

Official 30-day Inpatient Hospital Rate Review - Posting Date: June 1, 2021

This posting serves as notification of Fiscal Year (FY) 2021-22 Inpatient Hospital Base Rates for all Hospitals participating in Health First Colorado.

Once CMS approval is received, all hospital claims with last service dates from 7/1/2021 will be adjusted to reflect the new Inpatient Hospital Base Rate.

Hospital Base Rate Increase FY2021-22: The inpatient hospital DRG base rates reflect the 2.5% provider rate increase effective July 1, 2021, as detailed in Senate Bill SB21-205. This rate posting reflects a 2.5% increase from FY 20-21 inpatient base rates.

Request for Informal Reconsideration or Appeal: Reimbursement rates for inpatient hospital services were calculated according to the regulations of the Colorado Medicaid 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 Inpatient Base Rate, please send your written request including your position as to each identified concern regarding the rate determination to:

Diana Lambe Fee-for-Service 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 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 Diana Lambe

First Assistant Attorney General Fee-for-Service Rates Section

Department of Law, Health Care Unit Dept 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 (6/1/2021) 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 Diana Lambe at <u>diana.lambe@state.co.us</u> or 303-866-5526.

Any hospital interested in additional information regarding their Inpatient Base Rate calculation is always welcome to contact Diana Lambe at diana.lambe@state.co.us or 303-866-5526.



PROVIDER MEDICARE ID	PROVIDER NPI ID	PROVIDER MEDICAID ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FY 20-21 BASE RATE	NEW FY 21-22 BASE RATE Pending CMS Approval
060001	1588928519	27883060	U	BANNER	NORTH COLORADO MEDICAL CENTER	\$5,852.75	\$5,999.07
060001	1720004450	05001003	U	BANNER	NORTH COLORADO MEDICAL CENTER	\$5,852.75	\$5,999.07
060003	1366465866	05003009	U	CENTURA	LONGMONT UNITED HOSPITAL	\$5,262.91	\$5,394.49
060004	1629071758	05004007	U	SCL HEALTH	BRIGHTON COMMUNITY HOSPITAL AS	\$5,737.84	\$5,881.28
060006	1205822186	05006002	R		MONTROSE MEMORIAL HOSPITAL	\$5,705.34	\$5,847.97
060008	1235181744	05008008	R	SLVRMC	SAN LUIS VALLEY HEALTH - CCH	\$5,993.72	\$6,143.57
060008	1235181744	9000147156	R	SLVRMC	SAN LUIS VALLEY HEALTH - CCH	\$5,993.72	\$6,143.57
060009	1669461281	05009006	U	SCL HEALTH	LUTHERAN MEDICAL CENTER	\$5,412.00	\$5,547.30
060010	1073172094	9000178744	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC.	\$5,707.20	\$5,849.88
060010	1093374001	9000178611	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC.	\$5,707.20	\$5,849.88
060010	1093374092	83501762	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC	\$5,707.20	\$5,849.88
060010	1184283103	9000178612	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC.	\$5,707.20	\$5,849.88
060010	1215332762	76755045	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC	\$5,707.20	\$5,849.88
060010	1215332762	81933762	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC	\$5,707.20	\$5,849.88
060010	1467011619	9000143759	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC	\$5,707.20	\$5,849.88
060010	1477112639	38835037	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC	\$5,707.20	\$5,849.88
060010	1558920561	9000178613	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC.	\$5,707.20	\$5,849.88
060010	1730748971	78501768	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC	\$5,707.20	\$5,849.88
060010	1760492714	05010004	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC	\$5,707.20	\$5,849.88
060010	1760492714	81501765	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC	\$5,707.20	\$5,849.88
060010	1760492714	9000161739	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC	\$5,707.20	\$5,849.88
060010	1760492714	9000169084	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC	\$5,707.20	\$5,849.88
060010	1922667187	83180079	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC	\$5,707.20	\$5,849.88
060011	1215987987	67630057	U		DENVER HEALTH HOSPITAL	\$7,151.57	\$7,330.35
060011	1689624686	05011002	U		DENVER HEALTH HOSPITAL	\$7,151.57	\$7,330.35
060011	1689624942	93572808	U		DENVER HEALTH HOSPITAL	\$7,151.57	\$7,330.35



