	59,644,672	66,011,823	Not Reported	74,674,006
Net Patient Revenue	63,822,306	64,869,686	64,688,008	Not Reported	76,567,162
Total Operating Expenses	48,584,832	48,686,806	48,476,924	48,509,695	56,978,517
Salaries and Benefits	21,787,989	21,926,484	22,677,329	25,765,496	29,325,939
Other Non Patient Revenue	2,449,232	2,948,608	2,537,008	Not Reported	2,105,466
Other Non Patient Expenses	33	Not Reported	-5,981	Not Reported	Not Reported
Charity Care	3,173,100	2,094,132	1,410,044	1,165,447	549,539
Bad Debt	819,492	582,207	581,464	450,910	727,522
Unreimbursed Cost for Medicaid	25,020	961,054	772,526	1,529,048	2,867,825
Patient Service Margin	15,237,474	16,182,880	16,211,084	-48,509,695	19,588,645
Total Margin	17,686,673	19,131,488	18,754,073	-48,509,695	21,694,111
Patient Service Margin Percent	23.87%	24.95%	25.06%		25.58%
Total Margin Percent	26.69%	28.21%	27.90%		27.58%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

St. Mary's Hospital & Medical Center, Inc.

(Medicare Provider No. 060023)

2635 N 7th St, Grand Junction, CO 81502	Ownership Type	Proprietary
(970) 298-2273	Hospital Type	Acute Hospital
www.stmarygj.org	State House District	HD 55 - Dan Thurlow
Current Licensed Beds: 346	State Senate District	SD 7 - Ray Scott
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

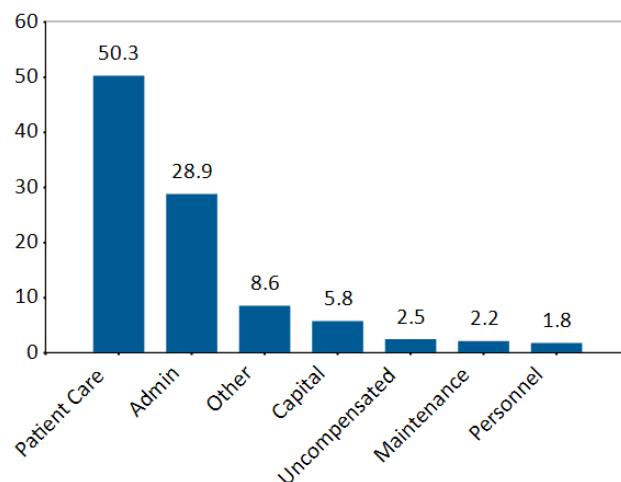
38

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	1,664	1,700	1,720	1,602	1,615
Total Interns & Residents FTEs	23	24	23	24	22
Total FTEs	1,711	1,890	1,953	1,873	1,978

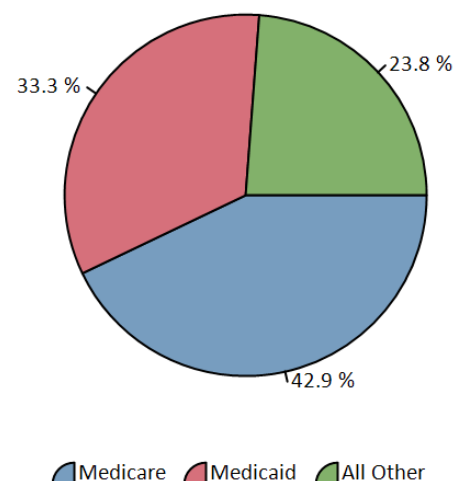
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	278	288	288	288	252
Inpatient Discharges	12,136	12,721	12,630	12,578	12,240
Inpatient Days	53,313	56,583	56,471	58,209	59,804
Average Length of Stay	4.39	4.45	4.47	4.63	4.89
Occupancy Rate (Inpatient Days)	52.54%	53.68%	53.72%	55.37%	65.02%
Observation Days	1,440	2,676	3,102	2,725	3,440

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	752,680,058	845,440,894	924,135,654	1,023,956,936	1,100,380,360
Contractual Allowances	379,423,248	467,738,429	530,253,908	613,126,233	664,035,821
Net Patient Revenue	373,256,810	377,702,465	393,881,746	410,830,703	436,344,539
Total Operating Expenses	348,553,367	364,375,946	377,863,572	387,445,514	421,461,753
Salaries and Benefits	146,925,065	161,162,410	166,117,485	177,465,945	193,964,768
Other Non Patient Revenue	6,746,395	20,205,336	18,636,633	22,398,078	40,407,267
Other Non Patient Expenses	1,085,089	Not Reported	Not Reported	Not Reported	1,132,074
Charity Care	13,835,905	13,354,745	14,755,397	11,405,189	5,169,211
Bad Debt	9,746,962	7,187,137	7,653,561	4,399,202	5,242,741
Unreimbursed Cost for Medicaid	Not Reported	18,576,532	25,543,786	17,882,224	18,340,682
Patient Service Margin	24,703,443	13,326,519	16,018,174	23,385,189	14,882,786
Total Margin	30,364,749	33,531,855	34,654,807	45,783,267	54,157,979
Patient Service Margin Percent	6.62%	3.53%	4.07%	5.69%	3.41%
Total Margin Percent	7.99%	8.43%	8.40%	10.57%	11.36%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

St. Mary-Corwin Medical Center

(Medicare Provider No. 060012)

1008 Minnequa Avenue, Pueblo, CO 81004	Ownership Type	Vol. Non Profit - Private
(719) 557-4000	Hospital Type	Acute Hospital
www.stmarycorwin.org	State House District	HD 46 - Daneya Esgar
Current Licensed Beds: 408	State Senate District	SD 3 - Leroy Garcia
Current Fiscal Year End: June 30	US Congressional District	CD 3 - Scott Tipton

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

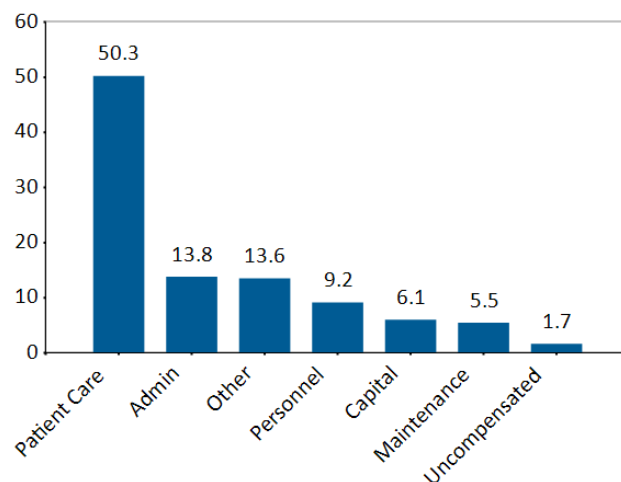
37

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	958	1,012	1,044	1,030	Not Reported
Total Interns & Residents FTEs	17	15	16	13	16
Total FTEs	1,087	1,130	1,154	1,147	1,157

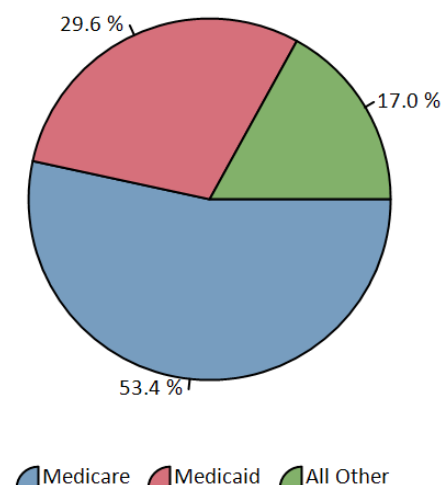
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	148	148	129	129	129
Inpatient Discharges	7,166	6,723	6,129	5,743	5,806
Inpatient Days	31,855	29,750	26,051	24,163	24,584
Average Length of Stay	4.45	4.43	4.25	4.21	4.23
Occupancy Rate (Inpatient Days)	58.97%	54.92%	55.33%	51.32%	52.21%
Observation Days	1,517	1,668	1,835	2,630	2,657

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	580,677,925	621,933,678	653,870,216	693,151,147	735,781,827
Contractual Allowances	446,912,834	479,198,503	498,569,491	531,170,438	568,644,359
Net Patient Revenue	133,765,091	142,735,175	155,300,725	161,980,709	167,137,468
Total Operating Expenses	154,182,792	167,524,792	171,497,075	177,672,704	179,146,300
Salaries and Benefits	81,552,765	89,709,201	92,418,655	99,624,468	103,053,750
Other Non Patient Revenue	10,239,361	11,144,138	10,351,450	11,656,699	5,519,397
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	-69,510	-74,662
Charity Care	11,150,746	13,789,796	11,354,325	7,394,923	2,523,407
Bad Debt	850,467	576,729	507,960	449,192	478,748
Unreimbursed Cost for Medicaid	9,570,150	19,144,921	14,964,139	8,632,229	9,438,634
Patient Service Margin	-20,417,701	-24,789,617	-16,196,350	-15,691,995	-12,008,832
Total Margin	-10,178,340	-13,645,479	-5,844,900	-3,965,786	-6,414,773
Patient Service Margin Percent	-15.26%	-17.37%	-10.43%	-9.69%	-7.19%
Total Margin Percent	-7.07%	-8.87%	-3.53%	-2.28%	-3.72%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

St. Thomas More Hospital

(Medicare Provider No. 060016)

1338 Phay Ave., Cañon City, CO 81212	Ownership Type	Vol. Non Profit - Private
(719) 285-2000	Hospital Type	Acute Hospital
www.stmhospital.org	State House District	HD 60 - Jim Wilson
Current Licensed Beds: 25	State Senate District	SD 2 - Kevin Grantham
Current Fiscal Year End: June 30	US Congressional District	CD 5 - Doug Lamborn

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

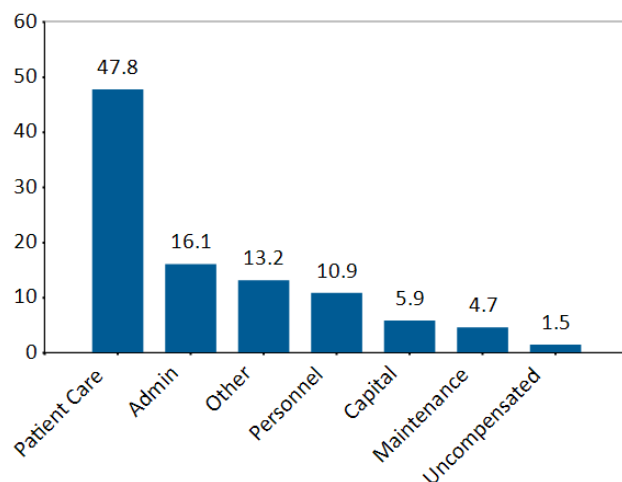
26

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	346	415	Not Reported	336	345
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	438	447	441	456	472

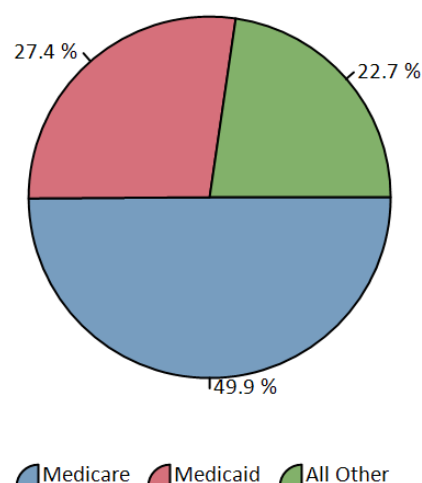
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	55	55	55	25	25
Inpatient Discharges	2,080	2,010	1,652	1,688	1,806
Inpatient Days	8,074	7,720	6,830	6,403	6,506
Average Length of Stay	3.59	3.56	3.98	3.59	3.45
Occupancy Rate (Inpatient Days)	40.22%	38.35%	34.02%	70.17%	71.30%
Observation Days	1,251	812	720	826	851

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	132,278,220	132,515,343	136,143,954	139,057,076	156,995,724
Contractual Allowances	85,616,245	84,423,422	86,569,857	86,284,638	98,032,538
Net Patient Revenue	46,661,975	48,091,921	49,574,097	52,772,438	58,963,186
Total Operating Expenses	49,305,433	51,683,238	52,832,949	56,077,305	60,638,903
Salaries and Benefits	28,858,646	31,400,419	32,371,853	34,820,438	38,372,520
Other Non Patient Revenue	2,294,317	2,412,780	374,956	1,493,785	114,874
Other Non Patient Expenses	4,091	Not Reported	-1,874	-29,972	-33,603
Charity Care	2,611,252	3,045,640	3,288,300	2,018,027	632,159
Bad Debt	518,168	345,374	181,668	231,895	269,650
Unreimbursed Cost for Medicaid	2,617,471	3,958,105	3,012,921	1,621,909	3,689,129
Patient Service Margin	-2,643,458	-3,591,317	-3,258,852	-3,304,867	-1,675,717
Total Margin	-353,232	-1,178,537	-2,882,022	-1,781,110	-1,527,240
Patient Service Margin Percent	-5.67%	-7.47%	-6.57%	-6.26%	-2.84%
Total Margin Percent	-0.72%	-2.33%	-5.77%	-3.28%	-2.59%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

St. Vincent General Hospital District

(Medicare Provider No. 061319)

822 W. 4th Street, Leadville, CO 80461	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(719) 486-0230	Hospital Type	Critical Access Hospital
www.svghd.org	State House District	HD 61 - Millie Hamner
Current Licensed Beds: 25	State Senate District	SD 5 - Kerry Donovan
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

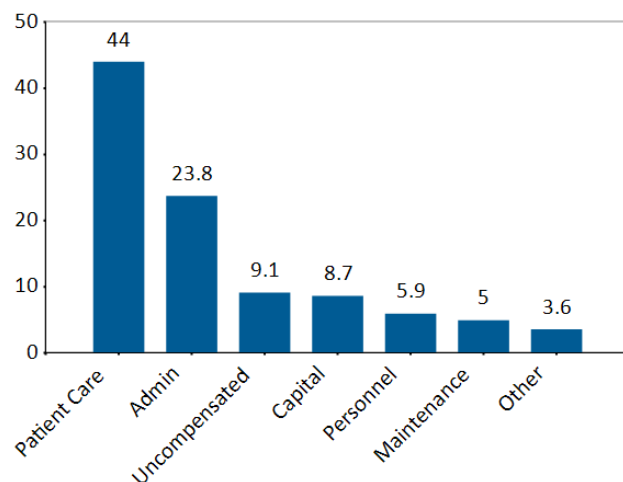
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	13

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	34	102	87	97	75
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

