



Official 30-day Inpatient Hospital Rate Review – Posting Date: May 30, 2024

This posting serves as notification of SFY 2025 Inpatient Hospital APR-DRG Base Rates for all hospitals participating in Health First Colorado. These rates will be effective July 1, 2024. Consistent with the rate updates in prior years, 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://www.colorado.gov/pacific/hcpf/hospitalengagementmeetings>. Additional information regarding these rates calculations can be obtained by contacting Andrew Abalos at andrew.abalos@state.co.us and Diana Lambe at diana.lambe@state.co.us.

Hospital Base Rate Increase SFY 2024 to SFY 2025: The inpatient hospital APR-DRG base rates reflect the 2% provider rate increase effective July 1, 2024, as mentioned in HB 24-1430. The rates in this letter show a 2% increase of the APR-DRG Inpatient base rates effective July 1, 2023.

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 APR-DRG 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 & Financing, 303 E 17th Avenue, 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:

Official 30-day Inpatient Hospital Rate Review – Posting Date: May 30, 2024

- 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 & Financing
303 E 17th Avenue
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 of this communication (6/29 /2024) to request an informal reconsideration or submit a formal appeal if pertinent.

If you have any questions regarding this process, hospital reimbursement in general, or Inpatient Base Rate calculations please contact Diana Lambe at diana.lambe@state.co.us.



Official 30-day Inpatient Hospital Rate Review – Posting Date: May 30, 2024

Medicare ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	APR-DRG Inpatient Base Rate eff. 7/1/2023	APR-DRG Inpatient Base Rate eff. 7/1/2024
060001	U	Banner Health	North Colorado Medical Center	\$6,246.35	\$6,371.28
060003	U	Centura Health (Commonspirit)	Centura Longmont United Hospital	\$5,670.88	\$5,784.30
060004	U	Intermountain (formerly SCL Health)	Platte Valley Medical Center	\$5,685.18	\$5,798.88
060006	R		Montrose Memorial Hospital	\$6,758.27	\$6,893.44
060008	R	San Luis Valley	San Luis Valley Health Regional Medical Center	\$6,957.13	\$7,096.27
060009	U	Intermountain (formerly SCL Health)	Lutheran Medical Center	\$5,694.70	\$5,808.59
060010	U	UCHealth	Poudre Valley Hospital	\$5,946.18	\$6,065.10
060012	U	Centura Health (Commonspirit)	Centura St. Mary-Corwin Hospital	\$6,726.33	\$6,860.86
060013	R	Centura Health (Commonspirit)	Centura Mercy Hospital	\$6,833.64	\$6,970.31
060014	U	HealthONE	Presbyterian/St. Luke's Medical Center	\$6,168.45	\$6,291.82
060015	U	Centura Health (Commonspirit)	Centura St. Anthony Hospital	\$5,856.12	\$5,973.24
060020	U		Parkview Medical Center	\$6,635.35	\$6,768.06
060022	U	UCHealth	Memorial Hospital Central	\$5,711.58	\$5,825.81
060023	U	Intermountain (formerly SCL Health)	St. Mary's Hospital & Medical Center, Inc.	\$6,765.39	\$6,900.70



