

**FY 2020-21 Health First Colorado Specialty Hospital Base Rates**

| Medicaid ID | Provider NPI | Provider Name                                    | Rates for FY 2019-20 |             |             |             | Rates Reflecting 1.0% Decrease - Effective 07/01/2020 |             |             |             |
|-------------|--------------|--|----------------------|-------------|-------------|-------------|---|-------------|-------------|-------------|
|             |              |  | 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)  | \$ 2,198.58          | \$ 2,088.65 | \$ 1,984.22 | \$ 1,885.01 | \$ 2,176.59   | \$ 2,067.76 | \$ 1,964.38 | \$ 1,866.16 |
| 06852726    | 1104813484   | NORTHERN COLORADO REHABILITATION                 | \$ 1,019.60          | \$ 968.62   | \$ 920.18   | \$ 874.18   | \$ 1,009.40   | \$ 958.93   | \$ 910.98   | \$ 865.44   |
| 29630053    | 1124402854   | VIBRA HOSPITAL OF DENVER LLC                     | \$ 2,198.58          | \$ 2,088.65 | \$ 1,984.22 | \$ 1,885.01 | \$ 2,176.59   | \$ 2,067.76 | \$ 1,964.38 | \$ 1,866.16 |
| 05000211    | 1164496006   | ENCOMPASS HEALTH REHAB HOS COS                   | \$ 1,019.60          | \$ 968.62   | \$ 920.18   | \$ 874.18   | \$ 1,009.40   | \$ 958.93   | \$ 910.98   | \$ 865.44   |
| 9000179830  | 1205483716   | PAM SPECIALTY HOSPITAL OF DENVER LLC             | \$ 2,198.58          | \$ 2,088.65 | \$ 1,984.22 | \$ 1,885.01 | \$ 2,176.59   | \$ 2,067.76 | \$ 1,964.38 | \$ 1,866.16 |
| 87988046    | 1407299662   | NEW NEXTCARE SPECIALTY HOSPITAL OF DENVER LLC    | \$ 2,198.58          | \$ 2,088.65 | \$ 1,984.22 | \$ 1,885.01 | \$ 2,176.59   | \$ 2,067.76 | \$ 1,964.38 | \$ 1,866.16 |
| 9000168169  | 1407375249   | VIBRA REHABILITATION HOSPITAL OF DENVER, LLC     | \$ 1,019.60          | \$ 968.62   | \$ 920.18   | \$ 874.18   | \$ 1,009.40   | \$ 958.93   | \$ 910.98   | \$ 865.44   |
| 9000175853  | 1538256078   | MADONNA REHABILITATION HOSPITAL                  | \$ 1,019.60          | \$ 968.62   | \$ 920.18   | \$ 874.18   | \$ 1,009.40   | \$ 958.93   | \$ 910.98   | \$ 865.44   |
| 79039774    | 1598830267   | ADVANCED CARE HOSPITAL OF NORTHERN COLORADO, LLC | \$ 2,198.58          | \$ 2,088.65 | \$ 1,984.22 | \$ 1,885.01 | \$ 2,176.59   | \$ 2,067.76 | \$ 1,964.38 | \$ 1,866.16 |
| 9000169071  | 1669955720   | ENCOMPASS PAHS REHABILITATION HOSPITAL, LLC      | \$ 1,019.60          | \$ 968.62   | \$ 920.18   | \$ 874.18   | \$ 1,009.40   | \$ 958.93   | \$ 910.98   | \$ 865.44   |
| 05000419    | 1730144593   | CRAIG HOSPITAL                                   | \$ 2,904.13          | \$ 2,758.93 | \$ 2,620.98 | \$ 2,489.93 | \$ 2,875.09   | \$ 2,731.34 | \$ 2,594.77 | \$ 2,465.03 |
| 58213503    | 1760412530   | UTAH VALLEY SPECIALTY HOSPITAL                   | \$ 2,198.58          | \$ 2,088.65 | \$ 1,984.22 | \$ 1,885.01 | \$ 2,176.59   | \$ 2,067.76 | \$ 1,964.38 | \$ 1,866.16 |
| 05000518    | 1841244639   | SPALDING REHABILITATION LLC                      | \$ 1,019.60          | \$ 968.62   | \$ 920.18   | \$ 874.18   | \$ 1,009.40   | \$ 958.93   | \$ 910.98   | \$ 865.44   |
| 05000310    | 1861577439   | KINDRED HOSPITALS WEST LLC                       | \$ 2,198.58          | \$ 2,088.65 | \$ 1,984.22 | \$ 1,885.01 | \$ 2,176.59   | \$ 2,067.76 | \$ 1,964.38 | \$ 1,866.16 |
| 9000196025  | 1871132365   | DENVER REHABILITATION HOSPITAL                   | \$ 1,019.60          | \$ 968.62   | \$ 920.18   | \$ 874.18   | \$ 1,009.40   | \$ 958.93   | \$ 910.98   | \$ 865.44   |

Please contact Andrew Abalos at [andrew.abalos@state.co.us](mailto:andrew.abalos@state.co.us) for questions.

Per Diem Step Downs 2020-2021

| Per Diem Schedule FY 2020-2021          |                     |                     |                     |
|---|---------------------|---------------------|---------------------|
| Long Term Acute Care (LTAC)             |                     |                     |                     |
| Stepdown 1 Days                         | Stepdown 2 Days     | Stepdown 3 Days     | Stepdown 4 Days     |
| 1-21                                    | 22-35               | 36-56               | >56                 |
| Stepdown 1 Per Diem                     | Stepdown 2 Per Diem | Stepdown 3 Per Diem | Stepdown 4 Per Diem |
| \$2,176.59                              | \$2,067.76          | \$1,964.38          | \$1,866.16          |
|   |                     |                     |                     |
| Rehabilitation                          |                     |                     |                     |
| Stepdown 1 Days                         | Stepdown 2 Days     | Stepdown 3 Days     | Stepdown 4 Days     |
| 1-6                                     | 7-10                | 11-14               | >14                 |
| Stepdown 1 Per Diem                     | Stepdown 2 Per Diem | Stepdown 3 Per Diem | Stepdown 4 Per Diem |
| \$1,009.40                              | \$958.93            | \$910.98            | \$865.44            |
|   |                     |                     |                     |
| Spine/Brain Injury Treatment Specialist |                     |                     |                     |
| Stepdown 1 Days                         | Stepdown 2 Days     | Stepdown 3 Days     | Stepdown 4 Days     |
| 1-28                                    | 29-49               | 50-77               | >77                 |
| Stepdown 1 Per Diem                     | Stepdown 2 Per Diem | Stepdown 3 Per Diem | Stepdown 4 Per Diem |
| \$2,875.09                              | \$2,731.34          | \$2,594.77          | \$2,465.03          |