

<p>DISTRICT COURT, CITY AND COUNTY OF DENVER, COLORADO 1437 Bannock Street Denver, Colorado 80202</p>	
<p>ANNA DAVIS, et.al. Formerly VALERIE IMANI HAWTHORNE-BEY, et.al.</p> <p>Plaintiffs,</p> <p>SUSAN E. BIRCH, Executive Director of the Colorado Department of Health Care Policy and Financing, in her official capacity only,</p> <p>And</p> <p>KAREN BEYE, Executive Director of the Colorado Department of Human Services, in her official capacity only, et.al.,</p> <p>Defendants.</p>	<p style="text-align: center;">▲ COURT USE ONLY ▲</p>
<p>COUNSEL FOR PLAINTIFFS</p> <p>MICHAEL J. COOK, # 8242 SHERMAN & HOWARD, L.L.C. 633 Seventeenth Street, Suite 3000 Denver, CO 80202 Phone Number: (303) 297-2900 Fax Number: (303) 298-0940</p> <p>EDWIN S. KAHN, # 2666 D. ELIZABETH ARENALES, # 23083 ADELA FLORES-BRENNAN, # 36725 COLORADO CENTER ON LAW AND POLICY 789 Sherman Street, Suite 300 Denver, Co 80203 Phone Number: (303) 573-5669 Fax Number: (303) 573-4947</p> <p>MARC COHAN MARY R. MANNIX PETRA T. TASHEFF NATIONAL CENTER FOR LAW AND ECONOMIC JUSTICE, INC. 275 Seventh Avenue, Suite 1506 New York, New York 10001 Phone Number: (212) 633-6967 Fax Number: (212) 633-6371</p>	<p>Case No. 04-CV-7059</p> <p>Division Courtroom 1</p>

**AMENDED STIPULATION AND ORDER OF SETTLEMENT CONCERNING
DEPARTMENT OF HEALTH CARE POLICY AND FINANCING**

The parties, by their respective counsel, jointly submit the following Amended Stipulation and Order of Settlement concerning the Department of Health Care Policy and Financing ("HCPF Amended Order") in this lawsuit, which is intended to resolve all claims between the Plaintiffs and Defendant Birch, Executive Director of the Department of Health Care Policy and Financing ("Defendant" or "HCPF") except claims for attorneys' fees and costs which are set forth in paragraph 42 of this HCPF Amended Order.

1. This HCPF Amended Order applies only to Defendant Susan Birch, in her official capacity as Executive Director of HCPF.
2. This HCPF Amended Order replaces the terms of the Stipulation and Order of Settlement entered into between the parties on December 19, 2007 and so ordered by the Court on January 3, 2008 ("Original Order of Settlement").

DEFINITIONS

3. "Order of Settlement" or "HCPF Amended Order" means this Amended Stipulation and Order of Settlement Concerning the Department of Health Care Policy & Financing.
4. "Application" means an initial application and/or an application to add a newborn child to the case for eligibility for Medicaid, or CHP+.

5. "Application Date" means, for purposes of this HCPF Amended Order only, the date a signed application is first submitted to the appropriate office of Defendant or the appropriate County office or Medical Assistance site. For purposes other than this HCPF Amended Order, Defendant maintains that the date of application is the date that the application is complete, including all required verifications. Plaintiffs disagree with Defendant's position. Neither party waives its position by agreeing for the purposes of this HCPF Amended Order that the application date is the date a signed application is first submitted.

6. "Applicant" means any person or household that applies for Medicaid, and CHP+, including initial applications, and redeterminations.

7. "CHP+" also known as "Children's Basic Health Plan" (CBHP) means Colorado's State Children's Health Insurance Program and is defined in C.R.S. § 25.5-8-101 et seq.

8. "Medicaid" means the medical assistance program for the categorically needy defined in 42 U.S.C. § 1396 et seq. and in the Colorado Medical Assistance Act at C.R.S. § 25.5- 1-201(a).

9. "Redetermination" means a recertification or means the program specific process by which current participants renew eligibility for that benefits program.

10. "Systems Interface" means the process by which one or more computer systems share information necessary to ensure that correct eligibility decisions are made.

11. "Days" shall mean calendar days unless otherwise so stated.

