



Charges vary dramatically among Colorado hospitals, even within the same city

ISSUE BRIEF

First in a series

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The Colorado Center on Law and Policy is a nonprofit, nonpartisan research and advocacy organization seeking justice and economic security for all Coloradans.

Colorado hospitals vary dramatically in what they charge and officials at the Centers for Medicare and Medicaid Services (CMS) have said there is simply no business reason for such a wide variation¹. In May, CMS published the first ever national data detailing what hospitals charge for their services. This data lists the average amounts Colorado hospitals charged Medicare for the 100 most common procedures in 2011. While initial evidence has previously suggested that hospital charges differ widely, this data, for the first time, allows the public to rigorously analyze hospital charges across Colorado and begin to understand the extent to which hospital charges are related to factors that influence cost.

This paper is the first in a series using that information to analyze what Colorado hospitals charge. Many hospitals in Colorado consistently charge more for the same care. Even among hospitals in the same city, prices can differ significantly. Subsequent briefs will analyze the relationship between charges and Medicare payments and whether charges are related to factors that influence a hospital's costs.

Many hospitals consistently charge more

When comparing each hospital's charges for common procedures to a state average, CMS data show hospital charges in Colorado vary dramatically. Many hospitals consistently charge more for the same services.

Figure 1

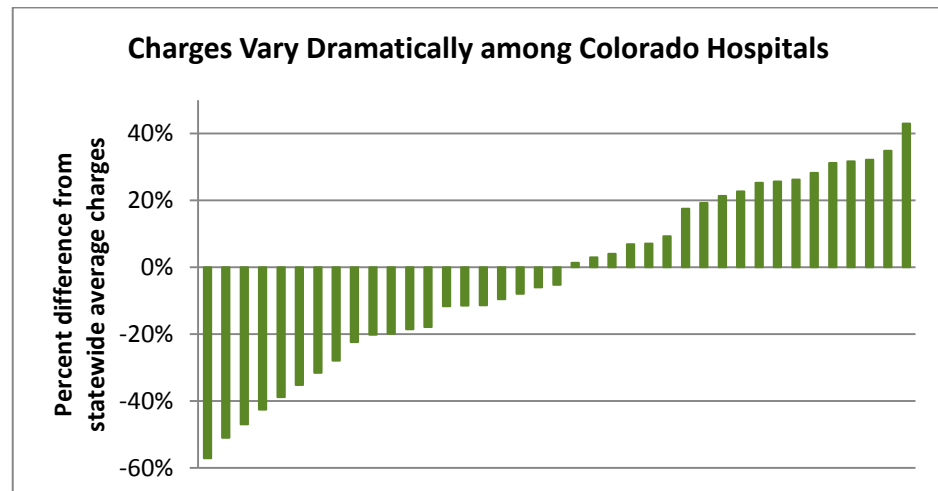


Figure 1 illustrates the extreme variation in hospital pricing across the state. Charges can range from 43 percent greater than statewide averages to 57 percent less than statewide averages. For example, charges at HealthONE Swedish Medical Center in Englewood exceed statewide averages by 35 percent and Centura Health-Littleton Adventist’s charges are 43 percent more than state averages. In contrast, hospitals in Montrose and La Junta charge more than 50 percent less than state averages. Appendix 1 lists hospital charges compared to state averages at 39 Colorado hospitals.

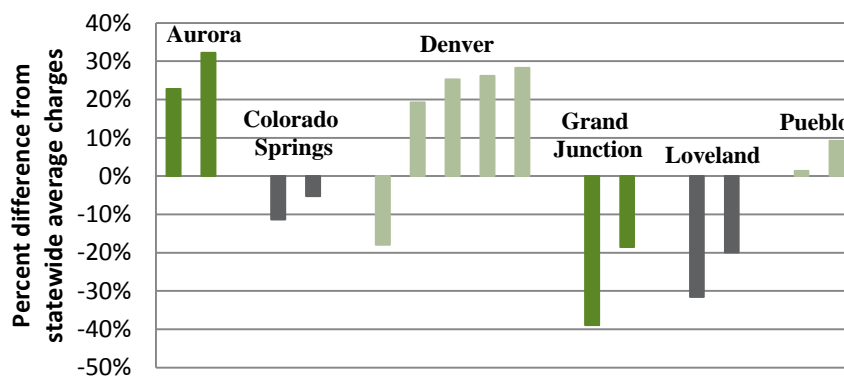
Same illness, different prices

Charges to treat the same condition can routinely differ by tens of thousands of dollars. For example, a patient with an infectious or parasitic disease may be charged \$116,000 more if they are treated at the HealthONE Medical Center of Aurora compared to HealthONE Presbyterian/St Luke’s Medical Center. Similarly, Centura Health Littleton Adventist charges \$79,737 to treat a respiratory infection with other complications while Arkansas Valley Medical Center charges only \$14,788 to treat the same illness, a difference of nearly \$65,000.

Same city, different prices

In general, Colorado’s urban and suburban hospitals charge more than hospitals in more rural areas. Hospitals in the Denver metro area routinely charge 25 percent more than state averages, with an exception being Denver Health. In contrast, hospitals in Delta, Alamosa, and Sterling all charge more than 25 percent less than state averages. But hospitals in the same city often have different prices. The chart below shows the prices at hospitals in six different cities across Colorado. In each city, prices at two or more hospitals are significantly different. (See Appendix 2 for statistical tests and methods.)

Figure 2



In Grand Junction, Saint Mary’s Hospital and Regional Medical Center has consistently higher prices than Community Hospital, differing by 20 percent compared with prices statewide. Even though these hospitals are separated by a less than 20 minute walk, a patient suffering from a severe infection in their blood stream (septicemia) could be charged \$46,269 at Saint Mary’s but only \$20,910 at Community Hospital.

Further, hospital prices can be more similar in distant cities than within the same town. For example, Denver Health Medical Center (Denver) and St Mary’s Hospital and Medical Center in Grand Junction have statistically indistinguishable pricing structures but both differ from neighboring hospitals. Additionally, the prices at Memorial Hospital Central in Colorado Springs are more similar to those at Platt Valley Medical Center nearly 100 miles north in Brighton than to those at Centura Health-Penrose St Francis only 3 miles away. (See Appendix 2.)

