

Hospital Price Transparency Posting Evaluation Report Fall 2025

November 2025



COLORADO

Department of Health Care
Policy & Financing

Key Findings

The Department of Health Care Policy and Financing (HCPF) developed a Good, Fair, Poor rating system to measure the quality of adherence to federal and state hospital price transparency rules. In August 2025, HCPF reviewed 101 of Colorado’s general, critical access, children’s, long-term acute care, rehabilitation, and psychiatric hospitals’ downloadable price transparency files and shoppable service estimator tools or displays.¹ Each was evaluated using a scorecard and marked “Y” if the criteria was met or “N” if the criteria was not met. These prices posted by hospitals are used to populate various tools, including the [Hospital Price Transparency Tool](#) developed by HCPF, with significant contributions from the Center for Improving Value in Healthcare (CIVHC), which plays a key role in standardizing all hospital machine-readable files. This tool makes it easier for consumers, policymakers, and purchasing organizations to compare hospital prices, identify outlier opportunities to be addressed, and advance shared affordability goals that save people money on health care.

- **Overall hospital quality declined from February to August 2025**, with Good ratings falling from 45.6% to 39.6%, and Poor ratings rising from 18.4% to 40.6%.
- **Failure to incorporate ongoing updates to the federal hospital price transparency rule contributed to the decline**, with performance in Negotiated Rates and Drug Measurement downloadable file categories dropping by 12.9% and 7.1%, respectively. Both declines stem from federal rule updates in the previous year.
- **Most Colorado hospitals update their federally required machine-readable files once per calendar year**, typically in the fourth or first quarter, which may explain recent declines, as many have not yet incorporated the latest rule changes.
- **Poor ratings increased across key hospital types**, affecting 35 of 87 children’s, general, and critical access hospitals, including 19 independent hospitals, an increase of 25 hospitals from the previous February 2025 evaluation.

¹ The evaluation reflects what was currently available at the time of the review and HCPF is aware that hospitals may have updated their transparency postings after review but during the review period.

- Long-term acute care, rehabilitation, and psychiatric hospitals collectively improved.

Although HCPF's evaluation is limited to Colorado hospitals, other evaluations show Colorado hospitals are better than national benchmarks when comparing the quality of federal price transparency postings. Specifically, Turquoise Health's January 2024 study comparing all states indicated that 65.4% of Colorado hospitals had the highest rating of five, which ranks 8th highest compared to all other states.² Additionally, the Seventh Semi-Annual Hospital Price Transparency Report by Patient Rights Advocate found that only 21.1% of hospitals nationally are compliant with federal price transparency while 60% or 21 out of 35 Colorado hospitals are compliant.³ Notably, both studies were conducted before recent federal rule updates, and the decline in Colorado hospitals scores reflect incomplete compliance with the revised standards.

Given these changes in federal guidance and the timing of responses by Colorado hospitals, we may see a return to the higher quality metrics as part of the Spring 2026 evaluation report. HCPF will continue monitoring to confirm this or identify a continuation of lower quality ratings while hospitals catch up with changes to CMS guidance.

Further opportunities exist to strengthen the connection between provider or carrier price transparency and patient decision making, ultimately helping individuals save on healthcare costs. These opportunities involve establishing enforceable contractable pricing, and incentivizing cost conscious decision making among patients enrolled in carrier plans. The Department looks forward to continued work in this area.

Introduction

In 2023, hospital care was the largest component of U.S. health care spending, totaling \$1.5 trillion and accounting for about 31% of overall costs.⁴ The health care sector's share of the economy is projected to rise from 17.6% of GDP in 2023 to 20.3% by 2033. During the same period, per person health spending is expected to increase

² Moving into 2024: State of Price Transparency. (2024, January 4). Turquoise Health Blog. <https://blog.turquoise.health/moving-into-2024-state-of-price-transparency/>. State percentages calculated from downloaded data for comparison.

³ Seventh Semi-Annual Hospital Price Transparency Report. (2024, November). PatientRightsAdvocate.org. <https://www.patientrightsadvocate.org/seventh-semi-annual-hospital-price-transparency-report-november-2024>

⁴ Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group. (2023). THE NATION'S HEALTH DOLLAR (\$4.9 TRILLION), CALENDAR YEAR 2023: WHERE IT CAME FROM. <https://www.cms.gov/files/document/nations-health-dollar-where-it-came-where-it-went.pdf>

from \$14,570 to \$24,200.⁵ Hospital price transparency contributes to a more open and competitive market while providing greater awareness across communities as to the comparative prices their local hospitals charge. Together, these emerging price transparency insights help drive down hospital prices paid by employers and consumer purchasers and ultimately the prices paid for health care coverage. However, for price transparency policy to be effective, hospitals must be compliant with federal and state hospital price transparency rules.⁶

The following performance assessment has a quality scale with three different ratings: Good, Fair, and Poor. This scale measures the conformity of the hospital's price transparency postings, *not* if hospitals are compliant. Hospital compliance with the federal price transparency rule is the purview of the federal Centers for Medicare and Medicaid Services (CMS). This report is to help hospitals identify if they may not be compliant with state or federal rules, allows for hospitals to complete an internal review to examine whether any necessary changes are needed to ensure they are in compliance with federal rules and state legislation around price postings, and enables hospitals to self-correct before a corrective action plan is issued. Ultimately, this price transparency report better enables all hospitals to be part of the health care affordability solution. These combined efforts are for the betterment of all Coloradans, the state budget, employers, and taxpayers. HCPF evaluates hospitals' price transparency postings and produces this report twice per year to achieve the above shared goals as well as the Polis-Primavera Administration's overarching objective of saving people money on health care.

HCPF regularly reaches out to hospitals rated as Poor to offer technical assistance to assist them with federal requirement compliance and the downstream impacts on Colorado legislative compliance specific to price postings.

For the downloadable file, HCPF's primary focus is to evaluate hospitals' files compared to current requirements, including the most recent May 22, 2025 CMS guidance in implementing [Executive Order 14221](#).⁷ Additionally, HCPF focused on the

⁵ CMS. National Health Expenditures (NHE) Projections 2024-33 Highlights. (n.d.).

<https://www.cms.gov/files/document/nhe-projections-infographic.pdf>

⁶ Hospital Price Transparency, 45 CFR Part 180 (2019). <https://www.ecfr.gov/current/title-45/part-180>; Medical Price Transparency, Senate Bill 23-252, 2023 Regular Session, (2023). <https://leg.colorado.gov/bills/sb23-252>

⁷ Centers for Medicare & Medicaid Services. (2025). Updated Hospital Price Transparency Guidance Implementing the President's Executive Order "Making America Healthy Again by Empowering Patients with Clear, Accurate, and Actionable Healthcare Pricing Information." In Centers for Medicare & Medicaid Services.

<https://www.cms.gov/files/document/updated-hpt-guidance-encoding-allowed-amounts.pdf>

availability of a shoppable services tool or display that allows consumers to obtain a service price when shopping for one of the 70 CMS-specified shoppable service codes.⁸ Prices for third-party payers were not factored in the shoppable services criteria because the majority of Colorado hospitals utilize an estimator tool, which can require specific insurance information to receive a price or quote.

