



## COLORADO

Department of Health Care  
Policy & Financing

### Posting Date: May 30, 2024

This posting serves as notification of SFY 2024-25 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 2024-25:** The psychiatric hospital base rates reflect the 2% provider rate increase effective July 1, 2024, as mentioned in HB24-1430. The rates in this letter show a 2% increase to the psychiatric hospital base rates that were effective July 1, 2023.

**Request for Informal Reconsideration Appeal:** Reimbursement rates for psychiatric 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, 2024 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  
303 E. 17th Ave. Suite #1100  
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 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, 6<sup>th</sup> Floor  
Denver, CO 80203

Andrew Abalos  
Facility Rates Section  
Department of Health Care Policy & Financing  
303 E. 17th Ave. Suite #1100  
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 (06/29/2024) 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](mailto: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](mailto:andrew.abalos@state.co.us) or 303-866-2130.

### Inpatient FFS Reimbursement Rates for Psychiatric Hospitals

Rate History	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25
Step Down 1	\$ 663.87	\$ 670.51	\$ 677.22	\$ 670.45	\$ 687.21	\$ 700.95	\$ 721.98	\$ 736.42
Step Down 2	\$ 480.80	\$ 485.61	\$ 490.47	\$ 485.57	\$ 497.71	\$ 507.66	\$ 522.89	\$ 533.35

Year to Year Change	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25
Step Down 1	-	1.00%	1.00%	-1.00%	2.50%	2.00%	3.00%	2.00%
Step Down 2	-	1.00%	1.00%	-1.00%	2.50%	2.00%	3.00%	2.00%

Columns shown are for State Fiscal Years, i.e. the period beginning July of one year through June of the following year.

Example: FY22 represents the per diem rate effective from July 1, 2021 to June 30, 2022.

<b>Medicaid ID</b>	<b>Provider NPI</b>	<b>CCN</b>	<b>Provider Name</b>
9000197846	1114523735	064029	JOHNSTOWN HEIGHTS BEHAVIORAL HEALTH LLC
9000190720	1225671928	064028	DENVER SPRINGS LLC
42802831	1275680837	064023	WEST SPRINGS HOSPITAL, INC
9000164152	1295709822	534004	WYOMING BEHAVIORAL INSTITUTE
9000143613	1326133216	064024	HIGHLANDS BEHAVIORAL HEALTH SYSTEM
9000213634	1386271054	264024	LAKELAND BEHAVIORAL HEALTH SYSTEM
9000211275	1417199225	044020	RIVERVIEW BEHAVIORAL HEALTH, LLC
63058561	1659524486	064026	PEAK VIEW BEHAVIORAL HEALTH
9000152845	1720430937	064028	DENVER SPRINGS, LLC
10886753	1760623888	064007	CENTENNIAL PEAKS HOSPITAL
24174203	1992752133	064009	CEDAR SPRINGS HOSPITAL, INC