Appendix 1: Many hospitals consistently charge more

Table 1 compares Medicare charges at 39 hospitals across the state. Differences represent the average percentage that each hospital's prices deviate from state median charges. A hospital must discharge more than 10 patients under one of the 100 most frequently charged Medicare diagnosis related groups (DRGs) in order to be listed in the data set (See the full data set and explanation at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Inpatient.html>). Hospitals in Colorado reported charges for 99 of the 100 nationally most common Medicare DRGs. Because of these reporting requirements, no hospital has charges listed for every DRG and only four DRGs were common to the 39 hospitals included in this analysis.

In order to compare charges for different diagnosis related groups at different hospitals, CCLP calculated the statewide median charge for each diagnosis related group in the Inpatient Medicare Provider Charge Data on the Centers for Medicare and Medicaid Services website. CCLP divided each hospital charge reported in this data by the appropriate statewide median to generate normalized charges. For each hospital, CCLP averaged these normalized charges to generate the average difference from statewide median charges reported in Table 1 below. Table 1 groups hospitals by city or metro area, where possible. Geographical groupings list hospitals alphabetically by city and then by hospital name. Geographical groupings appear in Table 1 alphabetically by the first city in each grouping. Rural hospitals, as identified by the [Colorado Hospital Association](#), that are not associated with one of the other major geographical groupings are listed alphabetically at the top of the chart. The six Colorado hospitals in the CMS dataset with the fewest number of DRG's reported were excluded from this analysis. With the exception of Centura Health-Avista Adventist (9 charges), Valley View Hospital (10 charges) and Colorado Plains Medical Center (11 charges), all hospitals included in our analysis had at least 16 charges listed in the CMS dataset.

CCLP verified this analysis by comparing the charges for a common set of DRG reported by a subset of hospitals. CCLP identified 21 hospitals in Colorado that reported charges for the 15 most-reported DRGs. For each of these 21 hospitals, CCLP calculated the average charge across these 15 DRGs. CCLP did not calculate an average charge for hospitals where Medicare did not report data for all 15 charges. The average charge for these DRGs was highly correlated with the percent price difference from the statewide median charges, indicating that hospitals that charge more for a shared set of commonly billed charges also have higher differences from statewide median charges. (See Figure 3, Pearson's Product Moment Correlation: $r = 0.98$; P -value = 5.33×10^{-15} .) Relative rankings of hospitals from most expensive to least expensive using both the common set of 15 charges and the differences from statewide median charges were also highly correlated, indicating that hospitals maintain their relative expensiveness in relation to other hospitals using both methods (Spearman's Rank Correlation: $\rho = 0.97$, P -value = 5.02×10^{-6}).

Table 1
Charges at Colorado Hospitals.

Hospital	City	Difference from Statewide Median Charges
Rural		
San Luis Valley Regional Medical Center	Alamosa	-43%
Centura Health-St Thomas More Hospital	Canon City	-20%
Delta County Memorial Hospital	Delta	-47%
Mercy Regional Medical Center	Durango	-28%
Colorado Plains Medical Center	Fort Morgan	-6%
Valley View Hospital Association	Glenwood Springs	-8%
Arkansas Valley Regional Medical Center	La Junta	-57%
Montrose Memorial Hospital	Montrose	-51%
Sterling Regional Medical Center	Sterling	-35%
Denver Metropolitan Area		
Medical Center of Aurora	Aurora	32%
University Of Colorado Hospital Anschutz Inpatient	Aurora	23%
Platte Valley Medical Center	Brighton	-12%
Centura Health-Porter Adventist Hospital	Denver	18%
Denver Health Medical Center	Denver	-18%
Exempla Saint Joseph Hospital	Denver	25%
Presbyterian/St Luke's Medical Center	Denver	26%
Rose Medical Center	Denver	28%
Swedish Medical Center	Englewood	35%
Centura Health-St Anthony Hospital	Lakewood	17%
Centura Health-Littleton Adventist Hospital	Littleton	43%
Sky Ridge Medical Center	Lone Tree	33%
Parker Adventist Hospital	Parker	26%
North Suburban Medical Center	Thornton	32%
Centura Health-St Anthony North Hospital	Westminster	4%
Exempla Lutheran Medical Center	Wheat Ridge	7%
Boulder County		
Boulder Community Hospital	Boulder	7%
Exempla Good Samaritan Medical Center	Lafayette	21%
Longmont United Hospital	Longmont	3%
Centura Health-Avista Adventist Hospital	Louisville	-10%
Colorado Springs		
Centura Health-Penrose St Francis Health Services	Colorado Springs	-5%
Memorial Hospital Central	Colorado Springs	-11%
Fort Collins		
Poudre Valley Hospital	Fort Collins	-22%

Grand Junction		
Community Hospital	Grand Junction	-39%
St. Mary's Hospital And Medical Center	Grand Junction	-19%
Greeley		
North Colorado Medical Center	Greeley	-12%
Loveland		
McKee Medical Center	Loveland	-32%
Medical Center of the Rockies	Loveland	-20%
Pueblo		
Centura Health-St Mary Corwin Medical Center	Pueblo	9%
Parkview Medical Center	Pueblo	1%

Figure 3
Percent difference from statewide median charges is highly correlated with the average charge across 15 commonly billed diagnosis related groups (DRGs).

