



COLORADO

Department of Health Care  
Policy & Financing

**Posting Date: June 9, 2023**

This posting serves as notification of SFY 2024 Outpatient Hospital EAPG Base Rates for all hospitals participating in Health First Colorado. These rates will be effective July 1, 2023. Consistent with the rate updates for SFY 2022 to SFY 2023, this method of communicating hospital rates has been approved by Hospitals participating in our Hospital Engagement Meetings that occur every other month. Information about past and upcoming Hospital Engagement Meetings is available at <https://www.colorado.gov/pacific/hcpf/hospitalengagementmeetings>. Additional information regarding these rates calculations can be obtained by contacting Andrew Abalos at [andrew.abalos@state.co.us](mailto:andrew.abalos@state.co.us) and Tyler Samora at [tyler.samora@state.co.us](mailto:tyler.samora@state.co.us).

**Hospital Base Rate Increase SFY 2023 to SFY 2024:** The outpatient hospital EAPG base rates reflect the 3% provider rate increase effective July 1, 2023, as mentioned in SB 23-214. The rates in this letter show a 3% increase of the EAPG base rates effective July 1, 2022.

**Request for Informal Reconsideration or Appeal:** Reimbursement rates for outpatient hospital services were calculated according to the regulations of the Health First Colorado Program. If you disagree with these figures, you may file a written request for informal reconsideration with the Department within thirty (30) days from the “posting date” listed in this communication. The request shall state the specific component of the rate the Provider wants reconsidered and the Provider’s position. Requests that do not comply with the requirements of this section shall be considered incomplete and shall be denied.

If you desire an informal reconsideration for your hospital’s July 1, 2023 Outpatient Base Rate, please send your written request including your position as to each identified concern regarding the rate determination to:

Andrew Abalos  
Facility Rates Section  
Department of Health Care Policy and Financing  
1570 Grant Street Denver, CO 80203

You may file an appeal of the decision on the informal reconsiderations with the office of administrative courts, as set forth at 10 C.C.R. 2505-10, Section 8.050.3.A-D:

*A. “A Provider, other than a nursing facility whose notice of Adverse Action is regarding a rate determination, may appeal a notice of Adverse Action by filing a written appeal within thirty (30) calendar days from the date on the Notice of Adverse Action. The appeal shall be filed with the Office of Administrative Courts, Department of Personnel and Administration 1525 Sherman Street, Fourth Floor, Denver, CO*



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*B. The appeal shall specify the basis upon which the Provider appeals the Adverse Action.*

*C. The date of filing the appeal shall be the date the Office of Administrative Courts receives the appeal. Failure to file a timely appeal shall result in dismissal of the appeal.*

*D. No recovery of an overpayment shall be implemented until the appeal process has been completed.”*

Copies of the appeal shall be sent to:

Jennifer Weaver	Andrew Abalos
First Assistant Attorney General	Facility Rates Section
Department of Law, Health Care Unit	Department of Health Care Policy and Financing
Ralph L. Carr Colorado Judicial Center	1570 Grant Street
1300 Broadway, 6th Floor Denver, CO 80203	Denver, CO 80203

You may choose to file a formal appeal instead of requesting an informal reconsideration. You have thirty (30) days from the posting date listed in this communication to submit your formal appeal according to the instructions in 8.050.3.A-D detailed above.

**To summarize, you have thirty (30) days from the posting date on this communication (07/09/2023) to request an informal reconsideration or submit a formal appeal if pertinent. If you have any questions regarding this process or hospital reimbursement, please contact Andrew Abalos at [andrew.abalos@state.co.us](mailto:andrew.abalos@state.co.us) or 303-866-2130.**

Any hospital interested in additional information regarding their Outpatient Base Rate calculation is always welcome to contact Tyler Samora at [tyler.samora@state.co.us](mailto:tyler.samora@state.co.us) and Andrew Abalos at [andrew.abalos@state.co.us](mailto:andrew.abalos@state.co.us).