The complete scorecard criteria and rating details are in **Appendix A: Methodology**. The methodology has been updated to reflect the changes made to the federal hospital price transparency rule, which requires hospitals to post actual dollar amounts for estimated rates and discontinue using 999999999 (nine 9s), among other changes.

⁸ 10 Steps to Making Public Standard Charges for Shoppable Services. (n.d.).
<https://www.cms.gov/files/document/steps-making-public-standard-charges-shoppable-services.pdf>

Hospital Scorecard

Table 1: Scorecard by Hospital August 2025

Marketed Name	Current System	Hospital type	2025 August Overall Quality Rating	Downloadable File Quality Rating	Shoppable Service Quality Rating	SB23-252 Medicare Rates Quality Rating	Machine Readable	Posted or Updated Date Within 365	Code and Code Type	Description	Setting	Drug Measurement	Gross Charges	Discounted Cash	De-Identified Minimum & Maximum	Negotiated Rates	Plans	Shoppable Services Type	Cash Price
AdventHealth Avista	AdventHealth	General	Poor	Poor	Good	Good	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Display	Y
AdventHealth Castle Rock	AdventHealth	General	Poor	Poor	Good	Good	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Display	Y
AdventHealth Littleton	AdventHealth	General	Poor	Poor	Good	Good	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Display	Y
AdventHealth Parker	AdventHealth	General	Poor	Poor	Good	Good	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Display	Y
AdventHealth Porter	AdventHealth	General	Poor	Poor	Good	Good	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Display	Y
Animas Surgical Hospital	Independent	General	Poor	Poor	Good	Good	N	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Display	Y
Arkansas Valley Regional Medical Center	Independent	Critical Access	Fair	Good	Good	Fair	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Aspen Valley Hospital	Independent	Critical Access	Poor	Poor	Poor	Poor	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Display	N
Banner Fort Collins Medical Center	Banner Health	General	Fair	Fair	Good	Good	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Boulder Community Health	Independent	General	Poor	Fair	Good	Poor	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
Broomfield Hospital	UCHealth	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Cedar Springs Hospital	Independent	Psychiatric	Poor	Fair	Good	Poor	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Display	Y
Centennial Peaks Hospital	Independent	Psychiatric	Fair	Good	Good	Poor	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Children's Hospital Colorado	Childrens	Children	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
Children's Hospital Colorado Springs	Childrens	Children	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
Community Hospital	Independent	General	Poor	Poor	Good	Poor	N	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Tool	Y
Craig Hospital	Independent	Long Term Acute Care	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Delta Health	Independent	General	Poor	Poor	Good	Poor	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
Denver Health Medical Center	Independent	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
East Morgan County Hospital	Banner Health	Critical Access	Fair	Fair	Good	Good	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Encompass Health Rehabilitation Hospital of Colorado Springs	HealthSouth	Rehabilitation	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Encompass Health Rehabilitation Hospital of Littleton	HealthSouth	Rehabilitation	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Estes Park Health	Independent	Critical Access	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Family Health West	Independent	Critical Access	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Good Samaritan Medical Center	Intermountain Health	General	Poor	Poor	Good	Poor	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Tool	Y

Marketed Name	Current System	Hospital type	2025 August Overall Quality Rating	Downloadable File Quality Rating	Shoppable Service Quality Rating	SB23-252 Medicare Rates Quality Rating	Machine Readable	Posted or Updated Date Within 365	Code and Code Type	Description	Setting	Drug Measurement	Gross Charges	Discounted Cash	De-identified Minimum & Maximum	Negotiated Rates	Plans	Shoppable Services Type	Cash Price
Grand River Hospital District	Independent	Critical Access	Fair	Fair	Good	Good	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Grandview Hospital	UCHealth	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Gunnison Valley Health	Independent	Critical Access	Fair	Fair	Good	Fair	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Haxtun Hospital District	Independent	Critical Access	Poor	Poor	Good	Poor	N	Y	Y	Y	Y	Y	Y	Y	N	N	N	Display	Y
HCA HealthONE Aurora	HCA HealthONE	General	Poor	Poor	Good	Fair	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Tool	Y
HCA HealthONE Mountain Ridge	HCA HealthONE	General	Poor	Poor	Good	Fair	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Tool	Y
HCA HealthONE Presbyterian St. Luke's	HCA HealthONE	General	Poor	Poor	Good	Fair	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Tool	Y
HCA HealthONE Rose	HCA HealthONE	General	Poor	Poor	Good	Fair	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Tool	Y
HCA HealthONE Sky Ridge	HCA HealthONE	General	Poor	Poor	Good	Fair	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Tool	Y
HCA HealthONE Spalding Rehabilitation	HCA HealthONE	Rehabilitation	Poor	Poor	Good	Fair	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Tool	Y
HCA HealthONE Swedish	HCA HealthONE	General	Poor	Poor	Good	Fair	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Tool	Y
Heart of the Rockies Regional Medical Center	Independent	Critical Access	Fair	Fair	Good	Good	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Highlands Behavioral Health System	Independent	Psychiatric	Fair	Good	Good	Poor	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Keefe Memorial Health Service District	Independent	Critical Access	Fair	Good	Good	Poor	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
Kindred Hospital - Aurora	Kindred	Long Term Acute Care	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Kindred Hospital - Denver & Denver South	Kindred	Long Term Acute Care	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Kit Carson County Health Service District	Independent	Critical Access	Poor	Poor	Good	Good	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Display	Y
Lincoln Community Hospital	Independent	Critical Access	Poor	Poor	Good	Poor	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Tool	Y
Longmont United Hospitals	CommonSpirit	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
Longs Peak Hospital	UCHealth	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Lutheran Medical Center	Intermountain Health	General	Poor	Poor	Good	Poor	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Tool	Y
McKee Medical Center	Banner Health	General	Fair	Fair	Good	Good	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Medical Center of the Rockies	UCHealth	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Melissa Memorial Hospital	Independent	Critical Access	Fair	Fair	Good	Good	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Memorial Hospital Central	UCHealth	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Memorial Regional Health	Independent	Critical Access	Poor	Poor	Good	Poor	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Tool	Y
Mercy Hospital	CommonSpirit	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
Middle Park Health - Granby	Independent	Critical Access	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y

