



**COLORADO**

Department of Health Care  
Policy & Financing

# Official 30-day Inpatient Hospital Rate Review - Posting Date: July 30, 2020

This posting serves as an updated notification of Fiscal Year (FY) 2020-21 Inpatient Hospital Base Rates for all Hospitals participating in Health First Colorado. One hospital provided evidence of incorrect data which resulted in a need to be updated. Since inpatient base rates must remain budget neutral, this changed the “% of Medicare Base Rate” for all hospitals and rural/urban peer group averages.

Hospitals can update the calculation they received earlier by updating; 1) the peer group average if they are a new, low-discharge or critical access hospital, or 2) the “% of Medicare Base Rate” to 84.26% if they are a Prospective Payment System (PPS) hospital. This should result in same hospital base rate as listed in the new posting. Hospitals can also request the updated calculation used to arrive at their hospital’s Medicaid base rate by sending an email to Diana Lambe at [Diana.Lambe@state.co.us](mailto:Diana.Lambe@state.co.us). Please remember to include hospital name and MEDICARE ID along with the request.

Once CMS approval is received, all hospital claims with last service dates from 7/1/2020 will be adjusted to reflect the new Inpatient Hospital Base Rate.

**Hospital Base Rate Decrease FY2020-21:** The inpatient hospital DRG base rates reflect the 1% provider rate decrease effective July 1, 2020, as detailed in Senate Bill HB20-1360.

**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  
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 (7/30/2020) 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](mailto: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](mailto:diana.lambe@state.co.us) or 303-866-5526.



Medicare ID	Medicaid ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FINAL FY20-21 Rate with Medicaid Add-Ons Pending CMS Approval
060117	34172271	R		ANIMAS SURGICAL HOSPITAL, LLC	\$5,264.29
061336	05021001	R		ARKANSAS VALLEY REGIONAL MEDICAL CTR	\$6,775.01
061324	05057005	R		ASPEN VALLEY HOSPITAL	\$6,807.19
060103	05010301	U	CENTURA HEALTH	AVISTA ADVENTIST HOSPITAL	\$5,591.68
061303	05069000	R	BANNER	BANNER HEALTH EAST MORGAN COUN	\$6,864.16
060126	27804275	U	BANNER	BANNER HEALTH FORT COLLINS MED	\$5,377.63
060027	05027008	U		BOULDER COMMUNITY HEALTH	\$5,283.66
060004	05004007	U	SCL HEALTH	BRIGHTON COMMUNITY HOSPITAL AS	\$5,737.84
060125	00675776	U	CENTURA HEALTH	CASTLE ROCK ADVENTIST HOSPITAL	\$5,418.77
061302	05063003	U		COLORADO CANYONS HOSPITAL	\$5,480.61
060044	64953238	R		COLORADO PLAINS MEDICAL CENTER	\$6,342.53
060054	05054002	U		COLORADO WEST HEALTHCARE SYSTE	\$5,330.13
061308	05060009	R		CONEJOS COUNTY HOSPITAL	\$6,736.64
060071	05071006	R		DELTA COUNTY MEMORIAL HOSPITAL	\$6,205.76
061312	05088000	U		ESTES PARK MEDICAL CENTER	\$5,490.44
060116	06035728	U	SCL HEALTH	GOOD SAMARITAN MEDICAL CENTER	\$5,364.66
061317	05042007	R		GRAND RIVER HOSPITAL DISTRICT	\$6,736.64
061320	05070008	R		GUNNISON VALLEY HOSPITAL	\$6,827.52
061304	05058003	R		HAXTUN HOSPITAL DISTRICT	\$6,736.64
060034	28650051	U	HEALTHONE	HCA-HEALTHONE LLC DBA SWEDISH	\$5,495.29
060014	05014006	U	HEALTHONE	HCA-HEALTHONE LLC PRESB/ST. LUKES	\$5,834.36
061343	05043005	R		KEEFE MEMORIAL HOSPITAL	\$6,736.64
061313	78774080	R		KIT CARSON COUNTY HEALTH SERVI	\$6,782.35
061318	05090006	R		KREMMLING MEMORIAL HOSP DIST	\$6,736.64
061306	05062005	R		LINCOLN COMMUNITY HOSPITAL	\$6,736.64
060113	31474381	U	CENTURA HEALTH	LITTLETON ADVENTIST HOSPITAL	\$5,376.32
060003	05003009	U	CENTURA HEALTH	LONGMONT UNITED HOSPITAL	\$5,262.91
060128	9000158522	U	UC HEALTH	LONGS PEAK HOSPITAL	\$5,480.61
060009	05009006	U	SCL HEALTH	LUTHERAN MEDICAL CENTER	\$5,412.00
060030	05030002	U	BANNER	MCKEE MEDICAL CENTER	\$5,323.43
060100	05000104	U	HEALTHONE	MED CTR OF AURORA	\$5,266.19