Provider Medicare CCN	Provider Business Name	EAPG Rate Eff. 7/1/23	Drug Direction
060001	NORTH COLORADO MEDICAL CENTER	\$ 210.18	Decrease
060003	LONGMONT UNITED HOSPITAL	\$ 213.75	Decrease
060004	PLATTE VALLEY MEDICAL CENTER	\$ 219.21	Decrease
060006	MONTROSE MEMORIAL HOSPITAL	\$ 213.76	Neutral
060008	SAN LUIS VALLEY HEALTH	\$ 298.26	Neutral
060009	LUTHERAN MEDICAL CENTER	\$ 202.98	Decrease
060010	POUDRE VALLEY HOSPITAL	\$ 220.01	Decrease
060011	DENVER HEALTH & HOSPITAL AUTHORITY	\$ 240.14	Neutral
060012	ST MARY CORWIN MED CTR, CENTURA HEALTH	\$ 204.99	Decrease
060013	MERCY REGIONAL MEDICAL CENTER	\$ 258.28	Neutral
060014	PRESBYTERIAN ST LUKE'S MEDICAL CENTER	\$ 205.43	Decrease
060015	CENTURA HEALTH-ST ANTHONY HOSPITAL	\$ 206.15	Decrease
060020	PARKVIEW MEDICAL CENTER, INC	\$ 173.09	Neutral
060022	UCH-MEMORIAL HEALTH SYSTEM	\$ 200.49	Decrease
060023	ST MARYS MEDICAL CENTER	\$ 197.22	Decrease
060024	UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	\$ 219.38	Decrease
060027	BOULDER COMMUNITY HEALTH	\$ 219.35	Neutral
060028	SAINT JOSEPH HOSPITAL	\$ 209.16	Decrease
060030	MCKEE MEDICAL CENTER	\$ 234.50	Decrease
060031	CENTURA HEALTH-PENROSE ST FRANCIS HEALTH SERVICES	\$ 191.05	Decrease
060032	ROSE MEDICAL CENTER	\$ 202.00	Decrease
060034	HCA-HEALTHONE DBA SWEDISH MEDICAL CENTER	\$ 186.32	Decrease
060044	COLORADO PLAINS MEDICAL CENTER	\$ 238.84	Neutral
060049	UCHEALTH YAMPA VALLEY MEDICAL CENTER	\$ 258.28	Neutral
060054	COMMUNITY HOSPITAL	\$ 273.47	Neutral
060064	CENTURA HEALTH-PORTER ADVENTIST HOSPITAL	\$ 183.74	Decrease
060065	NORTH SUBURBAN MEDICAL CENTER	\$ 194.95	Decrease
060071	DELTA COUNTY MEMORIAL HOSPITAL	\$ 288.11	Increase
060075	VALLEY VIEW HOSPITAL ASSOCIATION	\$ 322.75	Neutral
060076	STERLING REGIONAL MEDCENTER	\$ 258.28	Neutral
060096	VAIL HEALTH HOSPITAL	\$ 341.61	Neutral
060100	AURORA SOUTH HOSPITAL AND MEDICAL CENTER	\$ 201.10	Decrease
060103	CENTURA HEALTH-AVISTA ADVENTIST HOSPITAL	\$ 206.77	Decrease
060104	CENTURA HEALTH-ST ANTHONY NORTH HEALTH CAMPUS	\$ 196.11	Decrease
060107	NATIONAL JEWISH HEALTH	\$ 270.33	Neutral
060112	SKY RIDGE MEDICAL CENTER	\$ 194.11	Decrease
060113	LITTLETON ADVENTIST HOSPITAL, CENTURA HEALTH	\$ 184.68	Decrease
060114	PARKER ADVENTIST HOSPITAL	\$ 186.75	Decrease
060116	GOOD SAMARITAN MEDICAL CENTER LLC	\$ 205.19	Decrease
060117	ANIMAS SURGICAL HOSPITAL, LLC	\$ 222.19	Neutral
060118	ST ANTHONY SUMMIT MEDICAL CENTER	\$ 258.28	Neutral
060119	MEDICAL CENTER OF THE ROCKIES	\$ 200.45	Decrease
060124	ORTHOCOLORADO HOSPITAL AT ST ANTHONY MED CAMPUS	\$ 209.20	Decrease
060125	CASTLE ROCK ADVENTIST HOSPITAL	\$ 249.67	Decrease
060126	BANNER FORT COLLINS MEDICAL CENTER	\$ 197.32	Decrease
060128	LONGS PEAK HOSPITAL	\$ 200.54	Decrease
060129	UCHEALTH BROOMFIELD HOSPITAL	\$ 192.19	Decrease
060130	UCHEALTH GRANDVIEW HOSPITAL	\$ 185.43	Decrease
060131	UCHEALTH GREELEY HOSPITAL	\$ 195.99	Decrease
060132	UCHEALTH HIGHLANDS RANCH HOSPITAL	\$ 187.74	Decrease
061300	WEISBROD MEMORIAL COUNTY HOSPITAL	\$ 539.49	Increase
061301	RIO GRANDE HOSPITAL	\$ 280.13	Increase
061302	COLORADO CANYONS HOSPITAL AND MEDICAL CENTER	\$ 362.06	Increase
061303	EAST MORGAN COUNTY HOSPITAL	\$ 344.26	Increase
061304	HAXTUN HOSPITAL DISTRICT	\$ 304.20	Increase
061305	MELISSA MEMORIAL HOSPITAL	\$ 482.27	Increase
061306	LINCOLN HEALTH HOSPITAL	\$ 434.82	Increase
061307	RANGELY DISTRICT HOSPITAL	\$ 695.58	Increase
061308	SAN LUIS VALLEY HEALTH CONEJOS COUNTY HOSPITAL	\$ 571.85	Increase
061309	WRAY COMMUNITY DISTRICT HOSPITAL	\$ 401.63	Increase
061310	SEDGWICK COUNTY MEMORIAL HOSPITAL	\$ 313.82	Increase
061311	SOUTHEAST COLORADO HOSPITAL DISTRICT	\$ 304.20	Increase
061312	ESTES PARK MEDICAL CENTER	\$ 461.55	Increase
061313	KIT CARSON COUNTY MEMORIAL HOSPITAL	\$ 411.21	Increase
061314	MEMORIAL HOSPITAL, THE	\$ 505.57	Increase
061315	YUMA DISTRICT HOSPITAL	\$ 415.10	Increase
061316	SPANISH PEAKS REGIONAL HEALTH CENTER	\$ 343.18	Increase
061317	GRAND RIVER HOSPITAL DISTRICT	\$ 375.92	Increase