Marketed Name	Current System	Hospital type	2025 August Overall Quality Rating	Downloadable File Quality Rating	Shoppable Service Quality Rating	SB23-252 Medicare Rates Quality Rating	Machine Readable	Posted or Updated Date Within 365	Code and Code Type	Description	Setting	Drug Measurement	Gross Charges	Discounted Cash	De-identified Minimum & Maximum	Negotiated Rates	Plans	Shoppable Services Type	Cash Price
Middle Park Health - Kremmling	Independent	Critical Access	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Montrose Memorial Hospital	Independent	General	Fair	Fair	Good	Good	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Mt. San Rafael Hospital	Independent	Critical Access	Poor	Poor	Good	Poor	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
National Jewish Health	Independent	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
North Colorado Medical Center	Banner Health	General	Fair	Fair	Good	Good	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Northern Colorado Long Term Acute Hospital	Independent	Long Term Acute Care	Poor	Poor	N/A	Good	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	IP Only	N/A
Northern Colorado Rehabilitation Hospital	Independent	Rehabilitation	Poor	Poor	Poor	Good	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Display	N
OrthoColorado Hospital	CommonSpirit	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
Pagosa Springs Medical Center	Independent	Critical Access	Poor	Poor	Good	Good	Y	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Tool	Y
PAM Specialty Hospital of Denver	PAM Health	Long Term Acute Care	Poor	Fair	N/A	Poor	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	IP Only	N/A
Parkview Medical Center	UCHealth	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Peak View Behavioral Health	Independent	Psychiatric	Poor	Fair	Good	Poor	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Display	Y
Penrose Hospital	CommonSpirit	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
Pikes Peak Regional Hospital	UCHealth	Critical Access	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Pioneers Medical Center	Independent	Critical Access	Poor	Poor	Good	Good	Y	N	Y	Y	Y	N	Y	Y	Y	Y	N	Tool	Y
Platte Valley Medical Center	Intermountain Health	General	Poor	Poor	Good	Poor	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Tool	Y
Poudre Valley Hospital	UCHealth	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Prowers Medical Center	Independent	Critical Access	Fair	Fair	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Rangely District Hospital	Independent	Critical Access	Fair	Fair	Good	Good	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Rio Grande Hospital	Independent	Critical Access	Poor	Poor	Good	Good	Y	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Tool	Y
San Luis Valley Health Conejos County Hospital	San Luis Valley	Critical Access	Fair	Fair	Good	Fair	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
San Luis Valley Health Regional Medical Center	San Luis Valley	General	Fair	Fair	Good	Fair	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Sedgwick County Health Center	Independent	Critical Access	Poor	Fair	Good	Poor	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Display	Y
Southeast Colorado Hospital District	Independent	Critical Access	Poor	Poor	Good	Good	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Display	Y

Marketed Name	Current System	Hospital type	2025 August Overall Quality Rating	Downloadable File Quality Rating	Shoppable Service Quality Rating	SB23-252 Medicare Rates Quality Rating	Machine Readable	Posted or Updated Date Within 365	Code and Code Type	Description	Setting	Drug Measurement	Gross Charges	Discounted Cash	De-identified Minimum & Maximum	Negotiated Rates	Plans	Shoppable Services Type	Cash Price
Southwest Health System, Inc.	Independent	Critical Access	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Spanish Peaks Regional Health Center	Independent	Critical Access	Fair	Fair	Good	Good	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
St. Anthony Hospital	CommonSpirit	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
St. Anthony North Hospital	CommonSpirit	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
St. Anthony Summit Hospital	CommonSpirit	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
St. Elizabeth Hospital	CommonSpirit	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
St. Francis Hospital	CommonSpirit	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
St. Francis Hospital - Interquest	CommonSpirit	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
St. Joseph Hospital	Intermountain Health	General	Poor	Poor	Good	Poor	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Tool	Y
St. Mary-Corwin Hospital	CommonSpirit	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
St. Mary's Hospital & Medical Center, Inc.	Intermountain Health	General	Poor	Poor	Good	Poor	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Tool	Y
St. Thomas More Hospital	CommonSpirit	Critical Access	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Tool	Y
St. Vincent General Hospital District	Independent	Critical Access	Poor	Poor	Good	Poor	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Display	Y
Sterling Regional MedCenter	Banner Health	General	Fair	Fair	Good	Good	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
UCHealth Greeley	UCHealth	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
UCHealth Highlands Ranch	UCHealth	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
University of Colorado Hospital	UCHealth	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Vail Health Hospital	Independent	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Valley View Hospital	Independent	General	Poor	Poor	Good	Fair	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Display	Y
Vibra Hospital	Independent	Long Term Acute Care	Good	Good	N/A	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	IP Only	N/A
Weisbrod Memorial County Hospital	Independent	Critical Access	Fair	Fair	Good	Good	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Wray Community District Hospital	Independent	Critical Access	Poor	Poor	Good	Poor	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	Display	Y
Yampa Valley Medical Center	UCHealth	General	Good	Good	Good	Good	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Display	Y
Yuma District Hospital	Independent	Critical Access	Poor	Poor	Good	Good	Y	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Display	Y

Chronological Hospital Scorecard Ratings

Table 2: November 2022-August 2025 Overall Quality Rating by Hospital

Marketed Name	Current System	Hospital type	2025 August Overall Quality Rating	2025 February Overall Quality Rating	2024 May Overall Quality Rating	2023 September Overall Quality Rating	2022 November Overall Quality Rating
AdventHealth Avista	AdventHealth	General	Poor	Fair	Fair	Good	Good
AdventHealth Castle Rock	AdventHealth	General	Poor	Fair	Fair	Good	Good
AdventHealth Littleton	AdventHealth	General	Poor	Fair	Fair	Good	Good
AdventHealth Parker	AdventHealth	General	Poor	Fair	Fair	Good	Good
AdventHealth Porter	AdventHealth	General	Poor	Fair	Fair	Good	Good
Animas Surgical Hospital	Independent	General	Poor	Good	Good	Poor	Fair
Arkansas Valley Regional Medical Center	Independent	Critical Access	Fair	Good	Good	Good	Good
Aspen Valley Hospital	Independent	Critical Access	Poor	Fair	Poor	Poor	Poor
Banner Fort Collins Medical Center	Banner Health	General	Fair	Good	Good	Poor	Fair
Boulder Community Health	Independent	General	Poor	Fair	Poor	Poor	Fair
Broomfield Hospital	UCHealth	General	Good	Good	Good	Good	Fair
Cedar Springs Hospital	Independent	Psychiatric	Poor	Poor	Fair	Good	
Centennial Peaks Hospital	Independent	Psychiatric	Fair	Poor	Fair	Good	
Children's Hospital Colorado	Childrens	Children	Good	Fair	Fair	Good	Poor
Children's Hospital Colorado Springs	Childrens	Children	Good	Fair	Fair	Good	Poor
Community Hospital	Independent	General	Poor	Poor	Fair	Good	Good
Craig Hospital	Independent	Long Term Acute Care	Good	Good	Poor	Good	
Delta Health	Independent	General	Poor	Poor	Poor	Poor	Poor
Denver Health Medical Center	Independent	General	Good	Good	Good	Poor	Good
East Morgan County Hospital	Banner Health	Critical Access	Fair	Good	Good	Good	Fair
Encompass Health Rehabilitation Hospital of Colorado Springs	HealthSouth	Rehabilitation	Good	Good	Good	Good	
Encompass Health Rehabilitation Hospital of Littleton	HealthSouth	Rehabilitation	Good	Good	Good	Good	
Estes Park Health	Independent	Critical Access	Good	Good	Good	Good	Poor
Family Health West	Independent	Critical Access	Good	Fair	Fair	Good	Poor
Good Samaritan Medical Center	Intermountain Health	General	Poor	Fair	Fair	Good	Fair
Grand River Hospital District	Independent	Critical Access	Fair	Good	Good	Good	Poor
Grandview Hospital	UCHealth	General	Good	Good	Good	Good	Fair
Gunnison Valley Health	Independent	Critical Access	Fair	Good	Good	Good	Fair
Haxtun Hospital District	Independent	Critical Access	Poor	Poor	Poor	Poor	Poor
HCA HealthONE Aurora	HCA HealthONE	General	Poor	Fair	Fair	Poor	Poor
HCA HealthONE Mountain Ridge	HCA HealthONE	General	Poor	Fair	Fair	Poor	Poor
HCA HealthONE Presbyterian St. Luke's	HCA HealthONE	General	Poor	Fair	Fair	Poor	Poor
HCA HealthONE Rose	HCA HealthONE	General	Poor	Fair	Fair	Poor	Poor
HCA HealthONE Sky Ridge	HCA HealthONE	General	Poor	Fair	Fair	Poor	Poor
HCA HealthONE Spalding Rehabilitation	HCA HealthONE	Rehabilitation	Poor	Fair	Fair	Poor	
HCA HealthONE Swedish	HCA HealthONE	General	Poor	Fair	Fair	Poor	Poor
Heart of the Rockies Regional Medical Center	Independent	Critical Access	Fair	Good	Good	Good	Good
Highlands Behavioral Health System	Independent	Psychiatric	Fair	Fair	Fair	Good	
Keefe Memorial Health Service District	Independent	Critical Access	Fair	Poor	Good	Poor	Poor
Kindred Hospital - Aurora	Kindred	Long Term Acute Care	Good	Poor	Fair	Poor	
Kindred Hospital - Denver & Denver South	Kindred	Long Term Acute Care	Good	Poor	Fair	Poor	

