



COLORADO

Department of Health Care
Policy & Financing

Posting Date: May 30, 2024

This posting serves as notification of SFY 2024-25 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 2024-25: The specialty 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 specialty hospital base rates that were effective July 1, 2023.

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, 2024 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
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 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
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 (06/30/2024) 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 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.

Per Diem Step Downs 2024-2025

Per Diem Schedule FY 2024-2025								
Long Term Acute Care (LTAC)								
	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	\$ 2,343.89	\$2,390.77	\$ 2,226.70	\$ 2,271.23	\$ 2,115.37	\$2,157.68	\$ 2,009.60	\$2,049.79

Rehabilitation								
	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	\$ 1,086.99	\$1,108.73	\$ 1,032.64	\$ 1,053.29	\$ 981.00	\$1,000.62	\$ 931.96	\$ 950.60

Spine/Brain Injury Treatment								
	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	\$ 3,096.09	\$3,158.01	\$ 2,941.28	\$ 3,000.10	\$ 2,794.21	\$2,850.10	\$ 2,654.51	\$2,707.60

Long Term Acute Care				
	Stepdown 1	Stepdown 2	Stepdown 3	Stepdown 4
FY23	\$ 2,343.89	\$ 2,226.70	\$ 2,115.37	\$ 2,009.60
FY24 (New)	\$ 2,390.77	\$ 2,271.23	\$ 2,157.68	\$ 2,049.79

Medicaid ID	Provider NPI	CCN	Provider Name
9000143878	1003892563	062013	KINDRED HOSPITAL AURORA
29630053	1124402854	062014	VIBRA HOSPITAL OF DENVER LLC
9000179830	1205483716	062012	PAM SPECIALTY HOSPITAL OF DENVER
79039774	1598830267	062017	NORTHERN COLORADO LONG TERM
58213503	1760412530	462005	UTAH VALLEY SPECIALTY HOSPITAL
05000310	1861577439	062009	KINDRED HOSPITAL-DENVER

Rehabilitation				
	Stepdown 1	Stepdown 2	Stepdown 3	Stepdown 4
FY23	\$ 1,086.99	\$ 1,032.64	\$ 981.00	\$ 931.96
FY24 (New)	\$ 1,108.73	\$ 1,053.29	\$ 1,000.62	\$ 950.60

Medicaid ID	Provider NPI	CCN	Provider Name
06852726	1104813484	063033	NORTHERN COLORADO REHABILITATION HOSPITAL
05000211	1164496006	063030	ENCOMPASS HEALTH REHAB HOSPITAL CO SPRING
9000168169	1407375249	063035	VIBRA REHABILITATION HOSPITAL OF DENVER, LLC
9000205070	1497373112	063037	PAM HEALTH REHAB HOSPITAL WESTMINSTER
9000175853	1538256078	282000	MADONNA REHABILITATION HOSPITAL
9000169071	1669955720	063034	ENCOMPASS HEALTH REHAB HOSPITAL OF LITTLETON
9000205587	1790318798	063038	REUNION REHABILITATION HOSPITAL INVERNESS, LLC
05000518	1841244639	063027	SPALDING REHABILITATION HOSPITAL
9000196025	1871132365	063036	REUNION REHABILITATION HOSPITAL DENVER

	Spine/Brain Injury			
	Stepdown 1	Stepdown 2	Stepdown 3	Stepdown 4
FY23	\$ 3,096.09	\$ 2,941.28	\$ 2,794.21	\$ 2,654.51
FY24 (New)	\$ 3,158.01	\$ 3,000.10	\$ 2,850.10	\$ 2,707.60

Medicaid ID	Provider NPI	CCN	Provider Name
05000419	1730144593	062011	CRAIG HOSPITAL