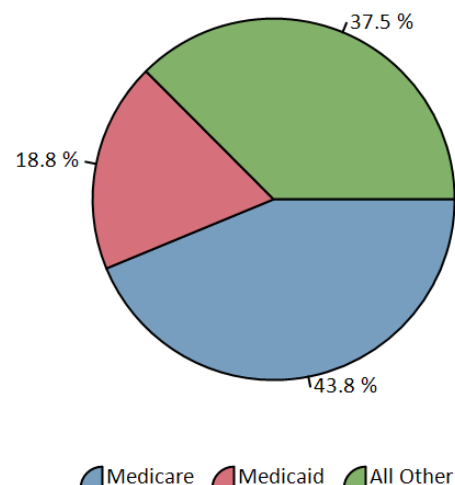
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	25	25	25	25	2
Inpatient Discharges	205	196	170	69	6
Inpatient Days	6,326	5,374	6,324	4,305	16
Average Length of Stay	3.07	2.89	2.71	2.90	2.00
Occupancy Rate (Inpatient Days)	69.33%	58.73%	69.30%	47.18%	2.19%
Observation Days	43	28	29	39	15

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	17,269,223	15,163,136	15,756,060	14,589,071	8,695,981
Contractual Allowances	7,008,422	6,510,673	4,740,133	3,020,454	1,931,814
Net Patient Revenue	10,260,801	8,652,463	11,015,927	11,568,617	6,764,167
Total Operating Expenses	11,772,813	11,339,057	14,204,386	13,581,013	8,027,390
Salaries and Benefits	6,718,868	6,501,116	7,052,767	6,692,079	3,493,027
Other Non Patient Revenue	2,058,921	2,116,296	1,112,578	837,120	1,198,379
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	65,884	20,573	21,853	22,206	Not Reported
Bad Debt	1,112,512	1,235,415	1,420,523	1,463,586	806,435
Unreimbursed Cost for Medicaid	610,382	996,125	994,522	1,024,066	177,589
Patient Service Margin	-1,512,012	-2,686,594	-3,188,459	-2,012,396	-1,263,223
Total Margin	546,909	-570,298	-2,075,881	-1,175,276	-64,844
Patient Service Margin Percent	-14.74%	-31.05%	-28.94%	-17.40%	-18.68%
Total Margin Percent	4.44%	-5.30%	-17.12%	-9.47%	-0.81%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Sterling Regional MedCenter

(Medicare Provider No. 060076)

615 Fairhurst St., Sterling, CO 80751	Ownership Type	Vol. Non Profit - Private
(970) 522-0122	Hospital Type	Acute Hospital
www.bannerhealth.com	State House District	HD 65 - Jon Becker
Current Licensed Beds: 25	State Senate District	SD 1 - Jerry Sonnenberg
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

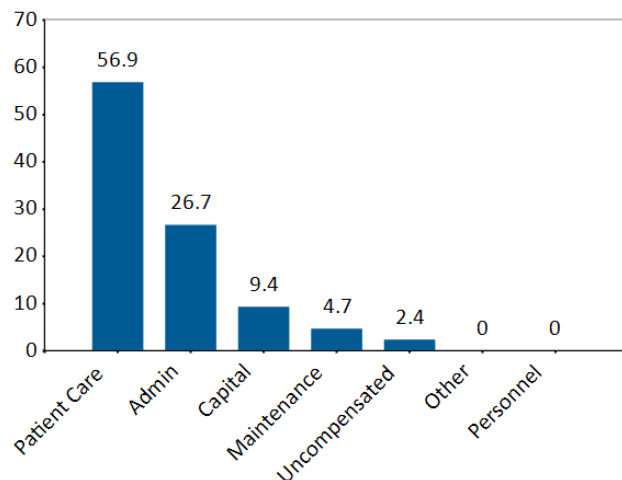
22

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	265	233	198	189	187
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	331	283	260	256	247

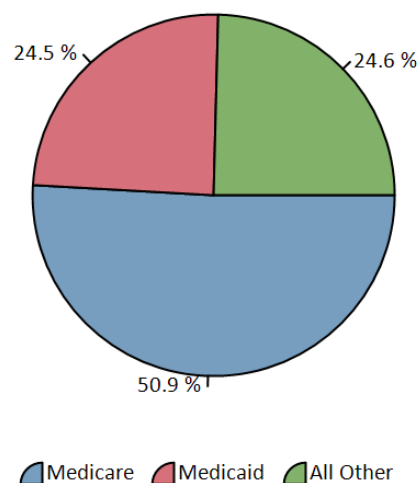
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	35	35	25	25	25
Inpatient Discharges	1,302	1,252	1,272	1,115	1,228
Inpatient Days	4,960	4,130	4,160	3,670	3,795
Average Length of Stay	3.81	3.30	3.27	3.29	3.09
Occupancy Rate (Inpatient Days)	38.83%	32.24%	45.59%	40.22%	41.59%
Observation Days	440	493	457	609	833

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	97,103,066	85,102,555	87,302,369	90,726,664	96,290,641
Contractual Allowances	47,734,438	38,281,600	42,136,946	43,097,149	44,937,787
Net Patient Revenue	49,368,628	46,820,955	45,165,423	47,629,515	51,352,854
Total Operating Expenses	50,583,886	43,501,208	40,209,574	40,607,257	41,122,257
Salaries and Benefits	28,535,962	24,585,223	22,742,734	23,140,826	21,196,222
Other Non Patient Revenue	698,785	1,199,551	399,461	489,545	413,849
Other Non Patient Expenses	9	327,841	9,645	Not Reported	Not Reported
Charity Care	641,596	385,965	329,375	616,084	559,750
Bad Debt	815,386	812,358	744,317	665,478	444,820
Unreimbursed Cost for Medicaid	Not Reported	Not Reported	Not Reported	708,451	218,731
Patient Service Margin	-1,215,258	3,319,747	4,955,849	7,022,258	10,230,597
Total Margin	-516,482	4,191,457	5,345,665	7,511,803	10,644,446
Patient Service Margin Percent	-2.46%	7.09%	10.97%	14.74%	19.92%
Total Margin Percent	-1.03%	8.73%	11.73%	15.61%	20.56%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Swedish Medical Center

(Medicare Provider No. 060034)

501 E. Hampden Ave, Englewood, CO 80113	Ownership Type	Proprietary
(303) 788-5000	Hospital Type	Acute Hospital
www.swedishhospital.com	State House District	HD 3 - Jeff Bridges
Current Licensed Beds: 408	State Senate District	SD 26 - Daniel Kagan
Current Fiscal Year End: September 30	US Congressional District	CD 1 - Diana Degette

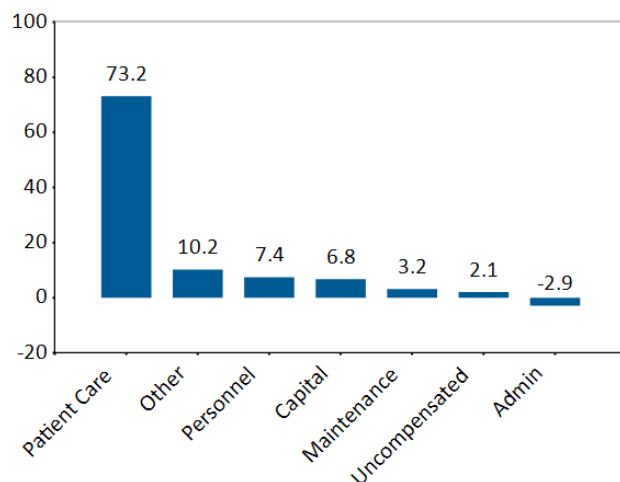
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★	23

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	1,690	1,672	1,705	1,770	1,797
Total Interns & Residents FTEs	20	19	19	19	17
Total FTEs	2,073	2,072	2,115	2,163	2,159

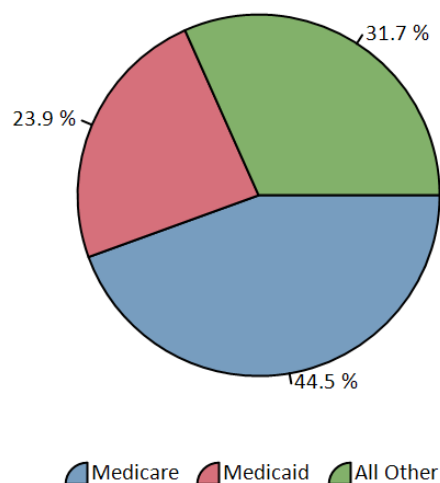
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	334	336	329	332	324
Inpatient Discharges	18,803	19,308	19,713	19,983	19,745
Inpatient Days	90,148	88,958	94,334	94,867	94,215
Average Length of Stay	4.79	4.61	4.79	4.75	4.77
Occupancy Rate (Inpatient Days)	73.95%	72.34%	78.56%	78.29%	79.67%
Observation Days	4,643	2,379	1,388	2,679	4,406

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	1,830,180,202	1,981,959,855	2,361,933,585	2,728,559,404	3,039,653,097
Contractual Allowances	1,366,268,003	1,532,679,155	1,872,161,140	2,211,275,075	2,503,215,810
Net Patient Revenue	463,912,199	449,280,700	489,772,445	517,284,329	536,437,287
Total Operating Expenses	338,319,829	300,368,411	297,315,654	306,005,048	310,030,317
Salaries and Benefits	168,663,820	171,728,711	183,013,649	189,182,678	190,935,255
Other Non Patient Revenue	2,478,235	5,210,361	4,617,070	3,653,110	2,744,722
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	4,747,190	4,062,455	4,438,054	1,832,850	1,412,753
Bad Debt	2,276,129	2,984,169	4,020,012	1,081,192	5,248,471
Unreimbursed Cost for Medicaid	9,080,894	10,642,793	12,644,675	21,808,873	29,113,776
Patient Service Margin	125,592,370	148,912,289	192,456,791	211,279,281	226,406,970
Total Margin	128,070,605	154,122,650	197,073,861	214,932,391	229,151,692
Patient Service Margin Percent	27.07%	33.14%	39.30%	40.84%	42.21%
Total Margin Percent	27.46%	33.91%	39.86%	41.26%	42.50%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

The Medical Center of Aurora

(Medicare Provider No. 060100)

1501 S. Potomac Street, Aurora, CO 80012	Ownership Type	Proprietary
(303) 695-2600	Hospital Type	Acute Hospital
www.auroramed.com	State House District	HD 41 - Jovan Melton
Current Licensed Beds: 346	State Senate District	SD 28 - Nancy Todd
Current Fiscal Year End: December 31	US Congressional District	CD 6 - Mike Coffman

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

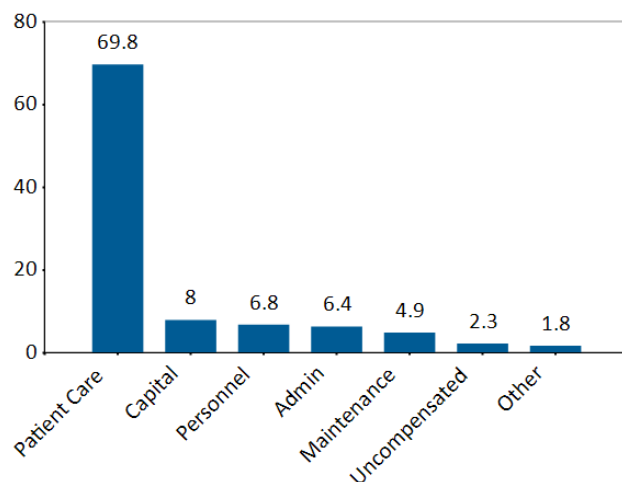
30

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	1,289	1,287	1,312	1,362	1,349
Total Interns & Residents FTEs	0	0	0	1	3
Total FTEs	1,544	1,577	1,645	1,675	1,639

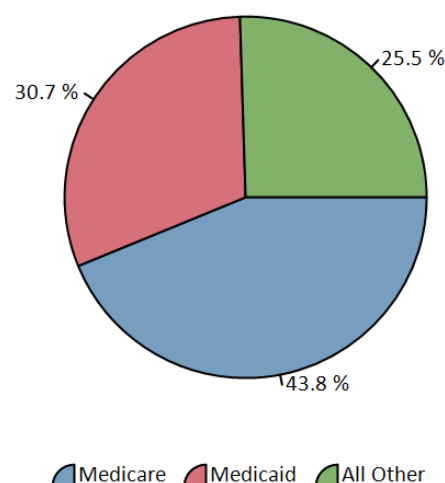
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	238	267	304	295	303
Inpatient Discharges	13,354	13,919	14,508	14,714	14,625
Inpatient Days	62,524	65,025	70,898	71,890	71,933
Average Length of Stay	4.68	4.67	4.89	4.89	4.92
Occupancy Rate (Inpatient Days)	71.97%	66.54%	63.90%	66.77%	65.04%
Observation Days	1,892	2,002	1,724	2,642	3,716

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	1,367,458,695	1,512,232,113	1,637,178,979	1,870,071,983	2,045,985,074
Contractual Allowances	1,063,130,392	1,210,696,207	1,339,607,471	1,549,271,817	1,723,727,078
Net Patient Revenue	304,328,303	301,535,906	297,571,508	320,800,166	322,257,996
Total Operating Expenses	270,529,293	245,932,231	237,805,474	246,858,294	236,956,395
Salaries and Benefits	125,528,008	131,880,201	139,360,058	144,744,951	142,451,023
Other Non Patient Revenue	5,879,459	3,758,512	4,251,471	4,406,965	4,943,542
Other Non Patient Expenses	Not Reported	13	23	Not Reported	10
Charity Care	4,346,379	4,120,333	4,967,968	1,317,119	1,310,764
Bad Debt	3,764,628	4,810,836	5,640,509	1,568,479	4,256,620
Unreimbursed Cost for Medicaid	9,362,000	11,338,157	12,448,647	20,875,040	19,372,595
Patient Service Margin	33,799,010	55,603,675	59,766,034	73,941,872	85,301,601
Total Margin	39,678,469	59,362,174	64,017,482	78,348,837	90,245,133
Patient Service Margin Percent	11.11%	18.44%	20.08%	23.05%	26.47%
Total Margin Percent	12.79%	19.44%	21.21%	24.09%	27.58%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

University of Colorado Hospital

(Medicare Provider No. 060024)

12605 E 16th Ave, Aurora, CO 80045	Ownership Type	Government - State
(720) 848-0000	Hospital Type	Acute Hospital
www.uchealth.org	State House District	HD 30 - Dafna Michaelson
Current Licensed Beds: 673	State Senate District	SD 25 - Kevin Priola
Current Fiscal Year End: June 30	US Congressional District	CD 6 - Mike Coffman

CMS Five Star Rating (2016)

★★

HQIP Score (2016/2017) - Out of 50

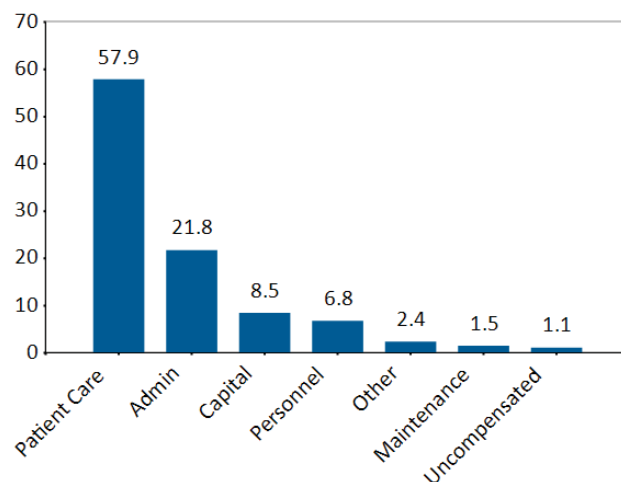
33

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	3,706	3,853	4,134	4,263	4,464
Total Interns & Residents FTEs	305	316	332	352	364
Total FTEs	3,939	4,073	4,427	5,120	5,416