COMPLIANCE WITH APPLICABLE LAW

12. Except as otherwise provided in this HCPF Amended Order, Defendant shall process all Medicaid applications and determine eligibility within 45 days of date of application, as required by 42 U.S.C. § 1396a(a)(8) and implementing regulations at 42 C.F.R. § 435.911(a)(2), except in circumstances where the applicant claims to be eligible for Medicaid because of a disability, or is eligible and is on a Home and Community Based Services waiver waiting list, in which case the application shall be processed within 90 days of date of application or upon approval off the waiting list, as required by 42 C.F.R. § 435.911(a)(1).

13. Defendant shall provide assistance to applicants to secure emergency medical care as needed, as required by 42 U.S.C. § 1396a(a)(8) and implementing regulations at 42 C.F.R. § 435.930(c).

14. Defendant shall monitor the local counties' administration of the Medicaid program to ensure compliance with 42 U.S.C. § 1396a(a)(8); 42 C.F.R. §§ 435.905(a)(1)–(3), 435.906, 435.909, 435.913, 435.930.

15. Except as otherwise provided in this HCPF Amended Order, Defendant HCPF shall process all CHP+ applications and determine eligibility within 45 days of date of application as required by 42 CFR § 457.30 and Colorado Department of Health Care Policy and Financing Agency Letter HCPF 04-019.

16. Defendant shall be deemed to have satisfied her obligations under this HCPF Amended Order for the timely processing of initial Medicaid and CHP+

applications so long as she achieves and maintains the following percentages of timely processing:

- a. For the six month period ending in June 30, 2011, 75%;
- b. For the six month period ending in December 31, 2011, 80%;
- c. For the six month period ending in June 30, 2012, 85%;
- d. For the six month period ending in December 31, 2012, 90%; and
- e. For the six month period ending in June 30, 2013, 95%;

17. For the period ending September 30, 2011, Defendant shall be deemed to have satisfied her obligations under this HCPF Amended Order for the timely processing of Medicaid and CHP+ redeterminations so long as she timely processes 65% of the redeterminations.

18. For purposes of paragraph 16-17 of this HCPF Amended Order, the percentage of cases timely processed shall be determined using the court reports provided monthly by Defendant pursuant to the Original Order of Settlement. Specifically, the reports titled "Timely Processing of Medical Applicant Determinations" and "Timely Processing of Medical Applicant Redeterminations", copies of which are attached hereto, shall be used to calculate timeliness by dividing the total timely determinations/redeterminations (both approvals and denials) for all program areas by the total number of determinations/ redeterminations for all program areas for the given month. For example, assuming this order were now in place, using September 2010 data, the percentage of timely processed applicant determinations would be calculated by dividing 22,730 total timely determinations by 30,793 total determinations, which

equates to .738 or a 74% timely processing rate. Thus, the reports generated for the end of June 2011 would have to show a timely processing rate improvement by 5 percentage points, which equals a 75% timely processing rate for calculating timeliness. The manner of generating the above mentioned reports shall not be changed without the express advance written consent of the Plaintiffs. A copy of the above-titled reports for the month ending September 30, 2010 is attached as Exhibit A. Defendant shall not modify these reports without the prior written consent of the plaintiffs, which shall not be unreasonably withheld.

19. No later than December 31, 2011, Defendant shall (a) ensure the removal of the auto-termination feature from CBMS and (b) implement administrative renewal of Medicaid and CHP+ recipients in CBMS. For purposes of this HCPF Amended Order, the auto-termination feature results in the automatic termination of a recipient's eligibility for Medicaid or CHP+ where the recipient's eligibility has not been determined before the redetermination due date. For purposes of this HCPF Amended Order, administrative renewal of Medicaid and CHP+ means that in advance of the renewal date, CBMS sends to the recipient(s) of Medicaid and/or CHP+ a form pre-populated with eligibility information then available to HCPF. HCPF continues the recipient's eligibility for Medicaid and/or CHP+ based on the information available to it unless the recipient provides, or HCPF otherwise obtains (e.g. through data matches), information that demonstrates that the recipient is no longer eligible for Medicaid or CHP+. Unless HCPF obtains or is provided with information that affects eligibility, no additional action is required by the recipient for continuation of the recipient's eligibility. Failure of a

Medicaid and/or CHP+ recipient, determined by HCPF to be eligible for Medicaid or CHP+ at the time the pre-populated form is sent to the recipient, to return the pre-populated form shall not be a basis for terminating the recipient's Medicaid and/or CHP+. No later than Dec. 31, 2011, Defendant will end auto-termination, with or without implementation of administrative renewal and will provide documentation of the changes in CBMS to end auto-termination to plaintiffs' counsel. Effective January 1, 2012 and for the duration of this HCPF Amended Order no Medicaid or CHP+ recipient shall have his or her Medicaid or CHP+ terminated without an individual finding, as required by 42 USC § 1396a(a)(8) and 42 CFR § 435.930, that the recipient no longer meets the eligibility criteria for Medicaid or CHP+ or because the recipient failed to cooperate in recertification as defined by 10 C.C.R. 2505-10 §8.100.3.Q.5.