Official 30-day Inpatient Hospital Rate Review – Posting Date: May 30, 2024

Medicare ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	APR-DRG Inpatient Base Rate eff. 7/1/2023	APR-DRG Inpatient Base Rate eff. 7/1/2024
060027	U		Boulder Community Health	\$5,940.23	\$6,059.03
060028	U	Intermountain (formerly SCL Health)	St. Joseph Hospital	\$6,357.24	\$6,484.38
060030	U	Banner Health	McKee Medical Center	\$5,683.59	\$5,797.26
060031	U	Centura Health (Commonspirit)	Centura Penrose-St. Francis Hospital	\$5,729.70	\$5,844.29
060032	U	HealthONE	Rose Medical Center	\$5,836.80	\$5,953.54
060034	U	HealthONE	Swedish Medical Center	\$6,009.19	\$6,129.37
060044	R	Centura Health (Commonspirit)	St. Elizabeth Hospital	\$6,833.64	\$6,970.31
060049	R	UCHealth	Yampa Valley Medical Center	\$8,847.22	\$9,024.16
060054	U		Community Hospital	\$5,694.70	\$5,808.59
060064	U	Centura Health Adventist	Porter Adventist Hospital	\$5,689.41	\$5,803.20
060065	U	HealthONE	North Suburban Medical Center	\$5,913.48	\$6,031.75
060071	R		Delta Health	\$6,825.70	\$6,962.21
060075	R		Valley View Hospital	\$6,818.54	\$6,954.91
060076	R	Banner Health	Sterling Regional MedCenter	\$7,004.55	\$7,144.64
060096	R		Vail Health Hospital	\$10,038.25	\$10,239.02
060100	U	HealthONE	The Medical Center of Aurora	\$5,957.28	\$6,076.43
060103	U	Centura Health Adventist	Avista Adventist Hospital	\$5,694.70	\$5,808.59
060104	U	Centura Health (Commonspirit)	Centura St. Anthony North Hospital	\$6,370.32	\$6,497.73



Official 30-day Inpatient Hospital Rate Review – Posting Date: May 30, 2024

Medicare ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	APR-DRG Inpatient Base Rate eff. 7/1/2023	APR-DRG Inpatient Base Rate eff. 7/1/2024
060107	U		National Jewish Health	\$7,027.95	\$7,168.51
060112	U	HealthONE	Sky Ridge Medical Center	\$6,645.50	\$6,778.41
060113	U	Centura Health Adventist	Littleton Adventist Hospital	\$5,692.06	\$5,805.90
060114	U	Centura Health Adventist	Parker Adventist Hospital	\$5,694.70	\$5,808.59
060116	U	Intermountain (formerly SCL Health)	Good Samaritan Medical Center	\$5,691.00	\$5,804.82
060117	R		Animas Surgical Hospital	\$6,235.83	\$6,360.55
060118	R	Centura Health (Commonspirit)	Centura St. Anthony Summit Hospital	\$6,220.41	\$6,344.82
060119	R	UCHealth	Medical Center of the Rockies	\$5,692.06	\$5,805.90
060124	U	Centura Health (Commonspirit)	OrthoColorado Hospital	\$5,953.43	\$6,072.50
060125	U	Centura Health Adventist	Castle Rock Adventist Hospital	\$5,677.24	\$5,790.78
060126	U	Banner Health	Banner Fort Collins Medical Center	\$6,037.75	\$6,158.51
060128	U	UCHealth	Longs Peak Hospital	\$5,694.70	\$5,808.59
060129	U	UCHealth	Broomfield Hospital	\$6,125.48	\$6,247.99
060130	U	UCHealth	Grandview Hospital	\$6,155.50	\$6,278.61
060131	U	UCHealth	UCHealth Greeley	\$5,719.91	\$5,834.31
060132	U	UCHealth	UCHealth Highlands Ranch	\$5,695.78	\$5,809.70
060133	U	Centura Health (Commonspirit)	St. Francis Interquest	\$6,095.16	\$6,217.06