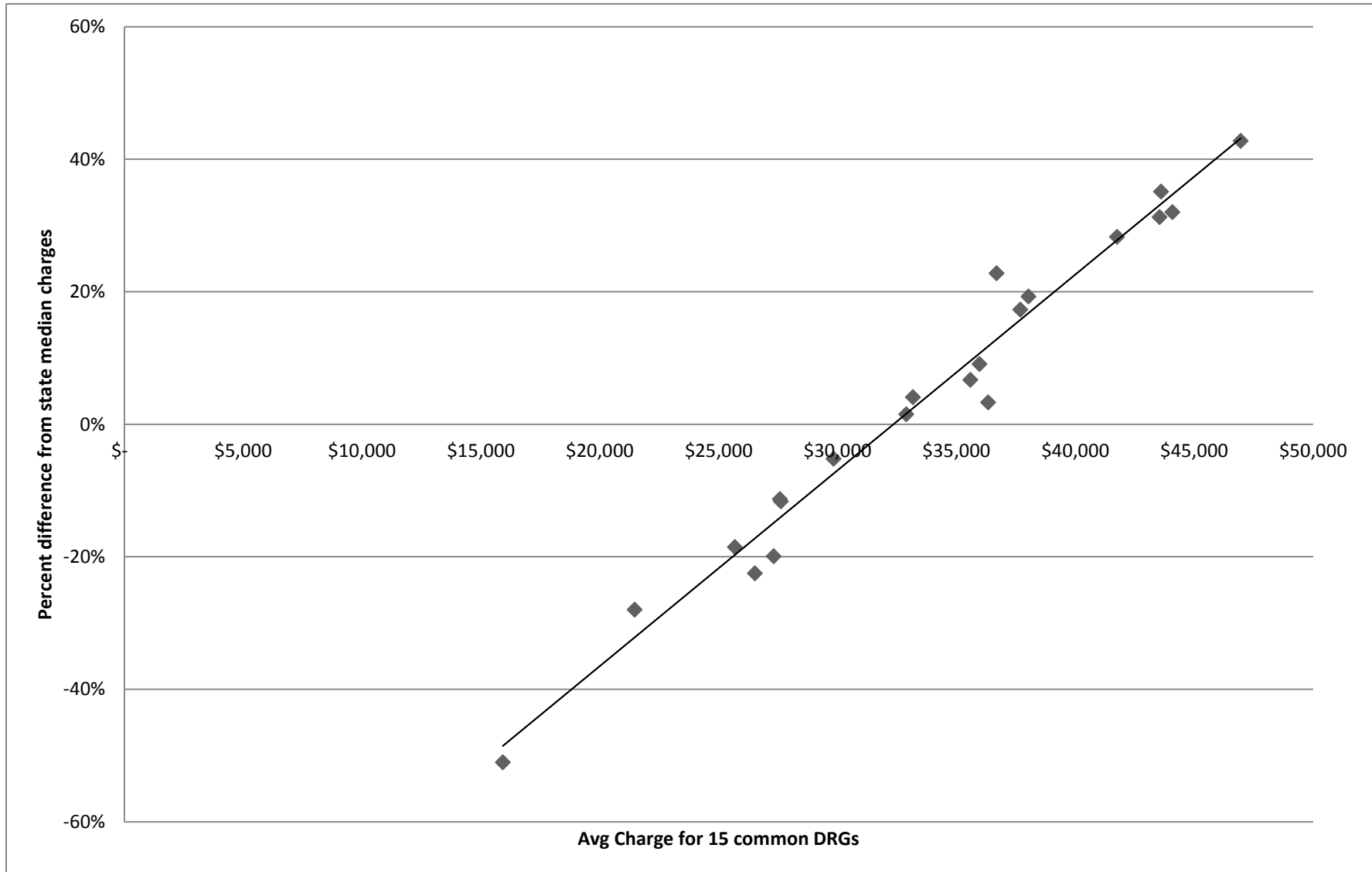
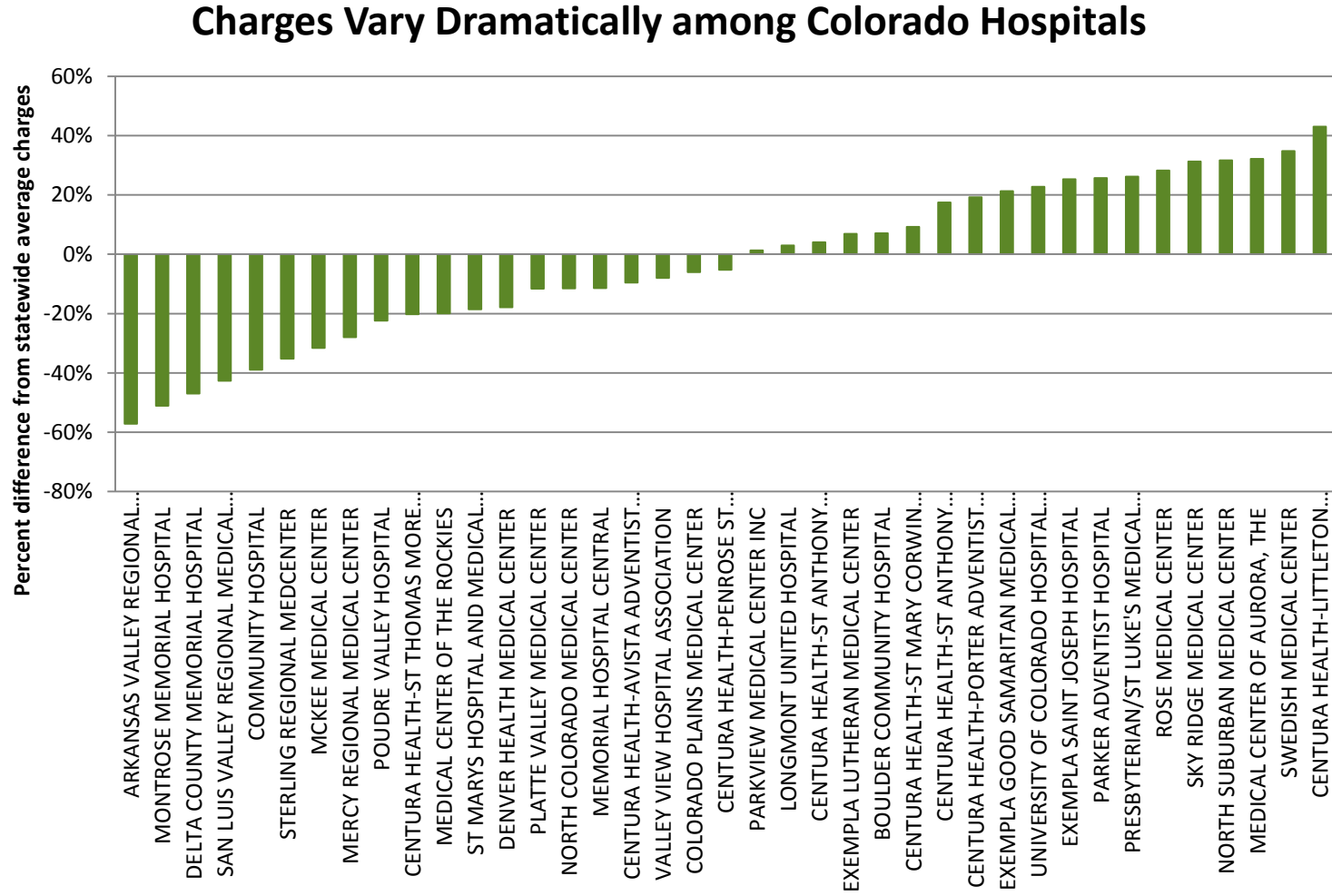


Figure 4

Charges at Colorado hospitals including hospital names.