MONITORING DEFENDANT'S OBLIGATIONS:

20. Within 10 business days of the expiration of each month thereafter for the remaining term of this HCPF Amended Order, for Medicaid and CHP+, Defendant shall provide Plaintiffs' counsel with the following information:

- a. A report setting forth the number of applications received in the month, by Program Area (e.g., Adult Medical Assistance, CHP+, Family Medical Assistance, Long Term Care, Medicare Savings Program, etc.), in each county, Medical Assistance Site, and State Processing Site, if applicable.
- a. A separate report clearly setting forth by Program Area the number of all application determinations made in the month, subdivided by

County, Medical Assistance Site and State Processing Site. This report shall include specific information regarding whether the application was approved or denied.

- b. A separate report setting forth by Program Area the number of all redeterminations made in the month, subdivided by County, Medical Assistance Site and State Processing Site, and by whether the redetermination was approved or denied.

21. For Medicaid and CHP+, within 10 business days of the expiration of each month thereafter for the remaining term of this HCPF Amended Order, Defendant shall provide Plaintiffs' counsel with the following reports:

- a. A report by Program Area, for all application determinations made in the month, subdivided by County, Medical Assistance Site and State Processing Site clearly indicating whether each application was timely processed.
- b. A separate report by Program Area for all redeterminations made in the month, subdivided by County, Medical Assistance Site and State Processing Site, clearly indicating whether each redetermination was timely processed.

22. For Medicaid and CHP+, within 10 business days of the expiration of each month thereafter for the remaining term of this HCPF Amended Order, Defendant shall provide Plaintiffs' counsel with the following information:

- a. For each County, Medical Assistance Site and State Processing Site, a report indicating the number of application determinations made in the month by Program Area that were untimely and whether the determination was:
 - i. Untimely by less than 30 days;
 - ii. Untimely by more than 30 days but less than 45 days;
 - iii. Untimely by more than 45 days but less than 60 days;
 - iv. Untimely by more than 60 days;
 - v. Untimely by more than 90 days.

- b. For each County, Medical Assistance Site and State Processors Site, a report indicating the number of redeterminations that were untimely, and whether the redetermination was:
 - i. Untimely by less than 30 days;
 - ii. Untimely by more than 30 days but less than 45 days;
 - iii. Untimely by more than 45 days but less than 60 days;
 - iv. Untimely by more than 90 days.

23. For Medicaid and CHP+, within 10 business days of the expiration of each month thereafter for the remaining term of this HCPF Amended Order, Defendant shall provide Plaintiffs' counsel with a report by eligibility site, by medical program area, on the number of applications and requests for redeterminations that were considered incomplete by the eligibility technician.

24. For Medicaid and CHP+, within 10 business days of the expiration of each month thereafter for the remaining term of this HCPF Amended Order, Defendant shall provide Plaintiffs' counsel with the following information:

- a. A report by eligibility site, by program area, on the number of applications that were untimely determined in the prior month and for seven months preceding the prior month, thereby providing a running total. The report shall indicate for any given month, over time, how many application determinations remain untimely for that month.
- b. A report by eligibility site, by medical program area, on the number of redeterminations that were untimely in the prior month and for seven months preceding the prior month. The report shall indicate for any given month, over time, how many redeterminations remain untimely for that month.

25. For Medicaid and CHP+, within 10 business days of the expiration of each month thereafter for the remaining term of this HCPF Amended Order, Defendant shall provide Plaintiffs' counsel with a report by county, by medical program area, on the number of applications and requests for redeterminations that were at one time considered incomplete by the eligibility technician, then determined to become complete during the month.

26. For Medicaid and CHP+, within 10 business days of the expiration of each month thereafter for the remaining term of this HCPF Amended Order, Defendant shall provide Plaintiffs' counsel with a report by county, by medical program area, delineating:

- a. the total number of application determinations in the month;
- b. of those total application determinations in (a) the number of cases in which the eligibility technician considered the application initially submitted by the applicant to be incomplete;
- c. of those determinations in 26(b), the number that were determined timely and were determined untimely;
- d. of the total application determinations in 26(a), the total that were timely determined based on the date the applicant initially submitted the application, even if the eligibility technician considered that application incomplete.