PROVIDER MEDICARE ID	PROVIDER NPI ID	PROVIDER MEDICAID ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FY 20-21 BASE RATE	NEW FY 21-22 BASE RATE Pending CMS Approval
060012	1306857974	05012000	U	CENTURA	ST. MARY-CORWIN MEDICAL CENTER	\$5,678.37	\$5,820.33
060012	1306857974	9000145923	U	CENTURA	ST. MARY-CORWIN MEDICAL CENTER	\$5,678.37	\$5,820.33
060012	1841830452	9000146627	U	CENTURA	ST. MARY-CORWIN MEDICAL CENTER	\$5,678.37	\$5,820.33
060013	1083611644	36173371	R	CENTURA	MERCY DURANGO	\$6,724.90	\$6,893.03
060013	1083611644	9000150991	R	CENTURA	MERCY DURANGO	\$6,724.90	\$6,893.03
060013	1588204010	9000150900	R	CENTURA	MERCY DURANGO	\$6,724.90	\$6,893.03
060013	1588204010	9000150990	R	CENTURA	MERCY DURANGO	\$6,724.90	\$6,893.03
060013	1679113104	9000154022	R	CENTURA	MERCY DURANGO	\$6,724.90	\$6,893.03
060014	1720038946	05014006	U	HEALTHONE	HCA-HEALTHONE LLC PRESB/ST. LUKES	\$5,834.36	\$5,980.22
060015	1164430567	05015003	U	CENTURA	ST. ANTHONY HOSPITAL	\$5,327.18	\$5,460.36
060015	1164430567	9000145926	U	CENTURA	ST. ANTHONY HOSPITAL	\$5,327.18	\$5,460.36
060015	1740820273	9000182760	U	CENTURA	ST. ANTHONY HOSPITAL	\$5,327.18	\$5,460.36
060015	1942474630	9000144360	U	CENTURA	ST. ANTHONY HOSPITAL	\$5,327.18	\$5,460.36
060020	1104881507	05020003	U		PARKVIEW MEDICAL CENTER	\$5,728.97	\$5,872.19
060022	1073172201	9000141153	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1124518113	9000165331	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1144397134	09257829	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1144397134	79105033	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1144397134	9000144123	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1144397134	9000144483	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1144880675	9000123508	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1295225274	9000165332	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1316506231	9000130426	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1427617356	9000144481	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1518526441	76105032	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1578053567	9000163975	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63



PROVIDER MEDICARE ID	PROVIDER NPI ID	PROVIDER MEDICAID ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FY 20-21 BASE RATE	NEW FY 21-22 BASE RATE Pending CMS Approval
060022	1588223820	9000168631	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1598324428	67135064	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1639669617	9000165334	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1689233819	48610534	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1710546932	74105035	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1750940987	41630050	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1831758069	77105036	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060022	1891354726	9000169322	U	UC HEALTH	UCH-MHS	\$5,468.91	\$5,605.63
060023	1699716027	05023007	U	SCL HEALTH	ST MARY'S MEDICAL CENTER	\$5,711.36	\$5,854.14
060023	1821647801	9000180104	U	SCL HEALTH	ST MARY'S MEDICAL CENTER	\$5,711.36	\$5,854.14
060024	1013407865	9000165321	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35
060024	1063071033	19125127	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35
060024	1063072932	18175031	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35
060024	1083274930	9000178654	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35
060024	1154980118	23175036	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35
060024	1265092126	17175038	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35
060024	1285293274	9000146708	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35
060024	1306406285	22175041	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35
060024	1356831150	9000165327	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35
060024	1356831218	9000162674	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35
060024	1356901235	05024005	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35
060024	1366932162	9000165322	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35
060024	1376103218	79825036	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35
060024	1386267714	9000185118	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35
060024	1407479975	9000185149	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78	\$6,706.35



