



# COLORADO

## Department of Health Care Policy & Financing

**Posting Date: May 31, 2022**

This posting serves as notification of SFY 2022-23 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://www.colorado.gov/pacific/hcpf/hospital-engagement-meetings>.

**Hospital Base Rate Increase SFY 2022-23:** The specialty hospital base rates reflect the 2% provider rate increase effective July 1, 2022, as mentioned in HB 22-1329. The rates in this letter show a 2% increase of the specialty hospital base rates that were effective July 1, 2021.

**Request for Informal Reconsideration or Appeal:** Reimbursement rates for specialty hospital services were calculated according to the regulations of the Health First Colorado 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 July 1, 2022 Specialty Hospital Base Rate, please send your written request including your position as to each identified concern regarding the rate determination to:

Andrew Abalos  
Facility Rates Section  
Department of Health Care Policy and Financing  
1570 Grant Street  
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:

*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.*



**COLORADO**

**Department of Health Care  
Policy & Financing**

*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

Andrew Abalos  
Facility Rates Section  
Department of Health Care Policy and 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 (6/30/2022) 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 2022-23 Health First Colorado Specialty Hospital Base Rates**

Medicaid ID	Provider NPI	Provider Name	Rates Effective 07/01/2021				Rates Reflecting 2.0% Increase - Effective 07/01/2022			
			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)	\$2,231.00	\$2,119.45	\$2,013.49	\$1,912.81	\$2,275.62	\$2,161.84	\$2,053.76	\$1,951.07
29630053	1124402854	VIBRA HOSPITAL OF DENVER LLC	\$2,231.00	\$2,119.45	\$2,013.49	\$1,912.81	\$2,275.62	\$2,161.84	\$2,053.76	\$1,951.07
9000179830	1205483716	PAM SPECIALTY HOSPITAL OF DENVER LLC	\$2,231.00	\$2,119.45	\$2,013.49	\$1,912.81	\$2,275.62	\$2,161.84	\$2,053.76	\$1,951.07
87988046	1407299662	NEW NEXTCARE SPECIALTY HOSPITAL OF DENVER LLC	\$2,231.00	\$2,119.45	\$2,013.49	\$1,912.81	\$2,275.62	\$2,161.84	\$2,053.76	\$1,951.07
79039774	1598830267	ADVANCED CARE HOSPITAL OF NORTHERN COLORADO, LLC	\$2,231.00	\$2,119.45	\$2,013.49	\$1,912.81	\$2,275.62	\$2,161.84	\$2,053.76	\$1,951.07
58213503	1760412530	UTAH VALLEY SPECIALTY HOSPITAL	\$2,231.00	\$2,119.45	\$2,013.49	\$1,912.81	\$2,275.62	\$2,161.84	\$2,053.76	\$1,951.07
05000310	1861577439	KINDRED HOSPITALS WEST LLC	\$2,231.00	\$2,119.45	\$2,013.49	\$1,912.81	\$2,275.62	\$2,161.84	\$2,053.76	\$1,951.07
06852726	1104813484	NORTHERN COLORADO REHABILITATION	\$1,034.64	\$982.90	\$933.75	\$887.08	\$1,055.33	\$1,002.56	\$952.43	\$904.82
05000211	1164496006	ENCOMPASS HEALTH REHAB HOS COS	\$1,034.64	\$982.90	\$933.75	\$887.08	\$1,055.33	\$1,002.56	\$952.43	\$904.82
9000168169	1407375249	VIBRA REHABILITATION HOSPITAL OF DENVER, LLC	\$1,034.64	\$982.90	\$933.75	\$887.08	\$1,055.33	\$1,002.56	\$952.43	\$904.82

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

**FY 2022-23 Health First Colorado Specialty Hospital Base Rates**

Medicaid ID	Provider NPI	Provider Name	Rates Effective 07/01/2021				Rates Reflecting 2.0% Increase - Effective 07/01/2022			
			Stepdown 1	Stepdown 2	Stepdown 3	Stepdown 4	Stepdown 1	Stepdown 2	Stepdown 3	Stepdown 4
9000175853	1538256078	MADONNA REHABILITATION HOSPITAL	\$1,034.64	\$982.90	\$933.75	\$887.08	\$1,055.33	\$1,002.56	\$952.43	\$904.82
9000169071	1669955720	ENCOMPASS PAHS REHABILITATION HOSPITAL, LLC	\$1,034.64	\$982.90	\$933.75	\$887.08	\$1,055.33	\$1,002.56	\$952.43	\$904.82
05000518	1841244639	SPALDING REHABILITATION LLC	\$1,034.64	\$982.90	\$933.75	\$887.08	\$1,055.33	\$1,002.56	\$952.43	\$904.82
9000196025	1871132365	DENVER REHABILITATION HOSPITAL	\$1,034.64	\$982.90	\$933.75	\$887.08	\$1,055.33	\$1,002.56	\$952.43	\$904.82
05000419	1730144593	CRAIG HOSPITAL	\$2,946.97	\$2,799.62	\$2,659.64	\$2,526.66	\$3,005.91	\$2,855.61	\$2,712.83	\$2,577.19

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

Per Diem Step Downs 2022-2023

Per Diem Schedule FY 2022-2023			
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
\$2,275.62	\$2,161.84	\$2,053.76	\$1,951.07
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
\$1,055.33	\$1,002.56	\$952.43	\$904.82
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
\$3,005.91	\$2,855.61	\$2,712.83	\$2,577.19