27. The parties agree that circumstances beyond the Defendant's control may delay the production of a monitoring report specified in paragraphs 20-26 of this HCPF Amended Order. For purposes of this HCPF Amended Order, "Circumstances Beyond the Defendant's Control" means events or occurrences that the Defendant has no power to change or affect despite the Defendant's best efforts and that frustrate, delay, or impede the Defendant's ability to meet the time-frames agreed to for the production of the monitoring. The term does not include increases in the number of applications, fluctuations in staffing levels, or acts of the state legislature in failing to appropriate funds that affect the Defendant's ability to meet the time-frames. For the purposes of this

HCPF Amended Order, the occurrence of a circumstance beyond the Defendant's control shall not be deemed to relieve the Defendant from taking all steps necessary to bring itself into compliance with the HCPF Amended Order as expeditiously as possible.

28. In the event that the Defendant asserts that circumstances beyond the Defendant's control have delayed the production of a monitoring report, it shall as promptly as possible prior to the delivery date, provide notice to plaintiffs' counsel of (a) the expected delivery date and (b) the reason(s) for the delay. Nothing herein shall diminish plaintiffs' right to challenge:

- a. whether there are circumstances beyond the control of the Defendant for the delay;
- b. whether the monitoring report is being provided as expeditiously as possible notwithstanding the delay;
- c. whether plaintiffs' counsel have been provided sufficient information concerning the cause for the delay; and
- d. whether adequate steps have been taken to minimize the recurrence of a delay in the provision of the report.

29. Defendant shall provide to Plaintiffs, at the same time they are provided to the United States Departments of Health and Human Services (DHHS), copies of all reports submitted to DHHS that pertain to the timely processing of applications or to the effectiveness of the Medicaid Management Information System ("MMIS") system.

30. In the event that Plaintiffs shall deem it necessary, an external auditor selected and funded by the Plaintiffs, and approved by Defendant (such approval by

Defendant not to be unreasonably withheld) shall, no more than once during the life of this HCPF Amended Order, be entitled to obtain production of a statistically valid sample of determinations of applications and redeterminations. The sample shall consist of the relevant, non-protected and producible portion of the case files and the relevant, non-protected and producible portions of the CBMS data base screens related to the report time period for each application and redetermination that has been selected. All copies of the disclosable portions of the case files and CBMS data base screen prints will be produced within 60 days of request. The auditor shall be entitled to no more than the number of cases necessary to provide a statistically valid sample at the 95% confidence level with a 3% margin of error, with a maximum upper limit of 400 cases. All information submitted to the auditor shall be subject to the entry of a confidentiality order which shall be agreed upon by the parties and submitted for execution by the Judge and signed by the auditor and his staff prior to release.

GENERAL PROVISIONS

31. **Overflow Unit.** To the extent deemed necessary by Defendant to meet the requirements herein, the Defendant shall use overflow processing unit(s) to process Medicaid and CHP+ applications and redeterminations to reduce workload in the counties and increase overall statewide timely processing.

32. **Customer Service Assistance.** During the term of this HCPF Amended Order, Defendant shall continue to maintain and staff a toll-free customer service telephone line that recipients and applicants for Medicaid and CHP+ can call to report problems. Issues regarding problems with eligibility and benefits due to CBMS will be

transferred to qualified personnel and addressed as expeditiously as possible. The toll-free number(s) shall be posted on Defendant's website and Defendant shall keep a log of calls to the 800 number(s) and shall track the number of calls received and the number resolved related to eligibility and benefits due to CBMS. Defendant shall provide the above data, without any personally identifying information, to Plaintiffs' counsel quarterly. Defendant shall require each county and Medicaid site to post information in English and Spanish about the availability of the 800 number(s) in a public area. Defendant shall provide Plaintiffs' counsel with a copy of Defendant's letter to the Counties.

33. **Improper Collection of Overpayments.** If Defendant discovers that any County has collected from any recipient an overpayment caused by the failure of CBMS to operate properly prior to June 1, 2006, Defendant shall instruct that County to refund the amount collected to the recipient.

34. **Telephone Access to County Staff.** If Defendant discovers that a county is not providing reasonable telephonic access to all persons seeking to contact a county worker concerning an application, existing case, or other matter related to the operation of Medicaid or CHP+, Defendant shall take steps within that Department's authority to require the County to provide such access.