PROVIDER MEDICARE ID	PROVIDER NPI ID	PROVIDER MEDICAID ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FY 20-21 BASE RATE	NEW FY 21-22 BASE RATE Pending CMS Approval
060027	1760595086	9000182134	U		BOULDER COMMUNITY HEALTH	\$6,542.78	\$6,706.35
060027	1821074196	05027008	U		BOULDER COMMUNITY HEALTH	\$5,283.66	\$5,415.76
060027	1821074196	05155061	U		BOULDER COMMUNITY HEALTH	\$5,283.66	\$5,415.76
060027	1821074196	64155072	U		BOULDER COMMUNITY HEALTH	\$5,283.66	\$5,415.76
060027	1821074196	67155081	U		BOULDER COMMUNITY HEALTH	\$5,283.66	\$5,415.76
060027	1821074196	9000155603	U		BOULDER COMMUNITY HEALTH	\$5,283.66	\$5,415.76
060027	1821074196	9000161839	U		BOULDER COMMUNITY HEALTH	\$5,283.66	\$5,415.76
060028	1417946021	05028006	U	SCL HEALTH	SAINT JOSEPH HOSPITAL	\$6,156.59	\$6,310.50
060030	1417980566	05030002	U	BANNER	MCKEE MEDICAL CENTER	\$5,323.43	\$5,456.52
060031	1801436415	9000153822	U	CENTURA	PENROSE-ST FRANCIS HEALTH SVCS	\$5,484.72	\$5,621.83
060031	1932112125	05031000	U	CENTURA	PENROSE-ST FRANCIS HEALTH SVCS	\$5,484.72	\$5,621.83
060031	1932112125	9000143915	U	CENTURA	PENROSE-ST FRANCIS HEALTH SVCS	\$5,484.72	\$5,621.83
060031	1932112125	9000146975	U	CENTURA	PENROSE-ST FRANCIS HEALTH SVCS	\$5,484.72	\$5,621.83
060031	1932112125	9000147494	U	CENTURA	PENROSE-ST FRANCIS HEALTH SVCS	\$5,484.72	\$5,621.83
060031	1932112125	9000149122	U	CENTURA	PENROSE-ST FRANCIS HEALTH SVCS	\$5,484.72	\$5,621.83
060031	1932112125	9000152149	U	CENTURA	PENROSE-ST FRANCIS HEALTH SVCS	\$5,484.72	\$5,621.83
060032	1023062098	38977320	U	HEALTHONE	ROSE MEDICAL CENTER	\$5,652.36	\$5,793.67
060034	1215575741	9000186991	U	HEALTHONE	HCA-HEALTHONE LLC DBA SWEDISH	\$5,495.29	\$5,632.67
060034	1356987630	9000186992	U	HEALTHONE	HCA-HEALTHONE LLC DBA SWEDISH	\$5,495.29	\$5,632.67
060034	1396790200	05034004	U	HEALTHONE	HCA-HEALTHONE LLC DBA SWEDISH	\$5,495.29	\$5,632.67
060034	1396790200	28650051	U	HEALTHONE	HCA-HEALTHONE LLC DBA SWEDISH	\$5,495.29	\$5,632.67
060034	1396790200	58518517	U	HEALTHONE	HCA-HEALTHONE LLC DBA SWEDISH	\$5,495.29	\$5,632.67
060034	1396790200	79118500	U	HEALTHONE	HCA-HEALTHONE LLC DBA SWEDISH	\$5,495.29	\$5,632.67
060034	1396790200	9000129141	U	HEALTHONE	HCA-HEALTHONE LLC DBA SWEDISH	\$5,495.29	\$5,632.67
060034	1629023502	55501761	U	HEALTHONE	HCA-HEALTHONE LLC DBA SWEDISH	\$5,495.29	\$5,632.67



