



# COLORADO

## Department of Health Care Policy & Financing

**Posting Date: June 1, 2018**

This posting serves as notification of SFY 2018-19 Outpatient Hospital EAPG Base Rates for all Hospitals participating in Health First Colorado. Consistent with the SFY17-18 EAPG Base Rates, 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 2018-19:** The outpatient hospital EAPG base rates reflect the 1% provider rate increase effective July 1, 2018, as mentioned in HB 18-1322. The rates in this letter show a 1% increase of the transitional EAPG base rates effective July 1, 2017.

**Request for Informal Reconsideration or Appeal:** Reimbursement rates for outpatient 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, 2018 Outpatient Base Rate, please send your written request including your position as to each identified concern regarding the rate determination to:

Andrew Abalos  
Fee-for-Service 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*



**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  
Fee-for-Service 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 (6/1/2018) 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 Outpatient 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 2018-19 Health First Colorado Hospital EAPG Base Rates**

<b>Provider NPI</b>	<b>Provider Business Name</b>	<b>EAPG Rate Eff. 7/1/2017</b>	<b>EAPG Rate Eff. 7/1/2018 (1% Increase)</b>			
1003892563	KINDRED HOSPITAL AURORA	\$192.37	\$194.29			
1013261296	HEALTHSOUTH REHABILITATION HOS	\$192.37	\$194.29	<b>FY18-19 Peer Group Rates</b>		
1013959857	8451 PEARL STREET OPERATING CO	\$606.84	\$612.91		<b>Urban</b>	<b>Rural</b>
1023062098	ROSE MEDICAL CENTER	\$192.37	\$194.29	<b>In-State</b>	\$194.29	\$270.01
1063418424	THE MEMORIAL HOSPITAL	\$444.30	\$448.74	<b>Out-of-State (90%)</b>	\$174.86	\$243.01
1063430346	RANGELY DISTRICT HOSPITAL	\$888.66	\$897.55			
1083611644	CATHOLIC HEALTH INITIATIVES CO	\$267.34	\$270.01			
1083640239	WRAY COMMUNITY DISTRICT HOSPIT	\$352.96	\$356.49			
1104813484	NORTHERN COLORADO REHAB HOSP	\$260.10	\$262.70			
1104881507	PARKVIEW MEDICAL CENTER	\$143.04	\$144.47			
1124274436	ST MARY'S IP REHAB	\$191.46	\$193.37			
1124402854	VIBRA HOSPITAL OF DENVER	\$606.84	\$612.91			
1144397134	UCH-MHS	\$192.37	\$194.29			
1154312981	ESTES PARK MEDICAL CENTER	\$405.61	\$409.67			
1154876985	LONGS PEAK HOSPITAL	\$192.37	\$194.29			
1164430567	ST. ANTHONY HOSPITAL	\$220.01	\$222.21			
1164496006	HEALTHSOUTH REHABILITATION	\$192.37	\$194.29			
1184616740	MT. SAN RAFAEL HOSPITAL	\$267.34	\$270.01			
1184711475	KIT CARSON COUNTY HEALTH SERVI	\$361.38	\$364.99			
1194792762	SAN LUIS VALLEY HEALTH - CCH	\$502.54	\$507.57			
1205822186	MONTROSE MEMORIAL HOSPITAL	\$181.76	\$183.58			
1215332762	POUDRE VALLEY HEALTH CARE INC	\$192.37	\$194.29			
1215987987	DENVER HEALTH HOSPITAL AUTHORI	\$184.89	\$186.74			
1235181744	SAN LUIS VALLEY HEALTH	\$249.66	\$252.16			
1245401561	UPPER SAN JUAN HLTH SVC DIST	\$267.34	\$270.01			
1275703910	BRIM HEALTHCARE OF COLORADO LL	\$254.58	\$257.13			
1285727297	SOUTHEAST COLORADO HOSPITAL	\$267.34	\$270.01			
1295159028	ST. ANTHONY SUMMIT MEDICAL CTR	\$309.57	\$312.67			
1306857974	ST. MARY-CORWIN MEDICAL CENTER	\$191.46	\$193.37			
1326015777	NATIONAL JEWISH HEALTH	\$210.24	\$212.34			
1336103811	HAXTUN HOSPITAL DISTRICT	\$267.34	\$270.01			

