



## COLORADO

Department of Health Care  
Policy & Financing

303 E. 17th Avenue, Suite 1100  
Denver, CO 80203

Updated: Nov. 1, 2023

RE: SB 23 - 252 Medicare Rates

The passage of SB 23-252 requires all Colorado hospitals to post their Medicare rates on or by October 1, 2023. This email provides hospitals with guidelines and a timeline for these requirements.

Health Care Policy & Financing (HCPF) is currently reviewing hospital websites and price postings for compliance to update the [March 2023 Price Transparency Postings Evaluation Report](#).

### What am I expected to post by October 1, 2023?

Medicare Rates are considered a standard charge and are to be included in the comprehensive machine-readable file and updated yearly. By October 1, 2023, hospitals are required to post Medicare Rates, however, these may be a separate downloadable file. This extended period allows hospitals more time to incorporate the Medicare Rates into the machine-readable file.

For Critical Access Hospitals reimbursed at cost, HCPF suggests that you include your most recent cost-to-charge ratio for outpatient rates and per diem rates for inpatient. However, HCPF welcomes hospital stakeholder input and would like to discuss this further.

For Pediatric hospitals who do not receive Medicare payments through CMS' Hospital Outpatient Prospective Payment Systems (OPPS) but do receive Medicare payments through remittance, HCPF suggests that you post Medicare rates for codes that have a minimum of \$20,000 of total revenue for the past calendar year.

HCPF will continue to work with stakeholders to identify and communicate the most effective way to approach these rate postings.



### What am I expected to post by February 1, 2024?

While HCPF would like to see these rates posted as soon as possible, Medicare Rates will **not** be reviewed in the Fall 2023 Price Transparency Posting Evaluation Report. HCPF will begin checking for Medicare rates on February 1, 2024. By this date, hospitals' Medicare Rates must be included in the comprehensive machine-readable file. This review will then be published in the Spring 2024 Price Transparency Posting Evaluation Report.

In terms of how to include Medicare Rates in the comprehensive machine-readable file, HCPF recommends that it should be included as a “Payer.” HCPF recommends this format as it will not interfere with potential future rules from CMS that would require a standard posting format if passed. A graphic is included below that highlights the correct formatting.

### CMS V1.1 HPT CSV Sample Format (Tall)

| standard_charge   gross | standard_charge   discounted_cash | payer_name  | plan_name                    | standard_charge   negotiated_dollar |
|-------------------------|-----------------------------------|-------------|------------------------------|-------------------------------------|
| 76.1100                 | 30.4400                           | Aetna       | Commercial PPO/POS/HMO Plans | 41.1800                             |
| 76.1100                 | 30.4400                           | Aetna       | Medicare Advantage           | 9.7800                              |
| 76.1100                 | 30.4400                           | Anthem BCBS | Commercial PPO/POS/HMO Plans | 27.4100                             |
| 76.1100                 | 30.4400                           | CMS         | Medicare                     | 38.0600                             |
|                         |                                   |             |                              |                                     |
|                         |                                   |             |                              |                                     |

Please email [HCPF\\_HospitalPricing@state.co.us](mailto:HCPF_HospitalPricing@state.co.us) for any additional questions regarding the posting of Medicare Rates.