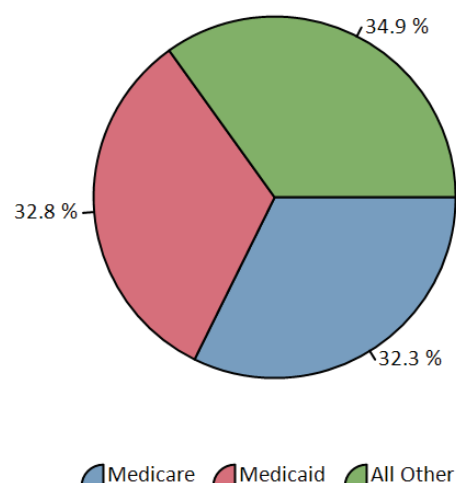
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	383	383	471	520	558
Inpatient Discharges	21,831	24,020	24,020	27,973	29,115
Inpatient Days	116,401	126,248	137,634	159,533	166,097
Average Length of Stay	5.33	5.26	5.73	5.70	5.70
Occupancy Rate (Inpatient Days)	83.27%	90.06%	80.06%	84.05%	81.55%
Observation Days	5,967	4,669	3,606	4,183	5,136

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	2,877,675,448	3,181,667,578	3,717,249,591	4,504,008,611	5,129,785,445
Contractual Allowances	2,050,861,459	2,260,179,352	2,683,487,346	3,357,545,314	3,806,308,769
Net Patient Revenue	826,813,989	921,488,226	1,033,762,245	1,146,463,297	1,323,476,676
Total Operating Expenses	744,207,870	820,373,976	908,860,743	1,036,397,030	1,146,403,385
Salaries and Benefits	327,905,832	358,486,699	380,947,489	450,005,101	470,074,033
Other Non Patient Revenue	117,401,325	8,971,282	95,586,091	154,231,464	64,204,144
Other Non Patient Expenses	928,545	1,013,536	3,803,021	8,234,965	8,718,500
Cost of Charity Care	444,952	141,623	150,798	553,474	2,124,372
Cost of Bad Debt	9,551,146	10,157,252	12,510,781	13,039,280	10,847,588
Unreimbursed Cost for Medicaid	4,382,646	9,723,258	6,223,795	45,621,976	64,805,075
Patient Service Margin	82,606,119	101,114,250	124,901,502	110,066,267	177,073,291
Total Margin	199,078,899	109,071,996	216,684,572	256,062,766	232,558,935
Patient Service Margin Percent	9.99%	10.97%	12.08%	9.60%	13.38%
Total Margin Percent	21.08%	11.72%	19.19%	19.69%	16.76%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Vail Valley Medical Center

(Medicare Provider No. 060096)

181 W Meadow Dr, Vail, CO 81658	Ownership Type	Vol. Non Profit - Private
(970) 476-2451	Hospital Type	Acute Hospital
www.vvmc.com	State House District	HD 26 - Diane Mitsch-Bush
Current Licensed Beds: 58	State Senate District	SD 5 - Kerry Donovan
Current Fiscal Year End: October 31	US Congressional District	CD 2 - Jared Polis

CMS Five Star Rating (2016)

★★★★

HQIP Score (2016/2017) - Out of 50

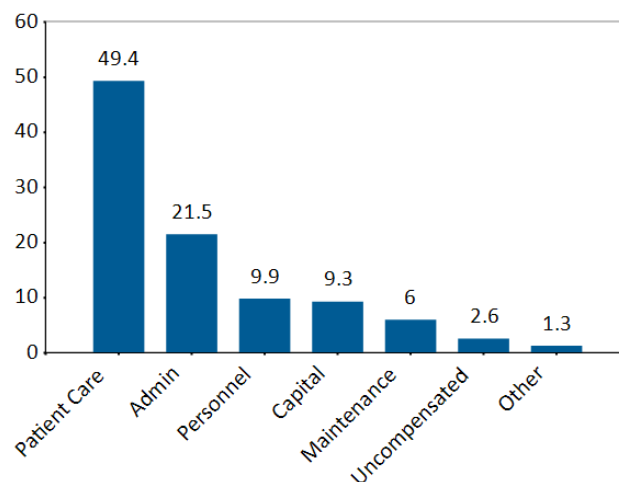
40

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	556	525	611	582	638
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	564	536	618	585	642

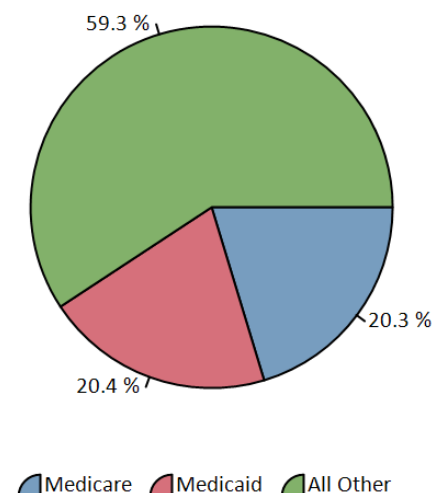
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	58	58	58	58	56
Inpatient Discharges	2,426	2,277	1,885	1,877	1,752
Inpatient Days	7,578	7,802	6,924	6,833	6,293
Average Length of Stay	3.12	3.43	3.67	3.64	3.59
Occupancy Rate (Inpatient Days)	35.80%	36.75%	32.71%	32.28%	30.79%
Observation Days	1,233	1,418	1,513	1,248	1,375

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	240,249,776	248,387,533	232,199,696	244,463,256	246,517,122
Contractual Allowances	86,663,538	92,095,128	83,375,306	91,912,921	92,770,912
Net Patient Revenue	153,586,238	156,292,405	148,824,390	152,550,335	153,746,210
Total Operating Expenses	140,432,406	142,504,017	145,871,805	144,812,281	151,140,279
Salaries and Benefits	53,145,455	52,135,675	61,985,212	63,593,141	68,408,158
Other Non Patient Revenue	24,981,150	29,030,190	39,918,325	36,820,813	45,831,294
Other Non Patient Expenses	2,475,669	1,694,711	2,096,562	3,010,581	2,624,039
Charity Care	791,264	597,467	371,849	467,367	112,431
Bad Debt	5,789,213	7,952,253	6,881,620	6,759,172	3,972,123
Unreimbursed Cost for Medicaid	Not Reported	Not Reported	Not Reported	Not Reported	773,433
Patient Service Margin	13,153,832	13,788,388	2,952,585	7,738,054	2,605,931
Total Margin	35,659,313	41,123,867	40,774,348	41,548,286	45,813,186
Patient Service Margin Percent	8.56%	8.82%	1.98%	5.07%	1.69%
Total Margin Percent	19.97%	22.19%	21.60%	21.94%	22.96%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



Although the charity care number shown for 2015 ties to the cost report, there was a correction to this number in 2016. The \$112,431 should be changed to \$252,870 which is consistent with the financial statements.

* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Valley View Hospital

(Medicare Provider No. 060075)

1906 Blake Avenue, Glenwood Springs, CO 81601	Ownership Type	Vol. Non Profit - Private
(970) 945-6535	Hospital Type	Acute Hospital
www.vvh.org	State House District	HD 57 - Bob Rankin
Current Licensed Beds: 78	State Senate District	SD 8 - Randy Baumgardner
Current Fiscal Year End: December 31	US Congressional District	CD 3 - Scott Tipton

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

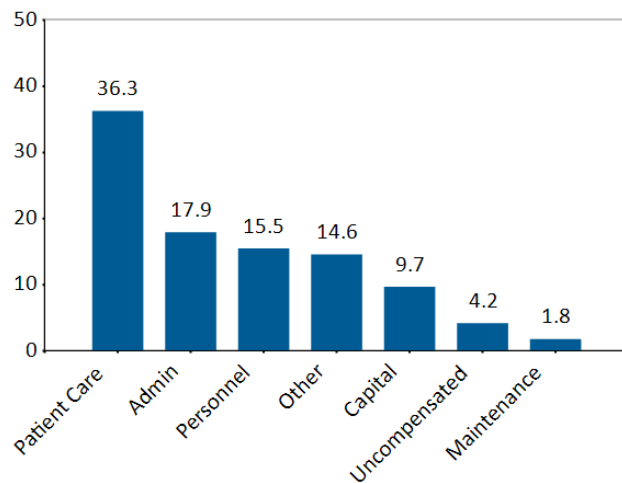
44

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	627	661	704	748	861
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	634	670	714	766	896

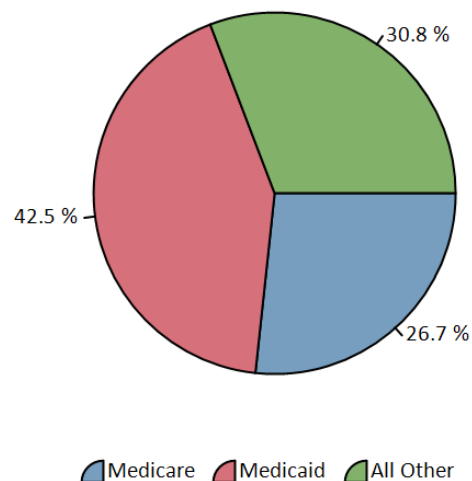
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	49	49	49	49	49
Inpatient Discharges	3,407	3,516	3,209	3,535	3,639
Inpatient Days	12,759	10,973	10,252	10,728	13,267
Average Length of Stay	3.74	3.12	3.19	3.03	3.65
Occupancy Rate (Inpatient Days)	71.34%	61.19%	57.32%	59.98%	74.18%
Observation Days	500	523	674	507	1,055

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	249,071,352	240,777,337	285,137,033	311,878,495	374,144,497
Contractual Allowances	109,558,128	119,362,896	117,178,591	126,331,164	166,811,815
Net Patient Revenue	139,513,224	121,414,441	167,958,442	185,547,331	207,332,682
Total Operating Expenses	119,183,165	134,317,377	158,934,161	171,147,984	198,307,931
Salaries and Benefits	69,562,898	78,392,672	86,129,919	92,818,494	115,470,226
Other Non Patient Revenue	13,102,866	36,440,194	9,181,360	9,894,012	6,326,409
Other Non Patient Expenses	Not Reported	2	6,272,501	Not Reported	Not Reported
Charity Care	1,715,182	2,845,852	2,097,679	3,543,174	7,096,309
Bad Debt	2,474,584	2,632,118	2,263,345	2,198,782	1,629,958
Unreimbursed Cost for Medicaid	1,838,880	3,126,835	5,956,370	74,141	Not Reported
Patient Service Margin	20,330,059	-12,902,936	9,024,281	14,399,347	9,024,751
Total Margin	33,432,925	23,537,256	11,933,140	24,293,359	15,351,160
Patient Service Margin Percent	14.57%	-10.63%	5.37%	7.76%	4.35%
Total Margin Percent	21.91%	14.91%	6.74%	12.43%	7.18%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Vibra Hospital

(Medicare Provider No. 062014)

8451 Pearl St., Thornton, CO 80229	Ownership Type	Proprietary
(303) 288-3000	Hospital Type	Long Term Acute Hospital
www.vhdenver.com	State House District	HD 31 - Joseph Salazar
Current Licensed Beds: 54	State Senate District	SD 25 - Kevin Priola
Current Fiscal Year End: August 31	US Congressional District	CD 7 - Ed Perlmutter

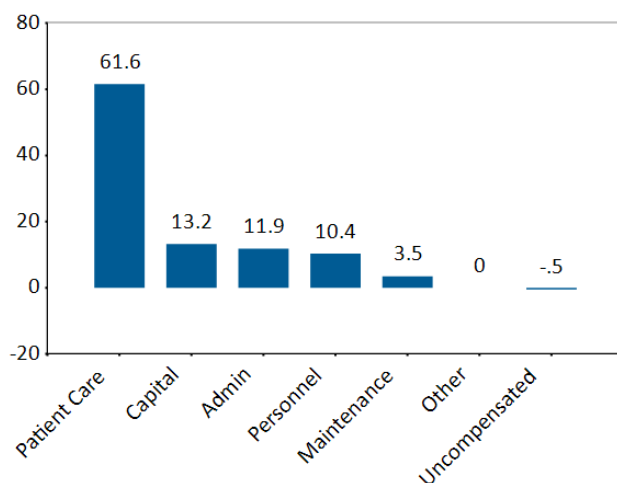
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Applicable	14*

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	131	186	134	146	146*
Total Interns & Residents FTEs	0	0	0	0	0*
Total FTEs	144	187	Not Reported	Not Reported	Not Reported

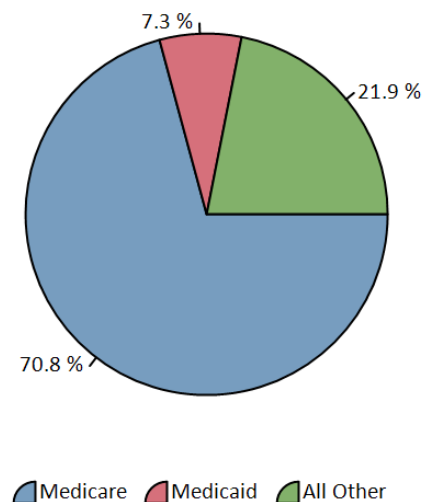
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	54	54	54	54	54
Inpatient Discharges	281	381	371	368	228*
Inpatient Days	11,358	10,181	10,421	11,107	6,918*
Average Length of Stay	40.42	26.72	28.09	30.18	30.34*
Occupancy Rate (Inpatient Days)	57.63%	51.51%	52.87%	56.35%	52.08%

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	58,362,789	76,614,773	71,112,377	98,106,209	63,170,245*
Contractual Allowances	36,008,205	54,009,056	48,606,088	74,222,757	47,891,697*
Net Patient Revenue	22,354,584	22,605,717	22,506,289	23,883,452	15,278,548*
Total Operating Expenses	22,806,638	23,332,740	23,418,465	23,713,399	15,965,198*
Salaries and Benefits	13,422,915	12,915,126	10,375,739	10,800,398	7,195,789*
Other Non Patient Revenue	1,658,837	1,876,970	1,602,481	944,761	212,124*
Other Non Patient Expenses	Not Reported	Not Reported	307,626	601,370	385,712*
Charity Care	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Bad Debt	-21,698	-29,406	-81,280	-71,033	-77,749*
Unreimbursed Cost for Medicaid	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Patient Service Margin	-452,054	-727,023	-912,176	170,053	-686,650*
Total Margin	1,206,783	1,149,947	382,679	513,444	-860,238*
Patient Service Margin Percent	-2.02%	-3.22%	-4.05%	0.71%	-4.49%*
Total Margin Percent	5.03%	4.70%	1.59%	2.07%	-5.55%*

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Weisbrod Memorial County Hospital

(Medicare Provider No. 061300)

1208 Luther St, Eads, CO 81036	Ownership Type	Government - State
(719) 438-5401	Hospital Type	Critical Access Hospital
www.kchd.org	State House District	HD 64 - Kimmi Lewis
Current Licensed Beds: 25	State Senate District	SD 35 - Larry Crowder
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