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

**FY 2018-19 Health First Colorado Hospital EAPG Base Rates**

<b>Provider NPI</b>	<b>Provider Business Name</b>	<b>EAPG Rate Eff. 7/1/2017</b>	<b>EAPG Rate Eff. 7/1/2018 (1% Increase)</b>
1336245828	CHILDREN'S HOSPITAL COLORADO	\$318.95	\$322.14
1366452732	WEISBROD MEMORIAL EXTENDED CAR	\$474.12	\$478.86
1366465866	LONGMONT UNITED HOSPITAL	\$204.67	\$206.72
1366840688	KEEFE MEMORIAL HOSPITAL	\$412.62	\$416.75
1386651297	PARKER ADVENTIST HOSPITAL	\$192.37	\$194.29
1396783981	RIO GRANDE HOSPITAL	\$246.18	\$248.64
1396790200	HCA-HEALTHONE LLC DBA SWEDISH	\$192.24	\$194.16
1407299662	COLORADO ACUTE LONG TERM HOSPI	\$192.37	\$194.29
1407845035	GOOD SAMARITAN MEDICAL CENTER	\$192.37	\$194.29
1417935446	DELTA COUNTY MEMORIAL HOSPITAL	\$232.07	\$234.39
1417946021	SAINT JOSEPH HOSPITAL	\$192.37	\$194.29
1417980566	MCKEE MEDICAL CENTER	\$206.87	\$208.94
1457315152	St. Vincent General Hospital	\$431.47	\$435.78
1477531580	UNIVERSITY OF COLORADO HOSPITA	\$192.37	\$194.29
1477592566	HSS VIRGINIA LP	\$192.37	\$194.29
1477638971	COLORADO PLAINS MEDICAL CENTER	\$224.00	\$226.24
1497723407	COLORADO WEST HEALTHCARE SYSTE	\$214.88	\$217.03
1508842964	ANIMAS SURGICAL HOSPITAL, LLC	\$222.65	\$224.88
1518327329	KH-5 HOSPITAL FINANCE	\$192.37	\$194.29
1518960814	ASPEN VALLEY HOSPITAL	\$448.96	\$453.45
1528067691	SELECT SPECIALTY HOSPITAL-DENV	\$192.37	\$194.29
1558369249	SELECT SPECIALTY HOSPITAL-COLO	\$192.37	\$194.29
1588928519	NORTH COLORADO MEDICAL CENTER	\$192.37	\$194.29
1598830267	NORTHERN COLORADO LTAH	\$192.37	\$194.29
1619337425	KH-5 HOSPITAL FINANCE	\$192.37	\$194.29
1619962321	KREMMLING MEMORIAL HOSP DIST	\$495.44	\$500.39
1619985942	ST. ANTHONY NORTH HOSPITAL	\$199.21	\$201.20
1629023502	HCA-HEALTHONE DBA SWEDISH MEDI	\$192.24	\$194.16
1629071758	BRIGHTON COMMUNITY HOSPITAL AS	\$221.34	\$223.55
1629074182	YUMA DISTRICT HOSPITAL	\$364.80	\$368.45
1649218991	GRAND RIVER HOSPITAL DISTRICT	\$330.36	\$333.66

