



COLORADO
Department of Health Care
Policy & Financing

Official 30-day Inpatient Hospital Rate Review - Posting Date: **June 1, 2022**

This posting serves as notification of Fiscal Year (FY) 2022-23 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 7/1/2022 will be adjusted to reflect the new Inpatient Hospital Base Rate.

Hospital Base Rate Increase FY2022-23: The inpatient hospital DRG base rates reflect the 2.0% provider rate increase effective July 1, 2022, as detailed in House Bill HB22-1329. This rate posting reflects a 2.0% increase from FY 21-22 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:

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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

Diana Lambe
Fee-for-Service Rates Section
Dept 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 ([6/1/2022](#)) 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 diana.lambe@state.co.us 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.



Medicare ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FINAL FY21-22 Rate with Medicaid Add-Ons	FINAL FY22-23 Rate with Medicaid Add-Ons Pending CMS Approval
060001	U	BANNER	NORTH COLORADO MEDICAL CENTER	\$5,999.07	\$6,119.05
060003	U	CENTURA	LONGMONT UNITED HOSPITAL	\$5,394.49	\$5,502.38
060004	U	SCL HEALTH	BRIGHTON COMMUNITY HOSPITAL AS	\$5,881.28	\$5,998.91
060006	R		MONTROSE MEMORIAL HOSPITAL	\$5,847.97	\$5,964.93
060008	R	SLVRMC	SAN LUIS VALLEY HEALTH - CCH	\$6,143.57	\$6,266.44
060009	U	SCL HEALTH	LUTHERAN MEDICAL CENTER	\$5,547.30	\$5,658.25
060010	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC	\$5,849.88	\$5,966.88
060012	U	CENTURA	ST. MARY-CORWIN MEDICAL CENTER	\$5,820.33	\$5,936.74
060013	R	CENTURA	MERCY DURANGO	\$6,893.03	\$7,030.89
060014	U	HEALTHONE	HCA-HEALTHONE LLC PRESB/ST. LUKES	\$5,980.22	\$6,099.82
060015	U	CENTURA	ST. ANTHONY HOSPITAL	\$5,460.36	\$5,569.57
060020	U		PARKVIEW MEDICAL CENTER	\$5,872.19	\$5,989.63
060022	U	UC HEALTH	UCH-MHS	\$5,605.63	\$5,717.74
060023	U	SCL HEALTH	ST MARY'S MEDICAL CENTER	\$5,854.14	\$5,971.22
060027	U		BOULDER COMMUNITY HEALTH	\$5,415.76	\$5,524.08
060028	U	SCL HEALTH	SAINT JOSEPH HOSPITAL	\$6,310.50	\$6,436.71
060030	U	BANNER	MCKEE MEDICAL CENTER	\$5,456.52	\$5,565.65
060031	U	CENTURA	PENROSE-ST FRANCIS HEALTH SVCS	\$5,621.83	\$5,734.27
060032	U	HEALTHONE	ROSE MEDICAL CENTER	\$5,793.67	\$5,909.54
060034	U	HEALTHONE	HCA-HEALTHONE LLC DBA SWEDISH	\$5,632.67	\$5,745.32
060044	R		COLORADO PLAINS MEDICAL CENTER	\$6,501.09	\$6,631.11
060049	R	UC HEALTH	YAMPA VALLEY MEDICAL CENTER	\$9,356.79	\$9,543.93
060054	U		COLORADO WEST HEALTHCARE SYSTE	\$5,463.38	\$5,572.65
060064	U	CENTURA	PORTER ADVENTIST HOSPITAL	\$5,347.41	\$5,454.36
060065	U	HEALTHONE	NORTH SUBURBAN MEDICAL CENTER	\$5,435.57	\$5,544.28
060071	R		DELTA COUNTY MEMORIAL HOSPITAL	\$6,360.91	\$6,488.13
060075	R		VALLEY VIEW HOSPITAL	\$5,900.13	\$6,018.13
060076	R	BANNER	STERLING REGIONAL MEDCENTER	\$7,407.99	\$7,556.15



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060096	R		VAIL CLINIC, INC. VAIL HEALTH HOSPITAL	\$10,616.42	\$10,828.75
060100	U	HEALTHONE	MED CTR OF AURORA	\$5,397.84	\$5,505.80
060103	U	CENTURA	AVISTA ADVENTIST HOSPITAL	\$5,731.47	\$5,846.10
060104	U	CENTURA	ST. ANTHONY NORTH HOSPITAL	\$6,356.44	\$6,483.57
060107	U		NATIONAL JEWISH HEALTH	\$6,081.33	\$6,202.96
060112	U	HEALTHONE	SKY RIDGE MEDICAL CENTER	\$6,110.45	\$6,232.66
060113	U	CENTURA	LITTLETON ADVENTIST HOSPITAL	\$5,510.72	\$5,620.93
060114	U	CENTURA	PARKER ADVENTIST HOSPITAL	\$5,433.21	\$5,541.87
060116	U	SCL HEALTH	GOOD SAMARITAN MEDICAL CENTER	\$5,498.78	\$5,608.76
060117	R		ANIMAS SURGICAL HOSPITAL, LLC	\$5,395.90	\$5,503.82
060118	R	CENTURA	ST. ANTHONY SUMMIT MEDICAL CTR	\$6,578.69	\$6,710.26
060119	R	UC HEALTH	MEDICAL CENTER OF THE ROCKIES	\$5,455.15	\$5,564.25
060124	U	CENTURA	ORTHOCOLORADO HOSPITAL AT ST ANTHONY MED CAMPUS	\$5,617.62	\$5,729.97
060125	U	CENTURA	CASTLE ROCK ADVENTIST HOSPITAL	\$5,554.24	\$5,665.32
060126	U	BANNER	BANNER HEALTH FORT COLLINS MED	\$5,512.07	\$5,622.31
060128	U	UC HEALTH	LONGS PEAK HOSPITAL	\$5,617.62	\$5,729.97
060129	U	UC HEALTH	UCHEALTH BROOMFIELD	\$5,376.79	\$5,484.33
060130	U	UC HEALTH	UCHEALTH COLORADO SPRINGS	\$5,395.90	\$5,503.82
060131	U	UC HEALTH	UCHEALTH GREELEY	\$5,617.62	\$5,729.97
060132	U	UC HEALTH	UCHEALTH HIGHLANDS RANCH	\$5,617.62	\$5,729.97
061300	R		WEISBROD MEMORIAL EXTENDED CAR	\$6,905.06	\$7,043.16
061301	R		RIO GRANDE HOSPITAL	\$6,905.06	\$7,043.16
061302	U		COLORADO CANYONS HOSPITAL	\$5,617.62	\$5,729.97