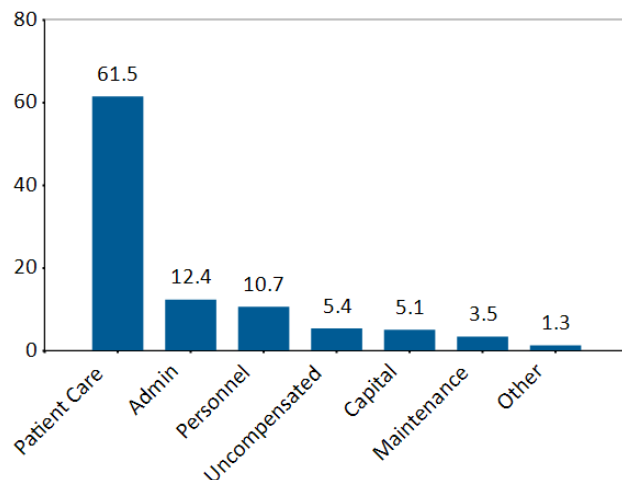
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	15

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	41	41	38	53	53
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

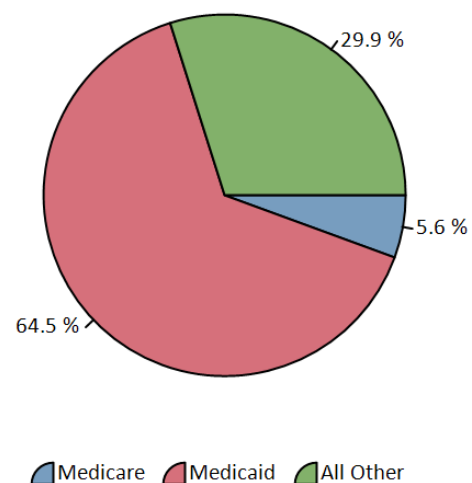
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	8	8	25	25	25
Inpatient Discharges	68	38	37	54	32
Inpatient Days	439	419	3,693	6,714	6,321
Average Length of Stay	2.40	2.95	2.54	3.81	2.91
Occupancy Rate (Inpatient Days)	15.03%	14.31%	40.47%	73.58%	69.27%
Observation Days	14	25	59	35	43

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	5,253,671	5,029,016	4,531,866	5,020,514	4,828,939
Contractual Allowances	1,096,697	560,767	628,925	555,350	20,632
Net Patient Revenue	4,156,974	4,468,249	3,902,941	4,465,164	4,808,307
Total Operating Expenses	5,523,422	5,787,726	5,652,129	5,474,850	5,747,137
Salaries and Benefits	3,801,395	3,891,009	3,735,199	3,299,429	3,360,405
Other Non Patient Revenue	818,387	1,233,508	1,856,093	1,762,197	1,519,565
Other Non Patient Expenses	7,921	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	16,862	4,118	37,795	25,471	4,373
Bad Debt	315,923	88,522	Not Reported	129,701	326,083
Unreimbursed Cost for Medicaid	279,196	255,926	263,890	487,969	759,968
Patient Service Margin	-1,366,448	-1,319,477	-1,749,188	-1,009,686	-938,830
Total Margin	-555,982	-85,969	106,905	752,511	580,735
Patient Service Margin Percent	-32.87%	-29.53%	-44.82%	-22.61%	-19.53%
Total Margin Percent	-11.17%	-1.51%	1.86%	12.08%	9.18%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

West Springs Hospital

(Medicare Provider No. 064023)

515 28 3/4 Rd., Grand Junction, CO 81501	Ownership Type	Vol. Non Profit - Private
(970) 263-4918	Hospital Type	Psychiatric Hospital
www.mindspringshealth.org/west-springs-hospital	State House District	HD 55 - Dan Thurlow
Current Licensed Beds: 32	State Senate District	SD 7 - Ray Scott
Current Fiscal Year End: June 30	US Congressional District	CD 3 - Scott Tipton

CMS Five Star Rating (2016)

Not Applicable

HQIP Score (2016/2017) - Out of 50

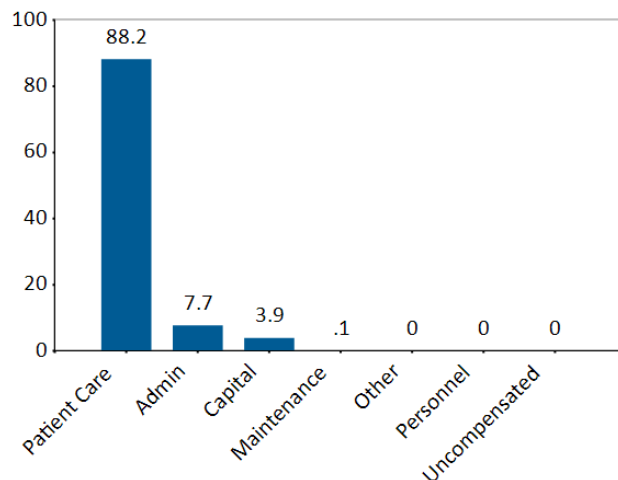
Not Applicable

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	86	72	78	79	102
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

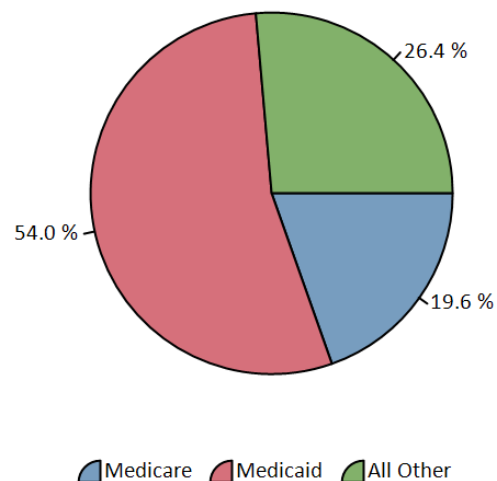
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	32	32	32	32	32
Inpatient Discharges	1,288	1,258	937	1,027	1,359
Inpatient Days	7,286	7,529	9,665	9,553	10,168
Average Length of Stay	5.66	5.98	10.31	9.30	7.48
Occupancy Rate (Inpatient Days)	62.38%	64.28%	82.75%	81.79%	87.05%
Observation Days					1,200

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	13,735,637	15,112,798	17,189,418	16,790,250	20,309,492
Contractual Allowances	7,662,352	6,871,806	7,172,520	7,606,464	9,998,545
Net Patient Revenue	6,073,285	8,240,992	10,016,898	9,183,786	10,310,947
Total Operating Expenses	8,640,414	9,833,519	11,014,034	11,418,750	12,401,668
Salaries and Benefits	3,898,192	3,915,136	4,126,030	4,258,455	5,356,808
Other Non Patient Revenue	683,125	551,925	461,735	742,220	2,934,231
Other Non Patient Expenses	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	1,718,645				
Bad Debt	539,909				
Unreimbursed Cost for Medicaid	1,459,990				
Patient Service Margin	-2,567,129	-1,592,527	-997,136	-2,234,964	-2,090,721
Total Margin	-1,884,004	-1,040,602	-535,401	-1,492,744	843,510
Patient Service Margin Percent	-42.27%	-19.32%	-9.95%	-24.34%	-20.28%
Total Margin Percent	-27.88%	-11.83%	-5.11%	-15.04%	6.37%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



Psychiatric hospitals are ineligible to report uncompensated care on Medicare Cost Reports; therefore, the 'Uncompensated Care' portion of the Total Hospital Expenses graph is recorded as \$0.

* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Wray Community District Hospital

(Medicare Provider No. 061309)

1017 W. 7th St., Wray, CO 80758	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(970) 332-4811	Hospital Type	Critical Access Hospital
www.wraycommunitydistrichospital.com	State House District	HD 65 - Jon Becker
Current Licensed Beds: 15	State Senate District	SD 1 - Jerry Sonnenberg
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

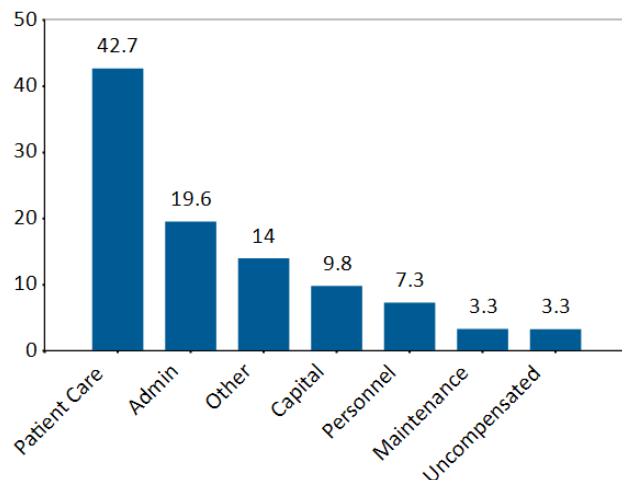
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	18

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	93	95	97	92	69
Total Interns & Residents FTEs	2	2	1	2	1
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

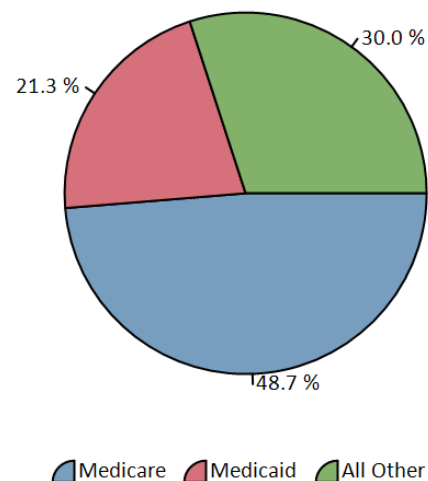
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	16	16	16	16	16
Inpatient Discharges	473	349	325	331	321
Inpatient Days	1,897	1,463	1,252	1,290	1,235
Average Length of Stay	3.04	3.38	2.97	3.27	2.91
Occupancy Rate (Inpatient Days)	32.48%	24.98%	21.44%	22.09%	21.15%
Observation Days	327	187	190	160	158

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	19,359,798	18,294,993	17,898,447	19,122,888	19,714,216
Contractual Allowances	6,235,165	4,357,790	2,634,339	4,063,725	4,384,066
Net Patient Revenue	13,124,633	13,937,203	15,264,108	15,059,163	15,330,150
Total Operating Expenses	14,120,236	14,706,031	15,884,982	15,822,671	16,114,783
Salaries and Benefits	5,995,840	6,340,134	6,404,759	6,422,514	6,263,293
Other Non Patient Revenue	1,262,717	2,334,793	1,227,293	752,375	1,489,226
Other Non Patient Expenses	Not Reported	Not Reported	248,124	761,097	35,567
Charity Care	395,033	175,377	57,261	10,567	Not Reported
Bad Debt	384,625	465,713	491,836	442,859	517,231
Unreimbursed Cost for Medicaid	512,244	567,381	733,500	440,361	886,308
Patient Service Margin	-995,603	-768,828	-620,874	-763,508	-784,633
Total Margin	267,114	1,565,965	358,295	-772,230	669,026
Patient Service Margin Percent	-7.59%	-5.52%	-4.07%	-5.07%	-5.12%
Total Margin Percent	1.86%	9.62%	2.17%	-4.88%	3.98%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Yampa Valley Medical Center

(Medicare Provider No. 060049)

1024 Central Park Drive, Steamboat Springs, CO 80487	Ownership Type	Vol. Non Profit - Private
(970) 879-1322	Hospital Type	Acute Hospital
www.yvmc.org	State House District	HD 26 - Diane Mitsch-Bush
Current Licensed Beds: 39	State Senate District	SD 8 - Randy Baumgardner
Current Fiscal Year End: September 30	US Congressional District	CD 3 - Scott Tipton

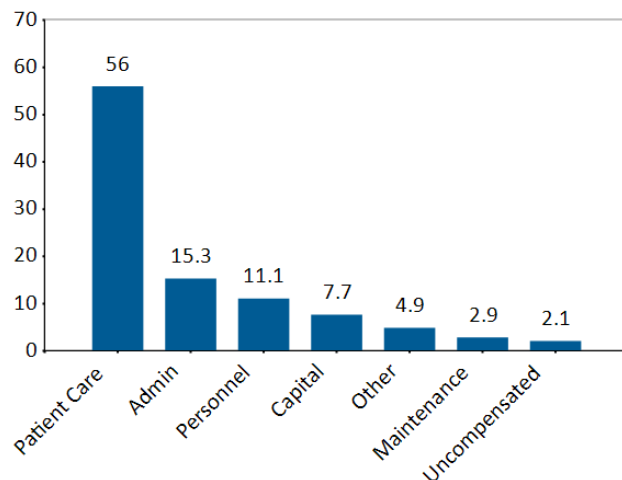
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
★★★★	38

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	367	375	381	374	397
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	424	441	443	388	403

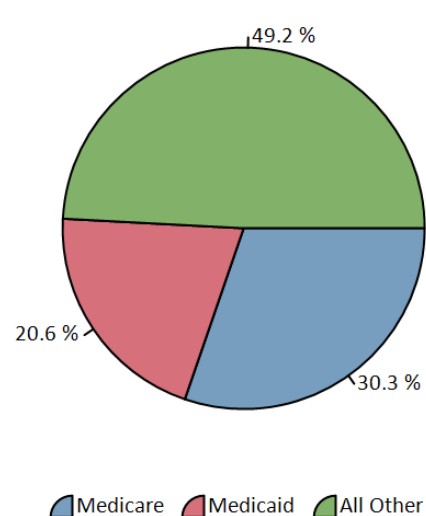
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	39	39	39	39	39
Inpatient Discharges	1,612	1,544	1,463	1,329	1,449
Inpatient Days	4,838	5,035	4,903	4,594	4,797
Average Length of Stay	2.92	2.93	3.08	3.18	3.22
Occupancy Rate (Inpatient Days)	33.99%	35.27%	34.44%	32.27%	33.70%
Observation Days	345	400	573	681	664

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	106,475,736	108,573,836	112,677,741	120,627,608	137,562,254
Contractual Allowances	28,671,665	30,458,896	35,608,923	39,968,970	45,305,085
Net Patient Revenue	77,804,071	78,114,940	77,068,818	80,658,638	92,257,169
Total Operating Expenses	70,020,390	73,449,975	76,015,585	76,336,248	84,485,457
Salaries and Benefits	34,690,788	36,114,415	36,655,689	34,050,252	36,954,706
Other Non Patient Revenue	2,832,285	2,486,819	2,818,447	3,549,452	3,267,030
Other Non Patient Expenses	4,132,631	293,186	7,512	1,220,543	5,728,532
Charity Care	1,674,734	1,113,402	1,264,400	580,266	959,083
Bad Debt	307,682	700,068	690,699	606,940	863,305
Unreimbursed Cost for Medicaid	1,097,695	349,547	752,798	1,162,311	1,484,047
Patient Service Margin	7,783,681	4,664,965	1,053,233	4,322,390	7,771,712
Total Margin	6,483,335	6,858,598	3,864,168	6,651,299	5,310,210
Patient Service Margin Percent	10.00%	5.97%	1.37%	5.36%	8.42%
Total Margin Percent	8.04%	8.51%	4.84%	7.90%	5.56%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Yuma District Hospital

