

Hospital Collaboration Agreement Application

Date issued: August 2025

Hospital Collaboration Agreement Application

Overview

The Colorado General Assembly found that independent hospitals are struggling to provide high-quality, low-cost care to their patients due to rising costs and challenging requirements from government and private payers. Therefore, [Senate Bill 23-298](#) and [Senate Bill 25-078](#) were passed to provide independent hospitals with the opportunity to engage in collaborative agreements that lower the costs associated with providing care in rural areas, while also protecting them from antitrust scrutiny.¹

Process

This application provides supplemental information for the proposed Hospital Collaboration Agreement. This application, the hospital's proposal, and supporting documentation (as described on page 4), must all be submitted by email to HCPF_HospitalCollaborationAgreements@state.co.us prior to the review process. After all documents have been received, the Department of Health Care Policy and Financing (HCPF) and, if applicable, the Division of Insurance (DOI) will review the proposal. Please note that additional information may be requested. Once all information has been received, an initial review will take place within a 15-day review period. If HCPF and, if applicable, DOI find potential cost-saving or access to care benefits in the proposal, the proposal will be referred to the Attorney General's Office (AGO) for review. The AGO will review the proposal, and any following information requests, within 45 days of all materials being received by the AGO. After determining whether the benefits of the collaborative activities outweigh any potential anticompetitive concerns the AGO will issue a decision regarding the proposal.

If denied, hospitals or hospital affiliates may request reconsideration by resubmitting the proposed agreement to the AGO within 30 days of the denial. The resubmission should include additional materials, information, or other evidence that was not previously submitted relating to the benefits or anticompetitive harm. The AGO will make a final decision within 45 days from the date of the reconsideration request.

If approved, the collaborative agreement will become effective immediately or as described in the approval notice from the AGO. Approvals may be reviewed annually to ensure the outcomes related to the agreement are consistent with the goals and objectives described in the proposal.

Questions about the application or process can be sent to HCPF_HospitalCollaborationAgreements@state.co.us.

¹ For more information refer to § 25.5 1 1001, C.R.S.

Hospital Information

Legal and Administrative Information: If more than seven hospitals are participating in the agreement, add additional pages utilizing the same format as this page.

Hospital Legal Name	Legal Street Address	Email and Phone Number	Tax ID/EIN Number

Hospital Collaboration Agreement Proposal

The purpose of the Hospital Collaboration Agreement is to improve the quality of, increase access to, and reduce costs of healthcare services in rural and frontier communities.

Minimum Information to be included in the Hospital Collaboration Agreement Proposal:

- All collaborative activities that hospitals will be engaged in;
- Supporting evidence/documentation to illustrate, in detail, the benefits of the collaborative activities;
 - Supporting documentation should include a financial model in Microsoft Excel or Google Sheets
- Supporting evidence/documentation to illustrate, in detail, the potential anticompetitive harm that may result from the collaborative activities;
- An in-depth explanation of how the results will be tracked/measured and a sample report for displaying this information;
 - This report, once completed with the year's results, will be used as a supporting document for the annual review.

For approval:

- HCPF and, if applicable, DOI must conclude that the collaborative activities will result in cost savings or other efficiencies that will improve or expand the delivery of healthcare services in rural and frontier communities in Colorado and;
- The AGO must determine that the benefits of the Hospital Collaboration Agreement are not outweighed by any anticompetitive harm that may arise from the collaborative activities listed in the Hospital Collaboration Agreement.

After submission of this application, the proposal, and all supporting documents, HCPF and, if applicable, DOI will review. Additional information may be requested. On the following page, add the information for each hospital representative receiving all requests and communication regarding the Hospital Collaboration Agreement.

Representative Information

Please add the hospital representative information from each hospital participating in the Hospital Collaboration Agreement below. Each representative will receive communication regarding additional information requests and the official determination decision for the proposal. If additional space is needed, please add pages utilizing the same format.

Name	Job Title/Hospital Affiliation	Phone Number	Email Address

Hospital Collaboration Agreement Application Verification

We certify that this proposal meets the following conditions to the best of our knowledge:

1. All collaborative activities meet the criteria pursuant to § 25.5-1-1001, C.R.S., enacted via the adoption of Senate Bill 23-298 and Senate Bill 25-078.
2. All collaborative activities result in cost savings or other efficiencies that will improve or expand the delivery of healthcare services in rural and frontier communities in Colorado.
3. The benefits of the collaborative activities are not outweighed by any anticompetitive harm that may arise from said collaborative activities.
4. All hospitals listed in this application and proposal are either a county public hospital, a hospital affiliate, or a hospital established, maintained, operated directly or indirectly by a health service district, or a private nonprofit hospital.
5. Be a hospital that is not owned by or affiliated with a health system that is comprised of three or more hospitals.

By signing below, as a hospital representative, you certify on behalf of your hospital that to the best of your knowledge, all information included in the proposal, application, and supporting documentation is factual and complete.

_____ Name/Job Title/Hospital Affiliation	_____ Signature	_____ Date
_____ Name/Job Title/Hospital Affiliation	_____ Signature	_____ Date
_____ Name/Job Title/Hospital Affiliation	_____ Signature	_____ Date
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