35. **Operation of Interfaces.** Defendant represents that at the time of this HCPF Amended Order all interfaces between CBMS and other computer systems or data files necessary for the timely and accurate delivery of benefits are working as designed in most cases. If Plaintiffs become aware of any individual case where an interface did not

work as designed, Defendant will promptly investigate and respond to any such problem after receipt of information from the Plaintiffs. Defendant will report to Plaintiffs' counsel within 30 days of learning of any systemic problem with an interface between CBMS and other computer systems or data files necessary for the timely and accurate delivery of benefits under any state or federal benefit program covered by this Consent Order and shall report the steps that have been or will be taken to address the systemic problem identified. Defendant shall act to fix all such problems identified within a reasonable period of time not to exceed 60 days from the date of the report to Plaintiffs' counsel or shall report to Plaintiffs why the problem cannot be fixed within 60 days and shall set forth a corrective action plan including time frames.

36. **Technical Computer Issues.** Plaintiffs may submit in writing to Defendant any specific problem they believe to be systemic regarding the technical operation of the CBMS computer system of which they are aware. Plaintiffs will provide the name and other identifying information of the applicant or recipient who has experienced the problem Plaintiffs have identified. Defendant will research and evaluate the individual case and any systemic problem raised by the individual case. Within 30 days of notification by plaintiffs, Defendant will inform Plaintiffs' counsel whether the issues raised warrant any systemic correction to the computer systems, and if so, the plans and timetable Defendant has to remedy the problems identified. Defendant shall fix all such problems identified within a reasonable period of time not to exceed 60 days from the date of the report to Plaintiffs' counsel or shall report to Plaintiffs why the

problem cannot be fixed within 60 days and shall set forth a corrective action plan including time frames.

37. **County Management Review.** The Plaintiffs are concerned that the information entered into CBMS is an accurate representation of the information contained in the applicant's paper or separate electronic case record for the application located at the County. As a part of their statutory oversight over the Counties, Defendant shall conduct quality assurance management reviews of Counties that shall include review of this information and Defendant will provide to Plaintiffs counsel copies of the management reviews on this subject within 30 days of completion.

JURISDICTION OF THE COURT

38. Pursuant to Rule 53 of the Colorado Rules of Civil Procedure, the parties agree that former Judge Joseph Bellipanni of the Judicial Arbiter Group shall be appointed as a "Master" in this matter for purposes of:

- a. Monitoring the Defendant's performance with respect to the requirements of paragraphs 12-18 of this HCPF Amended Order;
and
- b. Determining any appropriate corrective action reasonably required of Defendant.

Judge Bellipanni's appointment shall take effect upon the Court's approval of this HCPF Amended Order, which shall be deemed an order of reference pursuant to Rule 53 C.R.C.P. Judge Bellipanni shall have all of the powers and authority provided for in Rule 53 C.R.C.P. and as provided for herein. Defendant shall file, on a six-month basis

beginning with the six month period ending June 30, 2011, within 15 days of the end of the six month period, a report that shall include copies of all monitoring provided to the Plaintiffs and shall set forth the reasons and proposed corrective action, if any, for any noncompliance with the requirements of this HCPF Amended Order, and Judge Bellipanni shall meet with the parties to review said report within 15 days of its issuance. In the event the monitoring reveals and/or Plaintiffs believe that Defendant has failed to comply with any of the terms (not limited to timely compliance with application processing requirements) of this HCPF Amended Order as set forth in paragraphs 12-18, Judge Bellipanni shall hold such hearings as he deems necessary and appropriate and prepare a report which shall be filed with the Court and which includes findings of fact, conclusions of law, and the corrective actions required of Defendant. The parties hereby stipulate that Judge Bellipanni' s findings of fact in any such report shall be final for purposes of proceedings related to this HCPF Amended Order only. Judge Bellipanni shall be compensated at the then current hourly rate charged for his services by the Judicial Arbiter Group, which compensation shall be paid by Defendant. In the event that Judge Bellipanni is no longer able to serve, this paragraph 38 and so much of paragraph 39 of this HCPF Amended Order as requires Plaintiffs to resort to this paragraph shall be deemed to be void until such time as the parties agree on a new Master. Until such Master is agreed upon, the parties shall have their remedies under law.

39. At any time during the life of this HCPF Amended Order, in the event that the monitoring reports reveal and/or Plaintiffs believe that Defendant has failed to meet the requirements of paragraphs 12-18 of this HCPF Amended Order, Plaintiffs shall be

entitled to seek appropriate relief from the Court. However, prior to seeking such relief, Plaintiffs' counsel shall invoke the procedure set forth in Paragraph 38 of this HCPF Amended Order, unless Judge Bellipanni has already filed a report. If Judge Bellipanni has already filed a report, Plaintiffs may proceed directly to Court.

