Colorado Healthcare Affordability and Sustainability Enterprise Annual Report

Jan. 15, 2026

CHASE
Colorado Healthcare Affordability and Sustainability Enterprise

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I. Executive Summary

Since the inception of the Colorado Healthcare Affordability and Accountability Act and through the implementation of the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE), the hospital provider fee and the Healthcare Affordability and Sustainability fee (the Fee) increased hospital reimbursement an average of more than $445 million per year and substantially increased enrollment in Health First Colorado (Colorado's Medicaid program) and the Child Health Plan *Plus* (CHP+).

From October 2024 through September 2025, the CHASE:

- **Increased reimbursement to hospital providers by $483 million, a 34% return on fee paid.**

  In total in FFY 2024-25, hospitals received $1.9 billion in supplemental Medicaid and Disproportionate Share Hospital (DSH) payments financed with the CHASE Fee, including $127 million in hospital quality incentive payments (HQIP). This funding increased hospital reimbursement by $483 million for care provided to Health First Colorado members and Coloradans eligible for discounted health care services through the Colorado Indigent Care Program (CICP)[1] with no increase in General Fund expenditures. In addition, of the $3.5 billion in claims paid for Health First Colorado and CHP+ expansion members, approximately 21%, or $733 million, was paid to hospitals.

- **Provided health care coverage for more than 438,000 Coloradans through Health First Colorado and Child Health Plan Plus.**

  - As of June 30, 2025, through the CHASE fees, the following number of Coloradans have health care coverage through Health First Colorado and CHP+ with no increase in General Fund expenditures:
    - Approximately 333,000 Health First Colorado adults without dependent children up to 133% of the federal poverty level (FPL).
    - 48,000 Health First Colorado parents ranging from 61% to 133% of the FPL.
    - 31,000 CHP+ children and pregnant people ranging from 206% to 250% of the FPL.
    - 27,000 Health First Colorado working adults up to 450% of the FPL and children with disabilities up to 300% of the FPL.

[1] CICP was sunset effective July 1, 2025. New rules governing DSH eligibility for hospitals were implemented to replace the CICP participation requirement.

- **Saved hospitals $213 million in CHASE fees in FFY 2024-25, for a total of $977 million over six years, by using an enhanced federal medical assistance percentage methodology**

  If the enhanced federal medical assistance percentage methodology were not used, hospitals would pay $213 million more in CHASE fees to receive the same $1.9 billion in supplemental payments. The increased net benefit of $977 million over six years also provides funding for Hospital Transformation Program (HTP) activities. The HTP drives transformation in affordability and quality through hospital initiatives that positively impact all Coloradans. In total, implementing this enhanced federal medical assistance percentage (FMAP) methodology has saved Colorado hospitals $977 million in fees over the last six years, including $127 million in FFY 2019-20, $141 million in FFY 2020-21, $152 million in FFY 2021-22, $167 million in FFY 2022-23, $178 million in FFY 2023-2024, and $213 million in FFY 2024-2025.

- **Reduced uncompensated care costs and the need to shift uncompensated care costs to other payers**

  The CHASE reduces uncompensated care for hospital providers and the need to shift those costs to private payers by increasing reimbursement to hospitals and by reducing the number of uninsured Coloradans.

Table 7. Payment to Cost Ratio, Post HB19-1001

Year	Medicare	Health First Colorado	Insurance	Self Pay	CICP/ Other	Overall
2019	0.75	0.63	1.84	0.30	0.89	1.08
2020	0.71	0.80	1.67	0.42	0.88	1.03
2020 w/ stimulus	0.76	0.87	1.76	0.49	0.95	1.10
2021	0.76	0.77	1.75	0.35	0.94	1.06
2022	0.73	0.79	1.64	0.33	0.90	1.02
2023	0.73	0.79	1.63	0.25	0.84	1.00
2024	0.72	0.80	1.65	-0.01	0.92	1.00

- In 2024, Health First Colorado payment to cost ratio slightly increased to 80%, while Medicare continued its decrease to 72% and private insurance increased to 165%.
- Since 2009, Health First Colorado reimbursements have increased from 54% to 80% of hospital cost.[2] The overall payment to cost ratio in 2024 is 100% of hospital costs. Since 2009, Medicare payments to costs have declined from 75% to 72% and private insurance payment to costs have increased from 155% to 165%. The payment to cost ratio of Health First Colorado has remained high over the last few years and has reimbursed hospitals at a state level of 80 cents to the dollar of cost.
- Between 2020 and 2024, the percentage of hospitals with a payment to cost ratio over 1.0 for Health First Colorado increased from 29.6% to 43%. For rural hospitals, 69% had a Health First Colorado payment to cost ratio of over 1.0 in 2024, a significant increase from 44% in 2020.
- In 2024, the amount of bad debt and charity care increased approximately 31.5%, a significant jump that brought these costs above 2013 levels for the first time. For the past decade, the reduction in hospitals' uncompensated care followed the increased reimbursement to hospitals under the CHASE and the reduction in the number of uninsured Coloradans due to the CHASE and the federal Affordable Care Act (ACA). However, in 2024, total bad debts and charity care have increased 31.5% from 2023 or by $171.7 million. For context, the increase between 2022 and 2023 was $4 million, or 0.7% increase. Uncompensated care cost increases are likely due in large part to the unwinding of Medicaid continuous enrollment required under the COVID-19 PHE and the subsequent rise of uninsured patients, as well as an increase in migrant population at the beginning of the reporting year.
- The Self Pay payer category amount represents the large impact of a single hospital system's contractual allowance accounting practices. HCA HealthONE has allocated the patient portion of bills, including when the patient is covered by private insurance, into the Self Pay category. This results in contractual reductions in the Self Pay category that do not align with those patients' revenues in other categories. HCA HealthONE reported a negative self-pay payment amount (-$316 million) which outweighed positive payments from the rest of the state (+$310 million). This represents a large increase from the system's previous reported year (approximately -$50 million).
- Since 2009, the need to cost shift to private payers has been reduced by increases in Health First Colorado reimbursements and declines in bad debt and charity care. These reductions of the need to cost shift have been partially offset by the decline in the proportion of patients covered by private insurance, leading to continued growth in the proportion of patients with public health coverage, especially given the decreasing or stagnant payment rate of Medicare. The bad debt and charity care growth in 2024 also present a new concern requiring close monitoring. The payer mix in Health First Colorado and Medicare has increased from 42.9% in 2009 to 60.4% in 2024, while private insurance has declined from 43.1% to 29.7%.
- Reflecting the impact of the COVID-19 PHE, all payers saw a reduction in patient

[2] Includes data from the former Colorado Health Care Affordability Act (CHCAA).

volume between 2019 and 2020; however, patient volumes, starting in 2021, have returned to more typical pre-COVID-19 PHE levels. In fact, in 2024, all payers saw an increase in patient volume except Health First Colorado, which saw a decrease of 4.4%. Overall, patient volumes increased by 4.1% between 2023 and 2024. Between 2023 and 2024, Self Pay volume increased the most (41.2%), followed by Private insurance payors (5.4%).
    - At the same time, recent COVID-19 PHE inflation and staffing costs have lowered recent hospital reimbursement relative to costs for private payers and overall.

- **Between 2021 and 2024, there has been a sharp decline in payment less cost for hospitals.** Between 2023 and 2024, there was a slight increase of $90.5 million.
    - The recent increase was primarily driven by an improvement in hospitals' payment less costs for Medicaid, Insurance, and CICP/Other ($114.4 million, $547.3 million, and $86.8 million, respectively).
    - Payments from private insurance payer payments grew roughly three times as much as between 2022 and 2023 and slightly more than between 2020 and 2021.
    - Between 2023 and 2024, total costs grew by $1.7 billion or an increase of 7.5% while payments grew by 7.9%, leading to a slight improvement in payment less costs for the first time since 2021.
    - On a per patient basis, payment less cost still remains low, at $99 per patient in 2024 compared to $542 per patient in 2009.[3] Payment less cost per patient improved from $11 to $99 between 2023 and 2024.
    - The effects of inflation, wage pressure, and a tightening labor market continue to be important financial challenges for hospitals. While hospitals were largely able to negate severe financial losses during the COVID-19 PHE thanks to an injection of federal stimulus money, hospitals have continued to struggle to navigate workforce shortages and large wage increases for front line hospital staff. In sum, the effects of inflation, wage pressure, and a tightening labor market continue to be important financial challenges to recognize and monitor to determine their short-term versus continued impact, while collaborating on policy and other solutions to address them.

[3] See appendix tables to see 2009 to 2018 payment less cost per patient values.

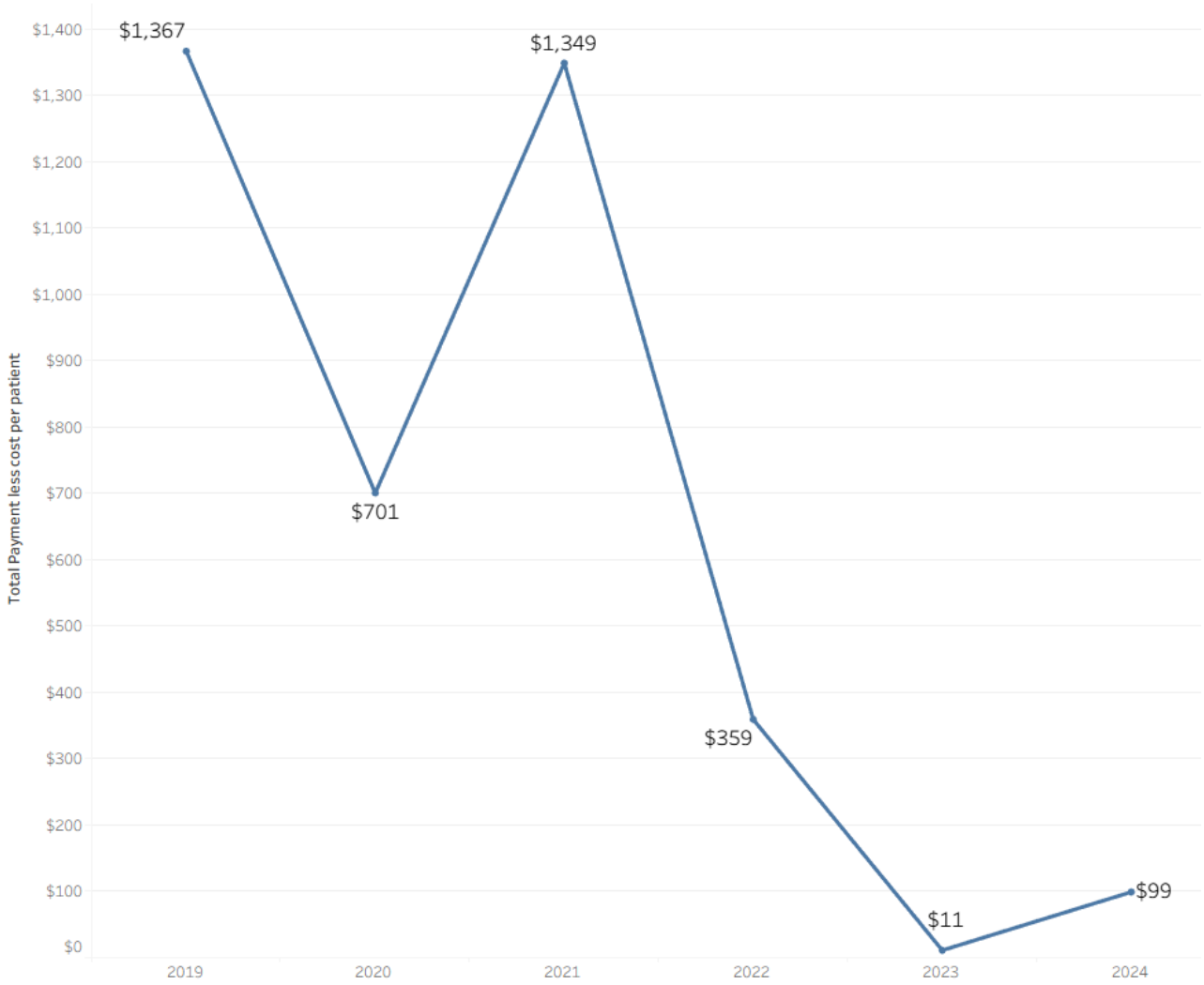


Figure 5. Payment Less Cost per Patient 2019 to 2024

- **Continued Success of the Hospital Transformation Program (HTP)**

  The Hospital Transformation Program (HTP) is the first major Value-Based Payment (VBP) effort for hospitals in Health First Colorado with goals to improve quality and affordability through the implementation of statewide and local measures. Starting in October 2025, HTP began its third pay-for-performance year, increasing the amount of at-risk dollars hospitals can earn through the implementation of their chosen HTP measures. Along with these hospital quality incentive payments, with the implementation of HTP, more than 97% of CHASE supplemental Medicaid payments are value-based. While Medicaid is the payer administering the HTP VBP, the entirety of Colorado benefits, not just Health First Colorado, from the improved health care affordability and quality outcomes that HTP delivers. Additionally, through the Rural Support Supplemental Payment, $12 million has been paid out to 23 hospitals each year, totaling $2,608,695 per hospital for the first 5 years of the program. Cumulative

summary of current HTP activities including:

- 98% of hospitals are on track to hit all their year four milestones.
- Over 16,000 interim activities across hospital interventions.
- Over 6,300 unique Community Health & Neighborhood Engagement (CHNE) activities.
- Over 4,900 consultations with key stakeholders.
- Over 1,000 community advisory meetings.
- Over 360 public engagement meetings.
- Total number of Measures Across All hospitals: 679. Measures that earned some or all at-risk: 582 (86%).
- Measures that Met the Benchmark: 485 (72%).
- Measures that did not meet the Benchmark but Met Achievement Threshold: 97 (14%).
- Measures that did not meet the Benchmark of Achievement Threshold: 97 (14%).
- 99.7% of hospitals continue to submit quarterly reporting submissions on time.

Overall, hospitals have made significant progress in implementing and maintaining their selected interventions which aligns with the improvement of reported performance measures. Improvement of HTP performance measures directly impacts HTP goals such as reduced Medicaid costs, improved quality of care, and increased efficiency of care delivery.

- **Maintained low administrative expenditures**

  Administrative costs are statutorily limited to 3% of the total CHASE expenditures, and CHASE continues to operate below that cap. In state fiscal year (SFY) 2024-25, CHASE's administrative costs were approximately 2.38% of expenditures, $34 million below the cap. Of note, only 0.22% of total CHASE expenditure for the fiscal year went to personal services costs for the full-time equivalent (FTE) staff who administer the program. These administrative costs are only for operating CHASE, benefiting Colorado hospitals through direct payments and coverage expansions, and are not used for other HCPF administrative expenditures.

II. Colorado Healthcare Affordability and Sustainability Enterprise Overview

This legislative report is presented by the Colorado Department of Health Care Policy & Financing (HCPF) and the CHASE Board regarding the CHASE Act of 2017.