Marketed Name	Current System	Hospital type	2025 August Overall Quality Rating	2025 February Overall Quality Rating	2024 May Overall Quality Rating	2023 September Overall Quality Rating	2022 November Overall Quality Rating
Kit Carson County Health Service District	Independent	Critical Access	Poor	Fair	Fair	Good	Poor
Lincoln Community Hospital	Independent	Critical Access	Poor	Poor	Poor	Poor	Good
Longmont United Hospitals	CommonSpirit	General	Good	Good	Good	Good	Good
Longs Peak Hospital	UCHealth	General	Good	Good	Good	Good	Fair
Lutheran Medical Center	Intermountain Health	General	Poor	Fair	Fair	Good	Fair
McKee Medical Center	Banner Health	General	Fair	Good	Good	Good	Fair
Medical Center of the Rockies	UCHealth	General	Good	Good	Good	Good	Fair
Melissa Memorial Hospital	Independent	Critical Access	Fair	Good	Good	Fair	Fair
Memorial Hospital Central	UCHealth	General	Good	Good	Good	Good	Fair
Memorial Regional Health	Independent	Critical Access	Poor	Fair	Good	Fair	Fair
Mercy Hospital	CommonSpirit	General	Good	Good	Poor	Good	Good
Middle Park Health - Granby	Independent	Critical Access	Good	Good			
Middle Park Health - Kremmling	Independent	Critical Access	Good	Good	Good	Good	Poor
Montrose Memorial Hospital	Independent	General	Fair	Good	Good	Fair	Fair
Mt. San Rafael Hospital	Independent	Critical Access	Poor	Fair	Fair	Good	Good
National Jewish Health	Independent	General	Good	Poor	Fair	Poor	Good
North Colorado Medical Center	Banner Health	General	Fair	Good	Good	Good	Fair
Northern Colorado Long Term Acute Hospital	Independent	Long Term Acute Care	Poor	Poor	Poor	Poor	
Northern Colorado Rehabilitation Hospital	Independent	Rehabilitation	Poor	Poor	Poor	Poor	
OrthoColorado Hospital	CommonSpirit	General	Good	Good	Good	Good	Good
Pagosa Springs Medical Center	Independent	Critical Access	Poor	Good	Good	Good	Fair
PAM Specialty Hospital of Denver	PAM Health	Long Term Acute Care	Poor	Fair	Fair	Poor	
Parkview Medical Center	UCHealth	General	Good	Good	Good	Fair	Good
Peak View Behavioral Health	Independent	Psychiatric	Poor	Poor	Poor	Poor	
Penrose Hospital	CommonSpirit	General	Good	Fair	Good	Good	
Pikes Peak Regional Hospital	UCHealth	Critical Access	Good	Good	Good	Good	Fair
Pioneers Medical Center	Independent	Critical Access	Poor	Poor	Fair	Good	Poor
Platte Valley Medical Center	Intermountain Health	General	Poor	Fair	Fair	Good	Fair
Poudre Valley Hospital	UCHealth	General	Good	Good	Good	Good	Fair
Prowers Medical Center	Independent	Critical Access	Fair	Fair	Poor	Fair	Fair
Rangely District Hospital	Independent	Critical Access	Fair	Good	Good	Fair	Fair
Rio Grande Hospital	Independent	Critical Access	Poor	Good	Good	Good	Fair
San Luis Valley Health Conejos County Hospital	San Luis Valley	Critical Access	Fair	Fair	Fair	Poor	Fair
San Luis Valley Health Regional Medical Center	San Luis Valley	General	Fair	Fair	Fair	Poor	Fair
Sedgwick County Health Center	Independent	Critical Access	Poor	Poor	Poor	Fair	Poor
Southeast Colorado Hospital District	Independent	Critical Access	Poor	Good	Fair	Fair	Fair
Southwest Health System, Inc.	Independent	Critical Access	Good	Good	Fair	Good	Fair

