

1570 Grant Street Denver, CO 80203

Posting Date: June 8, 2023

This posting serves as notification of SFY 2023-24 Psychiatric Hospital Base Rates for all psychiatric hospitals participating in Health First Colorado. Individual letters will not be issued to each hospital. This method of communicating hospital rates has been approved by Hospitals participating in our Hospital Engagement Meetings that occur every other month. Information about past and upcoming Hospital Engagement Meetings is available at https://hcpf.colorado.gov/hospital-stakeholder-engagement-meetings.

Hospital Base Rate Increase SFY 2023-24: The psychiatric hospital base rates reflect the 3% provider rate increase effective July 1, 2023, as mentioned in (SB23-214). The rates in this letter show a 3% increase to the psychiatric hospital base rates that were effective July 1, 2022.

Request for Informal Reconsideration Appeal: Reimbursement rates for specialty hospital services were calculated according to the regulations of the Health First Colorado Program. If there is a disagreement with these figures, a written request may be filed for informal reconsideration with the Department with thirty (30) days from the "posting date" listed in this communication. The request shall state the specific component of the rate of which 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 an informal reconsideration is desired for a hospital's July 1, 2023 Psychiatric Hospital Base Rate, please send a written request including your position to each identified concern regarding the rate determination to:

Andrew Abalos Fee-for-Service Rates Section Department of Health Care Policy & 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 8.050.3A-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 filling the appeal shall be the date the Office of Administrative Courts receives the appeal. Failure to file a timely appeal shall result in dismissal of the appeal.
- D. No recovery of an overpayment shall be implemented until the appeal process has been completed."

Copies of the appeal shall be sent to:

Jennifer Weaver
First Assistant Attorney General
Department of Law, Health Care Unit
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 6th Floor
Denver, CO 80203

Andrew Abalos
Facility Rates Section
Department of Health Care Policy & 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 (07/08/2023) to request an informal reconsideration or submit a formal appeal if pertinent. If you have any questions regarding this process or hospital reimbursement, please contact Andrew Abalos at Andrew Abalos@state.co.us or 303-866-2130.

Any hospital interested in additional information regarding their base rate calculation is always welcome to contact Andrew Abalos at andrew.abalos@state.co.us or 303-866-2130.

FY 2023-24 Health First Colorado Psychiatric Hospital Base Rates

Inpatient FFS Reimbursement Rates for Psychiatric Hospitals

Rate History	FY18	FY19	FY20	FY21	FY22	FY23	FY24
Step Down 1	\$663.87	\$670.51	\$677.22	\$670.45	\$687.21	\$700.95	\$721.98
Step Down 2	\$480.80	\$485.61	\$490.47	\$485.57	\$497.71	\$507.66	\$522.89
Year to Year Change	FY18	FY19	FY20	FY21	FY22	FY23	FY24
Step Down 1	-	1.00%	1.00%	-1.00%	2.50%	2.00%	3.00%
Step Down 2	-	1.00%	1.00%	-1.00%	2.50%	2.00%	3.00%

Columns shown are for State Fiscal Years, i.e. the period beginning July of one year through June of the following year. Example: F23 represents the per diem rate effective from July 1, 2022 to June 30, 2023.