The CHASE is a government-owned business operating within HCPF. Its purpose is to charge and collect the CHASE Fee to obtain federal matching funds. The CHASE fee and the federal matching funds are used to provide business services to hospitals by:

- Increasing hospital reimbursement for care provided to Health First Colorado members and Coloradans eligible for discounted health care services through the CICP;
- Funding HQIP.
- Increasing the number of individuals eligible for Health First Colorado and CHP+,
- Paying the administrative costs of the CHASE, limited to 3% of its expenditures.
- Providing or arranging for additional business services to hospitals by:
    - Consulting with hospitals to help them improve both cost efficiency and patient safety in providing medical services and the clinical effectiveness of those services.
    - Advising hospitals regarding potential changes to federal and state laws and regulations that govern Health First Colorado and CHP+.
    - Providing coordinated services to hospitals to help them adapt and transition to any new or modified performance tracking and payment system for Health First Colorado and CHP+.
    - Providing any other services to hospitals that aid them in efficiently and effectively participating in Health First Colorado and CHP+.
    - Providing funding for a health care delivery system reform incentive payments program.

Pursuant to section 25.5-4-402.4(7)(e), C.R.S., this report includes:

- The recommendations made by the CHASE Board to the Medical Services Board regarding the CHASE Fee.
- A description of the formula for how the CHASE Fee is calculated and the process by which the CHASE Fee is assessed and collected.
- An itemization of the total amount of the CHASE Fee paid by each hospital and any projected revenue received by each hospital, including quality incentive payments.
- An itemization of the costs incurred by the CHASE in implementing and administering the CHASE fee.
- Estimates of the differences between the cost of care provided and the payment received by hospitals on a per-patient basis, aggregated for all hospitals, for patients covered by Health First Colorado, Medicare, and all other payers.
- A summary of the efforts made by the CHASE to seek any federal waiver necessary to fund and support the implementation of a health care delivery system reform incentive payments program.

III. Healthcare Affordability and Sustainability Fee and Supplemental Payments

This section includes the following required report elements:

- *The recommendations made by the CHASE Board to the Medical Services Board regarding the CHASE Fee.*
- *A description of the formula for how the Fee is calculated and the process by which the CHASE Fee is assessed and collected.*
- *An itemization of the total amount of the CHASE Fee paid by each hospital and any projected revenue received by each hospital, including quality incentive payments.*

The thirteen-member CHASE Board appointed by the governor provides oversight and makes recommendations to the Medical Services Board regarding the Fee. Information about the CHASE Board and its meetings is available on our website.

Current CHASE Board members, listed by term expiration date, are noted below.

For terms expiring May 15, 2026:

- Jason Amrich of Gunnison, representing a rural hospital.
- Patrick Gordon of Denver, representing a health insurance provider, serving as Chair.
- Scott Lindblom of Thornton, representing HCPF.
- Jeremy Springston of Highlands Ranch, representing a hospital.

For terms expiring May 15, 2028:

- Dr. Kimberley E. Jackson of Windsor, representing persons with disabilities, serving as Vice Chair.
- Margo Karsten of Windsor, representing a hospital.

For terms expiring May 15, 2029:

- Mannat Singh of Denver, representing a business that purchases or otherwise provides health insurance for its employees.
- Ryan Westrom of Castle Rock, representing a statewide organization of hospitals.
- Ryan Thornton of Centennial, representing a safety-net hospital.
- Julie Nickell of Aurora, representing an urban hospital.
- Raine Henry of Denver, representing HCPF.
- Hillary Jorgensen of Aurora, representing healthcare consumers.

The Medical Services Board, with the recommendation of the CHASE Board, promulgated rules related to the CHASE fee, including the calculation, assessment, and timing of the fee, the reports hospitals are required to report to the CHASE, and other rules necessary to implement the CHASE Fee. Those rules are located at 10 CCR 2505-10, Section 8.3000.

The CHASE operates on a FFY basis, from October to September. Table 1 outlines the FFY 2024-25 the CHASE Fee and payment amounts. Table 18 and Table 19 (in the Appendix) detail hospital-specific FFY 2024-25 the CHASE Fee and payment amounts. The CHASE Fees are

collected and resulting hospital payments are made monthly by electronic funds transfer for each hospital. In FFY 2024-2025, Hospitals received a net reimbursement of $483.4 million, or a total reimbursement of 134% of the Total Fee amount.

Table 1. FFY 2024-25 CHASE Fee and Supplemental Payments

Item	Amount
Inpatient Fee	$602,717,759
Outpatient Fee	$817,300,474
Total CHASE Fee	**$1,420,018,233**
Inpatient Supplemental Payment	$838,141,038
Outpatient Supplemental Payment	$634,701,759
Essential Access Supplemental Payment	$26,000,004
Rural Support Supplemental Payment	$11,999,997
Hospital Quality Incentive Supplemental Payment	$126,882,385
Disproportionate Share Hospital Supp.Payment	$265,720,314
Total Supplemental Payments	**$1,903,445,497**
Net Reimbursement to Hospitals	**$483,427,264**

For an overview of the fee assessment and payment methodologies recommended by the CHASE Board for October 2024 through September 2025, see the sections below. While individual hospitals may not be eligible for all payments, all methodologies are described.

A. The CHASE Fee

The total CHASE Fee collected from hospitals during FFY 2024-25 was $1,420,018,233, with the inpatient fee comprising 42.4% of total fees and the outpatient fee comprising 57.6% of total fees.

The inpatient fee is charged on a facility's managed care days and non-managed care days. Fees charged on managed care days are discounted by 77.63% compared to the rate assessed on non-managed care days. Managed care days are Medicaid Health Maintenance Organization (Medicaid HMO), Medicare HMO, and any commercial Preferred Provider Organization (PPO) or HMO days. Non-managed care days are all other days i.e., fee-for-service, normal Diagnosis Related Group (DRG), or indemnity plan days. The outpatient fee is assessed as a percentage of total outpatient charges.

Hospitals which serve a high volume of Health First Colorado and CICP members or are

essential access providers are eligible to receive a discount on the fee. High-volume Health First Colorado and CICP providers are those providers with at least 30,000 Health First Colorado inpatient days per year that provide over 35% of their total days to Health First Colorado members and CICP clients. The inpatient fee calculation for high-volume Health First Colorado and CICP providers was discounted by 47.79%. The outpatient fee for high-volume Health First Colorado and CICP providers are discounted by 0.84%. Essential access providers are those providers that are critical access hospitals and other rural hospitals with 25 or fewer beds. The inpatient fee calculation for essential access providers was discounted by 60% with no discount on the outpatient fee calculation.

Hospitals exempt from the CHASE Fee include the following:

- State licensed psychiatric hospitals; or
- Medicare certified long-term care (LTC) hospitals; or
- State licensed and Medicare certified rehabilitation hospitals.

B. Enhanced Federal Medical Assistance Percentage

The CHASE supplemental payments are funded from two sources: the CHASE Fees and federal matching funds, calculated pursuant to the Federal Medical Assistance Percentage (FMAP). Historically, the FMAP for supplemental payments was 50%. For every supplemental payment dollar, $0.50 represented CHASE Fees and $0.50 represented federal matching funds. Effective FFY 2019-20, HCPF is approved to use an enhanced FMAP to make supplemental payments to hospitals. With the enhanced FMAP, HCPF requires less state matching fee to make the same payment due to the federal share of the payment increasing.

The enhanced FMAP is allowable because of the Affordable Care Act (ACA) and Colorado's decision to expand Health First Colorado to individuals who would otherwise not have been eligible. Prior to the ACA, every Health First Colorado member received the base FMAP for all claims, generally 50% for Colorado. When the Health First Colorado expansion occurred, individuals who were newly eligible as a result of the ACA received a higher FMAP, currently at 90%. Each claim submitted on a Health First Colorado member's behalf can be tied to the base FMAP group (50% FMAP) or the newly eligible group (90% FMAP). The federal share of the claims can be determined by multiplying the total amount paid for the claim by the FMAP for the Health First Colorado member. A similar methodology is used to calculate the federal share of the CHASE supplemental payments.

Switching to this enhanced FMAP methodology has saved Colorado hospitals a total of $977 million in fees over the last six years, including $127 million in FFY 2019-20, $141 million in FFY 2020-21, $152 million in FFY 2021-22, $167 million in FFY 2022-23, $178 million in FFY 2023-24, and $213 million in FFY 2024-25.

C. Supplemental Payments

1. Inpatient Supplemental Payment

For qualified hospitals, this payment equals total Health First Colorado patient days multiplied by an inpatient adjustment factor. Inpatient adjustment factors vary by hospital groups. The inpatient adjustment factor for each hospital is published annually in the Provider Bulletin. State-licensed psychiatric hospitals are not eligible for this payment.

2. Outpatient Supplemental Payment

For eligible hospitals, this payment equals Health First Colorado outpatient billed costs, adjusted for utilization and inflation, multiplied by an outpatient adjustment factor. Outpatient adjustment factors may vary by hospital. The outpatient adjustment factor for each hospital is published annually in the Provider Bulletin.[4] State-licensed psychiatric hospitals are not qualified for this payment.

3. Essential Access Supplemental Payment

This payment is for qualified Essential Access hospitals. The $26,000,000 fund is evenly distributed amongst all qualified hospitals. Psychiatric hospitals, LTC hospitals, and rehabilitation hospitals do not qualify for this payment.

4. Hospital Transformation Program Rural Support Supplemental Payment

The Rural Support Supplemental Payment is complementary funding to the HTP that enables critical access and rural hospitals to be successful in future value-based payment environments. Some rural hospitals have a difficult time layering quality-based initiatives on top of insufficient operational infrastructure. Infrastructure limitations may not allow the hospitals to meet the needs of the communities they serve or the payment methodologies of the future. Select critical access or rural hospitals are eligible to receive additional support payments to prepare for alternative payment methodologies through strategic planning and financial modeling, and then to operationalize those strategies.

This payment is for qualified not-for-profit rural or critical access hospitals that submit an attestation form, documenting the planned use of the payment. Funding is allocated to low-revenue hospitals, which are defined as those that contribute to the bottom 10% of net patient revenues for all critical access or rural hospitals. Net patient revenue is determined from each hospital's Medicare cost report and is averaged between 2016, 2017 and 2018. In addition, funding is allocated to hospitals with a low fund balance, which are defined as those that contribute to the bottom 2.5% of the fund balance for all critical access or rural hospitals not eligible as a result

[4] https://hcpf.colorado.gov/provider-news

of the net patient revenue criteria. Fund balance is determined from each hospital's 2019 Medicare cost report.

Funding for rural support payments is $12,000,000 annually for each of the five years of the HTP, equaling $60 million in total funding. For each qualified hospital, the annual payment is equal to $12,000,000 divided by the total number of qualified hospitals ($521,739 per year per hospital). Rural Support Funds for FFY 2024-25 were disbursed in monthly installments as part of the CHASE fee and supplemental payment program. To date, each qualified hospital has received $2,608,695 for the duration of the program.

Psychiatric hospitals, LTC hospitals, and rehabilitation hospitals do not qualify for this payment.

5. Hospital Quality Incentive Supplemental Payment[5]

As part of our Value-Based Payment (VBP) effort for hospitals, CHASE includes a provision to establish HQIP funded by the CHASE Fee to improve the quality of care provided in Colorado hospitals. At the request of the CHASE Board, the HQIP subcommittee recommends the approach for quality incentive payments.

The HQIP subcommittee seeks to:

- Adopt measures that can be prospectively set to allow time for planning and successful implementation.
- Identify measures and methodologies that apply to care provided to Health First Colorado members.
- Adhere to value-based purchasing principles.
- Maximize participation in Health First Colorado.
- Minimize the number of hospitals which would not qualify for selected measures.

HQIP Measures

For the year beginning Oct. 1, 2024, the HQIP subcommittee recommended, and the CHASE Board approved, the following measures for HQIP. A hospital was scored on all measures for a maximum possible score of 100 points. If a hospital was not eligible for any given measure, the measure was normalized for that hospital. There were a total of 15 measures separated into three measure groups. The measures for 20234 HQIP are presented below.

1. Maternal Health and Perinatal Care Measure Group
    - Exclusive Breastfeeding (PC-05).
    - Cesarean Section.
    - Perinatal Depression and Anxiety.

[5] https://hcpf.colorado.gov/sites/hcpf/files/2024%20CO%20HQIP%20Measure%20Details_April%202023.pdf

- Maternal Emergencies and Preparedness.
- Reproductive Life/Family Planning.

2. Patient Safety Measure Group
   - Zero Suicide.
   - Health Equity Patient Safety Bundle.
   - Hospital Acquired Clostridium Difficile (C. diff) Infections.
   - Sepsis.
   - Antibiotics Stewardship.
   - Adverse Event Reporting.
   - Culture of Safety Survey.
   - Handoffs and Sign-outs .
3. Patient Experience Measure Group
   - Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS)[6].
   - Advance Care Plan.

Payment Calculation

The payments earned for each of the FFY 2024-25 measures are based on points per Health First Colorado adjusted discharge. Health First Colorado adjusted discharges are calculated by multiplying total Health First Colorado discharges by an adjustment factor. The adjustment factor is calculated by dividing total Health First Colorado gross charges by Health First Colorado inpatient service charges and multiplying the result by the total Health First Colorado discharges. The adjustment factor is limited to five. For purposes of calculating Health First Colorado adjusted discharges, if a hospital has less than 200 Health First Colorado discharges, those discharges are multiplied by 125% before the adjustment factor is applied.

Each hospital's HQIP payment is calculated as quality points awarded, multiplied by Health First Colorado adjusted discharges, multiplied by dollars per adjusted discharge point.

Dollars per adjusted discharge point are tiered so that hospitals with more quality points awarded receive a greater per adjusted discharge point reimbursement. The dollars per adjusted discharge point for the five tiers are shown in Table 2.

Table 2. FFY 2024-25 HQIP Dollars Per Adjusted Discharge Point

Tier	Quality Points Awarded	Dollars Per Adjusted Discharge Point
0	0-19	$0.00
1	20-39	$1.87

[6] https://www.cms.gov/data-research/research/consumer-assessment-healthcare-providers-systems/hospital-cahps-hcahps

Tier	Quality Points Awarded	Dollars Per Adjusted Discharge Point
2	40-59	$3.74
3	60-79	$5.61
4	80-100	$7.48

During the FFY 2024-25 timeframe, HQIP payments totaled over $127 million with 81 hospitals receiving payments. HQIP payments, Health First Colorado adjusted discharges, and quality points awarded by hospital are listed in Table 3.