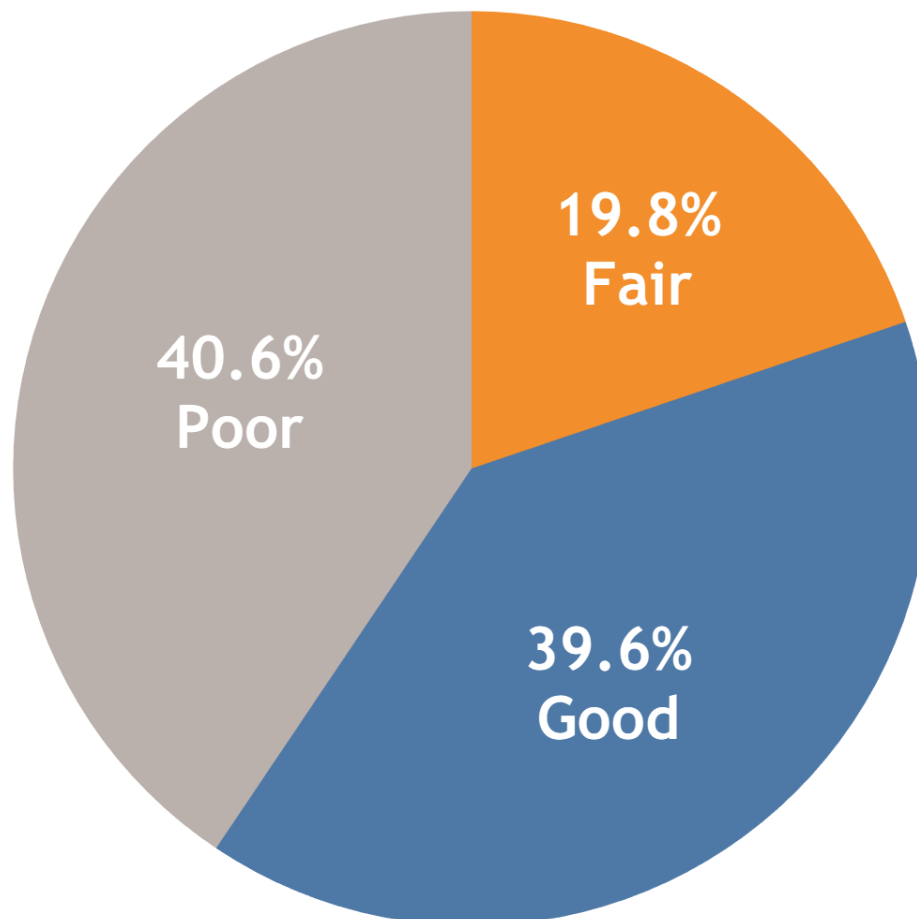
Marketed Name	Current System	Hospital type	2025 August Overall Quality Rating	2025 February Overall Quality Rating	2024 May Overall Quality Rating	2023 September Overall Quality Rating	2022 November Overall Quality Rating
St. Anthony Hospital	CommonSpirit	General	Good	Fair	Good	Good	Good
St. Anthony North Hospital	CommonSpirit	General	Good	Fair	Good	Good	Good
St. Anthony Summit Hospital	CommonSpirit	General	Good	Good	Good	Good	Good
St. Elizabeth Hospital	CommonSpirit	General	Good	Good	Good	Good	
St. Francis Hospital	CommonSpirit	General	Good	Fair	Good	Good	Good
St. Francis Hospital - Interquest	CommonSpirit	General	Good	Poor			
St. Joseph Hospital	Intermountain Health	General	Poor	Fair	Fair	Good	Fair
St. Mary-Corwin Hospital	CommonSpirit	General	Good	Good	Good	Good	Good
St. Mary's Hospital & Medical Center, Inc.	Intermountain Health	General	Poor	Fair	Fair	Good	Fair
St. Thomas More Hospital	CommonSpirit	Critical Access	Good	Good	Good	Good	Good
St. Vincent General Hospital District	Independent	Critical Access	Poor	Fair	Fair	Poor	Poor
Sterling Regional MedCenter	Banner Health	General	Fair	Good	Good	Good	Fair
UCHealth Greeley	UCHealth	General	Good	Good	Good	Good	Fair
UCHealth Highlands Ranch	UCHealth	General	Good	Good	Good	Good	Fair
University of Colorado Hospital	UCHealth	General	Good	Good	Good	Good	Fair
Vail Health Hospital	Independent	General	Good	Fair	Good	Good	Poor
Valley View Hospital	Independent	General	Poor	Good	Good	Poor	Poor
Vibra Hospital	Independent	Long Term Acute Care	Good	Good	Poor	Poor	
Weisbrod Memorial County Hospital	Independent	Critical Access	Fair	Poor	Good	Fair	Fair
Wray Community District Hospital	Independent	Critical Access	Poor	Fair	Poor	Poor	Fair
Yampa Valley Medical Center	UCHealth	General	Good	Good	Good	Good	Fair
Yuma District Hospital	Independent	Critical Access	Poor	Good	Good	Good	Fair

Evaluation

This Price Transparency Evaluation Report expands upon the previous reviews completed in February 2025, May 2024, September 2023, and November 2022.⁹ This report reviews the same 101 short-term acute care and long-term Colorado hospitals with the exclusion of the recently closed psychiatric hospitals, Johnstown Heights Behavioral Health and West Springs Hospital. As seen in **Figure 1**, 39.6% of hospitals had an overall quality rating of Good, while 19.8% had a rating of Fair, and 40.6% had a rating of Poor.

Figure 1: Overall Quality Rating All Hospitals

August 2025

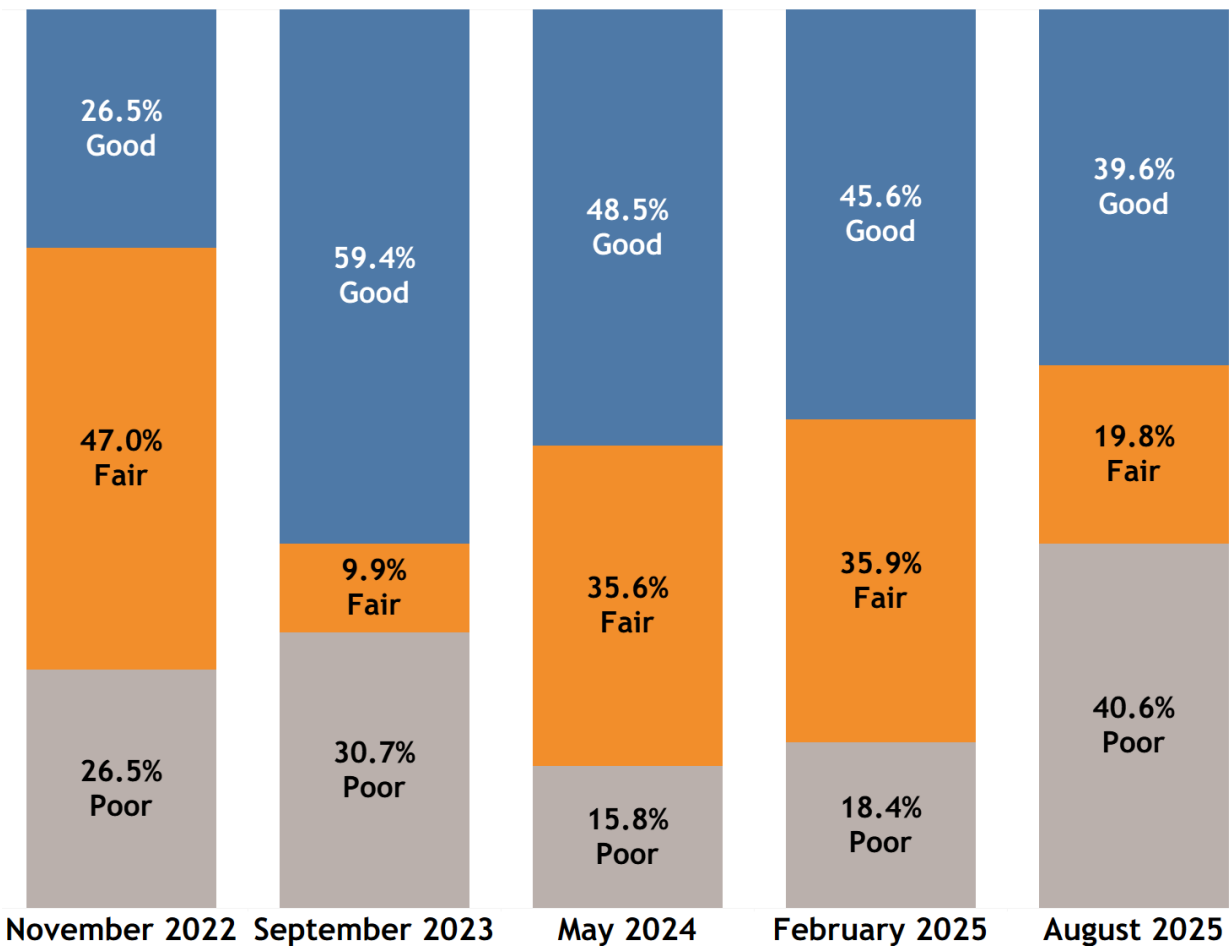


⁹ Hospital Price Transparency | Colorado Department of Health Care Policy & Financing. (n.d.). [Hcpf.colorado.gov](https://hcpf.colorado.gov/hospital-price-transparency). <https://hcpf.colorado.gov/hospital-price-transparency>

Colorado hospitals' overall quality ratings declined from the February 2025 evaluation, following the implementation of updated federal hospital price transparency rules.