(Medicare Provider No. 061315)

1000 W. 8th Ave., Yuma, CO 80759	Ownership Type	Gov. - Hosp. Dist. Or Auth.
(970) 848-5405	Hospital Type	Critical Access Hospital
www.yumahospital.org	State House District	HD 65 - Jon Becker
Current Licensed Beds: 15	State Senate District	SD 1 - Jerry Sonnenberg
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

CMS Five Star Rating (2016)

★★★

HQIP Score (2016/2017) - Out of 50

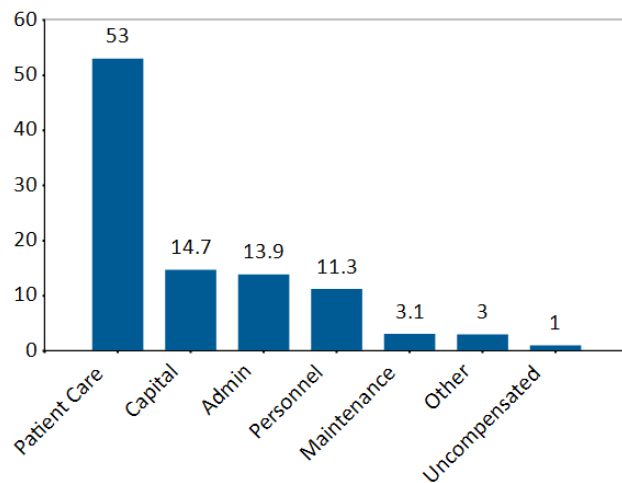
47

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	94	93	95	96	94
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

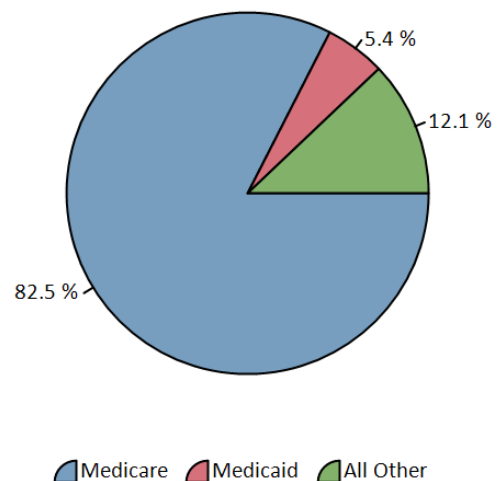
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	22	15	15	15	15
Inpatient Discharges	281	256	238	228	231
Inpatient Days	1,005	927	818	795	776
Average Length of Stay	2.88	3.02	2.74	2.46	2.68
Occupancy Rate (Inpatient Days)	12.52%	16.89%	14.94%	14.52%	14.17%
Observation Days	157	217	119	156	133

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	26,253,385	27,395,700	29,595,006	31,405,992	33,481,166
Contractual Allowances	8,857,811	8,252,306	10,933,821	11,022,841	12,349,635
Net Patient Revenue	17,395,574	19,143,394	18,661,185	20,383,151	21,131,531
Total Operating Expenses	19,644,439	20,798,690	21,140,212	21,308,980	21,602,458
Salaries and Benefits	10,201,664	10,603,946	11,500,128	11,632,436	11,660,830
Other Non Patient Revenue	1,242,669	1,353,665	2,548,086	1,372,060	1,531,603
Other Non Patient Expenses	62,667	158,068	156,483	1,323,110	437,095
Charity Care	41,986	63,041	33,224	41,926	12,325
Bad Debt	336,469	542,831	936,019	705,575	212,173
Unreimbursed Cost for Medicaid	1,236,639	357,862	7,636	972,288	1,816,065
Patient Service Margin	-2,248,865	-1,655,296	-2,479,027	-925,829	-470,927
Total Margin	-1,068,863	-459,699	-87,424	-876,879	623,581
Patient Service Margin Percent	-12.93%	-8.65%	-13.28%	-4.54%	-2.23%
Total Margin Percent	-5.73%	-2.24%	-0.41%	-4.03%	2.75%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.

Banner Health

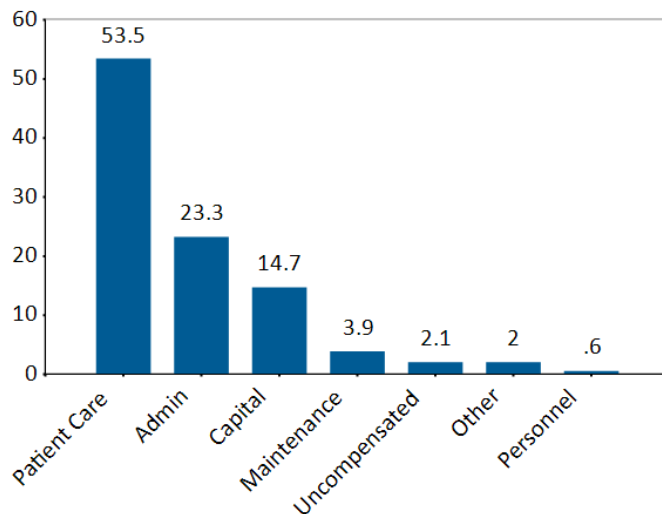
7251 W 4th St, Greeley, CO 80634
(970) 810-1561
www.bannerhealth.com
Current Total Licensed Beds: 566

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	2,927	2,880	2,647	2,485	2,647*
Total Interns & Residents FTEs	25	33	27	28	29*
Total FTEs	3,241	3,299	3,084	3,028	3,065*

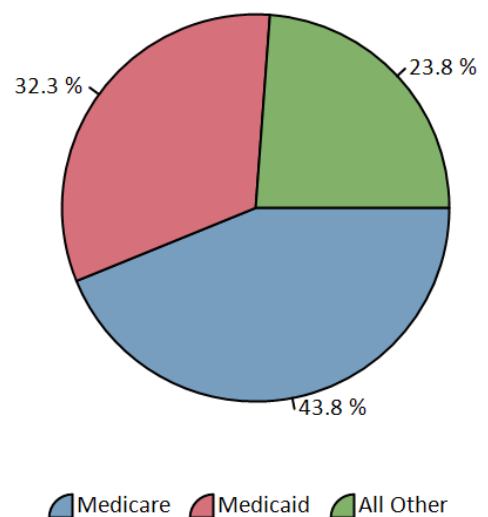
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	453	453	434	422	442*
Inpatient Discharges	21,293	20,603	19,202	17,825	17,873*
Inpatient Days	79,123	74,753	69,988	65,769	64,360*
Average Length of Stay	3.72	3.63	3.64	3.69	3.60*
Occupancy Rate (Inpatient Days)	47.85%	45.09%	44.18%	42.70%	40.62%*
Observation Days	5,031	7,511	9,858	10,214	11,491*

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	1,402,271,001	1,386,787,086	1,370,957,005	1,449,648,372	1,547,087,381*
Contractual Allowances	829,141,676	820,670,295	814,654,300	883,219,666	943,724,436*
Net Patient Revenue	573,129,325	566,116,791	556,302,705	566,428,706	603,362,945*
Total Operating Expenses	524,083,333	528,895,229	510,423,779	508,644,769	569,391,191*
Salaries and Benefits	280,112,716	279,032,221	247,713,024	251,235,149	251,742,564*
Other Non Patient Revenue	13,933,396	23,498,949	18,374,291	17,761,104	14,596,432*
Other Non Patient Expenses	9	328,607	12,227	714,581	Not Reported
Cost of Charity Care	10,782,149	7,889,334	7,571,092	8,153,734	6,381,758*
Cost of Bad Debt	11,776,387	11,237,339	10,284,015	7,371,208	5,516,406*
Unreimbursed Cost for Medicaid	Not Reported	Not Reported	Not Reported	7,675,085	17,401,269*
Patient Service Margin	49,045,992	37,221,562	45,878,926	57,783,937	33,971,754*
Total Margin	62,979,379	60,391,904	64,240,990	74,830,460	48,568,186*
Patient Service Margin Percent	8.56%	6.57%	8.25%	10.20%	5.63%*
Total Margin Percent	10.73%	10.24%	11.18%	12.81%	7.86%*

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates at least one hospital in the system reported a truncated Cost Report that does not cover an entire fiscal year.

Centura Health (Adventist)

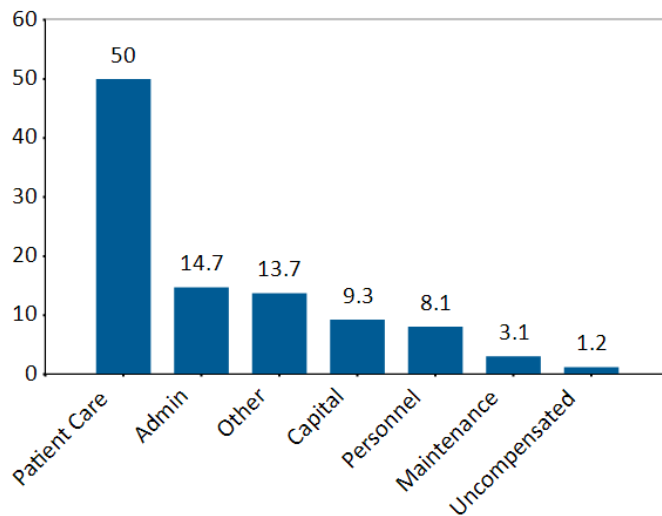
188 Inverness Drive West, Englewood, CO 80112
(303) 290-6500
www.centura.org
Current Total Licensed Beds: 1,124

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	4,160	4,493	2,269	4,859*	4,961
Total Interns & Residents FTEs	0	0	0	0*	0
Total FTEs	4,536	4,909	5,002	5,525*	5,849

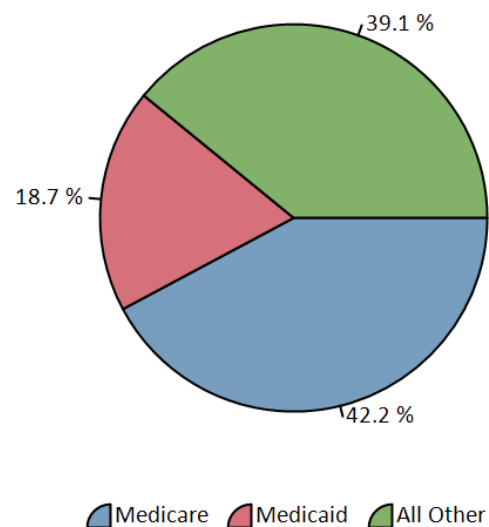
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	751	751	776	765*	796
Inpatient Discharges	37,378	38,994	36,585	35,821*	37,828
Inpatient Days	156,693	157,105	154,699	153,990*	159,087
Average Length of Stay	4.19	4.03	4.23	4.30*	4.21
Occupancy Rate (Inpatient Days)	57.16%	57.16%	54.62%	55.60%*	54.76%
Observation Days	7,792	7,840	9,216	12,023*	12,895

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	3,165,368,493	3,628,087,611	3,794,896,035	4,082,621,128*	4,615,827,347
Contractual Allowances	2,292,091,237	2,581,007,136	2,803,895,625	3,003,290,553*	3,439,672,224
Net Patient Revenue	873,277,256	1,047,080,475	991,000,410	1,079,330,575*	1,176,155,123
Total Operating Expenses	835,748,597	935,643,570	949,380,598	1,069,515,800*	1,147,101,724
Salaries and Benefits	383,413,593	434,591,882	455,068,744	507,857,814*	563,590,854
Other Non Patient Revenue	36,937,882	41,698,114	29,093,124	31,697,094*	29,084,261
Other Non Patient Expenses	127,627	38,177	118,874	969,689*	-54,097
Cost of Charity Care	24,931,421	32,388,813	18,862,914	10,890,365*	5,504,353
Cost of Bad Debt	11,331,016	8,390,944	9,977,644	9,925,075*	8,360,776
Unreimbursed Cost for Medicaid	13,869,873	48,675,859	38,493,554	44,145,826*	64,420,278
Patient Service Margin	37,528,659	111,436,905	41,619,812	9,814,775*	29,053,399
Total Margin	74,338,914	153,096,842	70,594,062	40,542,180*	58,191,757
Patient Service Margin Percent	4.30%	10.64%	4.20%	0.91%*	2.47%
Total Margin Percent	8.17%	14.06%	6.92%	3.65%*	4.83%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates at least one hospital in the system reported a truncated Cost Report that does not cover an entire fiscal year.

Centura Health (CHI)

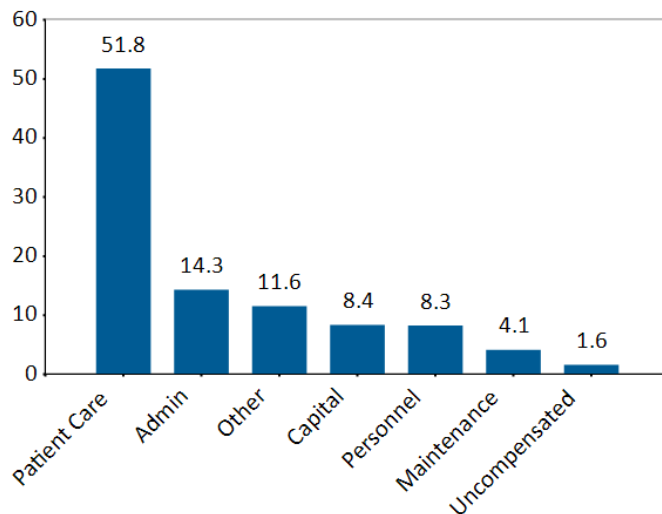
188 Inverness Drive West, Englewood, CO 80112
(303) 290-6500
www.centura.org
Current Total Licensed Beds: 1,262

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	6,033*	5,899	6,564	7,061	6,138
Total Interns & Residents FTEs	50*	39	48	45	50
Total FTEs	7,341*	7,373	8,007	8,161	8,710

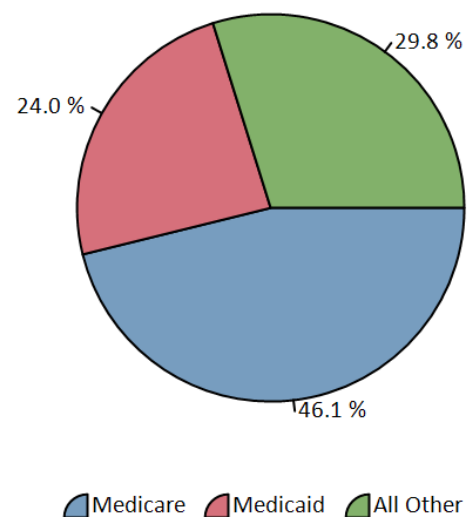
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	1,112*	993	1,072	1,059	1,023
Inpatient Discharges	52,698*	59,267	52,645	53,278	54,556
Inpatient Days	222,522*	224,679	218,854	217,817	221,627
Average Length of Stay	4.22*	3.79	4.16	4.09	4.06
Occupancy Rate (Inpatient Days)	57.03%*	61.82%	55.93%	56.35%	59.35%
Observation Days	15,190*	15,232	16,018	19,651	20,705

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	4,394,912,221*	4,803,977,108	5,164,608,961	5,524,025,586	6,277,107,969
Contractual Allowances	3,278,813,103*	3,612,286,761	3,917,260,528	4,128,795,292	4,690,493,032
Net Patient Revenue	1,116,099,118*	1,191,690,347	1,247,348,433	1,395,230,294	1,586,614,937
Total Operating Expenses	1,151,596,182*	1,278,065,670	1,342,565,385	1,456,133,588	1,533,463,875
Salaries and Benefits	553,575,575*	614,820,293	663,339,413	711,666,646	782,229,546
Other Non Patient Revenue	51,040,386*	75,674,213	75,349,317	76,585,415	39,342,322
Other Non Patient Expenses	45,428*	93,720	-8,867	-5,537,600	-382,796
Cost of Charity Care	57,445,943*	68,246,678	56,372,040	38,724,618	15,684,027
Cost of Bad Debt	15,147,909*	11,859,484	10,879,894	10,201,192	8,319,144
Unreimbursed Cost for Medicaid	29,727,540*	96,663,752	96,769,842	74,065,223	110,027,552
Patient Service Margin	-35,497,064*	-86,375,323	-95,216,952	-60,903,294	53,151,062
Total Margin	15,497,894*	-10,794,830	-19,858,768	21,219,721	92,876,180
Patient Service Margin Percent	-3.18%*	-7.25%	-7.63%	-4.37%	3.35%
Total Margin Percent	1.33%*	-0.85%	-1.50%	1.44%	5.71%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates at least one hospital in the system reported a truncated Cost Report that does not cover an entire fiscal year.