Table 3. FFY 2024-25 Hospital Quality Incentive Payments

Hospital Name	Quality Points Awarded	Medicaid Adjusted Discharges	Dollars Per Adjusted Discharge Point	HQIP Payment
AdventHealth Avista	87	3,520	$7.48	$2,290,675
AdventHealth Castle Rock	87	1,510	$7.48	$982,648
AdventHealth Littleton	87	2,228	$7.48	$1,449,893
AdventHealth Parker	85	2,778	$7.48	$1,766,252
AdventHealth Porter	85	1,747	$7.48	$1,110,743
Animas Surgical Hospital	81	19	$7.48	$11,512
Arkansas Valley Regional Medical Center	89	1,065	$7.48	$708,992
Aspen Valley Hospital	78	165	$5.61	$72,201
Banner Health Fort Collins Medical Center	88	1,268	$7.48	$834,648
Banner Health McKee Medical Center	81	1,116	$7.48	$676,162
Banner Health North Colorado Medical	84	6,119	$7.48	$3,844,690
Children's Hospital Anschutz	92	8,921	$7.48	$6,139,075
Children's Hospital Colorado Springs	91	2,811	$7.48	$1,913,391
CommonSpirit Longmont United Hospital	85	1,753	$7.48	$1,114,557
CommonSpirit Mercy Hospital	92	2,186	$7.48	$1,504,318
CommonSpirit Penrose-St. Francis Hospital	84	8,715	$7.48	$5,475,809
CommonSpirit St. Anthony Hospital	81	2,728	$7.48	$1,652,841
CommonSpirit St. Anthony North Hospital	82	5,668	$7.48	$3,476,524
CommonSpirit St. Anthony Summit Hospital	98	1,425	$7.48	$1,044,582
CommonSpirit St. Elizabeth Hospital	94	1,056	$7.48	$742,495
CommonSpirit St. Mary-Corwin Hospital	85	2,254	$7.48	$1,433,093

Hospital Name	Quality Points Awarded	Medicaid Adjusted Discharges	Dollars Per Adjusted Discharge Point	HQIP Payment
CommonSpirit St. Thomas More Hospital	82	2,055	$7.48	$1,260,455
Community Hospital	84	1,300	$7.48	$816,816
Craig Hospital	45	64	$3.74	$10,771
Delta County Memorial Hospital	82	574	$7.48	$352,069
Denver Health	82	17,634	$7.48	$10,815,990
East Morgan County Hospital	100	851	$7.48	$636,548
Family Health West	76	38	$5.61	$16,202
Foothills Hospital	85	2,010	$7.48	$1,277,958
Grand River Health	87	206	$7.48	$134,057
Gunnison Valley Health	61	269	$5.61	$92,054
Haxtun Health	30	26	$1.87	$1,459
HCA HealthONE Aurora Hospital	70	5,263	$5.61	$2,066,780
HCA HealthONE Mountain Ridge Hospital	70	6,355	$5.61	$2,495,609
HCA HealthONE Presbyterian St. Luke's	81	4,181	$7.48	$2,533,184
HCA HealthONE Rose Hospital	72	4,562	$5.61	$1,842,683
HCA HealthONE Sky Ridge Hospital	70	3,047	$5.61	$1,196,557
HCA HealthONE Swedish Hospital	70	4,751	$5.61	$1,865,718
Heart of the Rockies Regional Medical	26	1,081	$1.87	$52,558
Intermountain Health Good Samaritan	87	2,278	$7.48	$1,482,431
Intermountain Health Lutheran Hospital	82	5,088	$7.48	$3,120,776
Intermountain Health Platte Valley Hospital	85	3,950	$7.48	$2,511,410
Intermountain Health Saint Joseph Hospital	89	6,790	$7.48	$4,520,239

Hospital Name	Quality Points Awarded	Medicaid Adjusted Discharges	Dollars Per Adjusted Discharge Point	HQIP Payment
Intermountain Health St. Mary's Regional	84	2,311	$7.48	$1,452,048
Keefe Memorial Hospital	75	38	$5.61	$15,989
Kit Carson County Memorial Hospital	92	63	$7.48	$43,354
Lincoln Community Hospital	23	194	$1.87	$8,344
Melissa Memorial Hospital	100	31	$7.48	$23,188
Memorial Hospital	83	16,819	$7.48	$10,441,908
Middle Park Medical Center	20	94	$1.87	$3,516
Montrose Regional Health	75	1,374	$5.61	$578,111
Mt. San Rafael Hospital	92	544	$7.48	$374,359
National Jewish Health	83	56	$7.48	$34,767
OrthoColorado Hospital	100	22	$7.48	$16,456
Pagosa Springs Medical Center	97	188	$7.48	$136,405
Parkview Medical Center	84	9,090	$7.48	$5,711,429
Prowers Medical Center	100	1,238	$7.48	$926,024
Rehabilitation Hospital of Colorado Springs	42	371	$3.74	$58,277
Rehabilitation Hospital of Littleton	81	293	$7.48	$177,523
Rio Grande Hospital	80	519	$7.48	$310,570
San Luis Valley Health Conejos Hospital	84	225	$7.48	$141,372
San Luis Valley Health Regional Medical	82	3,007	$7.48	$1,844,374
Sedgwick County Health Center	34	6	$1.87	$381
Southeast Colorado Hospital	88	106	$7.48	$69,773
Southwest Health System	66	1,428	$5.61	$528,731

Hospital Name	Quality Points Awarded	Medicaid Adjusted Discharges	Dollars Per Adjusted Discharge Point	HQIP Payment
Spanish Peaks Regional Health Center	46	150	$3.74	$25,806
Sterling Regional MedCenter	89	1,274	$7.48	$848,127
UCHealth Broomfield Hospital	95	1,044	$7.48	$741,866
UCHealth Grandview Hospital	95	531	$7.48	$377,329
UCHealth Greeley Hospital	88	3,213	$7.48	$2,114,925
UCHealth Highlands Ranch Hospital	86	1,631	$7.48	$1,049,190
UCHealth Longs Peak Hospital	82	3,349	$7.48	$2,054,143
UCHealth Medical Center of the Rockies	90	2,683	$7.48	$1,806,196
UCHealth Pikes Peak Regional Hospital	89	213	$7.48	$141,798
UCHealth Poudre Valley Hospital	88	6,178	$7.48	$4,066,607
UCHealth University of Colorado Hospital	85	17,909	$7.48	$11,386,542
Vail Health Hospital	87	725	$7.48	$471,801
Valley View Hospital	68	1,218	$5.61	$464,643
Wray Community District Hospital	87	680	$7.48	$442,517
Yampa Valley Medical Center	96	864	$7.48	$620,421
Yuma District Hospital	92	38	$7.48	$26,150
Total	**-**	**213,785**	**-**	**$126,882,385**

6. Disproportionate Share Hospital Supplemental Payment

The Disproportionate Share Hospital (DSH) payment for Colorado equals $265,720,314. To qualify for the DSH Supplemental Payment, a Colorado hospital must meet either of the following criteria:

- Have at least two obstetricians, or is obstetrician exempt, pursuant to Section 1923(d)(2)(A) of the Social Security Act, and have a Qualified Charity Care Program; or

- Have a Medicaid Inpatient Utilization Rate (MIUR) equal to or greater than the mean plus one standard deviation of all Medicaid Inpatient Utilization Rates for Colorado hospitals and have at least two obstetricians, or is obstetrician exempt, pursuant to Section 1923(d)(2)(A) of the Social Security Act; or
- Be a Critical Access Hospital or Rural Hospital designated as a Sole Community Hospital.

No hospital receives a DSH supplemental payment greater than its estimated DSH limit.

The DSH Supplemental Payment for certain qualified hospitals equals a percentage of their estimated DSH limit. The hospital groups, requirements, and percentage of estimated DSH limit used is published annually in the Provider Bulletin. The DSH Supplemental Payment for all other qualified hospitals equals the lesser of each hospital's estimated DSH limit and each hospital's uninsured costs as a percentage of total uninsured cost for all qualified hospitals, multiplied by the remaining DSH allotment in total. This methodology is used to distribute the DSH allotment among qualified hospitals which have not met their estimated DSH limit. Psychiatric hospitals, LTC hospitals, and rehabilitation hospitals do not qualify for this payment.

IV. Administrative Expenditures

This section includes the following required report elements:

- *An itemization of the costs incurred by the enterprise in implementing and administering the CHASE Fee.*

Administrative expenditures are reported on a state fiscal year basis. In SFY 2024-25, CHASE collected $1,307,736,605 in fees from hospitals,[7] which, with federal matching funds, funded Health First Colorado and CHP+ health coverage expansions for 438,452 Coloradans, payments to hospitals, and the CHASE's administrative expenses. Of the $3,530,635,125 in claims paid for health coverage expansions, approximately 21%, or more than $733 million, was paid to hospitals.

Administrative expenditures are for the CHASE-related activities, including expenditures related to the CHASE-funded expansion populations. These expenditures do not supplant existing Department administrative funds and are limited in statute to 3% of the total CHASE expenditures. In SFY 2024-25, CHASE operated $34 million below that cap at approximately 2.38%. Of note, only 0.22% of total CHASE expenditure for the fiscal year was for the personal services costs for the full-time equivalent (FTE) staff who administer the program.

Table 4 outlines the CHASE Fee expenditures in SFY 2024- 25.

Table 4. SFY 2024-25 CHASE Expenditures

Item	Total Fund
Supplemental Payments	$1,837,191,208
CHASE Administration (Table 5)	$131,302,311
Expansion Populations	$3,530,635,125
25.5-4-402.4(5)(b)(VIII)–Offset Revenue Loss	$15,700,000
Total Expenditures	**$5,514,828,644**

Funding in SFY 2024-25 was appropriated for the CHASE administrative expenses by the General Assembly through the normal budget process. The expenditures reflected in Table 5 are funded entirely by the CHASE Fee and federal funds.

[7] In addition, $6,292,892 was recorded as earned interest.

Table 5. SFY 2024-25 CHASE Administrative Expenditures

Item	Total Fund
General Administration	**$23,366,956**
Personal Services	$11,940,066
PERA Direct Distribution	$196,849
Worker's Compensation	$48,480
Operating Expenses	$695,170
Legal Services	$585,148
Administrative Law Judge Services	$156,446
Payments to Risk Management and Property Funds	$47,474
Leased Space	$647,810
Payments to OIT	$2,527,044
CORE Operations	$6,653
General Professional Services and Special Projects	$6,515,816
Information Technology Contracts and Projects	**$51,982,616**
MMIS Maintenance and Projects	**$33,043,954**
CBMS Operating and Contract Expenses	$18,294,940
CBMS Health Care & Economic Security Staff	$643,722
Eligibility Determinations and Client Services	**$48,490,931**
Disability Determination Services	**$4,435,773**
County Administration	$30,600,668
Medical Assistance Sites	$757,058
Customer Outreach	$673,200
Centralized Eligibility Vendor Contract Project	$6,882,800
Eligibility Overflow Processing Center	$665,433
Returned Mail Processing	$572,736
Work Number Verification	$2,323,237
Non-Emergency Medical Transportation Broker	$1,580,026
Recoveries Contracts	**$914,728**
Acute Care Utilization Review	**$5,380,960**
Professional Audit Contracts	**$579,748**
Indirect Cost Assessment	**$473,452**

Item	Total Fund
Children's Basic Health Plan Administration	**$12,920**
Total Administrative Expenditures	**$131,202,311**

More than $107.3 million in CHASE's administrative expenditures were related to contracted services, the majority of which were information technology contracts. Information technology contract expenditures were approximately $52.0 million and were for the CHASE's share of expenses for the Colorado Benefits Management System (CBMS, the eligibility determination system for Health First Colorado and CHP+ programs), the Medicaid Management Information System (MMIS, the claims system for the Health First Colorado and CHP+ programs), the Business Intelligence Data Management (BIDM) system, and the Pharmacy Benefits Management System (PBMS). The two other significant contract expenses funded by the CHASE were county administration contracts for eligibility determinations totaling approximately $30.6 million and a utilization management contract for approximately $3.1 million. The CHASE, as a government-owned business with the Department of Health Care Policy & Financing, follows the state procurement code codified at C.R.S. §24-101-101, et seq., statutory requirements for contracts for personal services codified at C.R.S. §24-50-501, and state fiscal rules at 1 C.C.R. §101-1, et seq. These state procurement requirements ensure that contracted services are competitively selected and approved by the State Controller (or designee), avoid conflicts of interest, and allow the CHASE to receive federal matching funds for services procured.

V. Cost Shift

This section includes the following required report elements:

- *Estimates of the differences between the cost of care provided and the payment received by hospitals on a per-patient basis, aggregated for all hospitals, for patients covered by Health First Colorado, Medicare, and all other payers.*

With the passage of HB19-1001 (CRS § 25.5-4-402.4.), HCPF collects data directly from hospitals through Hospital Financial Transparency and uses the data to analyze the cost shift. Before calendar year 2019, data within the CHASE Annual Report for the cost shift section was provided by the Colorado Hospital Association (CHA) in a de-identified and aggregate manner. In order to maintain comparability between the data from 2009 to 2018, and 2019 and after, HCPF continued to use a state-level aggregate cost-to-charge ratio[8] when determining costs, uncompensated care costs, and payment less costs for the CHASE Annual Reports between 2020 and 2024. However, with HB19-1001, HCPF now collects sufficient data to calculate a cost-to-charge ratio for each hospital and apply it to that hospital's individual data to determine costs. This leads to a more accurate number when totaled to the state-level. For this report and moving forward, information presented for 2019 through the most recent year will use this updated methodology. When comparing results from 2009 to 2018 with those after 2019, one should remember this change in methodology when viewing trends connecting the two periods. In addition, data reported for 2019 through 2022 in CHASE Annual Reports before 2025 will not match figures in this report. Table 20 in the appendix outlines the calculation for cost-to-charge ratio.

This section reports cost-shift data from calendar year 2009 through calendar year 2024, with a primary focus between 2019 and 2024.[9] In the most recent cost shift data, specifically from 2021 through 2024, there has been an increase in overall inflation leading to higher costs and wage pressure. According to a report by the American Hospital Association (AHA), inflation and workforce labor costs have accounted for hospital expenses increasing from 2019 levels.[10] Additionally, nursing and overall health care worker shortages have led to substantial increases in labor costs since the COVID-19 PHE.[11] While hospitals were largely able to negate severe financial losses during the COVID-19 PHE thanks to an injection of federal stimulus money, hospitals have continued to battle the aforementioned workforce shortages and large wage increases for hospital staff. In sum, the effects of inflation, wage pressure, and a tightening labor market continue to be important financial challenges to recognize and monitor to determine their continued impact, while

[8] A cost-to-charge ratio estimates the costs associated with the charged amount for each procedure. A cost-to-charge ratio helps to determine costs for uncompensated care and patient services which do not have costs directly associated with that care.
[9] The report includes data reported under the Colorado Health Care Affordability Act (CHCAA), which was enacted effective July 1, 2009, and repealed effective June 30, 2017, and data reported under CHASE, which was enacted July 1, 2017. Like the CHASE, the former CHCAA was intended to reduce the need for hospitals to shift uncompensated care costs to private payers by increasing reimbursement to hospitals for inpatient and outpatient care provided for Health First Colorado members and CICP clients and reducing the number of uninsured Coloradans. Reporting data from calendar year 2009 forward allows longitudinal analysis of the impact of the CHCAA and the CHASE on the cost shift.
[10] https://www.aha.org/costsofcaring
[11] https://www.mcknights.com/news/nurse-salaries-rising-but-more-considering-leaving-study/

collaborating on policy and other solutions to address them. At the same time, these factors have remained largely similar over the past three years, leading to a period of stabilization in cost shift results post-COVID-19 pandemic.