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060118	89080785	R	CENTURA HEALTH	ST. ANTHONY SUMMIT MEDICAL CTR	\$6,418.23
060119	33835039	R	UC HEALTH	MEDICAL CENTER OF THE ROCKIES	\$5,322.10
060012	05012000	U	CENTURA HEALTH	ST. MARY-CORWIN MEDICAL CENTER	\$5,678.37
060013	36173371	R	CENTURA HEALTH	MERCY DURANGO/CATHOLIC HEALTH INITIATIVES	\$6,724.90
060006	05006002	R		MONTROSE MEMORIAL HOSPITAL	\$5,705.34
061321	05033006	R		MT. SAN RAFAEL HOSPITAL	\$6,736.64
060107	05000112	U		NATIONAL JEWISH HEALTH	\$5,933.00
060001	05001003	U	BANNER	NORTH COLORADO MEDICAL CENTER	\$5,852.75
060065	05065008	U	HEALTHONE	NORTH SUBURBAN MEDICAL CENTER	\$5,303.00
060114	56572271	U	CENTURA HEALTH	PARKER ADVENTIST HOSPITAL	\$5,300.69
060020	05020003	U		PARKVIEW MEDICAL CENTER	\$5,728.97
060031	9000153822	U	CENTURA HEALTH	PENROSE-ST FRANCIS HEALTH SVCS	\$5,484.72
061325	50972260	R		PIONEERS MEDICAL CENTER	\$6,736.64
060064	05064001	U	CENTURA HEALTH	PORTER ADVENTIST HOSPITAL	\$5,216.99
060010	05010004	U	UC HEALTH	POUDRE VALLEY HEALTH CARE INC	\$5,707.20
061323	57972575	R		PROWERS MEDICAL CENTER	\$6,778.37
061307	05073002	R		RANGELY DISTRICT HOSPITAL	\$6,736.64
061301	05000203	R		RIO GRANDE HOSPITAL	\$6,736.64
060032	38977320	U	HEALTHONE	ROSE MEDICAL CENTER	\$5,652.36
060028	05028006	U	SCL HEALTH	SAINT JOSEPH HOSPITAL	\$6,156.59
061322	05050000	R		SALIDA HOSPITAL DISTRICT	\$6,870.15
060008	05008008	R	SLVRMC	SAN LUIS VALLEY HEALTH - CCH	\$5,993.72
061310	05052006	R		SEDGWICK COUNTY MEMORIAL HOSPI	\$6,797.09
060112	56557230	U	HEALTHONE	SKY RIDGE MEDICAL CENTER	\$5,961.42
061311	05085006	R		SOUTHEAST COLORADO HOSPITAL	\$6,736.64
061327	05002050	R		SOUTHWEST HEALTH SYSTEM, INC.	\$6,875.15
061316	05066006	R		SPANISH PEAKS REGIONAL HEALTH	\$6,736.64
060023	05023007	U	SCL HEALTH	ST MARY'S MEDICAL CENTER	\$5,711.36
061319	05029004	R		ST VINCENT GENERAL HOSPITAL	\$6,736.64



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060015	05015003	U	CENTURA HEALTH	ST. ANTHONY HOSPITAL	\$5,327.18
060104	05000070	U	CENTURA HEALTH	ST. ANTHONY NORTH HOSPITAL	\$6,201.41
060118	89080785	R	CENTURA HEALTH	ST. ANTHONY SUMMIT MEDICAL CTR	\$6,418.23
060012	05012000	U	CENTURA HEALTH	ST. MARY-CORWIN MEDICAL CENTER	\$5,678.37
061344	28183266	R	CENTURA HEALTH	ST. THOMAS MORE HOSPITAL	\$6,736.64
060076	05076005	R	BANNER	STERLING REGIONAL MEDCENTER	\$7,227.31
061314	05046008	R		THE MEMORIAL HOSPITAL	\$6,772.38
060129	9000162098	U	UC HEALTH	UCHEALTH BROOMFIELD	\$5,245.65
060130	9000162079	U	UC HEALTH	UCHEALTH COLORADO SPRINGS	\$5,264.29
060131	9000176027	U	UC HEALTH	UCHEALTH GREELEY	\$5,480.61
060132	9000176028	U	UC HEALTH	UCHEALTH HIGHLANDS RANCH	\$5,480.61
061326	22981551	U	UC HEALTH	UCHEALTH PIKES PEAK REGIONAL H	\$5,480.61
060022	09257829	U	UC HEALTH	UCH-MHS	\$5,468.91
061328	16455576	R		UPPER SAN JUAN HLTH SVC DIST	\$6,736.64
060096	05161005	R		VAIL CLINIC, INC. VAIL HEALTH HOSPITAL	\$10,357.48
060075	05075007	R		VALLEY VIEW HOSPITAL	\$5,756.22
061300	05047006	R		WEISBROD MEMORIAL EXTENDED CAR	\$6,736.64
061309	05053004	R		WRAY COMMUNITY DISTRICT HOSPIT	\$6,796.27
060049	9000134472	R	UC HEALTH	YAMPA VALLEY MEDICAL CENTER	\$9,128.58
061315	05056007	R		YUMA DISTRICT HOSPITAL	\$6,736.64
				<b>URBAN TEACHING HOSPITALS</b>	
060011	92927246	U		DENVER HEALTH HOSPITAL	\$7,151.57
060024	05024005	U	UC HEALTH	UNIVERSITY OF COLORADO HOSPITAL	\$6,542.78



Medicare ID	Medicaid ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	FINAL FY20-21 Rate with Medicaid Add-Ons Pending CMS Approval
				<b>PEDIATRIC HOSPITAL</b>	
063301	9000168326	P		CHILDREN'S HOSPITAL COLORADO	\$8,675.92
063303	9000174410	P		CHILDREN'S HOSPITAL COLORADO	\$8,675.92

**PEER GROUP AVERAGE RATES:**  
Includes New Hospitals, CAH (Critical Access Hospitals), Low Discharge Hospitals & Out-of-State Hospitals

PEER GROUP AVERAGE - URBAN	\$5,480.61
PEER GROUP AVERAGE - RURAL	\$6,736.64
OUT-OF-STATE PEER GROUP AVERAGE - URBAN (90%)	\$4,932.54
OUT-OF-STATE PEER GROUP AVERAGE - RURAL (90%)	\$6,062.98

**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.