PROVIDER MEDICARE ID	PROVIDER NPI ID	PROVIDER MEDICAID ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FY 20-21 BASE RATE	NEW FY 21-22 BASE RATE Pending CMS Approval
060044	1477638971	64953238	R		COLORADO PLAINS MEDICAL CENTER	\$6,342.53	\$6,501.09
060049	1790787307	9000134472	R	UC HEALTH	YAMPA VALLEY MEDICAL CENTER	\$9,128.58	\$9,356.79
060054	1497723407	05054002	U		COLORADO WEST HEALTHCARE SYSTE	\$5,330.13	\$5,463.38
060064	1801800594	05064001	U	CENTURA	PORTER ADVENTIST HOSPITAL	\$5,216.99	\$5,347.41
060064	1801800594	9000145933	U	CENTURA	PORTER ADVENTIST HOSPITAL	\$5,216.99	\$5,347.41
060065	1821042979	05065008	U	HEALTHONE	NORTH SUBURBAN MEDICAL CENTER	\$5,303.00	\$5,435.57
060065	1821042979	9000130467	U	HEALTHONE	NORTH SUBURBAN MEDICAL CENTER	\$5,303.00	\$5,435.57
060071	1114180817	9000149234	R		DELTA COUNTY MEMORIAL HOSPITAL	\$6,205.76	\$6,360.91
060071	1417935446	05071006	R		DELTA COUNTY MEMORIAL HOSPITAL	\$6,205.76	\$6,360.91
060075	1982668133	05075007	R		VALLEY VIEW HOSPITAL	\$5,756.22	\$5,900.13
060076	1942238555	05076005	R	BANNER	STERLING REGIONAL MEDCENTER	\$7,227.31	\$7,407.99
060096	1992812333	05161005	R		VAIL CLINIC, INC. VAIL HEALTH HOSPITAL	\$10,357.48	\$10,616.42
060100	1043856321	30957834	U	HEALTHONE	MED CTR OF AURORA	\$5,266.19	\$5,397.84
060100	1437713856	60175079	U	HEALTHONE	MED CTR OF AURORA	\$5,266.19	\$5,397.84
060100	1477592566	01175050	U	HEALTHONE	MED CTR OF AURORA	\$5,266.19	\$5,397.84
060100	1528604808	66205034	U	HEALTHONE	MED CTR OF AURORA	\$5,266.19	\$5,397.84
060100	1659327013	05000104	U	HEALTHONE	MED CTR OF AURORA	\$5,266.19	\$5,397.84
060100	1659327013	07175051	U	HEALTHONE	MED CTR OF AURORA	\$5,266.19	\$5,397.84
060100	1659327013	60175036	U	HEALTHONE	MED CTR OF AURORA	\$5,266.19	\$5,397.84
060100	1659327013	61175030	U	HEALTHONE	MED CTR OF AURORA	\$5,266.19	\$5,397.84
060100	1659327013	63175037	U	HEALTHONE	MED CTR OF AURORA	\$5,266.19	\$5,397.84
060100	1659327013	64175031	U	HEALTHONE	MED CTR OF AURORA	\$5,266.19	\$5,397.84
060100	1659327013	9000129997	U	HEALTHONE	MED CTR OF AURORA	\$5,266.19	\$5,397.84
060100	1659327013	9000153847	U	HEALTHONE	MED CTR OF AURORA	\$5,266.19	\$5,397.84



PROVIDER MEDICARE ID	PROVIDER NPI ID	PROVIDER MEDICAID ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FY 20-21 BASE RATE	NEW FY 21-22 BASE RATE Pending CMS Approval
060103	1003456534	9000146953	U	CENTURA	AVISTA ADVENTIST HOSPITAL	\$5,591.68	\$5,731.47
060103	1760022297	9000162080	U	CENTURA	AVISTA ADVENTIST HOSPITAL	\$5,591.68	\$5,731.47
060103	1821638354	9000158657	U	CENTURA	AVISTA ADVENTIST HOSPITAL	\$5,591.68	\$5,731.47
060103	1891709192	05010301	U	CENTURA	AVISTA ADVENTIST HOSPITAL	\$5,591.68	\$5,731.47
060103	1891709192	9000156758	U	CENTURA	AVISTA ADVENTIST HOSPITAL	\$5,591.68	\$5,731.47
060104	1013557545	9000192899	U	CENTURA	ST. ANTHONY NORTH HOSPITAL	\$6,201.41	\$6,356.44
060104	1093355604	9000147428	U	CENTURA	ST. ANTHONY NORTH HOSPITAL	\$6,201.41	\$6,356.44
060104	1619985942	05000070	U	CENTURA	ST. ANTHONY NORTH HOSPITAL	\$6,201.41	\$6,356.44
060104	1619985942	9000145925	U	CENTURA	ST. ANTHONY NORTH HOSPITAL	\$6,201.41	\$6,356.44
060104	1619985942	9000149233	U	CENTURA	ST. ANTHONY NORTH HOSPITAL	\$6,201.41	\$6,356.44
060107	1326015777	05000112	U		NATIONAL JEWISH HEALTH	\$5,933.00	\$6,081.33
060107	1376181974	9000180262	U		NATIONAL JEWISH HEALTH	\$5,933.00	\$6,081.33
060107	1912545765	9000180332	U		NATIONAL JEWISH HEALTH	\$5,933.00	\$6,081.33
060112	1659325629	56557230	U	HEALTHONE	SKY RIDGE MEDICAL CENTER	\$5,961.42	\$6,110.45
060112	1659325629	59501766	U	HEALTHONE	SKY RIDGE MEDICAL CENTER	\$5,961.42	\$6,110.45
060112	1659325629	60501766	U	HEALTHONE	SKY RIDGE MEDICAL CENTER	\$5,961.42	\$6,110.45
060112	1659325629	66185033	U	HEALTHONE	SKY RIDGE MEDICAL CENTER	\$5,961.42	\$6,110.45
060112	1659325629	9000126189	U	HEALTHONE	SKY RIDGE MEDICAL CENTER	\$5,961.42	\$6,110.45
060112	1659325629	9000128691	U	HEALTHONE	SKY RIDGE MEDICAL CENTER	\$5,961.42	\$6,110.45
060112	1659325629	9000134572	U	HEALTHONE	SKY RIDGE MEDICAL CENTER	\$5,961.42	\$6,110.45