	Urban	Rural	Pediatric	Rehab	LTAC
In-State	\$ 218.68	\$ 360.91	\$ 358.99	\$ 218.41	\$ 299.42
Out-of-State (90%)	\$ 196.81	\$ 324.82	\$ 323.09	\$ 196.57	\$ 269.48

061318	MIDDLE PARK MEDICAL CENTER	\$ 563.75	Increase
061319	ST VINCENT GENERAL HOSPITAL DISTRICT	\$ 490.97	Increase
061320	GUNNISON VALLEY HOSPITAL	\$ 304.20	Increase
061321	MT SAN RAFAEL HOSPITAL	\$ 304.20	Increase
061322	HEART OF THE ROCKIES REGIONAL MEDICAL CENTER	\$ 304.20	Increase
061323	PROWERS MEDICAL CENTER	\$ 304.20	Increase
061324	ASPEN VALLEY HOSPITAL	\$ 510.88	Increase
061325	EASTERN RIO BLANCO COUNTY HEALTH SERVICE DISTRICT	\$ 431.17	Increase
061326	UCHEALTH PIKES PEAK REGIONAL HOSPITAL	\$ 289.69	Increase
061327	SOUTHWEST MEMORIAL HOSPITAL	\$ 253.61	Increase
061328	PAGOSA SPRINGS MEDICAL CENTER	\$ 304.20	Increase
061336	ARKANSAS VALLEY REGIONAL MEDICAL CENTER	\$ 253.61	Increase
061343	KEEFE MEMORIAL HOSPITAL	\$ 469.53	Increase
061344	CENTURA HEALTH-ST THOMAS MORE HOSPITAL	\$ 260.11	Increase
062009	KINDRED HOSPITAL-DENVER	\$ 209.20	Decrease
062011	CRAIG HOSPITAL	\$ 299.79	Neutral
062012	PAM SPECIALTY HOSPITAL OF DENVER	\$ 209.20	Decrease
062013	KINDRED HOSPITAL AURORA	\$ 209.20	Decrease
062014	VIBRA HOSPITAL OF DENVER	\$ 659.95	Decrease
062017	NORTHERN COLORADO LONG TERM ACUTE HOSP - LONG TERM	\$ 209.20	Decrease
063027	SPALDING Rehab HOSPITAL	\$ 209.20	Decrease
063030	ENCOMPASS HEALTH Rehab HOSPITAL OF CO SPG	\$ 209.20	Decrease
063033	NORTHERN COLORADO Rehab HOSPITAL	\$ 282.88	Decrease
063034	ENCOMPASS HEALTH REHAB HOSPITAL OF LITTLETON	\$ 209.20	Decrease
063035	VIBRA REHABILITATION HOSPITAL	\$ 209.20	Decrease
063036	DENVER Rehab HOSPITAL, LLC	\$ 209.20	Decrease
063037	PAM HEALTH REHABILITATION HOSPITAL WESTMINSTER	\$ 209.20	Decrease
063038	REUNION REHABILITATION HOSPITAL INVERNESS LLC	\$ 209.20	Decrease
063301	CHILDREN'S HOSPITAL COLORADO	\$ 358.99	Decrease
063303	CHILDREN'S HOSPITAL COLORADO - COLORADO SPRINGS	\$ 358.99	Decrease