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

**FY 2018-19 Health First Colorado Hospital EAPG Base Rates**

<b>Provider NPI</b>	<b>Provider Business Name</b>	<b>EAPG Rate Eff. 7/1/2017</b>	<b>EAPG Rate Eff. 7/1/2018 (1% Increase)</b>
1649241571	SOUTHWEST HEALTH SYSTEM, INC.	\$208.86	\$210.95
1659325629	SKY RIDGE MEDICAL CENTER	\$192.37	\$194.29
1659327013	HSS VIRGINIA LP	\$192.37	\$194.29
1659787554	BANNER HEALTH FORT COLLINS MED	\$192.37	\$194.29
1669461281	LUTHERAN MEDICAL CENTER	\$192.37	\$194.29
1689624686	DENVER HEALTH HOSPITAL	\$184.89	\$186.74
1689624942	DENVER HEALTH HOSPITAL AUTHORI	\$184.89	\$186.74
1689688988	LITTLETON ADVENTIST HOSPITAL	\$192.37	\$194.29
1699708743	BANNER HEALTH EAST MORGAN COUN	\$302.53	\$305.56
1699716027	ST MARY'S MEDICAL CENTER	\$192.37	\$194.29
1710052501	ST. THOMAS MORE HOSPITAL	\$228.58	\$230.87
1720004450	NORTH COLORADO MEDICAL CENTER	\$192.37	\$194.29
1720038946	HCA-HEALTHONE LLC	\$206.23	\$208.29
1720096092	ST. ANTHONY SUMMIT MEDICAL CTR	\$309.57	\$312.67
1720107519	LINCOLN COMMUNITY HOSPITAL	\$382.13	\$385.95
1720486038	SCL HEALTH WESTMINSTER, LLC	\$192.37	\$194.29
1730144593	CRAIG HOSPITAL	\$275.66	\$278.42
1730258971	SALIDA HOSPITAL DISTRICT	\$267.34	\$270.01
1740295591	SEDGWICK COUNTY MEMORIAL HOSPI	\$275.79	\$278.55
1750392304	MEDICAL CENTER OF THE ROCKIES	\$194.35	\$196.29
1760489470	AVRMC	\$169.16	\$170.85
1760492714	POUDRE VALLEY HEALTH CARE INC.	\$192.37	\$194.29
1790162055	SCL HEALTH COMMUNITY HOSPITAL	\$192.37	\$194.29
1790787307	YAMPA VALLEY MEDICAL CENTER	\$267.34	\$270.01
1801800594	PORTER ADVENTIST HOSPITAL	\$192.37	\$194.29
1801874771	PIONEERS MEDICAL CENTER	\$378.91	\$382.70
1821042979	NORTH SUBURBAN MEDICAL CENTER	\$192.37	\$194.29
1821052929	PROWERS MEDICAL CENTER	\$267.34	\$270.01
1821074196	BOULDER COMMUNITY HOSPITAL	\$197.23	\$199.20
1841244639	SPALDING REHABILITATION HOSPIT	\$192.37	\$194.29
1861496697	COLORADO CANYONS HOSPITAL	\$318.19	\$321.37

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

**FY 2018-19 Health First Colorado Hospital EAPG Base Rates**

<b>Provider NPI</b>	<b>Provider Business Name</b>	<b>EAPG Rate Eff. 7/1/2017</b>	<b>EAPG Rate Eff. 7/1/2018 (1% Increase)</b>
1861577439	KINDRED HOSPITALS WEST LLC	\$192.37	\$194.29
1891709192	AVISTA ADVENTIST HOSPITAL	\$223.09	\$225.32
1891733879	MELISSA MEMORIAL HOSPITAL	\$423.82	\$428.06
1912249590	CASTLE ROCK ADVENTIST HOSPITAL	\$266.19	\$268.85
1922012350	ST. THOMAS MORE HOSPITAL	\$228.58	\$230.87
1932109048	GUNNISON VALLEY HOSPITAL	\$267.34	\$270.01
1932112125	PENROSE-ST FRANCIS HEALTH SVCS	\$192.37	\$194.29
1942238555	STERLING REGIONAL MEDCENTER	\$267.34	\$270.01
1942474630	ST. ANTHONY HOSPITAL	\$220.01	\$222.21
1972778272	SALIDA HOSPITAL DISTRICT	\$267.34	\$270.01
1972980449	SCL HEALTH COMMUNITY HOSPITAL	\$192.37	\$194.29
1982612065	SPANISH PEAKS REGIONAL HEALTH	\$301.59	\$304.61
1982668133	VALLEY VIEW HOSPITAL	\$267.34	\$270.01
1992812333	VAIL CLINIC, INC. VAIL HEALTH HOSPITAL	\$324.06	\$327.30

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