PROVIDER MEDICARE ID	PROVIDER NPI ID	PROVIDER MEDICAID ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FY 20-21 BASE RATE	NEW FY 21-22 BASE RATE Pending CMS Approval
060113	1689688988	31474381	U	CENTURA	LITTLETON ADVENTIST HOSPITAL	\$5,376.32	\$5,510.72
060113	1689688988	9000142655	U	CENTURA	LITTLETON ADVENTIST HOSPITAL	\$5,376.32	\$5,510.72
060113	1689688988	9000142657	U	CENTURA	LITTLETON ADVENTIST HOSPITAL	\$5,376.32	\$5,510.72
060113	1720628332	9000142654	U	CENTURA	LITTLETON ADVENTIST HOSPITAL	\$5,376.32	\$5,510.72
060114	1033759642	9000186708	U	CENTURA	PARKER ADVENTIST HOSPITAL	\$5,300.69	\$5,433.21
060114	1265072706	9000182478	U	CENTURA	PARKER ADVENTIST HOSPITAL	\$5,300.69	\$5,433.21
060114	1386651297	56572271	U	CENTURA	PARKER ADVENTIST HOSPITAL	\$5,300.69	\$5,433.21
060114	1386651297	9000143654	U	CENTURA	PARKER ADVENTIST HOSPITAL	\$5,300.69	\$5,433.21
060114	1386651297	9000146976	U	CENTURA	PARKER ADVENTIST HOSPITAL	\$5,300.69	\$5,433.21
060114	1386651297	9000147344	U	CENTURA	PARKER ADVENTIST HOSPITAL	\$5,300.69	\$5,433.21
060114	1528608056	9000182183	U	CENTURA	PARKER ADVENTIST HOSPITAL	\$5,300.69	\$5,433.21
060114	1740820356	9000148176	U	CENTURA	PARKER ADVENTIST HOSPITAL	\$5,300.69	\$5,433.21
060114	1922648534	9000185536	U	CENTURA	PARKER ADVENTIST HOSPITAL	\$5,300.69	\$5,433.21
060116	1407845035	06035728	U	SCL HEALTH	GOOD SAMARITAN MEDICAL CENTER	\$5,364.66	\$5,498.78
060117	1508842964	34172271	R		ANIMAS SURGICAL HOSPITAL, LLC	\$5,264.29	\$5,395.90
060118	1295159028	49215507	R	CENTURA	ST. ANTHONY SUMMIT MEDICAL CTR	\$6,418.23	\$6,578.69
060118	1720096092	89080785	R	CENTURA	ST. ANTHONY SUMMIT MEDICAL CTR	\$6,418.23	\$6,578.69
060119	1013576370	76821820	R	UC HEALTH	MEDICAL CENTER OF THE ROCKIES	\$5,322.10	\$5,455.15
060119	1710546080	33835039	R	UC HEALTH	MEDICAL CENTER OF THE ROCKIES	\$5,322.10	\$5,455.15
060119	1750392304	9000129139	R	UC HEALTH	MEDICAL CENTER OF THE ROCKIES	\$5,322.10	\$5,455.15
060119	1750392304	9000152763	R	UC HEALTH	MEDICAL CENTER OF THE ROCKIES	\$5,322.10	\$5,455.15
060125	1912249590	00675776	U	CENTURA	CASTLE ROCK ADVENTIST HOSPITAL	\$5,418.77	\$5,554.24
060126	1659787554	27804275	U	BANNER	BANNER HEALTH FORT COLLINS MED	\$5,377.63	\$5,512.07