Official 30-day Inpatient Hospital Rate Review – Posting Date: May 30, 2024

Medicare ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	APR-DRG Inpatient Base Rate eff. 7/1/2023	APR-DRG Inpatient Base Rate eff. 7/1/2024
061300	R		Weisbrod Memorial County Hospital	\$7,979.90	\$8,139.50
061301	R		Rio Grande Hospital	\$7,075.19	\$7,216.69
061302	U		Family Health West	\$6,492.06	\$6,621.90
061303	R	Banner Health	East Morgan County Hospital	\$7,057.73	\$7,198.88
061304	R		Haxtun Hospital District	\$7,622.35	\$7,774.80
061305	R		Melissa Memorial Hospital	\$7,979.90	\$8,139.50
061306	R		Lincoln Community Hospital	\$7,979.90	\$8,139.50
061307	R		Rangely District Hospital	\$7,979.90	\$8,139.50
061308	R	San Luis Valley	San Luis Valley Health Conejos County Hospital	\$7,057.73	\$7,198.88
061309	R		Wray Community District Hospital	\$8,018.27	\$8,178.64
061310	R		Sedgwick County Health Center	\$7,057.73	\$7,198.88
061311	R		Southeast Colorado Hospital District	\$7,359.69	\$7,506.88
061312	U		Estes Park Health	\$6,503.70	\$6,633.77
061313	R		Kit Carson County Health Service District	\$7,057.73	\$7,198.88
061314	R		Memorial Regional Health	\$7,726.73	\$7,881.26
061315	R		Yuma District Hospital	\$7,057.73	\$7,198.88
061316	R		Spanish Peaks Regional Health Center	\$7,622.35	\$7,774.80
061317	R		Grand River Hospital District	\$7,979.90	\$8,139.50
061318	R		Middle Park Health - Kremmling	\$7,622.35	\$7,774.80
061319	R		St. Vincent General Hospital District	\$7,979.90	\$8,139.50
061320	R		Gunnison Valley Health	\$7,057.73	\$7,198.88
061321	R		Mt. San Rafael Hospital	\$7,057.73	\$7,198.88



Official 30-day Inpatient Hospital Rate Review – Posting Date: May 30, 2024

Medicare ID	Peer Group: Rural=R, Urban=U, Pediatric=P	Hospital System	Hospital Name	APR-DRG Inpatient Base Rate eff. 7/1/2023	APR-DRG Inpatient Base Rate eff. 7/1/2024
061322	R		Heart of the Rockies Regional Medical Center	\$7,057.73	\$7,198.88
061323	R		Prowers Medical Center	\$7,340.81	\$7,487.63
061324	R		Aspen Valley Hospital	\$7,057.73	\$7,198.88
061325	R		Pioneers Medical Center	\$7,269.03	\$7,414.41
061326	U	UCHealth	Pikes Peak Regional Hospital	\$6,492.06	\$6,621.90
061327	R		Southwest Health System, Inc.	\$7,618.37	\$7,770.74
061328	R		Pagosa Springs Medical Center	\$7,057.73	\$7,198.88
061336	R		Arkansas Valley Regional Medical Center	\$8,025.34	\$8,185.85
061343	R		Keefe Memorial Health Service District	\$7,057.73	\$7,198.88
061344	R	Centura Health (Commonspirit)	Centura St. Thomas More Hospital	\$7,057.73	\$7,198.88
			URBAN TEACHING HOSPITALS		
060011	U		Denver Health Medical Center	\$7,894.25	\$8,052.14
060024	U	UCHealth	University of Colorado Hospital	\$7,128.24	\$7,270.80
			PEDIATRIC HOSPITAL		
063301	P	Childrens	Children's Hospital Colorado	\$9,311.15	\$9,497.37
063303	P	Childrens	Children's Hospital Colorado Springs	\$8,408.52	\$8,576.69



Official 30-day Inpatient Hospital Rate Review – Posting Date: May 30, 2024

PEER GROUP AVERAGE RATES: Includes New Hospitals, CAH (Critical Access Hospitals), Low Discharge Hospitals & Out-of-State Hospitals	APR-DRG Inpatient Base Rate eff. 7/1/2023	APR-DRG Inpatient Base Rate eff. 7/1/2024
PEER GROUP AVERAGE - URBAN	\$6,095.16	\$6,217.06
PEER GROUP AVERAGE - RURAL	\$7,381.15	\$7,528.77
OUT-OF-STATE PEER GROUP AVERAGE – URBAN (90%)	\$5,485.64	\$5,595.35
OUT-OF-STATE PEER GROUP AVERAGE - RURAL (90%)	\$6,643.04	\$6,775.90

Please note: Urban = county hospital resides in is part of Metropolitan Statistical Area (MSA), a rural county is not part of an MSA.