40. At any time during the life of this HCPF Amended Order, in the event that that Defendant has failed to adhere any provision other than paragraphs 12-18 of this HCPF Amended Order, Plaintiffs shall be entitled to seek appropriate relief from the Court without resort to the process set forth in paragraphs 38 or 39 of this HCPF Amended Order. Plaintiffs' counsel shall notify Defendants' counsel in writing of the nature and specifics of the alleged failure at least thirty (30) days before any motion is made for enforcement of this HCPF Amended Order or for contempt and shall meet and discuss with Defendant the reasons and possible solutions. If a motion is made for enforcement or contempt on the basis of any monitoring reports that Defendant has submitted to Plaintiffs, Plaintiffs shall notify Defendant as to which reports they are relying upon in making the motion at the same time that notice of intention to make the motion is provided. No motion for enforcement or contempt shall be brought to obtain relief for those violations that have been cured. Any motion related to the implementation of administrative renewal in paragraph 19 shall be for enforcement only and not for contempt.

41. This Court shall retain jurisdiction over this action for all purposes, including but not limited to enforcement and modification of this HCPF Amended Order and granting such other and further relief that, in the interests of justice, are necessary to

ensure Defendant's compliance with law. In the event that Defendant timely processes 95% of all Medicaid and CHP+ applications for twelve (12) consecutive months, regardless of when such time period commences, Defendant shall be deemed to have complied with this HCPF Amended Order and to have discharged its duty to Plaintiffs and this HCPF Amended Order and the jurisdiction of the Court shall be terminated as to application processing. In the event that Defendant timely processes 95% of redeterminations for twelve (12) consecutive months, regardless of when such time period commences, Defendant shall be deemed to have complied with this HCPF Amended Order and to have discharged its duty to Plaintiffs and this HCPF Amended Order and the jurisdiction of the Court shall be terminated as to redetermination processing.

42. This HCPF Amended Order does not resolve Plaintiffs' entitlement to attorney's fees and costs to date. Defendant agrees that Plaintiffs are entitled to attorney's fees and costs in a case of this kind for claims on which they substantially prevail, but Defendant may challenge certain of Plaintiffs' fees and costs in this matter. Accordingly, on or before 60 days after the execution of this Order, Plaintiffs shall file a motion for attorney's fees and costs with the Court in this matter. Thereafter, the parties shall engage in mediation. If a mediated resolution is not reached within forty-five days thereafter, the parties shall proceed to have the Plaintiffs' motion resolved by the Court.

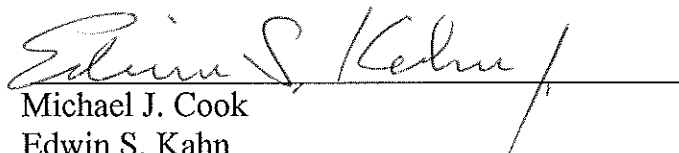
43. Defendant shall not assert the lack of the certification of a class or that the named Plaintiffs' claims have become moot or that the Plaintiffs lack standing in opposition to any motion brought pursuant to this HCPF Amended Order.

44. No provision herein shall infringe upon any individual's right to seek to compel Defendant to provide him or her with a grant of Medicaid or CHP+ or to timely process the application therefore by way of an administrative hearing or in any court proceedings following such an administrative hearing, on their own behalf, or with a representative of their choice. However, said applicant may not seek to challenge or enforce any of the provisions set forth in this HCPF Amended Order except as consistent with the terms of this HCPF Amended Order.

45. Nothing contained in this HCPF Amended Order shall be deemed to be a finding or an admission that the Executive Director or HCPF have in any manner violated Plaintiffs' or any other person or entity's legal or other rights.

46. This HCPF Amended Order is final and binding upon the parties, their successors, and assigns.

Respectfully submitted this 25th day of February 2011.



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EX-H. A



Timely Processing of Medical Applicant Redeterminations - State Summary



Monthly Period Ending September 30, 2010

Category Description	Timely Count	Untimely Count	Total
Approved CHP+	370	1,535	1,905
Approved Family Medical	9,390	11,433	20,823
Approved Medicaid	1,583	1,591	3,174
Approved Medicare Savings Program	969	607	1,576
Approved Total	12,312	15,166	27,478
Denied	4,779	6,414	11,193
Grand Total	17,091	21,580	38,671