PROVIDER MEDICARE ID	PROVIDER NPI ID	PROVIDER MEDICAID ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FY 20-21 BASE RATE	NEW FY 21-22 BASE RATE Pending CMS Approval
060127	1407233778	9000157195	U	SCL HEALTH	SCL HEALTH WESTMINSTER LLC	\$5,480.61	\$5,617.62
060127	1720486038	9000156914	U	SCL HEALTH	SCL HEALTH WESTMINSTER LLC	\$5,480.61	\$5,617.62
060127	1790162055	9000156949	U	SCL HEALTH	SCL HEALTH WESTMINSTER LLC	\$5,480.61	\$5,617.62
060127	1972980449	9000153758	U	SCL HEALTH	SCL HEALTH WESTMINSTER LLC	\$5,480.61	\$5,617.62
060128	1154876985	9000158522	U	UC HEALTH	LONGS PEAK HOSPITAL	\$5,480.61	\$5,617.62
060129	1528442357	9000162098	U	UC HEALTH	UCHEALTH BROOMFIELD	\$5,245.65	\$5,376.79
060130	1619351160	9000162079	U	UC HEALTH	UCHEALTH COLORADO SPRINGS	\$5,264.29	\$5,395.90
060131	1780183145	9000176027	U	UC HEALTH	UCHEALTH GREELEY	\$5,480.61	\$5,617.62
060132	1891294518	9000176028	U	UC HEALTH	UCHEALTH HIGHLANDS RANCH	\$5,480.61	\$5,617.62
061300	1366452732	05047006	R		WEISBROD MEMORIAL EXTENDED CAR	\$6,736.64	\$6,905.06
061301	1396783981	05000203	R		RIO GRANDE HOSPITAL	\$6,736.64	\$6,905.06
061302	1861496697	05063003	U		COLORADO CANYONS HOSPITAL	\$5,480.61	\$5,617.62
061303	1699708743	05069000	R	BANNER	BANNER HEALTH EAST MORGAN COUN	\$6,864.16	\$7,035.77
061304	1336103811	05659868	R		HAXTUN HOSPITAL DISTRICT	\$6,736.64	\$6,905.06
061305	1891733879	05038005	R	BANNER	MELISSA MEMORIAL	\$6,736.64	\$6,905.06
061306	1720107519	9000129138	R		LINCOLN COMMUNITY HOSPITAL	\$6,736.64	\$6,905.06
061307	1063430346	05073002	R		RANGELY DISTRICT HOSPITAL	\$6,736.64	\$6,905.06
061308	1194792762	42634377	R		CONEJOS COUNTY HOSPITAL	\$6,736.64	\$6,905.06
061309	1083640239	05053004	R		WRAY COMMUNITY DISTRICT HOSPIT	\$6,796.27	\$6,966.18
061310	1740295591	05052006	R		SEDGWICK COUNTY MEMORIAL HOSPI	\$6,797.09	\$6,967.02
061311	1285727297	05085006	R		SOUTHEAST COLORADO HOSPITAL	\$6,736.64	\$6,905.06
061312	1154312981	05088000	U		ESTES PARK MEDICAL CENTER	\$5,490.44	\$5,627.70
061313	1184711475	78774080	R		KIT CARSON COUNTY HEALTH SERVI	\$6,782.35	\$6,951.91
061314	1063418424	05046008	R		THE MEMORIAL HOSPITAL	\$6,772.38	\$6,941.69
061315	1629074182	05056007	R		YUMA DISTRICT HOSPITAL	\$6,736.64	\$6,905.06
061316	1982612065	05066006	R		SPANISH PEAKS REGIONAL HEALTH	\$6,736.64	\$6,905.06