Figure 2 shows how overall ratings have changed from November 2022 to August 2025. In February 2025, 45.6% of hospitals reviewed had an overall quality rating of Good and 18.4% had an overall quality rating of Poor. As of August 2025, new ratings show hospitals declined, with only 39.6% receiving a rating of Good and 40.6% of hospitals receiving a rating of Poor.

Figure 2: Overall Quality Rating All Hospitals 2022 - 2025



The decline in quality ratings visualized in **Figure 2** reflects the decrease in the machine-readable, negotiated rates, and drug measurement criteria met by hospitals, as seen in **Table 3**.

Table 3: Downloadable File Criteria Met by Category by All Hospitals Comparison

Downloadable File Category	August 2025	February 2025	Improved / (Declined)
Machine-Readable	62.4%	75.7%	(13.3%)
Posted or Updated Date Within 365 Days*	93.1%	95.1%	(2.0%)
Code and Code Type*	100.0%	98.1%	1.9%
Description*	99.0%	99.0%	0.0%
Setting	99.0%	96.1%	2.9%
Drug Measurement*	87.1%	94.2%	(7.1%)
Gross Charges*	100.0%	97.1%	2.9%
Discounted Cash*	97.0%	96.1%	0.9%
De-Identified Minimum & Maximum*	97.0%	94.2%	2.8%
Negotiated Rates*	83.2%	96.1%	(12.9%)
Plans	94.1%	92.2%	1.9%

*These categories must meet the defined criteria to receive a rating above Poor in both Overall Quality and Downloadable File Quality.

Table 3 illustrates a decline in data quality in two critical categories: Negotiated Rates and Drug Measurement, which declined by 12.9% and 7.1%, respectively. These categories must meet defined criteria to receive a rating above Poor in both Overall Quality and Downloadable File Quality. The decline in the Negotiated Rates category is primarily due to hospitals failing to accompany negotiated rates, listed as a percentage of charges or referencing algorithmic calculations, with an actual dollar amount, as recently required by the May 22, 2025 CMS guidance. Federal clarification of finalized rules were effective immediately, and HCPF accessed hospital data in August 2025 over 60 days after the federal clarification was provided. Similarly, the decline in the Drug Measurement category is attributed to hospitals failing to list drug unit values and their corresponding measurement types in the designated columns.

Additionally, the machine-readable category experienced a 13.3% decrease, caused by the same CMS guidance mandating the discontinuation of the use of nine 9s for estimated rates. Details on the downloadable file criteria met by hospital types for August 2025 can be found in **Appendix B: Additional Tables**.

Given that children's, general, and critical access hospitals account for 86.1% or 87 of the 101 hospitals reviewed in this evaluation, it is important to examine how these hospital types performed in terms of overall quality ratings. **Table 4** presents the total counts of the overall quality ratings for these hospitals, categorized by their respective systems.

Table 4: Overall Quality Rating Hospital Count for Children's, General, and Critical Access Hospitals by System August 2025

Current System	Good	Fair	Poor
AdventHealth	0	0	5
Banner Health	0	5	0
Childrens	2	0	0
CommonSpirit	12	0	0
HCA HealthONE	0	0	6
Intermountain Health	0	0	5
San Luis Valley	0	2	0
UCHealth	12	0	0
Independent	8	11	19
Total	34	18	35

Table 4 illustrates that Children's, CommonSpirit, and UCHealth are the only systems in which all their hospitals received an overall quality rating of Good. In contrast, AdventHealth, HCA HealthONE, and Intermountain Health systems had an overall quality rating of Poor across all their hospitals. Of these 87 hospitals, 35 received overall quality ratings of Poor (including 19 independent hospitals), an increase of 25 hospitals from the previous February 2025 Evaluation. **Figure 3** further illustrates the

overall quality ratings by hospital system classification and type, highlighting the changes observed between February 2025 and August 2025.

