



**COLORADO**  
Department of Health Care  
Policy & Financing

1570 Grant Street  
Denver, CO 80203

**Posting Date: June 8, 2023**

This posting serves as notification of SFY 2023-24 Specialty Hospital Base Rates for all specialty 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 specialty 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 specialty 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 Specialty 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

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saving Coloradans money on health care and driving value for Colorado.  
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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, 6<sup>th</sup> 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](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.

**FY 2023-24 Health First Colorado Specialty Hospital Base Rates**

Medicaid ID	Provider NPI	Provider Name	Rates Effective 07/01/2022				Rates Effective 07/01/2023 (New)			
			Stepdown 1	Stepdown 2	Stepdown 3	Stepdown 4	Stepdown 1	Stepdown 2	Stepdown 3	Stepdown 4
9000143878	1003892563	SCCI HOSPITALS OF AMERICA, LLC (KINDRED AURORA)	\$ 2,275.62	\$ 2,161.84	\$ 2,053.76	\$ 1,951.07	\$ 2,343.89	\$ 2,226.70	\$ 2,115.37	\$ 2,009.60
29630053	1124402854	VIBRA HOSPITAL OF DENVER LLC	\$ 2,275.62	\$ 2,161.84	\$ 2,053.76	\$ 1,951.07	\$ 2,343.89	\$ 2,226.70	\$ 2,115.37	\$ 2,009.60
9000179830	1205483716	PAM SPECIALTY HOSPITAL OF DENVER LLC	\$ 2,275.62	\$ 2,161.84	\$ 2,053.76	\$ 1,951.07	\$ 2,343.89	\$ 2,226.70	\$ 2,115.37	\$ 2,009.60
79039774	1598830267	NORTHERN COLORADO LONG TERM ACUTE HOSPITAL	\$ 2,275.62	\$ 2,161.84	\$ 2,053.76	\$ 1,951.07	\$ 2,343.89	\$ 2,226.70	\$ 2,115.37	\$ 2,009.60
58213503	1760412530	UTAH VALLEY SPECIALTY HOSPITAL	\$ 2,275.62	\$ 2,161.84	\$ 2,053.76	\$ 1,951.07	\$ 2,343.89	\$ 2,226.70	\$ 2,115.37	\$ 2,009.60
05000310	1861577439	KINDRED HOSPITAL-DENVER	\$ 2,275.62	\$ 2,161.84	\$ 2,053.76	\$ 1,951.07	\$ 2,343.89	\$ 2,226.70	\$ 2,115.37	\$ 2,009.60
06852726	1104813484	NORTHERN COLORADO REHABILITATION	\$ 1,055.33	\$ 1,002.56	\$ 952.43	\$ 904.82	\$ 1,086.99	\$ 1,032.64	\$ 981.00	\$ 931.96
05000211	1164496006	ENCOMPASS HEALTH REHAB HOS CO SPRING	\$ 1,055.33	\$ 1,002.56	\$ 952.43	\$ 904.82	\$ 1,086.99	\$ 1,032.64	\$ 981.00	\$ 931.96
9000168169	1407375249	VIBRA REHABILITATION HOSPITAL OF DENVER, LLC	\$ 1,055.33	\$ 1,002.56	\$ 952.43	\$ 904.82	\$ 1,086.99	\$ 1,032.64	\$ 981.00	\$ 931.96
9000175853	1538256078	MADONNA REHABILITATION HOSPITAL	\$ 1,055.33	\$ 1,002.56	\$ 952.43	\$ 904.82	\$ 1,086.99	\$ 1,032.64	\$ 981.00	\$ 931.96
9000169071	1669955720	ENCOMPASS HEALTH REHAB HOS LITTLETON	\$ 1,055.33	\$ 1,002.56	\$ 952.43	\$ 904.82	\$ 1,086.99	\$ 1,032.64	\$ 981.00	\$ 931.96
05000518	1841244639	SPALDING REHABILITATION LLC	\$ 1,055.33	\$ 1,002.56	\$ 952.43	\$ 904.82	\$ 1,086.99	\$ 1,032.64	\$ 981.00	\$ 931.96
9000196025	1871132365	REUNION REHABILITATION HOSPITAL DENVER	\$ 1,055.33	\$ 1,002.56	\$ 952.43	\$ 904.82	\$ 1,086.99	\$ 1,032.64	\$ 981.00	\$ 931.96
9000205070	1497373112	PAM HEALTH REHAB HOS WESTMINSTER	\$ 1,055.33	\$ 1,002.56	\$ 952.43	\$ 904.82	\$ 1,086.99	\$ 1,032.64	\$ 981.00	\$ 931.96
9000205587	1790318798	REUNION REHABILITATION HOSPITAL INVERNESS	\$ 1,055.33	\$ 1,002.56	\$ 952.43	\$ 904.82	\$ 1,086.99	\$ 1,032.64	\$ 981.00	\$ 931.96
05000419	1730144593	CRAIG HOSPITAL	\$ 3,005.91	\$ 2,855.61	\$ 2,712.83	\$ 2,577.19	\$ 3,096.09	\$ 2,941.28	\$ 2,794.21	\$ 2,654.51

If you do not see your facility listed, please contact Della Phan at [della.phan@state.co.us](mailto:della.phan@state.co.us) for questions.

**Per Diem Step Downs 2023-2024**

<b>Per Diem Schedule FY 2023-2024</b>								
<b>Long Term Acute Care (LTAC)</b>								
	Stepdown 1		Stepdown 2		Stepdown 3		Stepdown 4	
	Day 1-21		Day 22-35		Day 36-56		Day >56	
	FY23	FY24	FY23	FY24	FY23	FY24	FY23	FY24
Per Diem	\$ 2,275.62	\$ 2,343.89	\$ 2,161.84	\$ 2,226.70	\$ 2,053.76	\$ 2,115.37	\$ 1,951.07	\$ 2,009.60
<b>Rehabilitation</b>								
	Stepdown 1		Stepdown 2		Stepdown 3		Stepdown 4	
	Day 1-6		Day 7-10		Day 11-14		Day >14	
	FY23	FY24	FY23	FY24	FY23	FY24	FY23	FY24
Per Diem	\$ 1,055.33	\$ 1,086.99	\$ 1,002.56	\$ 1,032.64	\$ 952.43	\$ 981.00	\$ 904.82	\$ 931.96
<b>Spine/Brain Injury Treatment</b>								
	Stepdown 1		Stepdown 2		Stepdown 3		Stepdown 4	
	Day 1-28		Day 29-49		Day 50-77		Day >77	
	FY23	FY24	FY23	FY24	FY23	FY24	FY23	FY24
Per Diem	\$ 3,005.91	\$ 3,096.09	\$ 2,855.61	\$ 2,941.28	\$ 2,712.83	\$ 2,794.21	\$ 2,577.19	\$ 2,654.51

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