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

www.colorado.gov/hcpf

PROVIDER MEDICARE ID	PROVIDER NPI ID	PROVIDER MEDICAID ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FY 20-21 BASE RATE	NEW FY 21-22 BASE RATE Pending CMS Approval
061317	1649218991	05042007	R		GRAND RIVER HOSPITAL DISTRICT	\$6,736.64	\$6,905.06
061318	1619962321	05090006	R		KREMMLING MEMORIAL HOSP DIST	\$6,736.64	\$6,905.06
061318	1619962321	9000141155	R		KREMMLING MEMORIAL HOSP DIST	\$6,736.64	\$6,905.06
061319	1457315152	05029004	R		ST VINCENT GENERAL HOSPITAL	\$6,736.64	\$6,905.06
061320	1932109048	05070008	R		GUNNISON VALLEY HOSPITAL	\$6,827.52	\$6,998.21
061321	1184616740	05033006	R		MT. SAN RAFAEL HOSPITAL	\$6,736.64	\$6,905.06
061322	1730258971	05050000	R		SALIDA HOSPITAL DISTRICT	\$6,870.15	\$7,041.90
061322	1972778272	9000143750	R		SALIDA HOSPITAL DISTRICT	\$6,870.15	\$7,041.90
061323	1821052929	05007000	R		PROWERS MEDICAL CENTER	\$6,778.37	\$6,947.83
061324	1518960814	05057005	R		ASPEN VALLEY HOSPITAL	\$6,807.19	\$6,977.37
061325	1801874771	50972260	R		PIONEERS MEDICAL CENTER	\$6,736.64	\$6,905.06
061326	1275703910	22981551	U	UC HEALTH	UCHEALTH PIKES PEAK REGIONAL H	\$5,480.61	\$5,617.62
061326	1275703910	9000169327	U	UC HEALTH	UCHEALTH PIKES PEAK REGIONAL H	\$5,480.61	\$5,617.62
061327	1649241571	05002050	R		SOUTHWEST HEALTH SYSTEM, INC.	\$6,875.15	\$7,047.02
061328	1245401561	16455576	R		UPPER SAN JUAN HLTH SVC DIST	\$6,736.64	\$6,905.06
					ARKANSAS VALLEY REGIONAL MEDICAL		
061336	1760489470	05021001	R		CTR	\$6,775.01	\$6,944.38
061343	1366840688	33700052	R		KEEFE MEMORIAL HOSPITAL	\$6,736.64	\$6,905.06
061343	1912904814	05043005	R		KEEFE MEMORIAL HOSPITAL	\$6,736.64	\$6,905.06
061344	1710052501	9000142664	R	CENTURA	ST. THOMAS MORE HOSPITAL	\$6,736.64	\$6,905.06
061344	1922012350	28183266	R	CENTURA	ST. THOMAS MORE HOSPITAL	\$6,736.64	\$6,905.06



PROVIDER MEDICARE ID	PROVIDER NPI ID	PROVIDER MEDICAID ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FY 20-21 BASE RATE	NEW FY 21-22 BASE RATE Pending CMS Approval		
063301	1053774638	9000173449	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
063301	1144683723	9000169137	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
063301	1215398813	9000157835	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
063301	1336245828	05002043	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
063301	1336245828	9000157568	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
063301	1376104125	9000175829	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
063301	1487015988	9000169050	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
063301	1508227109	9000170673	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
063301	1679934277	9000156173	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
063301	1700247301	9000169301	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
063301	1710348214	9000157837	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
063301	1730540238	9000157836	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
063301	1750742359	9000168325	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
063301	1952762551	9000168326	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
063303	1336637438	9000174410	Р		CHILDREN'S HOSPITAL COLORADO	\$8,675.92	\$8,892.82		
	PEER GROUP AVERAGE RATES: Includes New Hospitals, CAH (Critical Access Hospitals), Low Discharge Hospitals & Out-of-State Hospitals								
PEER GROUP	PEER GROUP AVERAGE - URBAN						\$5,617.62		
PEER GROUP	PEER GROUP AVERAGE - RURAL						\$6,905.06		
OUT-OF-STA	OUT-OF-STATE PEER GROUP AVERAGE - URBAN (90%)						\$5,055.86		
OUT-OF-STA	TE PEER GROUP A	VERAGE - RURAL (9	90%)			\$6,062.98	\$6,214.55		

LTACs & REHABILITATION HOSPITALS / PSYCHIATRIC HOSPITAL PER DIEM RATES

LTACs & Rehabilitation Hospitals moved to a per diem rate on 7/1/2019. Psychiatric Hospital rates are also listed on the Inpatient Hospital Per Diem Reimbursement Page. Please visit the link below.

https://www.colorado.gov/pacific/hcpf/inpatient-hospital-diem-reimbursement-group

Please note: Urban = county hospital resides in is part of MSA, Rural county is not part of an MSA.