Figure 3: Overall Quality Rating by Hospital System Classification and Type

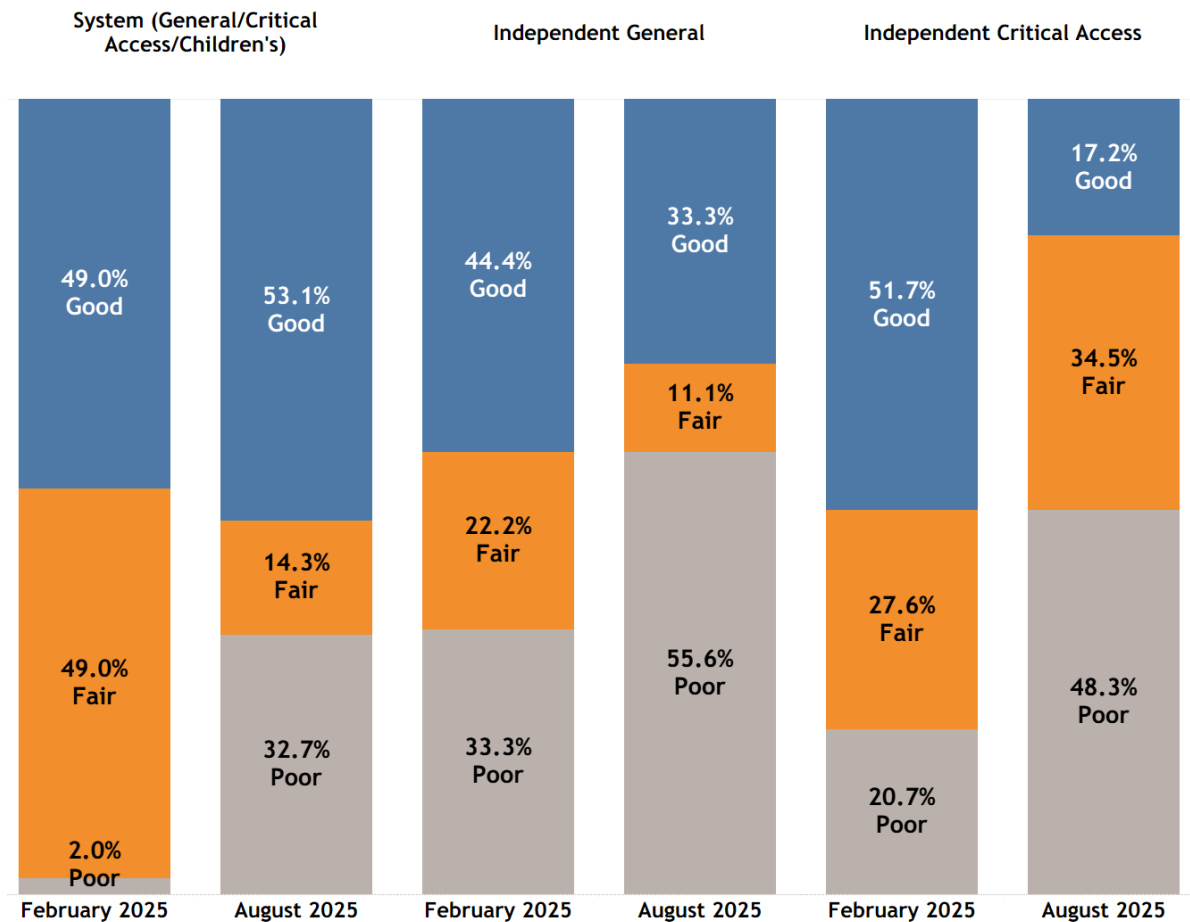
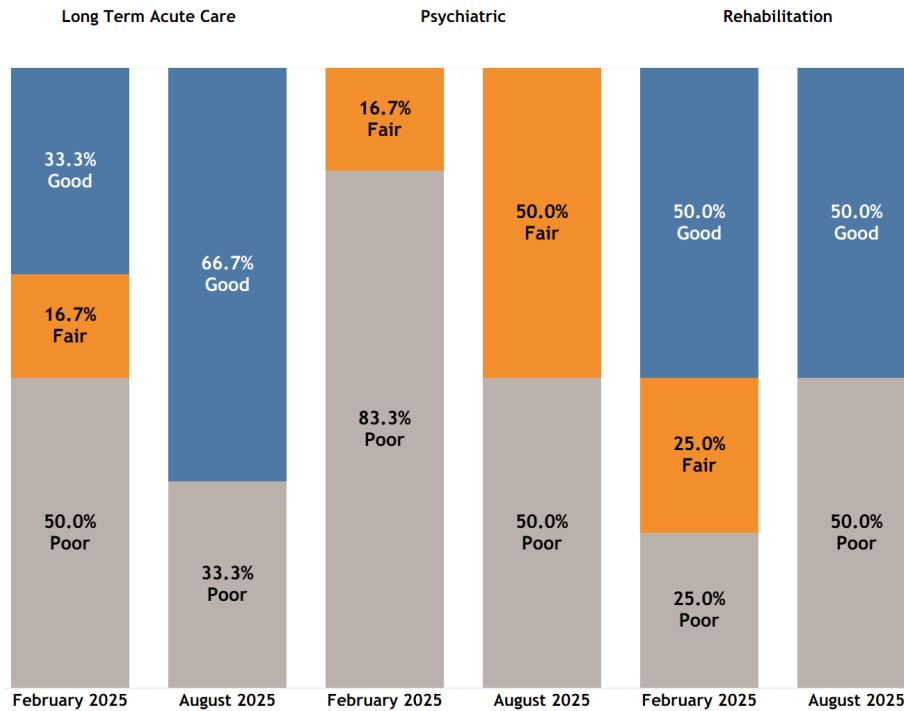


Figure 3 illustrates that all hospital classifications and types experienced an increase in the number of hospitals with an overall quality rating of Poor. Specifically, system general, critical access, and children’s hospitals saw an increase of 15 hospitals rated Poor, independent general hospitals had 2 additional hospitals rated Poor, and independent critical access hospitals had an increase of 8 hospitals with an overall quality rating of Poor.

Figure 4: Overall Quality Rating for Long-Term Acute Care, Psychiatric and Rehabilitation Hospitals by Type



In contrast, long-term acute care, rehabilitation, and psychiatric hospitals collectively showed an improvement in overall quality ratings, as illustrated in **Figure 4** above.

Conclusion

The overall quality ratings of Colorado’s hospitals in August 2025 reflect a substantial decline compared to the February 2025 evaluation. The percentage of hospitals rated Good dropped from 45.6% to 39.6%, while the proportion rated Poor increased significantly from 18.4% to 40.6%. This shift is largely attributed to challenges in meeting updated federal requirements, particularly within the Negotiated Rates and Drug Measurement categories. Importantly, the current federal hospital price transparency rule requires hospitals to update their machine-readable files only once per year, and the majority of Colorado hospitals tend to make these updates in the fourth or first quarter of the calendar year. This timing may have contributed to the observed decline, as many hospitals may be planning to incorporate the most recent CMS changes during their next scheduled update. Additionally, CMS recently proposed

further revisions to the Hospital Price Transparency regulations under the CY 2026 Medicare Hospital OPPS and ASC Payment System proposed rule, with the public comment period concluding on September 15, 2025.¹⁰ These proposed changes, effective January 1, 2026, would expand upon the May 22, 2025 CMS guidance and require hospitals to disclose the 10th, median, and 90th percentile allowed amounts, along with the count of allowed amounts. Given these potential new requirements, some hospitals may be deferring their updates in anticipation of having to implement more complex data reporting standards. Given these changes in federal guidance and the timing of responses by Colorado hospitals, we may see a return to the higher quality metrics as part of the next 6 month report or a continuation of lower quality ratings over a two year period. HCPF will continue monitoring to confirm this or identify a continuation of lower quality ratings while hospitals catch up with changes to CMS guidance.

Despite the overall decline in quality ratings, Colorado hospitals continue to outperform national averages in federal compliance, as supported by evaluations from Turquoise Health and Patient Rights Advocate. These findings reflect both the ongoing challenges and continued progress in advancing hospital price transparency.

Consistent achievement of hospital price transparency is the foundation of any future progress towards making healthcare truly shoppable for consumers. This will require transparent pricing from providers and insurance carriers, as well as enforceable contracting, and connecting price savings to savings for the patient. Future opportunities to save people money on healthcare involving price transparency should center on these three aspects, where the end result will be savings in patients' pockets as they have the resources to choose lower-priced care. This also incentivizes price competition in the healthcare industry and savings for carriers. HCPF is committed to further price transparency efforts and utilizes these efforts to lower patients' price for healthcare.

¹⁰ Centers for Medicare & Medicaid Services & Office of the Secretary. (2025). Medicare and Medicaid programs: Hospital outpatient prospective payment and ambulatory surgical center payment systems; quality reporting programs; overall hospital quality star ratings; and hospital price transparency [Proposed Rules]. Federal Register, 90(135), 33476-33477. <https://www.govinfo.gov/content/pkg/FR-2025-07-17/pdf/2025-13360.pdf>

Appendix A: Methodology

The rating methodology is composed of three elements: the downloadable file review, the shoppable service review, and the SB23-252 Medicare rates review.

A. Downloadable File Review

Only hospitals know if they disclose all requirements in their price transparency postings. For example, it is difficult to determine what a blank cell means and how many specific third-party payers or individual payer plans a hospital should list. For this evaluation, HCPF reviewed all downloadable files in Excel format and converted them if necessary.