Appendix 2: Same city, different prices

CCLP compared the normalized charges (see Appendix 1 above) for hospitals in the same city using pairwise Wilcoxon Rank-Sum tests. Similar to a *t*-test, the Wilcoxon Rank-Sum test asks whether observed differences between two samples might have occurred due to chance alone. Charges at hospitals within Aurora, Colorado Springs, Loveland, Pueblo, and Grand Junction significantly differ from the charges at another hospital within their same city. Additionally, Denver Health’s charges are significantly lower than any other Denver hospital and Rose Medical Center’s prices are significantly higher than those at the Porter Adventist. (See Table 2 below). In contrast, hospitals in distant cities, such as Denver and Grand Junction or Brighton and Colorado Springs, have similar prices. (See Table 3 below).

Table 2

P-values from pairwise Wilcoxon Rank-Sum tests comparing charges from hospitals in the same city. Statistically significant tests ($P < 0.05$) are shaded.

Denver Hospitals	Saint Joseph	Presbyterian/St Luke's	Rose Medical	Denver Health
Presbyterian/St Luke's	0.8389	x		
Rose Medical	0.4725	0.5543	x	
Denver Health	2.54E-07	1.74E-09	5.40E-12	X
Porter Adventist	0.5306	0.2994	0.03402	1.80E-10

Aurora hospitals	University of Colorado Hospital
Medical Center of Aurora	0.01008

Loveland	Medical Center of the Rockies
McKee Medical Center	0.0001097

Grand Junction	St Mary’s Hospital and Regional Medical Center
Community Hospital	3.15E-06

Colorado Springs	Penrose St Francis
Memorial Hospital	0.03056

Pueblo	Parkview
St Mary Corwin	0.01967

Table 3

P-values from pairwise Wilcoxon Rank-Sum tests comparing charges from hospitals in the distant cities. Neither test is statistically significant ($P > 0.05$).

	St Mary's Hospital and Regional Medical Center (Grand Junction)
Denver Health	0.8128

	Platte Valley Medical Center
Memorial Hospital Central	0.8551

Appendix 3: Corrections and Updates

- An earlier version of this report mislabeled the y-axis in Figure 1. The axis is now labeled in percentages, instead of decimals.
- The report now includes Figure 4, a version of which was published on the Denver Post’s blog [Daily Dose](#).
- Appendix 1 now describes the methodology in more detail and includes more specific information about the number of charges listed in the dataset for each hospital.
- An earlier version switched the differences from statewide median charges listed for the two pueblo hospitals listed in Table 1. The differences listed in Table 1 for Centura Health-St Mary Corwin Medical Center (9%) and Parkview Medical Center (1%) are now accurate. Figures 3 and 4 have been updated to reflect this correction.

¹ National Public Radio. “Government Data Reveals Wide Disparity in Health Care Costs.” May 8, 2013. <http://m.npr.org/news/Health/182337915> . Accessed on June 12, 2013.



Hospital charges are not related to actual costs or other commonly suggested factors

ISSUE BRIEF

Second in a series

August 15, 2013

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Colorado hospitals charge several times more than the estimated cost of providing quality care, according to analysis of recently released national data on hospital charges and Medicare payments. While the cost of hospital care is one of the major contributors to ballooning healthcare costs, very little detailed information is publically available to consumers about hospital charges and actual costs.

This paper is second in a series of issue briefs examining hospital charges and costs. The first paper compared hospital charges across the state and found significant variation in charges for the same services, even among hospitals within the same city. Using Medicare payments as a proxy for cost, this paper compares what hospitals charge to the cost of services. CCLP found that Colorado hospitals on average charge four times more than Medicare pays to treat a given diagnosis. Furthermore, the discrepancy between what hospitals charge and Medicare pays and the variation in charges between hospitals cannot be explained by the frequently-cited drivers of hospital costs, such as regional labor costs, teaching status, and high volumes of low-income patients.

No transparency in hospital charges and costs

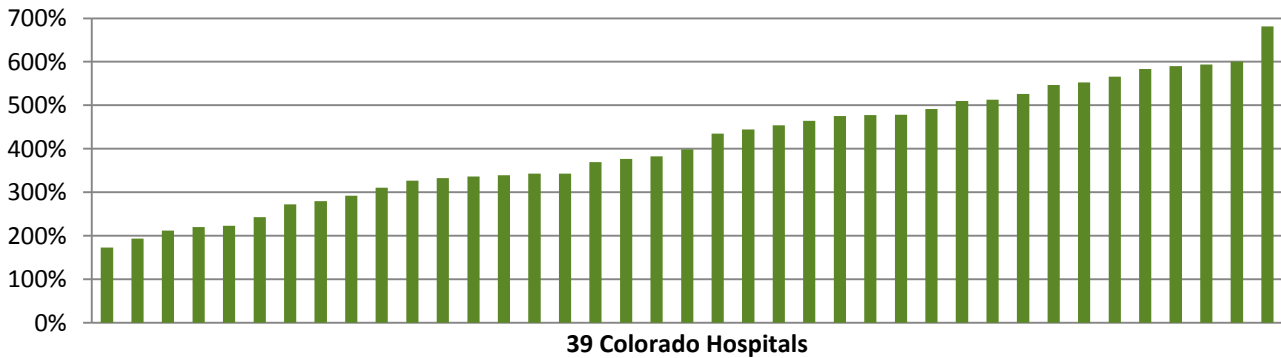
Every hospital has a chargemaster, a lengthy list of prices for every procedure and all supplies. Colorado hospitals are not required to disclose their chargemaster to the public. It is generally accepted that chargemaster *prices* typically do not reflect actual hospital *costs*. Only the uninsured potentially face the chargemaster prices. Insurance companies negotiate down from the chargemaster. Medicare sets its own payment rates for episodes of care (bundles of services and supplies for specific diagnoses) based on a complex formula. For each episode, Medicare pays hospitals for care based on local labor costs, the severity of the diagnosis, whether the hospital trains new doctors, the number of low-income patients treated, and other factors.¹ Medicare payments are the best source of currently available information for estimating the cost of hospital care.²

Hospitals charge four times more than estimated costs for services

CCLP compared hospital charges across Colorado for various services and Medicare payments received for those services (a proxy for cost). CCLP found that Colorado hospitals charge an average of four times more than what they are paid by Medicare. (See Figure 1.)