Since the FFY 2015-16, the hospital provider fee and the CHASE Fee increased hospital reimbursement by an average of more than $426 million per year and substantially increased enrollment in Health First Colorado and CHP+.

The following cost-shift analysis shows hospital reimbursement compared to patient costs. When looking at the overall period, combined bad debt and charity care costs in 2024 are more than 2009 amounts for the first time (although inflation has risen 46% over the same time period, and is responsible for a significant portion of growth)[12]. With the reduction in private insurance payment to cost in 2022, there may be a change in overall hospital financing moving away from cost shifting, which has remained a trend through 2024. The reduction in statewide total private insurance payment is also notable for its impact lowering price per patient for the state, however, additional nuance on how this trend varies across hospitals is important. Moreover, in recent years uncompensated care costs have begun to rise.

Some major findings of HCPF's analysis are:

- In 2024, the overall payment to cost ratio of 1.0 matched 2023. There were slight increases in the payment to cost of Health First Colorado, private insurance, and CICP/Other payers.
- Between 2020 and 2024, the percentage of hospitals with a payment to cost ratio over 1.0 for Health First Colorado increased from 29.6% to 43%. For rural hospitals, 69% had a Health First Colorado payment to cost ratio of over 1.0 in 2024.
- The PHE unwind had several ripple effects displayed in the 2024 results compared to 2023. These include a decrease in Medicaid payer mix (and overall costs as well), an increase in self-pay patients, and a significant increase in uncompensated care costs.
- Total hospital payment less cost grew $726.1 million, or 174.1%, from 2009 to 2019. Without including stimulus funds, payment less cost continued to increase until 2020, where it decreased until 2023, where it decreased 99.3% from 2019 to nearly 0. In 2024 payment less cost increased $90.7 million, or 824.5%.
- Decreases in payment to cost ratio in previous years were driven by an increase in costs and a slower growth in payments. In 2024, another major driver was the PHE unwind and its impacts.[13]
- On a per-patient basis, hospital payment less cost:
    - Grew $631 per patient or 116% from 2009 to 2019, then declined ($639) per patient between 2019 and 2020, with no federal stimulus funds included.
    - Between 2020 and 2021, this trend reversed itself, when hospital payment less cost per patient increased by $653, or 92.5%.

[12] Inflation adjustments were calculated using Consumer Price Index value which were pulled from annual values for 2009 through 2024 from the Bureau of Labor Statistics website:https://www.bls.gov/cpi/data.htm

[13] Operating expenses and labor expenses are reported to HCPF through HB 19-1001. A more in depth analysis of operating expenses and labor expenses is available in the Hospital Financial Transparency Report available on HCPF webpage: https://hcpf.colorado.gov/hospital-reports-hub

    - Between 2021 and 2023, payment less cost per patient decreased by $1,338 or 99.2%.
    - In 2024, payment less cost per patient increased by $88 per patient, well under amounts from 2022 or previous years.
- With the 2009 to 2018 data, there is a significant decline in total bad debt and charity care after 2013 with the passage of the Affordable Care Act (ACA). Since 2018 uncompensated care costs have been increasing. Using the new methodology, between 2019 and 2023, total bad debt increased by $12.4 million or an increase of 6.2%, and charity care increased by $84.5 million or an increase of 34.3%. However, the changes in uncompensated care costs only represent the nominal, or current, value and do not factor in changes to inflation throughout the period. When adjusted for inflation to 2023 values, bad debt costs actually decreased by 10.9% or a reduction of $26.3 million, and charity care increased by 12.7% or an increase of $37.3 million, which is significantly less than the nominal increase over this period.
- In 2024, uncompensated care costs increased by $170.3 million, or 31.3%, the largest increase recorded since 2009. Inflation stopped being a major driver of uncompensated care cost growth, and instead large impacts were likely driven by the PHE unwind. Additional analysis on uncompensated care costs is available in the 2025 Hospital Financial Transparency Report.[14]
- The payment to cost ratio of Health First Colorado has remained high over the last few years and has reimbursed hospitals at a state level of 80 cents to the dollar of cost. Under reimbursement of Medicare continues to drive payment to cost losses for hospitals.

To provide a better understanding of the evolving changes to commercial reimbursement, additional analysis was performed in the section below that has not been done previously. The tables, figures and analysis that follow within this section primarily highlight years 2009, 2019 through 2024.[15]

A. Payment, Cost, and Profit

The CHASE Board reviews cost shifting through the ratio of total payments to total costs for Medicare, Health First Colorado, private sector insurance, Self Pay, and CICP/Other payer groups. In Table 6, Table 7, and Figure 19, ratios below 1 mean that costs have exceeded payments, which is generally the case for Medicare and Health First Colorado. Values greater than 1 mean that payments have exceeded costs, as is the case for the private sector insurance group.

As shown in Table 6, prior to the implementation of the Colorado Health Care Affordability Act (CHCAA) in 2009, Health First Colorado reimbursement to Colorado hospitals was approximately 54% of costs, or 0.54 cents on the dollar of costs. Since the implementation of the first hospital provider fee under the CHCAA, hospital reimbursement for Health First Colorado has greatly increased compared to costs and remained high through the COVID-19 PHE. At the same time, recent COVID-19 PHE inflation and staffing costs have

[14] Available on the hospital reports hub webpage. https://hcpf.colorado.gov/hospital-reports-hub
[15] Accompanying tables and figures are within the Cost Shift section of the Appendix.

lowered recent hospital reimbursement both relative to costs for private payers and overall. The most recent data from 2024 shows the payment to cost ratio for Health First Colorado was 80% of costs.

Reimbursement for Health First Colorado has continued to grow in recent years. Through the COVID-19 PHE, reimbursement for Health First Colorado continued to measure around 80% of hospital cost, marked increase compared to 54% in 2009. This payment increase does not reflect the significant effects of expanded eligibility during the time period, which reduced uninsured patients who have far lower payment rates, providing an additional benefit to providers. The payment to cost ratio for the CICP/Other payer group was 92% of costs in 2024,[16] whereas the Self Pay payer group was reimbursed at -0.01% of costs.[17] Between 2009 and 2024, the payment to cost ratio for private sector insurance increased from 155% to 165% of costs. Compared to pre-COVID-19 PHE figures, the private insurance sector decreased from 184% to 165%. The 2024 payment to cost ratio of 1.00 is the lowest it has been since HCPF began its analysis, tied with the previous year of 2023. However, it is important to remember there was a change in methodology to determine costs when comparing payment to cost ratios from 2009 to 2018 with those after 2019.

- Between 2023 and 2024, hospital costs for private insurance payers grew slower (9.1% or $600.3 million) than payments from private insurance payers (10.7% or $1.1 billion). Payment less cost for private insurance payers was higher compared to 2023, reversing a trend of costs outgrowing payments. This represents hospital profits on privately insured patients, which are funded by employers and consumers.
- In 2024, public payers saw mixed results when comparing payment growth to cost growth. For Medicaid, payments decreased by 1.7% while costs decreased by 3.6%, driven by reduced patient volume. For Medicare, payments grew 9.5% and costs grew 9.9%. The self-pay category had a large shift dominated by a negative payment amount attributed to HCA HealthONE (-$316m) while CICP/Other payers had payments grow 21.7% and costs grew 11.6%.
- Between 2019 and 2024, overall costs have increased by 47.4% or an increase of $7.7 billion, while payments have increased 36.8%, reflecting an increase of $6.5 billion. These trends have decreased the overall payment to cost ratio during the same time period. Similar to uncompensated care costs above, the changes in payments and costs only reflect the nominal values and thus a similar adjustment for inflation can be made. When adjusted for inflation to 2024 values, total costs increased by $4.0 billion between 2019 and 2024 or an increase of 20.1% - almost half of the total cost increase is attributable to general inflation. However when adjusted for inflation total payments increased by $2.4 billion or an increase of

[16] HCPF will continue monitoring reimbursement for CICP/Other as it does appear higher than usual. This may be due to improved reporting of supplemental payments and a breakout of DSH payments from total supplemental payments in 2020 and 2021.
[17] The payment less cost per patient for the CICP/Self Pay/Other payer group may show a result greater than 1 in calendar years 2015 through 2016 due to hospitals reporting revenue incorrectly as CICP revenue, rather than Medicaid revenue, or because of a decline in the allocation of bad debt and charity care to this payer group.

11.5%.[18]

Note: in Table 7, the row labeled "2020 w/stimulus" includes federal stimulus money provided in 2020 to provide a more complete accounting of total hospital reimbursement. The treatment of the federal stimulus is described further below.

Table 6. Payment to Cost Ratio

Year	Medicare	Health First Colorado	Private Insurance	CICP/Self Pay/Other	Overall
2009	0.78	0.54	1.55	0.52	1.05
2010	0.76	0.74	1.49	0.72	1.06
2011	0.77	0.76	1.54	0.65	1.07
2012	0.74	0.79	1.54	0.67	1.07
2013	0.66	0.80	1.52	0.84	1.05
2014	0.71	0.72	1.59	0.93	1.07
2015	0.72	0.75	1.58	1.11	1.08
2016	0.71	0.71	1.64	1.08	1.09
2017	0.72	0.72	1.66	0.85	1.07
2018	0.70	0.77	1.70	0.88	1.09

Please note, when comparing results from 2009 to 2018 with those after 2019, remember the change in methodology from a statewide cost-to-charge ratio to a hospital specific ratio.

Table 7. Payment to Cost Ratio, Post HB19-1001

Year	Medicare	Health First Colorado	Private Insurance	Self Pay	CICP/ Other	Overall
2019	0.75	0.63	1.84	0.30	0.89	1.08
2020	0.71	0.80	1.67	0.42	0.88	1.03
2020 w/ stimulus	0.76	0.87	1.76	0.49	0.95	1.10
2021	0.76	0.77	1.75	0.35	0.94	1.06
2022	0.73	0.79	1.64	0.33	0.90	1.02
2023	0.73	0.79	1.63	0.25	0.84	1.00

[18] Inflation adjustments were calculated using Consumer Price Index values which were pulled from annual values for 2019 through 2024 from the Bureau of Labor Statistics website:https://www.bls.gov/cpi/data.htm.

2024	0.72	0.80	1.65	-0.01	0.92	1.00

One important aspect noted in the information above is federal-stimulus monies provided to hospitals through the Coronavirus Aid Relief and Economic Security (CARES) Act along with other federal stimulus sources. Colorado hospitals have accepted approximately $1.2 billion in financial assistance.[19] Countering the moves of other large systems, HCA HealthONE returned more than $6 billion of the federal stimulus dollars it received, including approximately $117 million provided to its Colorado hospitals.[20]

Federal stimulus improved hospitals' financial position for the year and increased the overall payment-to-cost ratio. However, the impact of this improvement is uncertain due to several factors. The stimulus relief could be used to make up for lost revenue or to cover COVID-19 PHE-related expenses.[21] A complicating factor is that a proportion of these COVID-19 PHE-related expenditures is reflected in the payment to cost ratio e.g., supplies and payroll; not including the associated stimulus deflates the ratio. However, not all COVID-19 PHE-related expenses are reflected in this ratio (e.g., capital expenditures for medical equipment, telehealth infrastructure, hospital payments to other non hospital providers, etc.). Therefore, including all stimulus overstates the payment portion of the ratio. Further complicating this, hospitals have stated that some stimulus funding was used for other business components and a portion of stimulus could be rolled over for use in 2021 if eligible costs and lost revenues for 2020 had been covered. For the purposes of this analysis, federal stimulus will be allocated only to 2020, as it was primarily intended for, and will allow analysis in this and future reports to focus on true patient revenues and costs. Without stimulus, the overall payment-to-cost ratio for 2020 was 1.03 as noted above. When including the total $1.2 billion in federal stimulus, but not all the above costs, it is 1.10.

Payment to cost ratios for the entire state are important measures to monitor, but obscure variation across individual hospitals and peer groups. This year, HCPF has added additional information on hospital-specific payment to cost ratios to aid in understanding how the state totals vary. Hospital-specific payment to cost ratios are available in the cost shift section of the appendix. Shown in Figure 1 below, between 2020 and 2024, the percentage of hospitals receiving full reimbursement sufficient to cover their costs for Health First Colorado patients increased from 29.6% to 43%. In other words, a payment-to-cost ratio above 1.0. Rural hospitals represented the largest proportion of providers achieving full cost coverage for Health First Colorado, displayed in Figure 2, with 69% able to cover total costs in 2024. This is a significant improvement from 44% in 2020 for rural hospitals. The percentage of hospitals able to cover their total costs for commercially-insured patients declined slightly from 85% to 83% between 2020 and 2024.

[19] For more information on federal stimulus see HCPF's *COVID-19's Impact on Colorado Hospitals' Finances* (2021). https://hcpf.colorado.gov/sites/hcpf/files/COVID19%20Impact%20on%20Colorado%20Hospitals%20Finan ces-f.pdf
[20] HCA Healthcare. (2020, October 8). HCA Healthcare Previews 2020 Third Quarter Results. https://investor.hcahealthcare.com/news/news-details/2020/HCA-Healthcare-Previews-2020-Third-Quarter-Results/.
[21] "Provider Relief Fund." *Official Web Site of the U.S. Health Resources & Services Administration*, 28 May 2021, https://www.hrsa.gov/provider-relief.

All but a single urban hospital in 2024 had a payment to cost ratio over 1.0 for commercial payers, while only 69% of rural hospitals reached that mark. Notably, the proportion of rural hospitals that got paid above cost for Health First Colorado was the same as the proportion for Private insurance. In 2024, there were only three hospitals that had payment to cost less than 1.0 for both Private Insurance and Health First Colorado: St. Vincent Health, National Jewish Health, and Keefe Memorial Hospital.