1. Scorecard

“Y” meets and “N” does not meet the defined requirements:

- Machine Readable - Must be a required CMS template, in a CSV “tall”, CSV “wide” or JSON format. Does not receive any errors or alerts when reviewing the machine-readable file in the current CMS Online Validator tool.¹¹
- Posted or Updated Date - The file must have been posted or updated within 365 days from the day of the review. If two dates are present, such as an updated date and a data extract date, the most recent date will be reviewed.
- Code and Code Type- At least one specific code and its corresponding code type must be listed for multiple items or services.
- Description - A description must be listed for all items or services.
- Setting - A valid setting, “inpatient”, “outpatient”, or “both”, must be listed for all items or services.
- Drug Measurement - If an item or service is a drug, a valid unit value and the corresponding type of measurement

¹¹ CMS. (n.d.). Hospital price transparency - tools. <https://cmsgov.github.io/hpt-tool/online-validator/>

must be provided in the appropriate drug unit and measurement columns.

- Gross Charges - A gross charge must be listed for multiple items or services.
- Discounted Cash - List a discounted cash price for multiple items or services or indicate discounted cash prices have not been established.
- De-Identified Minimum & Maximum - Both De-identified minimum and maximum dollar amounts must be present for any item or service that has a payer-specific negotiated rate posted.
- Negotiated Rates - Must have at least one commercial third-party payer listed with negotiated rates for multiple items or services, and nearly all third-party rates must specify a dollar amount.
- Plans - Every third-party payer must have either an individual plan or a category (such as “all PPO plans”) listed.

2. Quality Rating

- Good - “Y” in all categories.
- Fair - “Y” in Posted or Updated Date, Code and Code Type, Description, Gross Charge, Discounted Cash, De-Identified Minimum & Maximum, Drug Measurement, and Negotiated Rates, but has at least one “N” in any other category.
- Poor - Does not meet Good or Fair requirements.

B. Shoppable Service Review

HCPF was limited in testing hospitals’ estimator tools because of the tools’ designs. Several estimator tools required specific insurance information to generate a noncash price or quote. To check functionality, HCPF searched

for several of the CMS-required shoppable service codes for each hospital's cash price, including those that were listed with a discounted cash price on the hospital's downloadable file. If a hospital utilized two separate shoppable services display(s) and/or tool(s), HCPF reviewed the one located on the hospital's price transparency webpage and was labeled as "Shoppable Services. If a specialized hospital, such as, rehabilitation hospital, psychiatric hospital, or long term acute care hospital provides less than 300 items or services, determined by the total items or services listed in the downloadable file, the downloadable file was reviewed. In addition, if a specialized hospital does not provide outpatient services, determined by only having inpatient listed under the setting category in the downloadable file, the shoppable service quality rating will be marked as "N/A". If the downloadable file is missing the setting category and the hospital does not state 'they don't provide services that can be scheduled in advance', they will be reviewed as if they provide outpatient services.

1. Scorecard

"Y" meets and "N" does not meet the defined requirement:

- Cash Price - Obtained a self-pay cash price or quote for multiple codes from the 70 CMS-specified shoppable services codes. The cash price must be posted or updated within 365 days for displays or downloadable files and must be current for estimator tools.

2. Quality Rating

- Good - "Y" for Cash Price.
- Poor - "N" for Cash Price.
- N/A - Only provides inpatient items or services.

C. Colorado SB 23-252 Medicare Reimbursement Rates Review

Colorado SB 23 -252 added a requirement for hospitals to post Medicare reimbursement rates by Oct. 1, 2023, and by Feb. 1, 2024, Medicare reimbursement rates needed to be incorporated into the hospitals'

federally required machine-readable files per the guidelines in the Medicare Rates Clarification document.¹²

1. Quality Rating

- Good - Medicare reimbursement rates are available for download, posted by item and service, incorporated in the hospital's required federal price transparency machine-readable file as a payer, and updated within the past 365 days.
- Fair - Medicare reimbursement rates are available for download, posted by item and service, updated within the past 365 days, but are listed in a separate table in the hospital's required federal price transparency machine-readable file or available in a separate downloadable file.
- Poor - Medicare reimbursement rates are either unavailable, not posted by item and service, or not updated within the past 365 days.

D. Overall Quality Rating

Determined by quality ratings of the downloadable file, the shoppable service tool or display, and SB 23-252 Medicare reimbursement rates

- Good - Quality rating of Good in all three areas, the downloadable file, the shoppable service display or tool, and SB23-252 Medicare reimbursement rates.
- Fair - Meets one of the following requirements
 - The SB 23-252 Medicare reimbursement rates quality rating is Good, and the downloadable file and the shoppable service display or tool have at least one quality rating of Fair but do not have a quality rating of Poor.

¹² Medicare Rates Clarification - November 2023. (2023) <https://hcpf.colorado.gov/sites/hcpf/files/SB23%20-%20252%20Medicare%20Rates%20Clarification%20Updated%2011.1.2023.pdf>

- The SB 23-252 Medicare reimbursement rates quality rating is Fair, and the downloadable file and the shoppable service display or tool does not have a quality rating of Poor.
- The SB 23-252 Medicare reimbursement rates quality rating is either Poor or Fair, and both the downloadable file and the shoppable service display or tool have quality ratings are Good.
- Poor - At least one quality rating of Poor in one of the three areas. If the only Poor quality rating is for SB23-252 Medicare reimbursement rates, the downloadable file and the shoppable service display or tool have at least one quality rating of Fair.

Appendix B: Additional Tables

Table 5: Downloadable File Criteria Met by Children's, General, and Critical Access System Classification August 2025

Downloadable File Category	Total	System	Independent General	Independent Critical Access
Machine Readable	62.1%	63.3%	44.4%	65.5%
Posted or Updated Date Within 365	92.0%	100.0%	88.9%	79.3%
Code and Code Type	100.0%	100.0%	100.0%	100.0%
Description	98.9%	100.0%	88.9%	100.0%
Setting	98.9%	100.0%	100.0%	96.6%
Drug Measurement	85.1%	89.8%	100.0%	72.4%
Gross Charges	100.0%	100.0%	100.0%	100.0%
Discounted Cash	98.9%	100.0%	100.0%	96.6%
De-Identified Minimum & Maximum	96.6%	100.0%	88.9%	93.1%
Negotiated Rates	81.6%	77.6%	66.7%	93.1%
Plans	95.4%	100.0%	100.0%	86.2%

Table 6: Downloadable File Criteria Met by Category by Long-Term Care Rehabilitation, and Psychiatric Hospitals August 2025

Downloadable File Category	Total	Long-Term Acute Care	Psychiatric	Rehabilitation
Machine Readable	64.3%	66.7%	75.0%	50.0%
Posted or Updated Date Within 365 days	100.0%	100.0%	100.0%	100.0%
Code and Code Type	100.0%	100.0%	100.0%	100.0%
Description	100.0%	100.0%	100.0%	100.0%
Setting	100.0%	100.0%	100.0%	100.0%
Drug Measurement	100.0%	100.0%	100.0%	100.0%
Gross Charges	100.0%	100.0%	100.0%	100.0%
Discounted Cash	85.7%	83.3%	100.0%	75.0%
De-Identified Minimum & Maximum	100.0%	100.0%	100.0%	100.0%
Negotiated Rates	92.9%	100.0%	100.0%	75.0%
Plans	85.7%	100.0%	50.0%	100.0%