Some hospitals consistently charge even more than four times what Medicare pays. For example, Centura Health-Littleton Adventist charges nearly seven times what Medicare pays while Sky Ridge Medical Center in Lone Tree charges six times the Medicare payment rates. The charges at 11 Colorado hospitals are at least five times what Medicare pays to treat common diagnoses. (See Appendix 1.)

Figure 1. Hospital Charges as a Percent of Medicare Payments



Significant variation in hospital charges

Charges for hospital care in Colorado vary enormously from facility to facility for the same service, much more so than Medicare payments vary among facilities. In looking at the 10 most common diagnoses, the highest and lowest prices charged by hospitals across the state differed on average by a factor of nearly four. For instance, the highest average charge for treatment of septicemia—a type of life-threatening infection—was nearly five times higher than the lowest average charge. The charges for septicemia ranged from \$101,433 to \$20,910. In contrast, the difference between the highest and lowest Medicare payments for the same treatment was much closer, differing by a factor of slightly more than two across the 10 most common diagnoses for the state.

Hospital charges are not related to frequently cited cost drivers

The three most frequently cited reasons for price variation among hospitals are regional labor costs, whether the hospital engages in training new doctors and the poverty level of their patients. Medicare payments account for these variations in hospital costs, paying more to treat the same diagnoses at hospitals that have higher labor costs, train new doctors or have other characteristics that may increase costs. Yet, CCLP found that hospital charges bore little relationship to the Medicare payments that account for these cost drivers. In fact, the association between hospital charges and Medicare cost-based payments was random. (See Appendix 2.) Furthermore, hospitals that train new doctors do not have significantly higher charges, nor do hospitals that treat higher percentages of low-income patients. For example, in the Denver area, hospitals that treat more low-income patients may even have lower charges than other hospitals. (See Appendix 3.)

Our dollars, our health

The health care market needs repair. People have little ability to control, predict or negotiate the price they will be charged for hospital care in Colorado. Bringing health care costs under control will require a conversation about how hospitals determine prices and how to make that process more transparent.

The data for this analysis came from the Centers for Medicare and Medicaid Services (CMS) and represents information for fiscal year 2011. The data includes billing and payment information for the 100 most common discharges submitted to Medicare for payment. Medicare calculates a payment rate for a bundle of services and supplies for a given diagnosis, referred to as Diagnosis Related Group (DRG). DRG's have a base payment rate that is adjusted for severity and factors that impact costs, such as local labor costs, teaching status of the hospital and share of low-income patients. Thirty-nine Colorado hospitals were included in our analysis.

**Appendix 1:
Colorado hospitals charge four times more than reasonable estimates of costs**

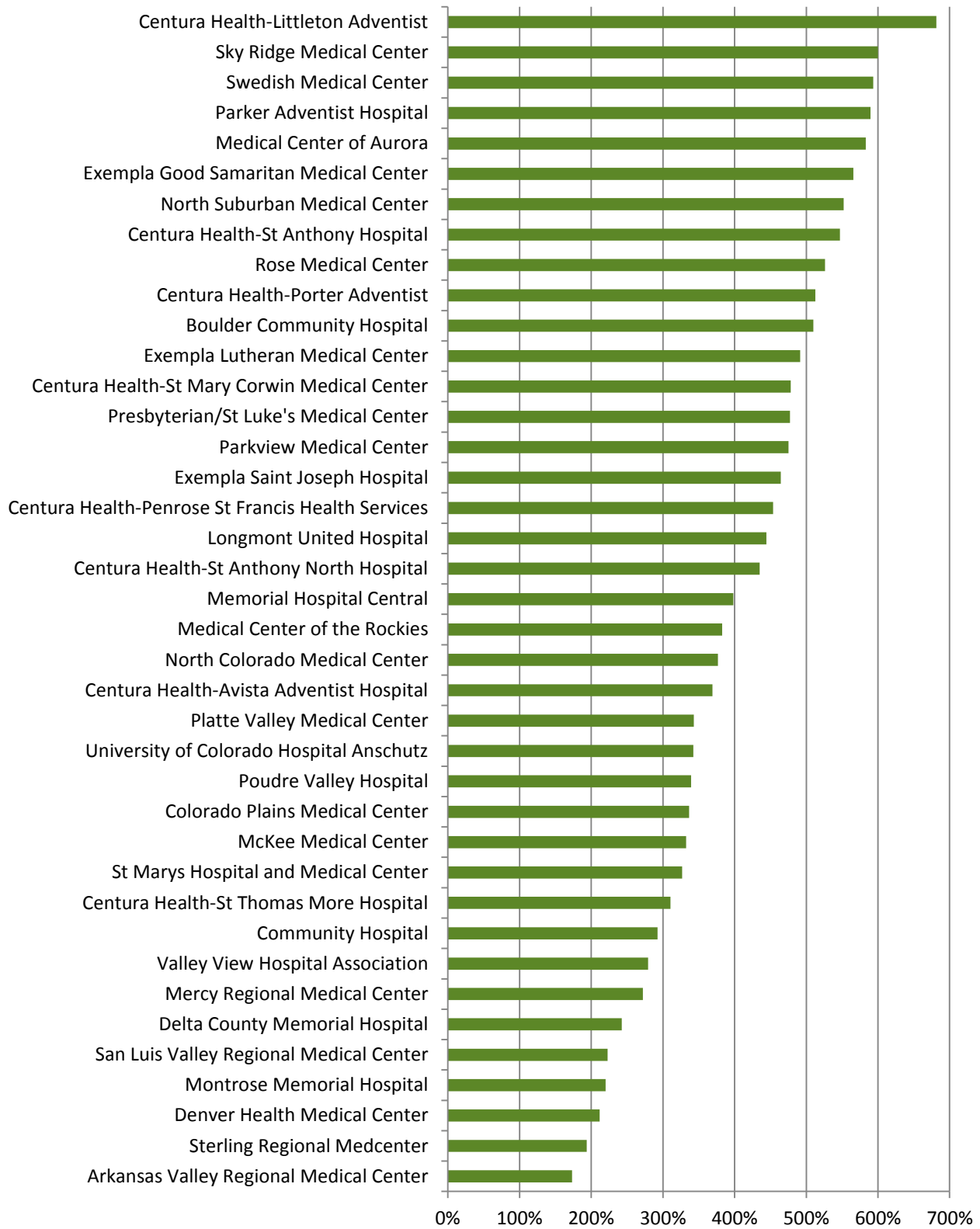
Table 1. Charges at 39 Colorado Hospitals³ as a Percent of Medicare Payments