Figure 1. Proportion of hospitals with a Payment to Cost Ratio over 1 for Health First Colorado and Private Insurance between 2020 and 2024

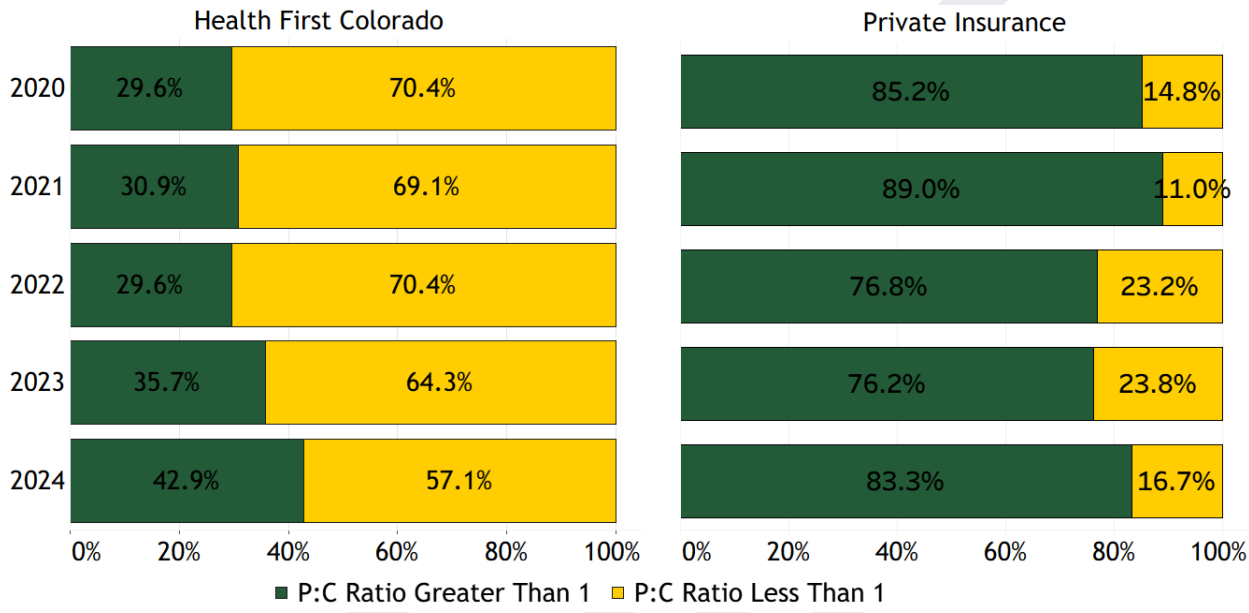
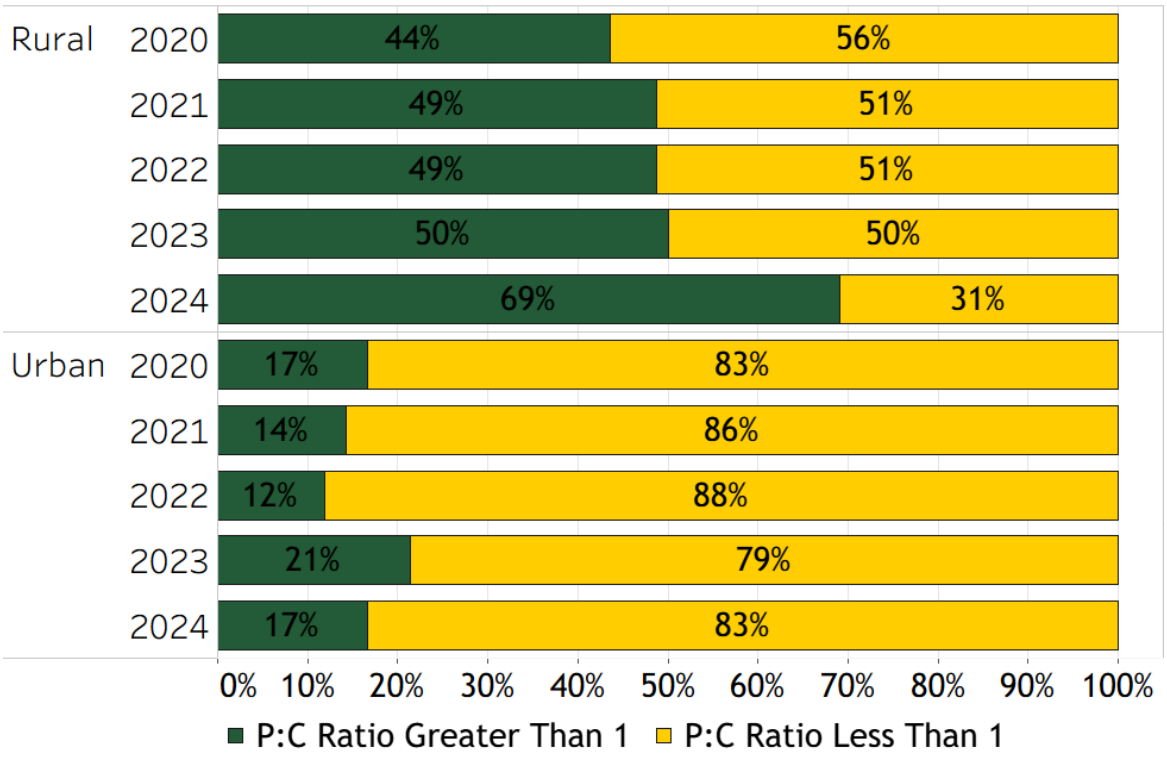


Figure 2. Proportion of hospitals with a Payment to Cost Ratio over 1 for Health First Colorado for years 2020-2024, separated by rural status



The payer mix continues to shift from private insurance to government payers, see Figure 3.[22] In 2024, Medicare payer mix increased by 0.5 percentage points. Health First Colorado payer mix decreased by 2.2 points, and private insurance increased by 0.4 percentage points. Since 2009, Health First Colorado and Medicare payer mix has increased from 42.9% to 60.4% in 2024, while private insurance has declined from 43.1% to 29.7% in 2024. Since payer mix does not factor in costs, trends from 2009 to 2024 are not affected by the change in methodology.

[22] Payer mix is calculated on a percent of charges.

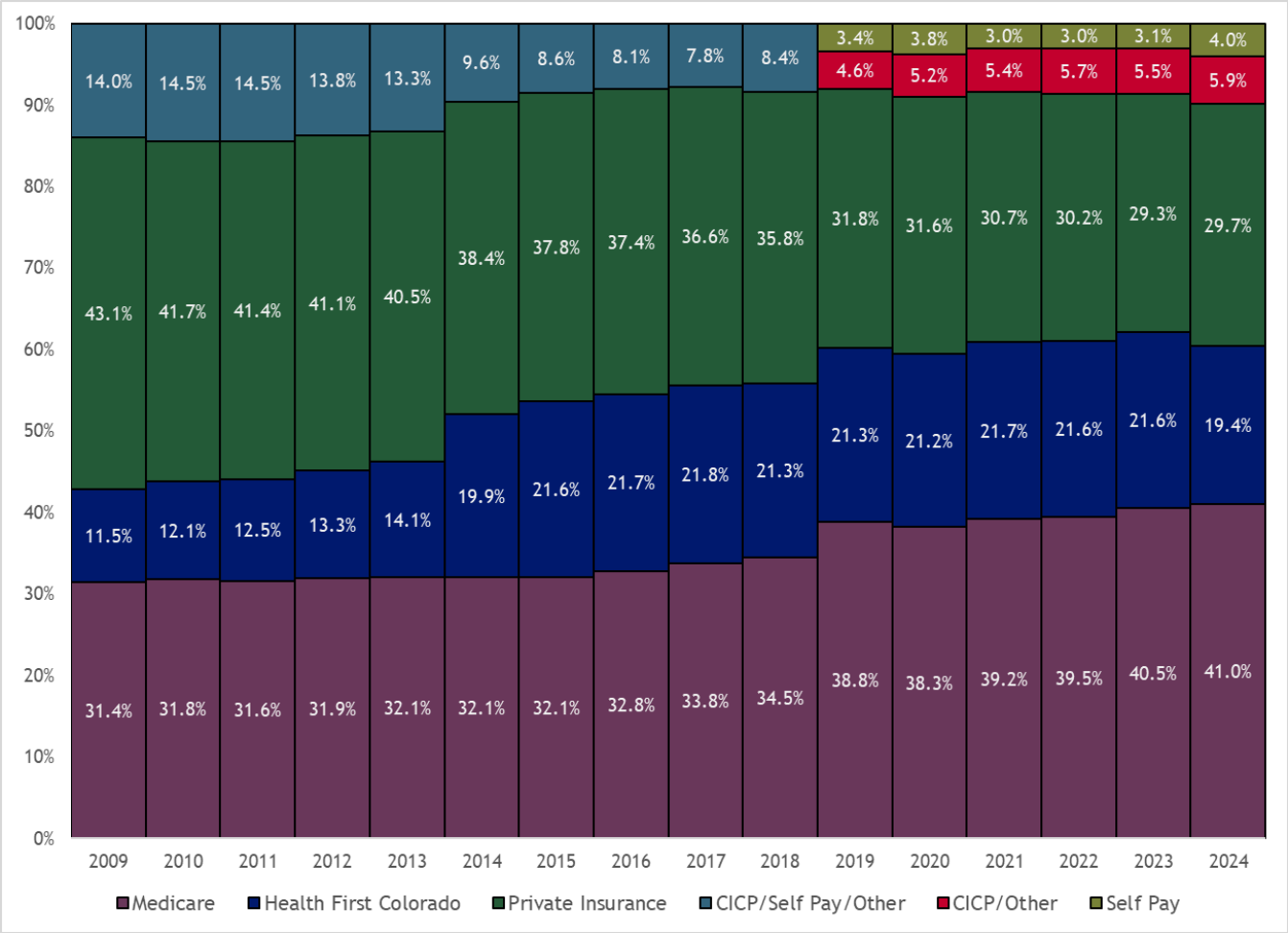


Figure 3. Payer Mix

Payer type payments are available in Figure 20, Table 24, and Table 25. From 2023 to 2024, payment decreased for Health First Colorado by 1.7%, or $68.3 million. This was only the second recorded decrease in Health First Colorado payments since 2019. It is important to remember that the PHE unwind drove large decreases in Health First Colorado caseload, and increases in CICP and self-pay, which is reflected in payments. Payments for the CICP/Other category increased by 21.7%, or $240.6 million.[23] Medicare payments increased by $596.8 million, or 9.5%. Private insurance payments increased in 2024 by 10.7%, or $1.1 billion. Payments for the Self-Pay category dropped over 100% to a negative amount, due entirely to HCA HealthONE contractual allowance accounting methods booking a negative $316 million value which erased the rest of the state's positive Self Pay payment amount of $310 million. This accounting method takes private insurance covered patients and allocates the patient-portion of payments, costs, allowances, and losses to the self-pay category. HCA HealthONE's negative payment amount far exceeded the previous year. Compared to the previous year's growth,

[23] HCPF has worked with hospitals to more accurately report DSH payments to HCPF through HB 19-1001, Hospital Transparency Measures to Analyze Efficacy, contributing to this increase. Therefore, increases in CICP/Other from 2019 are heavily influenced by increased reporting efforts.

payments from private insurance payers grew roughly three times as much (3.1% growth between 2022 and 2023). The CICP/Other category has nearly doubled over the last 6 years, far surpassing payment growth of any other payer.

As displayed in Figure 21, Table 26, and Table 27, overall costs grew by 7.5% or $1.7 billion between 2023 and 2024. CICP/Other saw an increase between 2023 and 2024 of 11.6%, or $153.1 million. Medicaid saw the only decrease in costs with a reduction of 3.6% ($182.7 million). Medicare grew with a 9.9% increase ($851.6 million). Private insurance saw an increase in cost of 9.1% or $600.3 million, a return to the cost growth trends of years before 2023. The decline of both Medicaid payments and costs, as well as payer mix and patient volume (displayed in Figure 26), is likely caused, in part, to the PHE-unwind that removed Medicaid members from the program.

Figure 4 displays payment less cost by payer type using a stacked bar chart to better depict the variation of payment less cost of different payer types. Each color depicts the payment less cost of a payer type. The positive purple bars are the payment less cost of commercial insurance and represent the cost shift of noncommercial insurance payer types like Medicare, Medicaid, and the uninsured. These bars show the comparative impact of each payer type, with Medicare reflecting the bulk of payment less cost shifted. The difference between the positive and negative bars is reflected by the Total Line.

- In 2020, federal stimulus helped reduce the impact of the COVID-19 PHE's effects on hospitals' patient services. Between 2019 and 2021, hospital payment less cost declined by $101.4 million, or 7.7%.
    - Before including federal stimulus in 2020, total payment less cost (profits) equals $586.9 million.
- Between 2022 and 2023, overall payment less cost decreased by 97.4%, or $325.8 million.
- Between 2023 and 2024, overall payment less cost increased by 823.3% or $90.5 million. The large percentage increase was due to the small total amount in 2023, and the total amount is less than preceding years.
- Colorado's increasing population and healthcare inflation rates are reflected in this visual by an increasing dollar amount for both payments and costs for hospitals in the state.

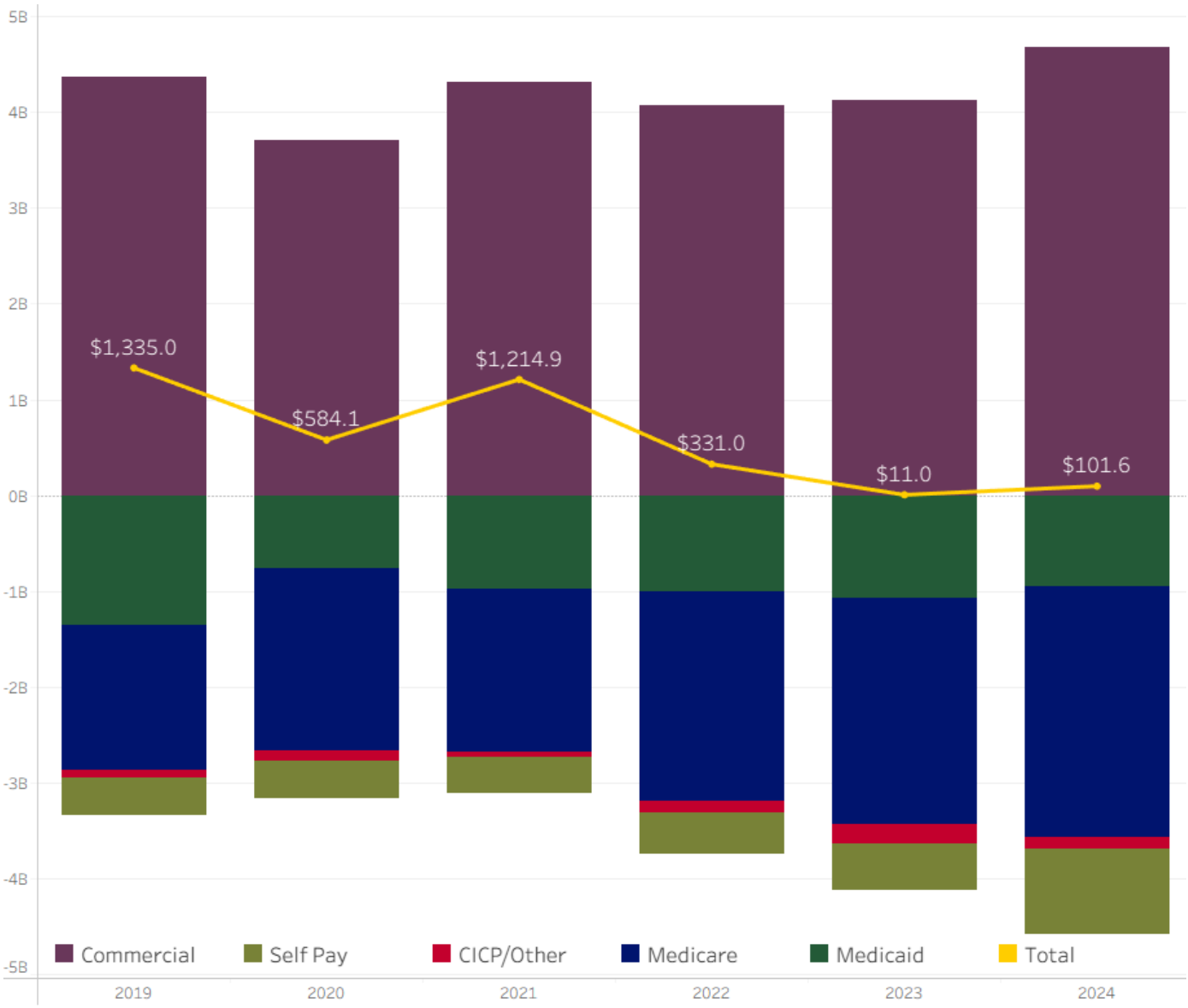


Figure 4. Payment Less Cost

Figures 3 and 4 above, when combined with payer payment to cost ratios, highlight an increasingly important issue for stakeholders in government payer funding rates. As the Medicare payer mix has increased, as shown in Figure 3 and Figure 26, and the payment to cost ratio for Medicare remains flat or decreases, this leads to increasing Medicare shortfalls as shown in Figure 4. Over the last decade, Medicare total payment to costs have driven the bulk of hospital payment to cost ratio reductions, greatly outpacing Health First Colorado. Discussions about government payment to cost rates should keep in mind that Medicare represents both a larger share of the payer mix and lower rates than Health First

Colorado. These discussions could widen their perspective by including rural hospitals' unique views on government payment models, such as Medicare Advantage, which disproportionately impact rural hospitals. However, payment rates are only half the payment to cost equation. To increase the ratio, either payments can be increased or costs can be decreased. Previous HCPF reporting has shown that Colorado hospitals are high cost compared to the nation. Discussions regarding Health First Colorado's hospital payment rates should be viewed in context of Medicare's larger impact on hospitals along with Colorado hospitals' inflated costs.