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061303	R	BANNER	BANNER HEALTH EAST MORGAN COUN	\$7,035.77	\$7,176.49
061304	R		HAXTUN HOSPITAL DISTRICT	\$6,905.06	\$7,043.16
061305	R	BANNER	MELISSA MEMORIAL	\$6,905.06	\$7,043.16
061306	R		LINCOLN COMMUNITY HOSPITAL	\$6,905.06	\$7,043.16
061307	R		RANGELY DISTRICT HOSPITAL	\$6,905.06	\$7,043.16
061308	R		CONEJOS COUNTY HOSPITAL	\$6,905.06	\$7,043.16
061309	R		WRAY COMMUNITY DISTRICT HOSPIT	\$6,966.18	\$7,105.50
061310	R		SEDGWICK COUNTY MEMORIAL HOSPI	\$6,967.02	\$7,106.36
061311	R		SOUTHEAST COLORADO HOSPITAL	\$6,905.06	\$7,043.16
061312	U		ESTES PARK MEDICAL CENTER	\$5,627.70	\$5,740.25
061313	R		KIT CARSON COUNTY HEALTH SERVI	\$6,951.91	\$7,090.95
061314	R		THE MEMORIAL HOSPITAL	\$6,941.69	\$7,080.52
061315	R		YUMA DISTRICT HOSPITAL	\$6,905.06	\$7,043.16
061316	R		SPANISH PEAKS REGIONAL HEALTH	\$6,905.06	\$7,043.16
061317	R		GRAND RIVER HOSPITAL DISTRICT	\$6,905.06	\$7,043.16
061318	R		KREMMLING MEMORIAL HOSP DIST	\$6,905.06	\$7,043.16
061319	R		ST VINCENT GENERAL HOSPITAL	\$6,905.06	\$7,043.16
061320	R		GUNNISON VALLEY HOSPITAL	\$6,998.21	\$7,138.17
061321	R		MT. SAN RAFAEL HOSPITAL	\$6,905.06	\$7,043.16
061322	R		SALIDA HOSPITAL DISTRICT	\$7,041.90	\$7,182.74
061323	R		PROWERS MEDICAL CENTER	\$6,947.83	\$7,086.79

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061324	R		ASPEN VALLEY HOSPITAL	\$6,977.37	\$7,116.92
061325	R		PIONEERS MEDICAL CENTER	\$6,905.06	\$7,043.16
061326	U	UC HEALTH	UCHEALTH PIKES PEAK REGIONAL H	\$5,617.62	\$5,729.97
061327	R		SOUTHWEST HEALTH SYSTEM, INC.	\$7,047.02	\$7,187.96
061328	R		UPPER SAN JUAN HLTH SVC DIST	\$6,905.06	\$7,043.16
061336	R		ARKANSAS VALLEY REGIONAL MEDICAL CTR	\$6,944.38	\$7,083.27
061343	R		KEEFE MEMORIAL HOSPITAL	\$6,905.06	\$7,043.16
061344	R	CENTURA	ST. THOMAS MORE HOSPITAL	\$6,905.06	\$7,043.16
URBAN TEACHING HOSPITALS					
060011	U		DENVER HEALTH HOSPITAL	\$7,330.35	\$7,476.96
060024	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,706.35	\$6,840.48
PEDIATRIC HOSPITAL					
063301	P		CHILDREN'S HOSPITAL COLORADO	\$8,892.82	\$9,070.68
063303	P		CHILDREN'S HOSPITAL COLORADO	\$8,892.82	\$9,070.68
PEER GROUP AVERAGE RATES: Includes New Hospitals, CAH (Critical Access Hospitals), Low Discharge Hospitals & Out-of-State Hospitals					
PEER GROUP AVERAGE - URBAN				\$5,617.62	\$5,729.97
PEER GROUP AVERAGE - RURAL				\$6,905.06	\$7,043.16
OUT-OF-STATE PEER GROUP AVERAGE - URBAN (90%)				\$5,055.86	\$5,156.98
OUT-OF-STATE PEER GROUP AVERAGE - RURAL (90%)				\$6,214.55	\$6,338.84
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.

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