HealthONE

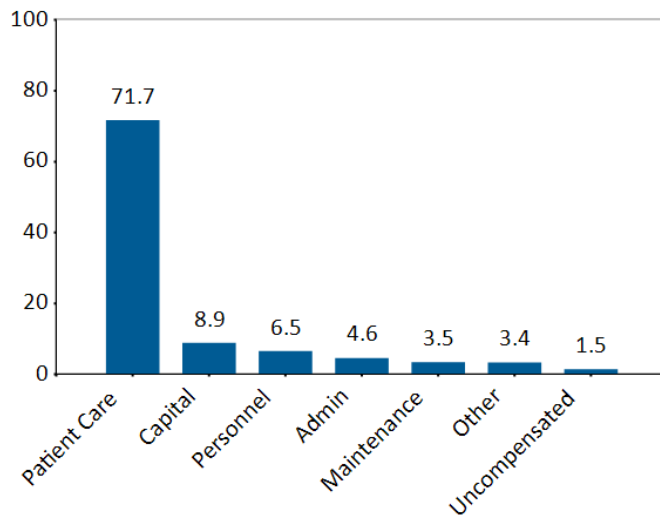
4900 South Monaco Street, Denver, CO 80237
 (303) 788-2500
 www.hcahealthcare.com
 Current Total Licensed Beds: 2,375

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	6,993	7,127	7,193*	7,307	7,849
Total Interns & Residents FTEs	77	75	73*	85	94
Total FTEs	8,239	8,507	8,618*	8,724	8,743

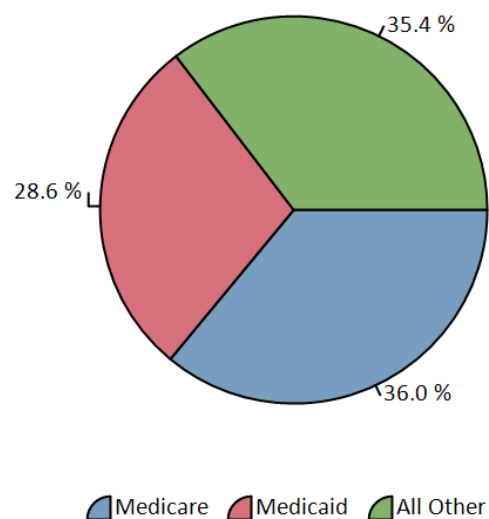
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	1,553	1,557	1,639*	1,619	1,609
Inpatient Discharges	73,892	77,244	79,035*	78,122	78,523
Inpatient Days	371,450	381,387	393,192*	390,060	393,670
Average Length of Stay	5.03	4.94	4.97*	4.99	5.01
Occupancy Rate (Inpatient Days)	65.53%	66.93%	67.45%*	66.01%	67.03%
Observation Days	23,886	18,163	14,919*	17,950	20,207

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	7,556,467,092	8,471,282,954	9,554,484,704*	10,693,475,223	12,014,205,629
Contractual Allowances	5,683,702,468	6,565,998,213	7,563,272,975*	8,623,638,381	9,843,069,178
Net Patient Revenue	1,872,764,624	1,905,284,741	1,991,211,729*	2,069,836,842	2,171,136,451
Total Operating Expenses	1,461,462,480	1,404,303,523	1,386,421,967*	1,408,127,232	1,428,235,197
Salaries and Benefits	697,594,071	735,101,881	753,944,744*	784,940,640	797,681,407
Other Non Patient Revenue	17,182,146	15,891,354	15,463,989*	14,818,940	14,710,419
Other Non Patient Expenses	60	9	26*	-141	112
Cost of Charity Care	16,211,746	15,221,139	16,745,750*	6,221,172	4,861,201
Cost of Bad Debt	10,643,120	14,509,716	19,195,371*	6,724,801	16,547,652
Unreimbursed Cost for Medicaid	38,956,868	36,502,608	42,765,211*	81,278,336	86,513,873
Patient Service Margin	411,302,144	500,981,218	604,789,762*	661,709,610	742,901,254
Total Margin	428,484,230	516,872,563	620,253,725*	676,528,691	757,611,561
Patient Service Margin Percent	21.96%	26.29%	30.37%*	31.97%	34.22%
Total Margin Percent	22.67%	26.90%	30.91%*	32.45%	34.66%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates at least one hospital in the system reported a truncated Cost Report that does not cover an entire fiscal year.

SCL Health

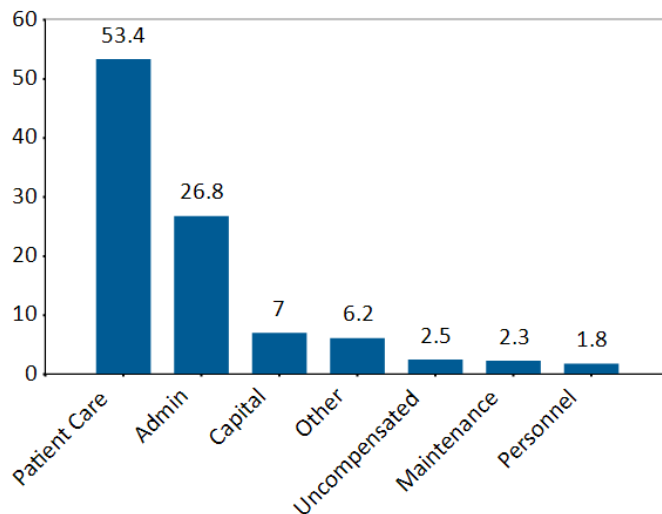
2420 West 26th Avenue, Denver, CO 80211
(303) 813-5190
www.sclhealthsystem.org
Current Total Licensed Beds: 1,318

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	6,558	6,633	6,389	6,309	6,054
Total Interns & Residents FTEs	122	121	125	126	124
Total FTEs	7,428	7,622	7,396	7,416	7,436

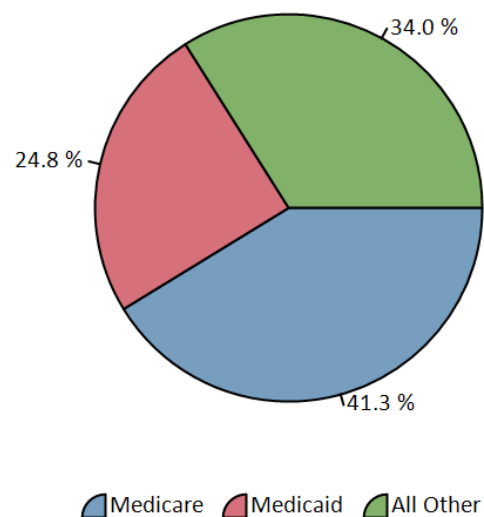
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	1,144	1,139	1,116	1,050	1,091
Inpatient Discharges	59,917	60,720	56,797	55,833	55,688
Inpatient Days	256,416	259,253	248,446	244,747	246,358
Average Length of Stay	4.28	4.27	4.37	4.38	4.42
Occupancy Rate (Inpatient Days)	61.41%	62.19%	60.99%	63.86%	61.87%
Observation Days	11,798	18,299	18,186	16,726	14,933

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	4,606,005,816	4,984,958,006	5,157,090,360	5,428,428,087	5,792,708,730
Contractual Allowances	3,248,502,890	3,554,675,571	3,702,057,477	3,938,903,984	4,205,557,536
Net Patient Revenue	1,357,502,926	1,430,282,435	1,455,032,883	1,489,524,103	1,587,151,194
Total Operating Expenses	1,304,872,292	1,365,229,892	1,408,673,300	1,449,727,445	1,533,907,860
Salaries and Benefits	636,195,843	621,231,156	629,811,443	681,891,938	706,321,452
Other Non Patient Revenue	49,453,105	95,711,716	79,789,001	74,273,189	103,310,913
Other Non Patient Expenses	4,380,596	Not Reported	Not Reported	Not Reported	1,132,074
Cost of Charity Care	43,266,179	60,563,502	55,123,971	44,750,102	21,023,191
Cost of Bad Debt	17,495,822	12,585,784	17,429,518	10,507,921	17,424,870
Unreimbursed Cost for Medicaid	28,183,840	42,934,926	57,630,009	64,492,733	65,841,791
Patient Service Margin	52,630,634	65,052,543	46,359,583	39,796,658	53,243,334
Total Margin	97,703,143	160,764,259	126,148,584	114,069,847	155,422,173
Patient Service Margin Percent	3.88%	4.55%	3.19%	2.67%	3.35%
Total Margin Percent	6.94%	10.54%	8.22%	7.29%	9.19%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates at least one hospital in the system reported a truncated Cost Report that does not cover an entire fiscal year.

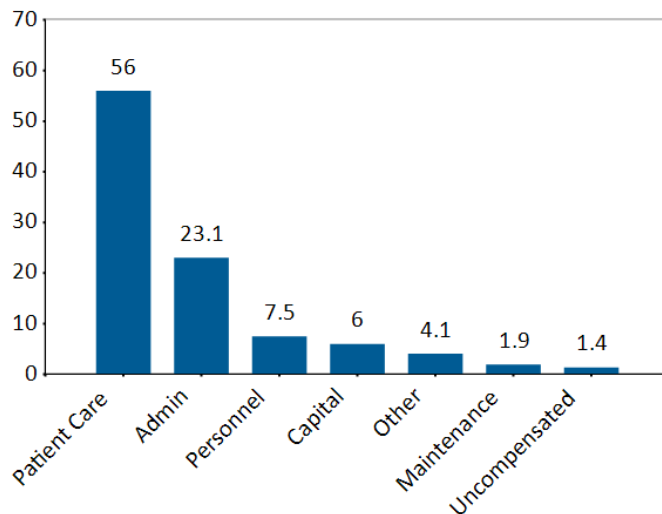
12605 E. 16th Avenue, Aurora, CO 80045
(720) 848-7800
www.uchealth.org
Current Total Licensed Beds: 1,752

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs			10,815*	9,657	9,936
Total Interns & Residents FTEs			349*	369	380
Total FTEs			11,828*	11,310	12,109

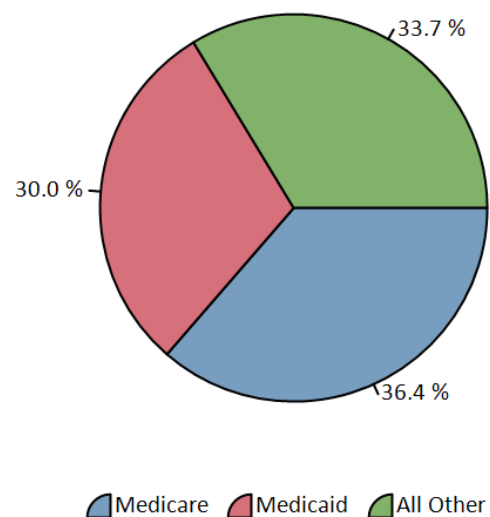
Utilization Trends	2011	2012	2013	2014	2015
Available Beds			1,247*	1,279	1,315
Inpatient Discharges			60,029*	68,591	74,779
Inpatient Days			290,916*	328,480	345,849
Average Length of Stay			4.85*	4.79	4.62
Occupancy Rate (Inpatient Days)			69.74%*	70.36%	72.06%
Observation Days			12,112*	20,953	12,752

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue			6,932,919,163*	8,524,559,767	9,542,241,626
Contractual Allowances			4,746,304,042*	6,039,333,997	6,722,750,238
Net Patient Revenue			2,186,615,121*	2,485,225,770	2,819,491,388
Total Operating Expenses			2,010,123,571*	2,277,219,227	2,410,199,757
Salaries and Benefits			905,990,969*	1,017,429,516	1,077,330,537
Other Non Patient Revenue			120,576,835*	192,698,655	111,491,683
Other Non Patient Expenses			3,803,017*	8,234,965	86,517,160
Cost of Charity Care			26,841,108*	25,227,103	6,716,376
Cost of Bad Debt			35,036,158*	39,084,823	27,253,293
Unreimbursed Cost for Medicaid			69,440,694*	107,120,721	116,974,490
Patient Service Margin			176,491,550*	208,006,543	409,291,631
Total Margin			293,265,368*	392,470,233	434,266,154
Patient Service Margin Percent			8.07%*	8.37%	14.52%
Total Margin Percent			12.71%*	14.66%	14.82%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates at least one hospital in the system reported a truncated Cost Report that does not cover an entire fiscal year.



Appendix 1

COLORADO HOSPITAL ASSOCIATION RESOLUTION IN SUPPORT OF HOSPITAL TRANSPARENCY

(Approved July 13, 2017)

WHEREAS, Colorado hospitals and health systems are committed to caring for patients regardless of their ability to pay for all or part of the essential care they receive; and to treating all patients with compassion, from the bedside to the billing office;

WHEREAS, access to health care depends on, in part, the financial health of those organizations which provide care;

WHEREAS, all uninsured or underinsured patients are expected to contribute to the cost of their care based on their individual ability to pay;

WHEREAS, the federal government requires that hospitals maintain uniform lists of prices as a condition of participation in Medicare;

WHEREAS, fear of the cost of health care should never interfere with a patient receiving essential health care services;

WHEREAS, with more of the financial responsibility for premiums and deductibles now being passed to consumers, patients have a heightened desire to know what their health care costs will be;

WHEREAS, Colorado hospitals and health systems are committed to fair, timely and appropriate communications and transparency with patients regarding health care costs and pricing; and to being national leaders and good examples in this regard;

Be it therefore resolved that the Colorado Hospital Association Board of Trustees recommends the following to its member hospitals and health systems:

1. For patients who are uninsured, have a family income of more than 250 percent of Federal Poverty Level guidelines and are Colorado residents, Colorado hospitals should not ask patients to pay more than the average negotiated rate from private health plans for emergency or other medically necessary care.
2. In addition to posting the self-pay charges for inpatient admissions as required by SB 17-065, Colorado hospitals should voluntarily post on their website (by October 31, 2017) the hospitals' facility fee charge for Emergency Department visits levels 1-5. This may be posted with the caveat that contracted insurance rates ultimately determine what portion the patient will be responsible for paying. Charges for the most common outpatient diagnostic tests and procedures associated with ED visits should also be posted (by December 31, 2017). These charges can be posted as an average or a range.
3. To prominently place on the hospital website, policies and procedures for patients to follow who have a billing complaint or grievance. At a minimum, this should include the address and phone number where a patient may file a complaint.
4. Hospitals will prominently place and display (signage and website) the fact that patients may receive multiple bills for services received. Specifically, that physician, lab and radiology bills (among others) may come from different entities and are owed separately from the hospital bill.