Reflecting the impact of the COVID-19 PHE, all payers saw a reduction in patient volume between 2019 and 2020, see Figure 26. Between 2020 and 2021, patient volume increased 7.1%. Between 2021 and 2022, patient volume continued to rise with an increase of 3.3%, or approximately 29,800 patients. In 2023, patient volumes continued to rise by 7.2% or approximately 66,500 patients. In 2023, patient volumes returned to pre-COVID-19 PHE levels and surpassed 2019 amounts. In 2024, patient volumes increased 4.1% or approximately 40,700 patients. Between 2023 and 2024, Self Pay volume increased the most (41.2%), followed by Private insurance payors (5.4% or approximately 16,200 patients) and Medicare (5.1%) and lastly CICP/Other (1.1%). Health First Colorado saw a 4.4% decrease in patient volume between 2023 and 2024.The decrease in Health First Colorado patients is likely in large part due to the PHE unwind that occurred during the time period, which is also reflected in the rise of self-pay volume.

Figure 5 shows the payment less costs on a per-patient basis between 2019 and 2024. Table 10 and Table 29, in the appendix, display these values for each payer type. Figure 5 shows massive swings between 2019 and 2024. For example, between 2022 and 2023, there was a reduction of $355 per patient or a decrease of 97.6%. This reduction was primarily due to a reduction of payment less cost per patient for Health First Colorado, Self Pay, and CICP/Other payers. In 2024, Payment less Cost per patient increased $88 per patient. This was driven by increases in the Private Insurance, CICP/Other, and Health First Colorado payers.

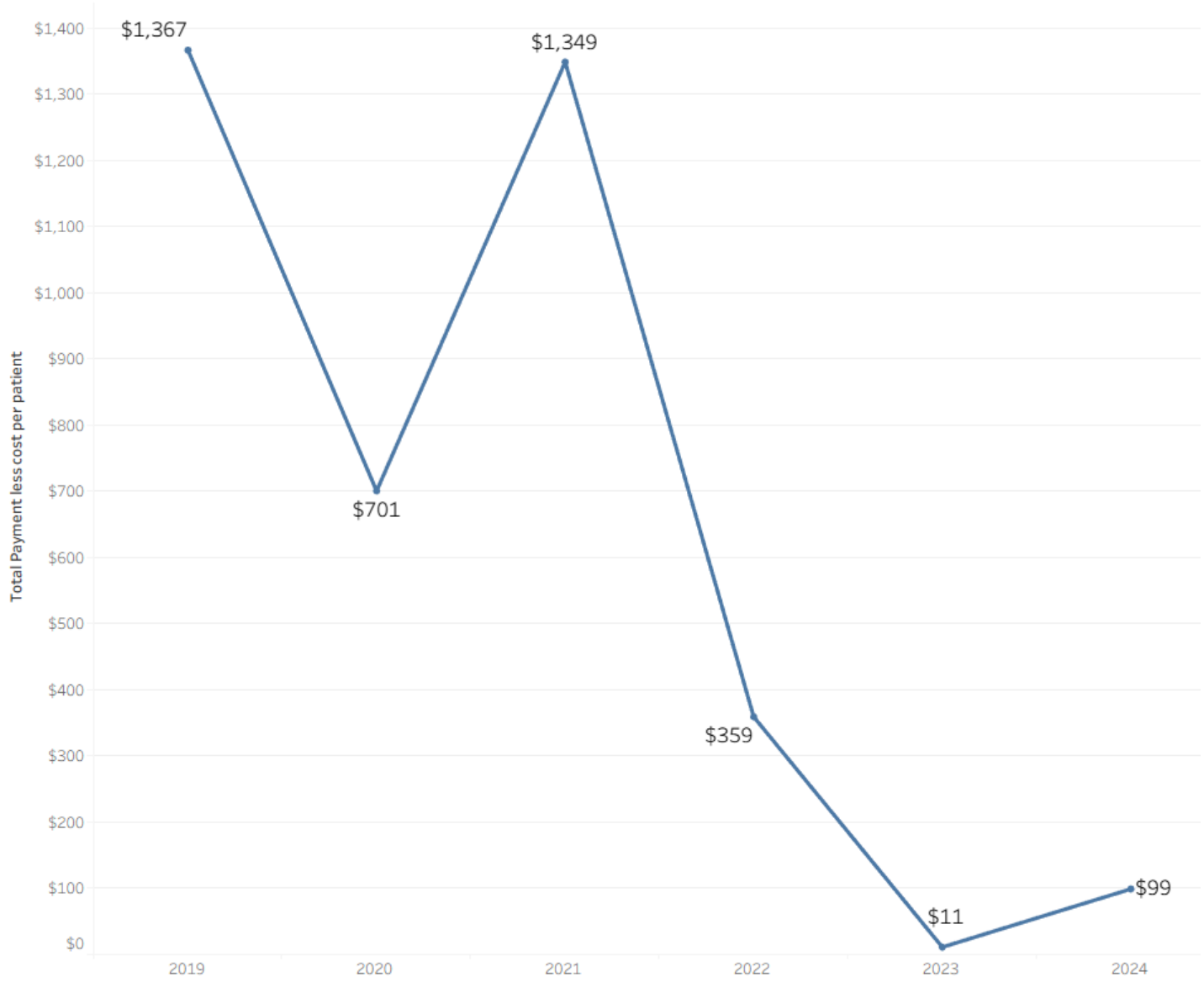


Figure 5. Total Payment Less Cost per Patient 2019 to 2024

Table 8. Payment Less Cost per Patient by Payer Group[24]

Year	Medicare	Health First Colorado	Private Insurance	CICP/Self Pay/Other	Overall
2009	($2,853)	($4,480)	$6,820	($4,563)	$542
2010	($3,361)	($2,586)	$6,518	($2,897)	$701
2011	($3,097)	($2,488)	$7,358	($3,920)	$918
2012	($3,886)	($2,465)	$7,746	($4,013)	$903
2013	($5,318)	($2,418)	$7,717	($2,070)	$747
2014	($4,706)	($3,665)	$8,838	($860)	$1,039
2015	($4,648)	($3,252)	$8,699	$1,286	$1,243
2016	($5,082)	($3,910)	$10,391	$862	$1,347
2017	($5,195)	($4,070)	$11,060	($2,016)	$1,222
2018	($5,659)	($3,574)	$11,806	($1,937)	$1,530

Please note, when comparing results from 2009 to 2018 with those after 2019, remember the change in methodology from a statewide cost-to-charge ratio to a hospital-specific ratio.

Table 8 displays payment less cost per patient between 2009 and 2018. Table 9 displays payment less per cost by payer group after passage of HB 19-1001, 2019 through 2024.

[24] The payment less cost per patient for the CICP/Self Pay/Other payer group may show a positive result in calendar years 2015 through 2016 due to hospitals reporting revenue incorrectly as CICP revenue, rather than Medicaid revenue, or because of a decline in the allocation of bad debt and charity care to this payer group. More analysis is needed to understand the change in payment less cost per patient for the CICP/Self Pay/Other payer group.

Table 9. Payment Less Cost Per Patient by Payer Group, Post HB 19-1001

Year	Medicare	Health First Colorado	Private Insurance	Self Pay	CICP/ Other	Overall
2019	($4,548)	($5,907)	$13,305	($7,945)	($1,565)	$1,347
2020	($6,633)	($3,911)	$13,771	($9,333)	($2,230)	$701
2021	($5,409)	($4,510)	$14,662	($10,167)	($872)	$1,349
2022	($7,084)	($4,295)	$13,528	($11,653)	($2,268)	$359
2023	($6,498)	($4,435)	$13,851	($12,406)	($3,816)	$11
2024	($6,851)	($4,144)	$14,883	($16,093)	($2,152)	$99

Table 10 presents overall hospital payments, costs, and payment less cost on a per-patient basis from 2019 to 2024. Information on 2009 to 2018 can be found in the appendix in Table 30.

Table 10. All Payers, Costs and Profit

Year	Payment Per Patient	Cost Per Patient	Payment Less Cost Per Patient
2019	$17,979	$16,613	$1,367
2020	$21,617	$20,916	$701
2020 w/ stimulus	$23,055	$20,916	$2,139
2021	$22,287	$20,938	$1,349
2022	$23,059	$22,700	$359
2023	$22,576	$22,565	$11
2024	$23,409	$23,310	$99

B. Bad Debt and Charity Care

Bad debt and charity care are costs hospitals typically write off as uncompensated care. Uncompensated care costs are calculated using a cost-to-charge ratio. Data from 2009 to 2018 is provided in Figure 6 and Table 30 in the appendix. Total bad debt and charity care decreased significantly from 2013 to 2014 – the year health coverage expansion under the ACA was fully implemented. Since uncompensated care costs are determined using a cost-to-charge ratio, these values are also affected by the change in methodology. Therefore, it is important to remember this change when viewing trends from the two time periods.

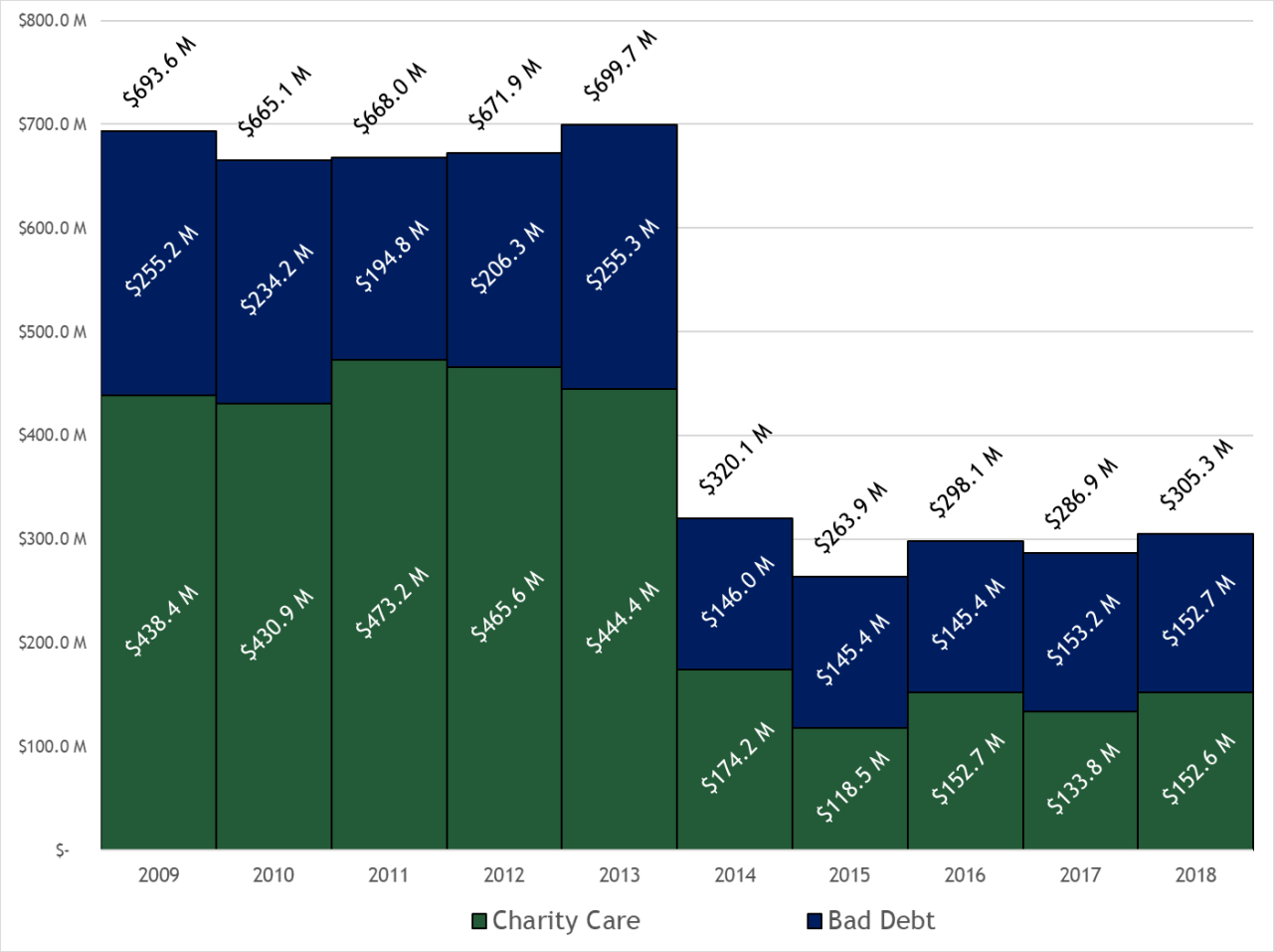


Figure 6. Bad Debt and Charity Care Costs, 2009 -2018

Please note, when comparing results from 2009 to 2018 with those after 2019, remember the change in methodology from a statewide cost-to-charge ratio to a hospital specific ratio.