CCLP calculated hospital charges as a percent of Medicare payments for each diagnosis related group reported for each hospital. CCLP then averaged these percentages to generate the average percent of Medicare payments for each hospital. The statewide average of hospital charges as a percent of Medicare payments was 409 percent. In other words, on average, hospitals across the state billed Medicare amounts four times greater than what Medicare paid for those services. Nineteen of the 39 hospitals included in this analysis were above the statewide average (409 percent) for charges as a percent of Medicare payments. Hospitals above the state average are highlighted in red. The hospitals are grouped based on geography.

Hospital	City	Hospital Charges as a Percent of Medicare Payments
Rural		
San Luis Valley Regional Medical Center	Alamosa	223%
Centura Health-St Thomas More Hospital	Canon City	310%
Delta County Memorial Hospital	Delta	243%
Mercy Regional Medical Center	Durango	272%
Colorado Plains Medical Center	Fort Morgan	336%
Valley View Hospital Association	Glenwood Springs	279%
Arkansas Valley Regional Medical Center	La Junta	173%
Montrose Memorial Hospital	Montrose	220%
Sterling Regional Medcenter	Sterling	194%
Denver Metropolitan Area		
Medical Center of Aurora	Aurora	583%
University of Colorado Hospital Anschutz	Aurora	343%
Platte Valley Medical Center	Brighton	343%
Centura Health-Porter Adventist	Denver	513%
Denver Health Medical Center	Denver	212%
Exempla Saint Joseph Hospital	Denver	464%
Presbyterian/St Luke's Medical Center	Denver	477%
Rose Medical Center	Denver	526%
Swedish Medical Center	Englewood	593%
Centura Health-St Anthony Hospital	Lakewood	547%
Centura Health-Littleton Adventist	Littleton	682%
Sky Ridge Medical Center	Lone Tree	600%
Parker Adventist Hospital	Parker	590%
North Suburban Medical Center	Thornton	552%
Centura Health-St Anthony North Hospital	Westminster	435%
Exempla Lutheran Medical Center	Wheat Ridge	491%
Boulder County		
Boulder Community Hospital	Boulder	510%

Exempla Good Samaritan Medical Center	Lafayette	566%
Longmont United Hospital	Longmont	444%
Centura Health-Avista Adventist Hospital	Louisville	369%
Colorado Springs		
Centura Health-Penrose St Francis Health Services	Colorado Springs	454%
Memorial Hospital Central	Colorado Springs	398%
Fort Collins		
Poudre Valley Hospital	Fort Collins	339%
Grand Junction		
Community Hospital	Grand Junction	292%
St Marys Hospital and Medical Center	Grand Junction	327%
Greeley		
North Colorado Medical Center	Greeley	377%
Loveland		
McKee Medical Center	Loveland	333%
Medical Center of the Rockies	Loveland	383%
Pueblo		
Centura Health-St Mary Corwin Medical Center	Pueblo	478%
Parkview Medical Center	Pueblo	475%

Figure 2. Charges at 39 Colorado Hospitals as a Percent of Medicare Payments



Appendix 2:

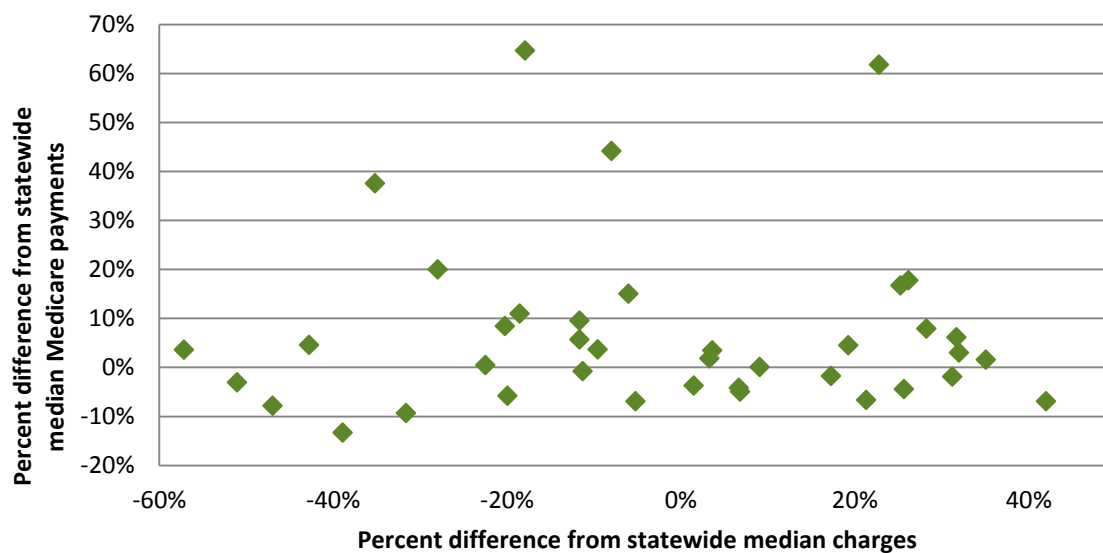
No association between hospital charges and Medicare cost-based payments

On average, hospitals charge and Medicare pays more to treat more expensive or complicated diagnoses. This relationship (that charges and payments are generally higher for complicated diagnoses) does not explain different hospitals, often in the same city, charge dramatically different amounts to treat the same diagnosis. CCLP analyzed whether the variation in hospital charges was related to differences in the cost-based payments of Medicare. Across all hospitals statewide, CCLP found that average charges for DRGs are not correlated with average Medicare payments. (Pearson's product-moment correlation: $r = 0.98$; $P\text{-value} < 2.2 \times 10^{-16}$).