COLORADO HOSPITAL ASSOCIATION RESOLUTION IN SUPPORT OF HOSPITAL PRICE EQUITY AND TRANSPARENCY

(Approved May 9, 2014)

WHEREAS, Colorado hospitals and health systems are committed to caring for patients regardless of the patient's ability to pay for all or part of the essential care they receive; and to treating all patients with compassion, from the bedside to the billing office;

WHEREAS, Colorado hospitals and health systems treat patients who lack health insurance coverage on a daily basis; continue to face unprecedented levels of bad debt; and provide approximately \$1.7 billion of uncompensated care annually;

WHEREAS, access to health care is assured, in part, on the financial health of those organizations which provide care;

WHEREAS, the Patient Protection and Affordable Care Act includes an individual mandate to have health insurance;

WHEREAS, all uninsured or underinsured patients are expected to contribute to the cost of their care based on their individual ability to pay;

WHEREAS, the federal government requires that hospitals maintain uniform lists of prices, commonly known as the chargemaster, as a condition of participation in Medicare;

WHEREAS, fear of the cost of health care should never interfere with a patient receiving essential health care services;

WHEREAS, Colorado hospitals are committed to fair, timely and appropriate communications and transparency with patients regarding health care costs and pricing; and to being national leaders and examples in this regard;

Be it therefore resolved that the Colorado Hospital Association Board of Trustees recommends the following to its member hospitals and health systems:

1. For patients who are uninsured, have a family income of more than 250 percent of Federal Poverty Level guidelines and are Colorado residents, Colorado hospitals should not charge such patients more than the average negotiated rate from private health plans for emergency or other medically necessary care.
2. Colorado hospitals should voluntarily post on their website and make available on request the low, high and average amounts for uninsured patients' actual out-of-pocket costs for the previous calendar year, for a pre-identified list of common elective procedures as applicable.

METHODOLOGY

DATA SOURCES

The Colorado Hospital Association (CHA) compiled this report using publicly available data. Financial and utilization data came from the CMS Cost Reports that hospitals file annually. Quality data came from CMS Hospital Compare and the Medicaid Hospital Quality Incentive Program. State and national health expenditure and utilization data came from the CMS Health Expenditures by State of Residence dataset. Licensed beds came from CPDHE, and general hospital information came from the hospitals' websites. The datasets can be downloaded from:

Cost Reports:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Cost-Reports/Cost-Reports-by-Fiscal-Year.html>

Hospital Compare:

<https://data.medicare.gov/data/hospital-compare>

HQIP scores:

<https://www.colorado.gov/hcpf/hospital-provider-fee-oversight-and-advisory-board>

National Health Expenditure:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsStateHealthAccountsResidence.html>

Licensed Beds:

<http://www.hfemsd2.dphe.state.co.us/hfd2003/homebase.aspx?Ftype=hospital&Do=list>

CHA downloaded files for this report on July 24, 2017. As CMS periodically updates both the HCRIS and Hospital Compare files with the most recent data and cost reports, subsequent downloads these databases may vary. Licensed beds are reported as what CDPHE had listed as currently licensed to each facility, and may therefore vary from what a hospital had during any of the past fiscal years included in this report.

This report includes two quality measures: The CMS Overall Hospital Rating and the Medicaid Hospital Quality Incentive Program score. The CMS Overall Hospital Rating is described as follows on Hospital Compare:

The hospital overall ratings are designed to assist patients, consumers, and others in comparing hospitals side-by-side. The hospital overall ratings show the quality of care a hospital may provide compared to other hospitals based on the quality measures reported on Hospital Compare. The hospital overall ratings summarize more than 60 measures reported on Hospital Compare into a single rating. The measures come from the IQR, OQR, and other programs and encompass measures in seven measure groups: mortality, safety of care, readmission, patient experience, effectiveness of care, timeliness of care, and efficient use of medical imaging. The hospitals can receive between one and five stars, with five stars being the highest rating, and the more stars, the better the hospital performs on the quality measures. Most hospitals will display a three star rating. Reporting Cycle Data collection period will vary by measure, and will be updated bi-annually.

The Medicaid Hospital Quality Incentive Program (HQIP) is administered by the Colorado Department of Health Care Policy and Financing (HCPF). Hospitals are scored in a maximum of five quality measures, which are split between base measures and optional measures. Optional measures are only available if a hospital cannot participate in one of the base measures; for example, a hospital that does not do labor and delivery cannot be scored on a labor and delivery metric. A hospital's total points awarded are the sum of its base measure points and optional measure points.

Appendix 3 continued

The 2017 measures are:

1. **Base Measure Points:** Points awarded based on established scoring criteria for the following measures:
 - a. Emergency department process measure;
 - b. Rate of Cesarean section deliveries for nulliparous women with a term, singleton baby in a vertex position;
 - c. Rate of 30-day all-cause hospital readmissions;
 - d. Percentage of patients who gave the hospital an overall rating of “9” or “10” on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey; and,
 - e. Culture of safety.
2. **Optional Measure Points:** If a Base Measure does not apply, a hospital may substitute an Optional Measure. Optional Measures must be selected in the order listed:
 - a. Active participation in a RCCO;
 - b. Advance care planning; and,
 - c. Screening & intervention for tobacco use.

More information is available at the HQIP website: <https://www.colorado.gov/pacific/hcpf/hospital-quality-incentive-payment-program-subcommittee>

MEDICARE COST REPORT DATA

Any facility that receives Medicare payments must complete and submit a Medicare Cost Report, which is a publicly available statement of financial and utilization metrics. These data are audited, but occasionally still contain errors or omissions. The data presented in this report are unaltered from the Cost Reports, and thus also contain the few errors published in the Cost Reports, which occasionally result in incorrect calculations done for the report using these erroneous values. Known errors include:

- Reporting uncompensated care expenses as a negative value (ex: Colorado Mental Health Institute);
- Typos/incorrectly reported available beds (ex: St. Anthony North 2012); and
- Missing values (ex: FTEs and paid hours for several non-CAH hospitals).

Some hospitals changed fiscal years and subsequently submitted an incomplete cost report for a given fiscal year, as the remainder of that year was rolled into the next, newly defined fiscal year. Values for any hospitals with fewer than 363 days represented in a period are marked with an asterisk. Hospitals to which any quality measure did not apply are marked with “Not Applicable,” while hospitals that did not have enough data to report the measure are marked with “Not Available.” Some facilities are not required to report certain sections of the Cost Report, omitted certain sections for some years (incomplete/incorrect data), or reported zero values; these are marked as “Not Reported.”

Appendix 3 continued

SPECIFIC SOURCES AND CALCULATIONS OF DATA FROM MEDICARE COST REPORTS

Available Beds	S3 Part 1 Column 2 Line 14
Inpatient Discharges	S3 Part 1 Column 15 Line 14
Inpatient Days	S3 Part 1 Column 8 Line 14
Average Length of Stay	(S3 Part 1 Column 8 Line 14 minus Lines 5 and 6) ÷ (S3 Part 1 Column 15 Line 14 minus Lines 5 and 6)
Occupancy Rate	Inpatient Days ÷ (Available Beds*[Days in Reporting Period])
Observations Days	S3 Part 1 Column 8 Line 28
Total Interns & Residents FTEs	S3 Part 1 Column 9 Line 14
Employees on Payroll FTEs	S3 Part 1 Column 10 Line 14
Total Employees FTEs	S-3, Part II, Column 5, Lines 1, 11-16, 28, 33 & 35 ÷ ([Days in Reporting Period] ÷ 365*2,080)‡
Gross Patient Revenue	G3 Column 1 Line 1
Contractual Allowances	G3 Column 1 Line 2
Net Patient Revenue	G3 Column 1 Line 3
Total Operating Expenses	G3 Column 1 Line 4
Net Income from Service to Patients	G3 Column 1 Line 5
Patient Service Margin	(G3 Column 1 Line 5) ÷ (G3 Column 1 Line 3)
Other Non-Patient Revenue	G3 Column 1 Line 25
Other Non-Patient Expenses	G3 Column 1 Line 28
Charity Care	S10 Column 3 Line 23
Bad Debt	S10 Column 1 Line 29
Salaries and Benefits	A Column 1 Line 200 – (Lines 4 + 12) + (Column 5 Lines 4 + 12) OR S-3, Part II, Column 4, Lines 1, 11-25, 28, 33 & 35
Total Unreimbursed Costs from Medicaid	S-10, Line 19, Column 1
Total Uncompensated Care Costs	S-10, Line 30, Column 1
Total Margin	(G3 Column 1 Line 29) ÷ (Line 3 + Line 25)
Licensed Beds	CDPHE website
Payer Mix	(S-3, Part I, Columns 6 & 7 Line 14 + (Line 2)) ÷ (Column 8 Line 14)

‡For 2012, as a leap year, the formula is [Days in Reporting Period/366]

Appendix 3 continued

Details and Definitions on Metrics and Calculations

Employment Trends

FTEs on Payroll: Worksheet S-3, Part 1, Column 10 Line 14

The average number of FTE employees for the period may be determined either on a quarterly or semiannual basis.

Total Interns and Residents FTEs: S3 Part 1 Column 9 Line 14

Number of intern and resident FTEs in an approved program, determined in accordance with 42 CFR 412.105 (f), for the indirect medical education adjustment.

Total FTEs: S-3, Part II, Column 5, Lines 1, 11-16, 28, 33 & 35 ÷ (2080 * (days in cost report period / total days in fiscal year))

Total FTEs includes both FTEs on payroll and contract labor FTEs. Total hours from worksheet S-3, Part II, Column 5, Lines 1, 11-16, 28, 33 & 35 are divided by 2080 (or the corrected proportion for incomplete fiscal year cost reports) to equal total FTEs used on the hospital summary. Some hospitals have short cost reporting periods, therefore the denominator will be weighted based off the total days in the cost report period. The number of **paid** hours corresponding to the salary amounts reported in worksheet S-3, part III, column 4. Paid hours include regular hours (including paid lunch hours), overtime hours, paid holiday, vacation and sick leave hours, paid time-off hours and hours associated with severance pay. The source for paid hours on Worksheet S-3, Part II is the provider's payroll report, and hospitals can have different methodologies for reporting wage index information. Hours are included on the payroll report in the period the associated expense is paid. NOTE: CAH and some specialty hospitals are not required to complete this section of the cost report, therefore their Total FTEs line will read "Not Reported."

Utilization Trends

Available Beds: Worksheet S-3, Part 1, Column 2 Line 14

Number of beds available for use by patient at the end of the cost reporting period. A bed means an adult bed, pediatric bed, portion of inpatient labor/delivery/postpartum (LDP) room (also referred to as birthing room) bed when used for services other than labor and delivery, or newborn ICU bed (excluding newborn bassinets) maintained in a patient care area for lodging patients in acute, long term, or domiciliary areas of the hospital. Beds in post-anesthesia, postoperative recovery rooms, outpatient areas, emergency rooms, ancillary departments (however, see exception for labor and delivery department), nurses' and other staff residences, and other such areas that are regularly maintained and utilized for only a portion of the stay of patients (primarily for special procedures or not for inpatient lodging) are not termed a bed for these purposes.

Inpatient Discharges: Worksheet S-3 Part 1, Column 15 Line 14

Number of discharges including deaths (excluding newborn and DOAs) for all classes of patients for each component.

Inpatient Days: Worksheet S-3, Part 1, Column 8 Line 14

The number of inpatient days for all classes of patients for each component.

Average Length of Stay: Inpatient Days divided by Inpatient Discharges:

(S3 Part 1 Column 8 Line 14 **minus** Lines 5 and 6) ÷

(S3 Part 1 Column 15 Line 14 **minus** Lines 5 and 6)

In calculating the average length of stay (ALOS), swing beds total days, which are included in S3 Part 1 Column 8 Line 5 and 6, were removed, as swing bed discharges are not reported on the cost report (S3 Part 1 Column 15 Line 14). As swing bed discharges are not reported on the cost report, including swing beds total days would artificially inflate the ALOS calculation.

Occupancy Rate: Inpatient Days divided by (Available Beds*365)

Worksheet S-3, Part 1, Column 8 Line 14 * Days in Reporting Period. This occupancy rate does include swing beds, as they are included in inpatient days, but not days in observation beds.

Appendix 3 continued

Observations Days: Worksheet S-3, Part 1, Column 8 Line 28

Divide the total number of observation bed hours by 24 and round up to the nearest whole day. These total hours should include the hours for observation of patients who are subsequently admitted as inpatients but only the hours up to the time of admission as well as the hours for observation of patients who are not subsequently admitted as inpatients but only the hours up to the time of discharge from the facility. Observation bed days only need to be computed if the observation bed patients are placed in a routine patient care area.

Calculation and Data Sources of Financial Trends Section

What is Net Patient Revenue and Patient Margin?

Net Patient Revenue is Gross Patient revenue **minus** contractual allowances and discounts. Patient revenue is revenue that a hospital receives from its core business, treating patients. For this metric, only revenues for patient care services are included. Examples of patient revenues included payments from Medicaid, Medicare, commercial payers and patients. The factors in determining net patient revenue and patient margin are:

- **Gross Revenue:** Represents to total gross charges for all services provided by a hospital.
- **Contractual Allowances:** Represents the difference between the amount the hospital charges and the amount they have agreed to accept as payments. This may be based on the cost-based rate Medicare will pay, the Medicaid payment rates or contracted amount from commercial insurers.
- **Net Patient Revenue:** The dollar amount a hospital received for patient services; or Gross Revenue less Contractual Allowances.
- **Operating Expenses:** Expense incurred during the ordinary course of operating the hospital complex.
- **Net Income (loss) from Services to Patient:** This amount represents a hospital's net gain or loss on providing services to patients.
 - Net income (or loss) from services to patient is calculated as: Net Patient Revenue *minus* Operating Expenses.
- **Patient Service Margin Percent:** Represents a ratio comparison of net income (loss) from services to patients compared to net patient revenue. This percentage represent the amount of gain or loss a hospital sees for each dollar of revenue.
 - Patient service margin percent is calculated as: (Net Income from Service to Patients *divided by* Net Patient Revenue) *100

Example:

A hospital with net patient revenue of \$750,000 and operating expenses of \$1 million equals a net loss from Services to Patients of -\$250,000. This loss is divided by net patient revenue of \$750,000, times 100, or -33 percent. This means this hospital's net loss from patient services for the period equals 33 percent of hospital revenue. Therefore, this hospital is losing \$0.33 for every \$1 of net patient revenue.