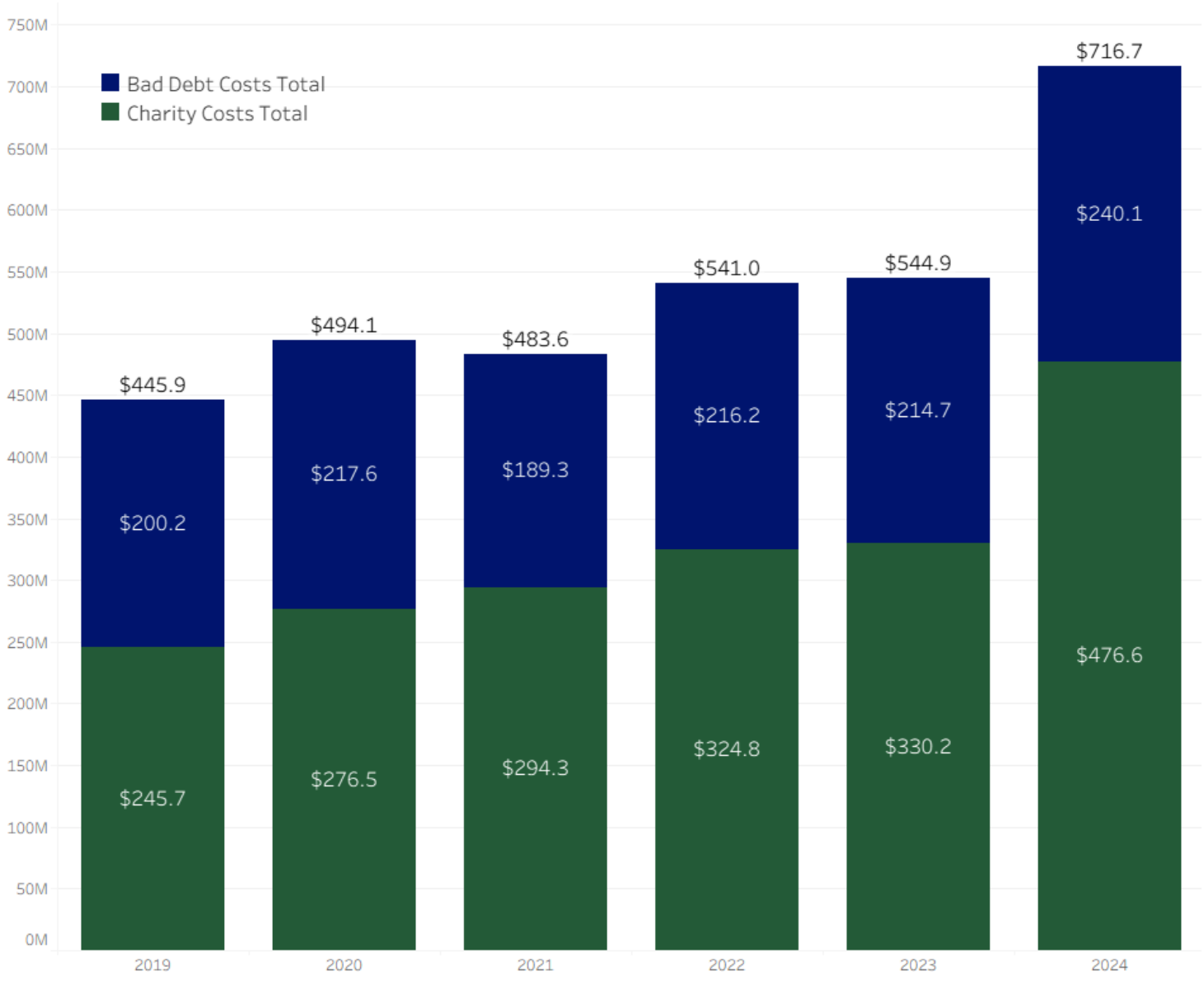


Figure 7. Bad Debt and Charity Care Costs, 2019 -2024

(nominal - not inflation adjusted)

Uncompensated Care costs calculated under the new hospital-specific methodology are provided in Figure 7 and Table 11. Between 2023 and 2024, there was an increase in charity care costs of $146.4 million, or 44.3%. This increase in charity care costs is likely due, in part, to the end of continuous Medicaid coverage following the end of the COVID-19 PHE. However, for changes from earlier periods, inflation and better identification of patient need before care are also major driving forces. Between 2023 and 2024, bad debt costs increased $25.4 million, or 11.8%. Overall, total uncompensated

care costs have increased by $171.7 million or 31.5% between 2023 and 2024. When adjusted for inflation to 2023 values, between 2019 and 2023, bad debt costs decreased by $26.3 million or 10.9%; charity care costs increased by $37.3 million or 12.7%. Overall, between 2019 and 2023, when adjusted for inflation, total uncompensated care costs increased by 2.1% or $10.9 million. To reiterate, large increases between 2023 and 2024 were minimally driven by inflation, unlike previous periods, and were likely due to the end of continuous Medicaid coverage following the end of the COVID-19 PHE and ensuing PHE unwind. It is important to note, however, that a large portion of the increase in uncompensated care was shouldered by four hospitals, all of which maintained a profit for 2024. More information on uncompensated care costs and the impact on hospital profits is available in the 2026 Hospital Financial Transparency Report.[25]

Table 11. Bad Debt and Charity Care Costs 2019 to 2024

(nominal - not inflation adjusted)

Year	Bad Debt	Charity Care	Total
2019	$200,236,257	$245,710,755	$445,947,012
2020	$217,589,615	$276,527,562	$494,117,177
2021	$189,320,644	$294,271,068	$483,591,712
2022	$216,185,019	$324,806,850	$540,991,869
2023	$214,707,336	$330,242,451	$544,949,787
2024	$240,069,121	$476,622,779	$716,691,899

[25] Available on the Hospital Reports webpage. https://hcpf.colorado.gov/hospital-reports-hub

VI. Delivery System Reform Incentive Payment Program

This section includes the following required report elements:

- *A summary of the efforts made by the CHASE to seek any federal waiver necessary to fund and support the implementation of a health care delivery system reform incentive payments program.*

A. Hospital Transformation Program (HTP) Introduction

The first phase of the Hospital Transformation Program is a five-year program that was launched in April 2021. There were 83 hospitals that were a part of the original application process, and that number has now grown to 85 hospitals enrolled in the HTP. The HTP has entered the fifth year of the five-year, first phase of the program. Hospitals have completed the first performance year (Program Year 3) and have received evaluations on their Program Year 4 intervention activity and Community Health & Neighborhood Engagement (CHNE)[26] progress through September 2025. Within HTP, hospitals select statewide and local measures on which to be evaluated over the course of the program. Not all measures are required statewide, which allows hospitals to address local community needs. Large hospitals (91+ beds) must select six statewide measures and at least four local measures. Medium hospitals (26-90 beds) must select six statewide measures plus at least two local measures. Small hospitals (25 or fewer beds) along with critical access hospitals must select six measures that may consist of either statewide or local measures. Below is a list of HTP focus areas and statewide measures which emphasize affordability and quality of care. Statewide measures are stated and included first under each focus area; local measures are listed subsequently. The detailed measure specification can be found here: https://hcpf.colorado.gov/sites/hcpf/files/HTP%20Measure%20Specification%20for%20Hospitals_9.8.25_Final.pdf

- Reducing avoidable hospitalization (RAH) utilization
    - SW-RAH1 - 30-day all cause risk-adjusted hospital readmissions (Statewide Measure).
    - SW-RAH2 - Pediatric all-condition readmission measure (Statewide Measure).
    - RAH1 - Follow-up prior to discharge and notification to the Regional Accountable Entity (RAE) within one business day.
    - RAH2 - Emergency Department (ED) visits for which the member received follow-up within 30 days of the ED visit.
    - RAH3 - Home management plan of care document given to pediatric asthma patient/caregiver.
    - RAH4 – Percentage of Patients with Ischemic Stroke who are Discharged on Statin Medication.

[26] As part of participation in the HTP, hospitals are required to conduct CHNE throughout the duration of their participation in the program. CHNE requires collaboration with local community organizations and other external stakeholders that will ensure hospitals and their interventions continue to be responsive to community needs throughout the life of the HTP. Hospitals are required to have engagement each quarter and during each program year it will include engagement with key stakeholders, community advisory meetings, and public input.

- Core populations
    - SW-CP1 - Social needs screening and notification (Statewide Measure).
    - CP1 - Readmission rate for a high frequency chronic condition.
    - CP1 - Pediatric readmission rate for a high frequency chronic condition.
    - CP2 - Pediatric bronchiolitis - appropriate use of testing and treatment.
    - CP3 - Pediatric sepsis time to first IV antibiotic in the ED early identification.
    - CP4 - Screening for transitions of care support in adults with disabilities.
    - CP5 - Reducing neonatal complications.
    - CP6 - Screening/referral for perinatal and postpartum depression and anxiety and notification to the RAE.
    - CP7 - Increasing access to specialty care.
- Behavioral health/substance use disorder
    - SW-BH1 - Collaborate discharge planning and notifications with RAEs (Statewide Measure).
    - SW-BH2 - Pediatric Screening for depression in inpatient and ED including suicide risk.
    - SW-BH3 - Using alternatives to opioids in ED (Statewide Measure).
    - BH1 - Screening, Brief Intervention and Referral to Treatment (SBIRT) in the ED.
    - BH2 - Initiation of Medication Assisted Treatment (MAT) in ED.
- Clinical and operational efficiencies
    - SW-COE1 - Hospital Index (Statewide Measure).
    - COE1 - Increase the successful transmission of a summary of care record to a patient's primary care physician.
    - COE2 - Implement/expand telemedicine visits.
    - COE3 - Implement/expand e-Consults.
    - COE4 - Energy Star Certification achievement and score improvement for hospitals.
- Population health/Total cost of care
    - SW-PH1 - Participation in the Inpatient Hospital Transitions (IHT) program (Statewide Measure).
    - PH1 - Increase the percentage of patients who had a well-visit within a rolling 12-month period.
    - PH2 - Increase the number of patients seen by co-responder hospital staff.

For more information, the Collaboration, Performance and Analytics System (CPAS) that hospitals will be using is a public dashboard for HTP that stakeholders can access to view each participating hospital's measures and interventions. The information is sortable and can be exported into Microsoft Excel. This tool allows for the exploration of all the interventions the hospitals will be implementing and the measures on which the

interventions are focused. To access the dashboard, visit https://cpasco.mslc.com/htp_dashboard.

HCPF is pleased to report robust progress and engagement thus far from hospitals in the HTP. Through program year four, an average of 99.7% of all quarterly reporting submissions were on time. Additionally, 96% of hospitals have met their milestone reporting to date, and 98% of hospitals reported that they are on track for future milestones.

Through Program Year 4 of the HTP, hospitals have 16,176 different interim activities across all hospital interventions. Hospitals have also made CHNE progress under the HTP. Hospitals have reported having 4,921 consultations with key stakeholders, 1,075 community advisory meetings, and 369 public engagement meetings. Overall, this makes up over 6,300 unique CHNE activities and illustrates that hospitals are making strides in connecting with their community and partner organizations on pertinent HTP topics.

As the program continues, and the hospitals continue the transition to pay for achievement, performance, and improvement, they will continue to be responsible for more complex reporting on their milestone achievements and driving performance improvements on their selected measures. The HTP's first pay-for-performance year started in October 2023 and concluded in September 2024, while the second pay-for-performance year started in October 2024 and concluded in September 2025. Progress continues to be made as HTP continues into year five of the program, and there are exciting results highlighting hospitals' continued commitment to improving the quality of hospital care and engaging with the communities that they serve.

Below is a cumulative summary of current HTP activities:

- 98% of hospitals are on track to hit all their year-four milestones.
- Over 16,000 interim activities across hospital interventions.
- Over 6,300 unique Community Health & Neighborhood Engagement (CHNE) activities.
- Over 4,900 consultations with key stakeholders.
- Over 1,000 community advisory meetings.
- Over 360 public engagement meetings.
- 99.7% of hospitals continue to submit quarterly reporting submissions on time.

As a result of the HTP:

- Health Related Social Needs (HRSN) screens are happening for all admitted in-patients at hospitals.
- Workflows have been implemented for scheduling follow up at the time of discharge
- Data systems and workflows have been implemented supporting notifications to the RAEs within a business day to support transitions of care.
- All RAEs are receiving specialized notifications from hospitals regarding HRSN screens, Behavioral Health (BH) discharge diagnosis, and follow-up appointments made.

- HIEs are receiving data from hospitals and pushing to all RAEs.
- Complex Case/Discharge management and review coordination has improved with targeted interventions.
- Access to and utilization of telehealth has increased.
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Medication-Assisted Treatment (MAT) have been implemented in the emergency department.
- Screening and notification for Peripartum Anxiety and Depression.
- Community Engagement and Cooperation is at an all-time high between hospitals, RAEs and other community organizations.

B. Establishment of the HTP

HTP is a result of section 25.5-4-402.4 (8), C.R.S., which directed the CHASE, acting in concert with HCPF, to fund and support the implementation of a health care delivery system reform incentive payments (DSRIP) program to improve health care access and outcomes for Health First Colorado members, which is referred to as HTP. More information about HTP is on HTP's website.

The goal of the HTP is to improve the quality of hospital care provided to Health First Colorado members by tying provider fee-funded hospital payments to quality-based initiatives. By evolving quality care to Medicaid members and the related processes to achieve those results, HTP also serves to improve hospital quality care for all Coloradans. Over the course of the five-year program, provider fee-funded hospital payments will transition from a pay-for-process and reporting to a pay-for-performance structure in an effort to improve quality, demonstrate meaningful community engagement and improve health outcomes over time. Key activities and quality measures for HTP are consistent across the state, yet flexible enough to allow hospitals to work with their communities on the interventions and approaches that best serve their communities and patient populations. Through HTP, hospital-led projects will achieve the following to the benefit of not just Health First Colorado members, but all Coloradans and our employers:

- Improve patient outcomes through care redesign and integration of care across settings.
- Improve the performance of the delivery system by ensuring appropriate care in appropriate settings.
- Lower Health First Colorado costs through reductions in avoidable hospital utilization and increased effectiveness and efficiency in care delivery.
- Accelerate hospitals' organizational, operational and systems readiness for value based payment.
- Increase collaboration between hospitals, their community health partners and other providers.

Federal authority through the State Plan Amendment (SPA) and other authorities, if necessary, will be used for the implementation and operations of HTP. On July 26, 2021, the Centers for Medicare and Medicaid Services (CMS) approved HCPF's SPA for the pay-for-reporting component of the HTP, leveraging future CHASE supplemental payments

as incentives designed to improve patient outcomes and lower Medicaid cost. The Department submitted a SPA to CMS on 12/19/2024 (CO-24-0043) for the pay-for-performance components of HTP. At the time of writing, the Federal government is shut down, and the Department is still awaiting approval of the SPA.

C. Program Year-3 Performance

The performance measure payment structure shifted from pay-for-reporting in PY1 and PY2 to pay-for-performance beginning with Program Year (PY3). PY3 is the first program year in which hospitals are scored for performance achievement, and in turn earn at-risk dollars associated with meeting performance measure benchmarks or meeting the measure's achievement threshold. Additionally, hospitals in the top 10% of performance are deemed high-performing hospitals and are eligible to receive redistributed dollars made available through unearned at-risk from other hospitals. The upcoming sections will summarize PY3 performance achievement and high performing hospital determinations.