Figure 3 shows that a hospital's difference from statewide median charges is not related to its difference from statewide median Medicare payments. (Pearson's product-moment correlation: $r = 0.001$; $P\text{-value} = 0.9948$.) In order to compare payments for different DRGs at different hospitals, CCLP followed previously published methodology⁴ and generated normalized Medicare payments for 39 hospitals in Colorado. Averaging these normalized Medicare payments for each hospital, CCLP compared the difference from statewide median Medicare payments with the difference from statewide median charges for each hospital.⁵

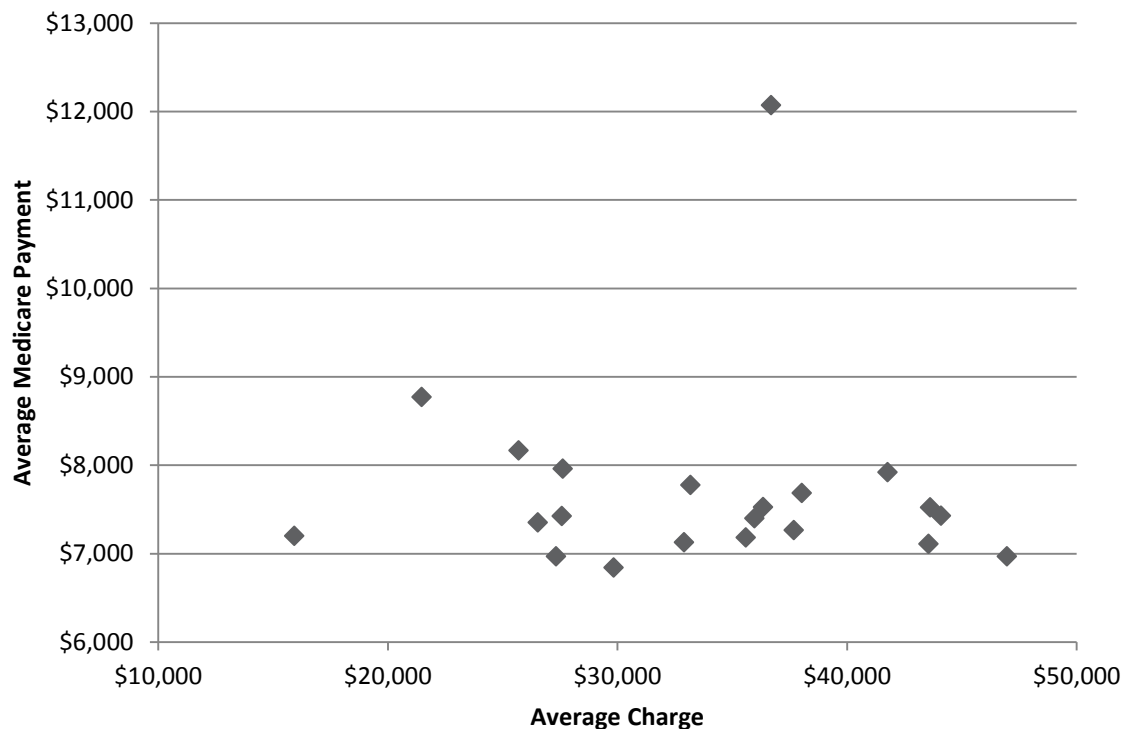
In addition, CCLP compared normalized charges with normalized Medicare payments for each of the 1,890 pairs of charges and Medicare payments reported in the CMS hospital dataset.⁶ Using this larger, disaggregated dataset, only a very small amount of the variation in hospital charges can be explained by Medicare payments. Medicare payments explain less than two percent of the variation in hospital charges (Pearson's product-moment correlation: $r = 0.132$; $r^2 = 0.017$; $P\text{-value} = 8.386 \times 10^{-9}$), confirming that variation in hospital charges cannot be significantly explained by variation in Medicare payments to hospitals.

Figure 3. Variation in hospitals charges is not related to differences in Medicare payments



To verify these analyses, CCLP compared the average charges to average Medicare payments across a subset of DRGs that were shared by a common set of hospitals. Using data from only the 15 DRGs common to 21 hospitals, **Error! Not a valid bookmark self-reference.** shows that average charges are not related to average Medicare payments for these 21 hospitals, confirming the result in Figure 3 (Pearson's product-moment correlation: $r = -0.0339843$; $P\text{-value} = 0.8837$).

Figure 4. Average charges are not related to average Medicare payments for 15 common DRGs