Gross Patient Revenue: Worksheet G-3, Column 1 Line 1

Revenue from patient services provided to patients.

Contractual Allowances: Worksheet G-3, Column 1 Line 2

Allowances and discounts on patient accounts, this line represents total revenues not received. Allowances and discounts include, but are not limited to:

- Provision for bad debts,
- Contractual adjustments,
- Charity discounts,
- Teaching allowances,
- Policy discounts,
- Administrative adjustments, and
- Other deductions from revenue.

Appendix 3 continued

Total Operating Expenses: Worksheet G-3, Column 1 Line 4

Expenses incurred that arise during the ordinary course of operating the hospital complex.

Charity Care: Worksheet S-10, Column 3 Line 23

Health services for which a hospital demonstrates that the patient is unable to pay. Charity care results from a hospital's policy to provide all or a portion of services free of charge to patients who meet certain financial criteria.

Bad Debt: Worksheet, S-10, Column 1 Line 29

Cost of non-Medicare and non-reimbursement Medicare Bad Debt Expense is calculated as follows:

1. Non-Medicare and non-reimbursable Medicare bad debts expenses (Worksheet S-10, Line 26 minus Worksheet S 10, Line 27)
Total facility (entire hospital complex) amount of bad debts written off during the cost reporting period on balances owed by patient regardless of date of service. Includes bad debts for all services except physician and other professional services.

LESS:

Medicare bad debts for entire hospital complex – total of Medicare reimbursable bad debts included in: Worksheets: E, Part A, Line 65; E, Part B, Line 35; E-2, Line 17, Columns 1 and 2 (Line 17.01, Columns 1 and 2 for cost reporting periods that begin on or after Oct. 1, 2012); E-3, Part I, Line 12; E-3, Part II, Line 24; E-3, Part III, Line 25; E-3, Part IV, Line 15; E-3, Part V, Line 26; E-3, Part VI, Line 10; I-5, Line 11; J-3, Line 21 (Line 22 for cost reporting periods that begin on or after Oct. 1, 2012); M-3, Line 23 (Line 23.01 for cost reporting periods that begin on or after Oct. 1, 2012); and N-4, Line 10.

EQUALS:

Non-Medicare and non-reimbursable Medicare bad debts expenses (Worksheet S-10 Line 28)

2. Cost of non-Medicare and non-reimbursement Medicare Bad Debt Expense (Worksheet S-10, Line 28 multiplied by Worksheet S-10, Line 1)

Non-Medicare and non-reimbursable Medicare bad debt expenses

MULTIPLIED BY

Hospital cost-to-charge ratio (Worksheet S-10, Line 1)

EQUALS:

Cost of non-Medicare and non-reimbursement Medicare Bad Debt Expense

Non-Medicare Bad Debt: Health services for which a hospital determines the non-Medicare patient has the financial capacity to pay, but the non-Medicare patient is unwilling/unable to settle the claim.

Non-reimbursable Medicare Bad Debt: The amount of allowable Medicare coinsurance and deductibles considered to be uncollectible but are **not** reimbursed by Medicare under the requirements of 42 CFR 413.89(h) and CMS Pub. 15-1, chapter 3.

Appendix 3 continued

Salaries and Benefits:

Worksheet A Column 1 Line 200 – (Lines 4 + 12) + (Column 5 Lines 4 + 12) OR Worksheet S-3, Part II, Column 4, Lines 1, 11-25, 28, 33 & 35

Through feedback and discussion with Colorado hospitals, it was determined that the wage index worksheets (Worksheet S-3, Part II) are the most appropriate place to obtain salary and benefit information. However, the Centers for Medicare and Medicaid (CMS), currently does not require critical access hospitals (CAH) and some specialty hospitals to report wage index information on Worksheet S-3, Part II. Therefore, benefits and salaries expenses for acute care hospitals will be pulled from Worksheet S-3, Part II, while salaries and benefits will be pulled from Worksheet A for CAHs.

It should be noted, using Worksheet A will under report benefit expenses for CAH that report benefits allocated by cost center in Worksheet A, Column 2. In addition to benefits, Worksheet A, Column 2 also includes cost center expenses and therefore it is not possible to pull out benefits from the cost report and therefore expenses reported in Column 2 are not being used in the salary and benefits expense amounts.

Other Non-Patient Revenue: Worksheet G-3, Column 1 Line 25

Revenues reported in hospital accounting books and or records not included in gross patient revenue. Per Worksheet G-3, these revenues include:

- Contributions, donations, bequests
- Income from investments
- Revenues from telephone and other miscellaneous communication services
- Revenue from television and radio service
- Purchase discounts
- Rebates and refunds of expenses
- Parking lot receipts
- Revenue from laundry and linen service
- Revenue from meals sold to employees and guests
- Revenue from rental of living quarters
- Revenue from sale of medical and surgical supplies to other than patients
- Revenue from sale of drugs to other than patients
- Revenue from sale of medical records and abstracts
- Tuition (fees, sale of textbooks, uniforms, etc.)
- Revenue from gifts, flowers, coffee shops and canteen
- Rental of vending machines
- Rental of hospital space
- Governmental appropriations
- Other

Other Non-Patient Expenses: Worksheet G-3, Column 1 Line 28

Other expenses not reported in operating expenses or other components of Worksheet G3.

Appendix 3 continued

Total Unreimbursed Cost for Medicaid – Worksheet S-10, Line 19

The unreimbursed cost for Medicaid is a comparison of the total Medicaid payment received for services provided compared to the total Medicaid costs of these services. Each hospital calculates Medicaid costs by using total Medicaid charges (Worksheet S-10, Line 6) multiplied by the hospitals cost to charge ratio (Worksheet S-10, Line 1). Total Medicaid cost, calculated above, is compared to the total payment received from Medicaid (Worksheet S-10, Line 2), which equals the hospitals' unreimbursed cost for Medicaid. The same methodology explained for Medicaid is used to calculate unreimbursed costs for State Children's Health Insurance Program (SCHIP) and for local indigent care program. The unreimbursed costs for Medicaid, SCHIP and indigent care are summed in Line 29 and used for this report.

Total Margin: Worksheet G-3, Column 1 Line 29

Net Income or loss for the cost report period; Total Revenue (net patient revenue **plus** total non-patient revenues) **minus** (Total Operating Expenses **plus** other non-patient expenses).

Patient Service Margin: Worksheet G-3, Column 1 Line 5 divided by G3 Column 1 Line 3

Net Income from Service to Patients **divided** by Net Patient Revenue.

Total Margin Percent: worksheet G-3, Column 1 Line 29 divided by (Line 3 + Line 25)

Total Margin **divided** by (Net Patient Revenue **plus** Other Non-Patient Revenue).

TOTAL HOSPITALS EXPENSE (%) IN 2015

Worksheet A is the source for the Total Hospital Expense percent bar graphs included on the hospital summary sheets. The explanation below is broken out into three sections explaining Worksheet A reporting requirements and data sources used for each graph data point and the percentage calculation.

Worksheet A - Reclassification and Adjustment of Trial Balance of Expenses Cost Report Instructions:

In accordance with 42 CFR 413.20, the methods of determining costs payable under title XVIII involve using data available from the institution's basic accounts, as usually maintained, to arrive at equitable and proper payment for services. Worksheet A provides for recording the trial balance of expense accounts from your accounting books and records. It also provides for the necessary reclassifications and adjustments to certain accounts.

List on the appropriate lines in Columns 1, 2, and 3, the total expenses incurred during the cost reporting period. These expenses are detailed between salaries (Column 1) and other than salaries (Column 2).

Column 1 – Report in each cost center only direct salaries and wages plus related salary amounts for paid vacation, holiday, sick, other paid-time-off (PTO), severance, and bonus pay. Refer to the instructions at Worksheet S-3, Part II, Column 2, Line 1, for the definition of bonus pay and PTO salary cost. NOTE: Paid vacation, holiday, sick, other PTO, severance, and bonus pay must be reported with related direct salaries or wages in Column 1.

Column 2 – Report in each cost center the cost incurred for contract labor, both wage and wage related contract labor cost, for services contracted by the hospital, the home office, or related organizations. If necessary, reclassify contract labor costs to the cost center benefiting from the contract labor services (see Column 4 instructions). In addition, all other costs not reported in Column 1 must be reported in Column 2.

The sum of Columns 1 and 2 equals the sum of Column 3. Record any needed reclassifications and/or adjustments in Columns 4 and 6, as appropriate.

Appendix 3 continued

Column 4 – Except for the reclassification of capital-related costs which are reclassified via Worksheet A-7, all reclassifications in this column are made via Worksheet A-6. Worksheet A-6 need not be completed by all providers and is completed only to the extent that the reclassifications are needed and appropriate in each circumstance. Show reductions to expenses as negative numbers. The net total of the entries in Column 4 must equal zero on Line 200.

Column 5 – Adjust the amounts entered in Column 3 by the amounts in Column 4 (increase or decrease) and extend the net balances to Column 5. Column 5, Line 200, must equal Column 3, Line 200.

Worksheet A General Line Descriptions:

The trial balance of expenses is broken down into general service, inpatient routine service, ancillary service, outpatient service, other reimbursable, special purpose, and non-reimbursable cost center categories to facilitate the transfer of costs to the various worksheets.

Lines 1 through 23 – These lines are for the general service cost centers. These costs are expenses incurred in operating the facility as a whole that are not directly associated with furnishing patient care such as, but not limited to mortgage, rent, plant operations, administrative salaries, utilities, telephone charges, computer hardware and software costs, etc. General service cost centers furnish services to both general service areas and to other cost centers in the provider.

Lines 24 through 29 – Reserved for future use.

Lines 30 through 46 – These lines are for the inpatient routine service cost centers.

Lines 50 through 76 – Use for ancillary service cost centers.

Lines 77 through 87 – Reserved for future use.

Lines 88 through 93 – Use these lines for outpatient service cost centers.

Lines 94 through 98 and 100 – Use these lines for other reimbursable cost centers (other than HHA and CMHC).

Lines 102 through 104 – Reserved for future use.

Lines 105 through 117 – Use these lines for special purpose cost centers. Special purpose cost centers include kidney, heart, liver, lung, pancreas, intestinal, and islet acquisition costs as well as costs of other organ acquisitions which are non-reimbursable but which CMS requires for data purposes, cost centers which must be reclassified but which require initial identification, and ASC and hospice costs which are needed for rate setting purposes.

Lines 119 through 189--Reserved for future use.

Lines 190 through 194--Record the costs applicable to non-reimbursable cost centers to which general service costs apply.

1. DATA SOURCES FOR BILL GRAPH DATA POINTS

Patient Care – Patient Care expenses are pulled from Worksheet A, Column 5 for inpatient and outpatient cost centers. Specifically, inpatient routine cost centers reported on Lines 30-46 and Lines 88-92.01 and ancillary cost centers, that include both inpatient and outpatient expenses, reported in Lines 8 through 11, 13 through 17, 19 through 29 and 50 through 78.

Capital – Expenses used for capital are pulled from Worksheet A, Column 5 Lines 1-3

Lines 1 and 2 – The capital cost centers on lines 1 and 2 include depreciation, leases and rentals for the use of facilities and/or equipment, and interest incurred in acquiring land or depreciable assets used for patient care.

Line 3 – In accordance with 42 CFR 412.302(b)(4), enter all other capital-related costs, including but not limited to taxes, insurance, and license and royalty fees on depreciable assets. This line also includes any directly allocated home office other capital cost.

Appendix 3 continued

Administrative Expenses – Worksheet A, Column 5 Lines 5 and 18

Line 5 – Enter A&G costs on this line. A&G includes a wide variety of provider administrative costs such as but not limited to cost of executive staff, legal and accounting services, facility administrative services. Additionally, other expenses reported in A&G include:

- Expenses related to IT/Electronic Health Record costs
- Medical interpretation and translation services
- Appointment center
- Risk management
- Volunteer services
- Finance
- Accounting
- Compliance
- Legal
- Pastoral care and education
- Billing
- Coding
- Admissions and registration
- Purchasing

Maintenance Expenses – Worksheet A, Column 5 Lines 6 and 7

Line 6 – Maintenance and repairs are any activity to maintain the facility and grounds such as, but not limited to, costs of routine painting, plumbing and electrical repairs, mowing and snow removal.

Line 7 – Operation of plant includes the cost such as, but not limited to, the internal hospital environment including air conditioning (both heating and cooling systems and ventilation) and other mechanical systems.

Personnel Services – Worksheet A, Column 5 Lines 4 and 12

Personnel services covers expenses that are considered compensation but not salaries. The exception is human resources salaries, which are included in personnel expenses.

Line 4 – Enter in Column 1, the direct salaries and salary amounts for paid vacation, holiday, sick, other paid-time-off (PTO), severance, and bonus pay incurred only for employees in the employee benefits department and/or the human resources department. Enter in Column 2 the employee benefits cost of employees in the employee benefits and/or human resources department.

Line 12 – Maintenance of personnel includes the cost of room and board furnished to employees. (See CMS Pub. 15-1, chapter 7, §704.3.)

Other Expenses – Worksheet Column 5 Lines greater than Line 92.01 to 199 but not Line 118

Total Uncompensated Care Costs – Worksheet S-10, Line 30

Cost of Uncompensated Care (Column 3 Line 23 (Cost of Charity Care) plus Column 1 Line 29 (Cost of non-Medicare and non-reimbursable Medicare bad debt expense))

2. PERCENTAGE OF HOSPITAL EXPENSES TOTAL

To calculate the percentage of each expense data point included in this graph, each expense total for each category is compared to the total expenses from Worksheet A plus total uncompensated care costs. Each expense percentage for, Patient Care, Admin, Capital, other, Personnel, Maintenance and Uncompensated Care is plotted on the Total Hospitals Expenses (%) in 2015 graph included on the individual hospital summary.

Appendix 3 continued

PAYER MIX (PATIENT DAYS) IN 2015

Worksheet S-3, Part I, Columns 6, 7 & 8, Line 14 plus Line 2

The Medicare cost report does not require reporting of charges by payer, therefore, for the individual hospital summary, total days will be used to calculate payer mix. NOTE: this payer mix methodology will not include outpatient services for this metric, however as charges by payer by hospital are not available on any publicly available data source, total days reported on Worksheet S-3 of the cost report was the most suitable alternative option for a payer mix comparison.

Calculation:

Step 1: Add Lines 14 and 2, then take Column 8 less columns Medicare (Column 6) and Medicaid days (Column 7) to calculate “all other” days.

Step 2: Medicare, Medicaid and All Other Days each divided by total days in Column 8 equals each payer mix percentage.

HOSPITAL TYPE

The hospital type listed on the individual report was determined based on Medicare licensing. For the state summary report, hospitals were grouped based on the Core-Based Statistical Area status of the hospital county. That is, if the county is contained in the Denver CBSA, then the hospital is considered a Denver Metro hospital; all other hospitals in urban CBSAs are considered “Other Urban.” There are three critical access hospitals who are located in CBSA-designated urban counties; these three hospitals have been included in the rural peer group.

For the system summary reports, only hospitals were included that were part of the systems in 2015 and earlier. Hospitals who joined any systems after this year were not included in these summaries. Hospitals with incomplete fiscal year cost reports were still included; these values are marked with an asterisk.