



# COLORADO

## Department of Health Care Policy & Financing

**Posting Date: September 5, 2023**

This posting serves as notification of Outpatient Hospital EAPG Base Rates for all out of state hospitals participating in Health First Colorado. This posting is for the rates that are effective September 1, 2022 to June 30, 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 Peer Group Changes for EAPG, effective September 1, 2022:** For new, in-state hospitals, such hospitals will be assigned to a Pediatric, Long Term Acute Care, or Rehabilitation peer group depending on hospital type. If a provider does not meet the criteria for any of the above peer groups, it will be assigned to a Rural or Urban peer group based on location. The hospital will receive a base rate of the average peer-group rate as calculated from Colorado hospitals base rate statistics. All existing and new Out-of-State hospitals will also be assigned to a Pediatric, Long Term Acute Care, Rehabilitation, Urban, or Rural peer group. All Out-of-State hospitals will be assigned 90% of the peer group rates.

**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 September 1, 2022 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:



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*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 80203.*

*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

First Assistant Attorney General

Department of Law, Health Care Unit

Ralph L. Carr Colorado Judicial Center

1300 Broadway, 6th Floor Denver, CO 80203

Andrew Abalos

Facility Rates Section

Department of Health Care Policy and Financing

1570 Grant Street

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 (10/05/2023) 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).

	Urban	Rural	Pediatric	Rehab	LTAC
In-State	\$ 197.72	\$ 306.17	\$ 348.53	\$ 205.87	\$ 301.10
Out-of-State (90%)	\$ 177.95	\$ 275.56	\$ 313.68	\$ 185.29	\$ 270.99