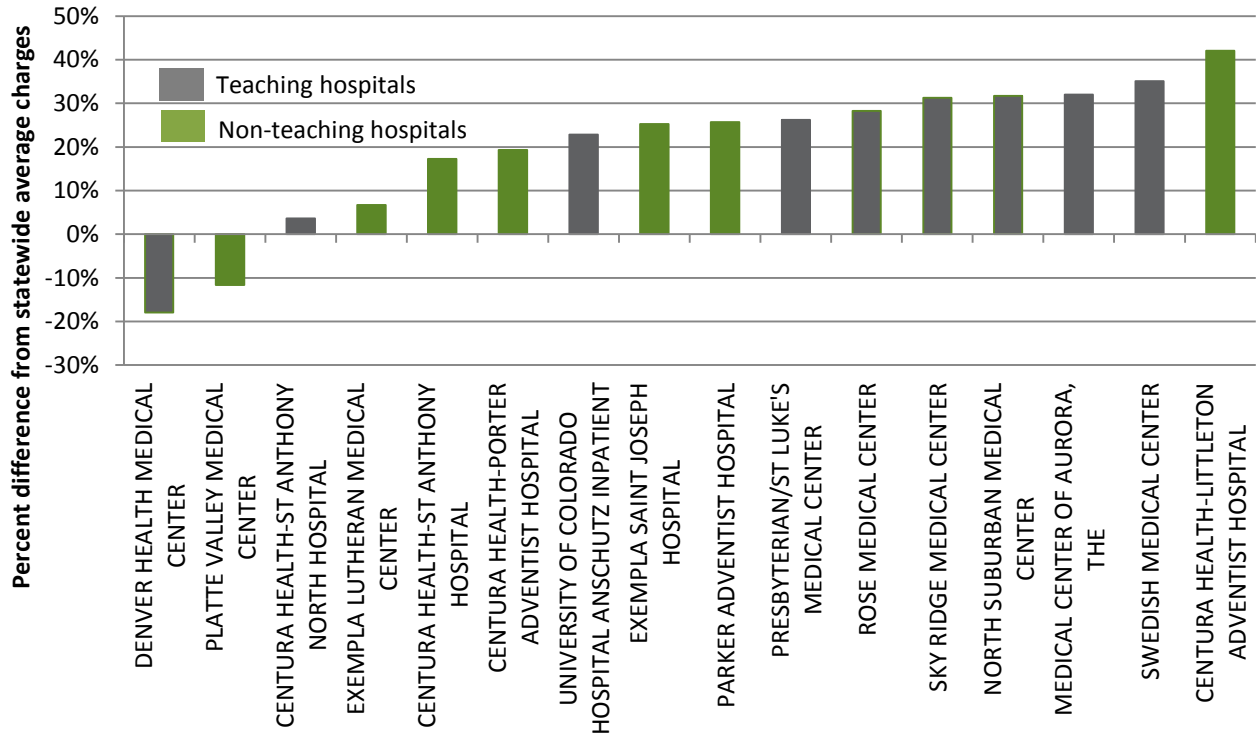


Appendix 3: Variation in hospital charges is not related to volume of low-income patients or teaching status

CCLP analyzed the effect of treating a large number of low income patients on hospital charges. Disproportionate-share hospitals (DSH hospitals) treat a large number of low-income patients and are eligible for additional Medicare payments. Briefly, CMS designates a hospital as eligible for Medicare DSH payments based on the number of days a hospital treats Medicare patients who qualify for Supplemental Security Income (SSI) and the number of days a hospital treats Medicaid patients. Using CMS's projected DSH recipients for 2014,⁷ CCLP divided hospitals in the Denver-area and statewide into DSH and non-DSH hospitals. CCLP found no significant difference in hospital charges between DSH and non-DSH hospitals in the Denver area or statewide (Wilcoxon rank-sum tests: Denver Area: P -value = 0.3165; Statewide: P -value = 0.4247). Additionally, CCLP analyzed whether the percentage of total hospital days that a hospital treated Medicare patients that qualified for SSI in 2011 was related to hospitals' charges and found no significant correlation (Pearson's product-moment correlation: $r = -0.175$; P -value = 0.2849).⁸

Figure 5 compares the average charges of teaching hospitals and nonteaching hospitals in the Denver area. CCLP divided hospitals into teaching and non-teaching hospitals.⁹ CMS designates hospitals as "teaching hospitals" if they receive payment for Medicare direct graduate medical education (GME), inpatient prospective payment system (IPPS), indirect medical education (IME), or psychiatric hospital IME programs.¹⁰ Because nine of 13 of Colorado's teaching hospitals listed in the CMS dataset are located in the Denver metropolitan area, we limited our analysis to hospitals in the Denver Metropolitan area. CCLP found no association between teaching status and hospital charges in the Denver-area (Wilcoxon rank sum test: P -value = 0.351). Teaching new doctors does not significantly affect what hospitals charge.

Figure 5. Comparison of average charges among teaching and non-teaching hospitals



Endnotes

¹ See Medicare Payment Advisory Commission’s brief entitled “Payment Basics: Hospital Acute Inpatient Services Payment System” for more information about the formula used to pay hospitals for treating Medicare patients. Available at http://www.medpac.gov/payment_basics.cfm. Accessed on June 21, 2013.

² According to data collected by the Colorado Department of Health Care Policy and Financing and the Hospital Provider Fee Oversight Advisory Board, Colorado hospitals report that Medicare pays 75 percent of the cost of providing services to Medicare patients. (See Colorado Health Care Affordability Act Annual Report, Hospital Provider Fee Oversight and Advisory Board, January 15, 2013.) Data reported by the Medicare Payment Advisory Commission (MedPAC), however, says that Medicare covers more than 90 percent of hospital costs. (MedPAC is an independent Congressional agency established to analyze data and advise Congress on payments, access to care, quality of care and other issues impacting the Medicare program.) (See MedPAC, Health Care Spending and the Medicare Program, June 2013.)

³ The six Colorado hospitals in the CMS dataset with the fewest number of DRG’s reported were excluded from this analysis bringing the total number of hospitals included in the analysis to 39. With the exception of Centura Health-Avista Adventist (9 charges), Valley View Hospital (10 charges) and Colorado Plains Medical Center (11 charges), all hospitals included in our analysis had at least 16 charges listed in the CMS dataset. For Colorado, no hospital had charges listed for every DRG and only four DRGs were common to the 39 hospitals included in this analysis.

⁴ See Appendix 1 of “Our Dollars, Our Health: Charges vary dramatically among Colorado hospitals, even within the same city.” Available at http://www.cclponline.org/publication_library/pub/single/1284/charges-vary-dramatically-among-colorado-hospitals-even-within-the-same-city.

⁵ For differences from statewide median charges for each hospital, see Table 1 of “Our Dollars, Our Health: Charges vary dramatically among Colorado hospitals, even within the same city.” Available at http://www.cclponline.org/publication_library/pub/single/1284/charges-vary-dramatically-among-colorado-hospitals-even-within-the-same-city.

⁶ See the full data set at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Inpatient.html>.

⁷ See the FY2014 IPPS Proposed Rule: Medicare DSH Supplemental Data File available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dsh.html>. Accessed on July 2, 2013.

⁸ See DSH adjustment and 2010-2011 file available at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dsh.html>. Accessed on July 6, 2013.

⁹ The Official Website for the National Physician Payment Transparency Program. OPEN PAYMENTS. <http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Teaching-Hospitals-subpage.html>. Accessed on July 2, 2013.

¹⁰ See *supra* note 9.