Hospitals were scored for performance achievement across 679 selected measures. Measures vary in reporting method. There are 216 claims-based measures, meaning they are calculated by the Department using Medicaid claims data. Also, there are 463 hospital self-reported measures, meaning they are calculated by hospitals and reported via the hospital self-reported measure workbook due during Q1 reporting, annually. Of the 679 total measures, hospitals collectively met the benchmark for 485 measures (72%). Additionally, of the 194 (28%) measures that did not meet the benchmark, 97 (14%) of the measures met the achievement threshold and earned partial at-risk payments. See figure 8 below.

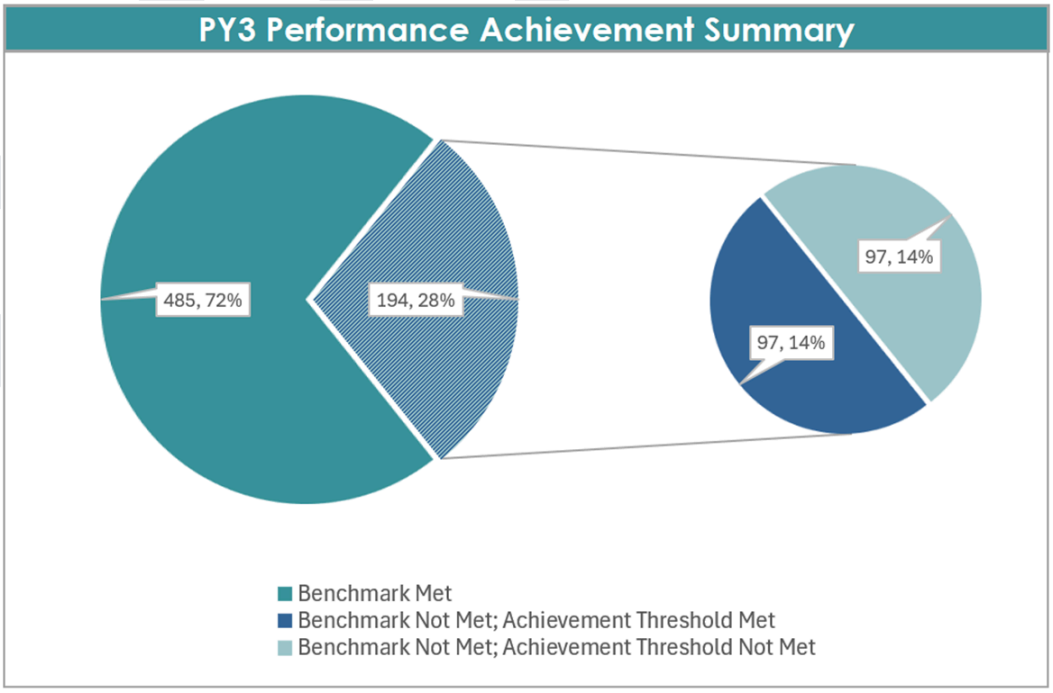


Figure 8. Program Year 3 Performance Achievement Summary

The figure 9 below shows the overall performance measure improvement between PY2 and PY3. PY2 was not a performance measurement year but the program still collected measure data for program evaluation. Analysis indicates that 76% of measures demonstrated improvement between PY2 and PY3, while 24% of measures experienced a regression. Overall, hospitals have made significant progress in implementing and maintaining their selected interventions which correlates with the improvement of reported performance measures. Improvement upon HTP performance measures directly impacts HTP goals such as reduced Medicaid costs, improved quality of care, and increased efficiency of care delivery.

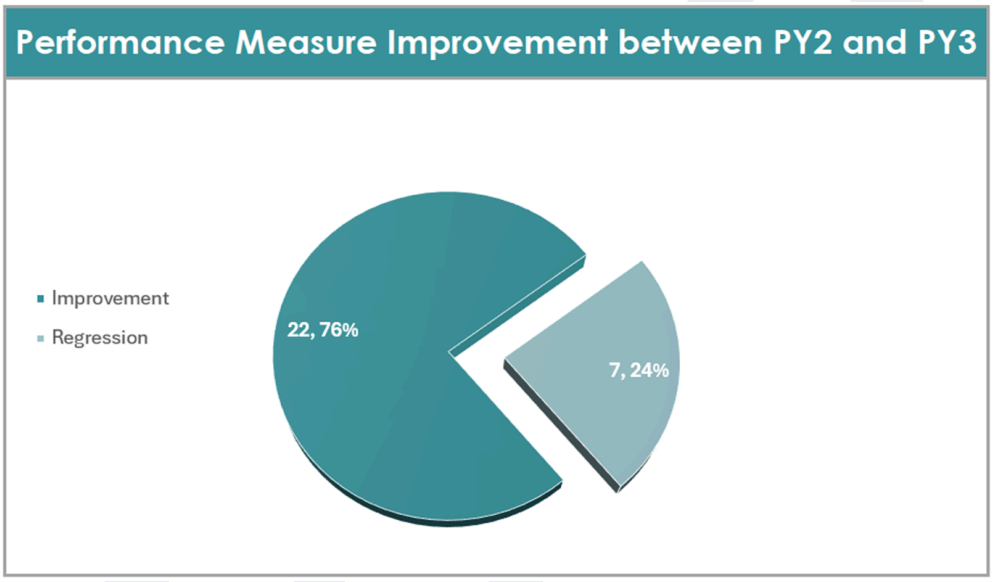


Figure 9. Performance Measure Improvement between Program Year 2 and 3

Some measures improved by over 50% between PY2 and PY3, including: BH1-Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the Emergency Department, BH2-Initiation of Medication Assisted Treatment (MAT) in Emergency Department or Hospital Owned Certified Provider Based Rural Health Center, and SW-CP1- Social Needs Screening and Notification. Though some measures experienced a regression between PY2 and PY3, the percentage of the regression tends to be much smaller than that of the improvements.

Table 12 below displays the trended performance across the six measures within the Reducing Avoidable Hospitalization Utilization HTP focus area.

Table 12: Percent Change of Average Measure Performance: Reducing Avoidable Hospitalization Utilization

Measure ID[27]	PY1: Measure Average	PY2: Measure Average	PY3: Measure Average	% Change in Measure Average: PY1 to PY2	% Change in Measure Average: PY2 to PY3	% Change in Measure Average: PY1 to PY3	Directionality of Measure	Performance Improvement/ Regression
RAH1	0.462	0.57	0.721	23.38%	26.49%	56.06%	Positive	Improvement
RAH2	0.633	0.641	0.645	1.26%	0.62%	1.90%	Positive	Improvement
RAH3	0.785	0.704	0.791	-10.32%	12.36%	0.76%	Positive	Improvement
RAH4	0.952	0.976	0.986	2.52%	1.02%	3.57%	Positive	Improvement
SW-RAH1	0.914	0.941	0.947	-2.95%	-0.64%	-3.61%	Negative	Regression
SW-RAH2	0.06	0.064	0.052	-6.67%	18.75%	13.33%	Negative	Improvement
Total of Measures with Demonstrated Improvement								**5**
Total of Measures with Demonstrated Regression								**1**

Table 13 displays the performance trends across the nine measures within the Core Populations HTP focus area.

Table 13: Percent Change of Average Measure Performance: Core Populations

Measure ID[28]	PY1: Measure Average	PY2: Measure Average	PY3: Measure Average	% Change in Measure Average: PY1 to PY2	% Change in Measure Average: PY2 to PY3	% Change in Measure Average: PY1 to PY3	Directionality of Measure	Performance Improvement/ Regression
CP1.1	0.079	0.076	0.102	3.80%	-34.21%	-29.11%	Negative	Regression
CP1.7	0.061	0.073	0.054	-19.67%	26.03%	11.48%	Negative	Improvement
CP2	0.301	0.279	0.238	7.31%	14.70%	20.93%	Negative	Improvement
CP3	0.876	0.88	0.886	0.46%	0.68%	1.14%	Positive	Improvement

[27] Reducing avoidable hospitalization (RAH). RAH1: Follow-up prior to discharge and notification to the Regional Accountable Entity (RAE) within one business day. RAH2: Emergency Department (ED) visits for which the member received follow-up within 30 days of the ED visit. RAH3: Home management plan of care document given to pediatric asthma patient/caregiver. RAH4: Percentage of Patients with Ischemic Stroke who are Discharged on Statin Medication. SW-RAH1: 30-day all cause risk-adjusted hospital readmissions (Statewide Measure). SW-RAH2: Pediatric all-condition readmission measure (Statewide Measure).

[28] Core populations (CP). SW-CP1 - Social needs screening and notification (Statewide Measure). CP1.1 - Readmission rate for a high frequency chronic condition. CP1.7 - Pediatric readmission rate for a high frequency chronic condition. CP2 - Pediatric bronchiolitis - appropriate use of testing and treatment. CP3 - Pediatric sepsis time to first IV antibiotic in the ED early identification. CP4 - Screening for transitions of care support in adults with disabilities. CP5 - Reducing neonatal complications. CP6 - Screening/referral for perinatal and postpartum depression and anxiety and notification to the RAE. CP7 - Increasing access to specialty care.

CP4	0.691	0.979	0.987	41.68%	0.82%	42.84%	Positive	Improvement
CP5	27.2	19.61	19.89	27.90%	-1.43%	26.88%	Negative	Improvement
CP6	0.19	0.576	0.781	203.16%	35.59%	311.05%	Positive	Improvement
CP7	6034	6029.5	6191.25	-0.07%	2.68%	2.61%	Positive	Improvement
SW-CP1	0.515	0.521	0.783	1.17%	50.29%	52.04%	Positive	Improvement
Total of Measures with Demonstrated Improvement								**8**
Total of Measures with Demonstrated Regression								**1**

Table 14 displays the trended performance across the six measures within the Behavioral Health and Substance Use Disorder HTP focus area.

Table 14: Percent Change of Average Measure Performance: Behavioral Health/Substance Use Disorder

Measure ID[29]	PY1: Measure Average	PY2: Measure Average	PY3: Measure Average	% Change in Measure Average: PY1 to PY2	% Change in Measure Average: PY2 to PY3	% Change in Measure Average: PY1 to PY3	Directionality of Measure	Performance Improvement/ Regression
BH1	0.133	0.217	0.583	63.16%	168.66%	338.35%	Positive	Improvement
BH2	0.505	0.671	0.898	32.87%	33.83%	77.82%	Positive	Improvement
SW-BH1	0.436	0.743	0.874	70.41%	17.63%	100.46%	Positive	Improvement
SW-BH2	0.207	0.467	0.835	125.60%	78.80%	303.38%	Positive	Improvement
SW-BH3.1	244.42	249.63	232.47	-2.13%	6.87%	4.89%	Negative	Improvement
SW-BH3.2	479.54	513.99	585.51	7.18%	13.91%	22.10%	Positive	Improvement
Total of Measures with Demonstrated Improvement								**6**
Total of Measures with Demonstrated Regression								**0**

Table 15 displays the trended performance across the five measures within the Clinical and Operational Efficiencies HTP focus area.

[29] Behavioral health/substance use disorder (BH). SW-BH1 - Collaborate discharge planning and notifications with RAEs (Statewide Measure). SW-BH2 - Pediatric Screening for depression in inpatient and ED including suicide risk. SW-BH3 - Using alternatives to opioids in ED (Statewide Measure). BH1 - Screening, Brief Intervention and Referral to Treatment (SBIRT) in the ED. BH2 - Initiation of Medication Assisted Treatment (MAT) in ED.

Table 15: Percent Change of Average Measure Performance: Clinical and Operational Efficiencies

Measure ID[30]	PY1: Measure Average	PY2: Measure Average	PY3: Measure Average	% Change in Measure Average: PY1 to PY2	% Change in Measure Average: PY2 to PY3	% Change in Measure Average: PY1 to PY3	Directionality of Measure	Performance Improvement/ Regression
COE1	0.513	0.558	0.598	8.77%	7.17%	16.57%	Positive	Improvement
COE2	3299.44	4053.19	4275.5	22.84%	5.48%	29.58%	Positive	Improvement
COE3	3473.5	3485.5	2270.33	0.35%	-34.86%	-34.64%	Positive	Regression
COE4	85	86	84	1.18%	-2.33%	-1.18%	Positive	Regression
SW-COE1	85.1	81.99	82.2	3.65%	-0.26%	3.41%	Negative	Improvement
Total of Measures with Demonstrated Improvement								**3**
Total of Measures with Demonstrated Regression								**2**

Table 16 displays the trended performance across the three measures within the Population Health/Total Cost of Care HTP focus area.

Table 16: Percent Change of Average Measure Performance: Population Health/Total Cost of Care

Measure ID[31]	PY1: Measure Average	PY2: Measure Average	PY3: Measure Average	% Change in Measure Average: PY1 to PY2	% Change in Measure Average: PY2 to PY3	% Change in Measure Average: PY1 to PY3	Directionality of Measure	Performance Improvement/ Regression
PH1	0.336	0.356	0.366	5.95%	2.81%	8.93%	Positive	Improvement
PH2	112	146	58	30.36%	-60.27%	-48.21%	Positive	Regression
SW-PH1	N/A	N/A	N/A	N/A	N/A	N/A	Negative	N/A
Grand Total of Measures with Demonstrated Improvement								**1**
Grand Total of Measures with Demonstrated Regression								**1**

[30]Clinical and operational efficiencies (COE). SW-COE1 - Hospital Index (Statewide Measure). COE1 - Increase the successful transmission of a summary of care record to a patient's primary care physician. COE2 - Implement/expand telemedicine visits. COE3 - Implement/expand e-Consults. COE4 - Energy Star Certification achievement and score improvement for hospitals.

[31]Population health/Total cost of care (PH). SW-PH1 - Participation in the Inpatient Hospital Transitions (IHT) program (Statewide Measure). PH1 - Increase the percentage of patients who had a well-visit within a rolling 12-month period. PH2 - Increase the number of patients seen by co-responder hospital staff.

Cumulative Data Supporting Enhancements in Patient Care

Hospitals have shown significant improvement across numerous performance measures since PY1. Hospital improvement on HTP performance measures results in better coordinated, safer, and more effective care, ultimately leading to improved patient outcomes and experiences. The sections below highlight certain HTP measures with notable progress that directly demonstrate enhancements in patient care.

SW-CP1 - Social Needs Screening and Notification

The numerator of SW-CP1 (social needs screening and notification) consists of all patients who were screened for health-related social needs and screened negative, as well as all positive screens where the RAE was notified. Since PY1, hospitals have shown a growth rate of 279% in the numerator of the measure. More than 58,000 Colorado Medicaid members were screened for health-related social needs in PY1-PY3 at hospitals which reported this measure. Of those screened positive, the RAEs were successfully notified to help facilitate community-based resources for these members to address the needs identified. Notification to the RAE is a requirement for a positive screen to be counted.

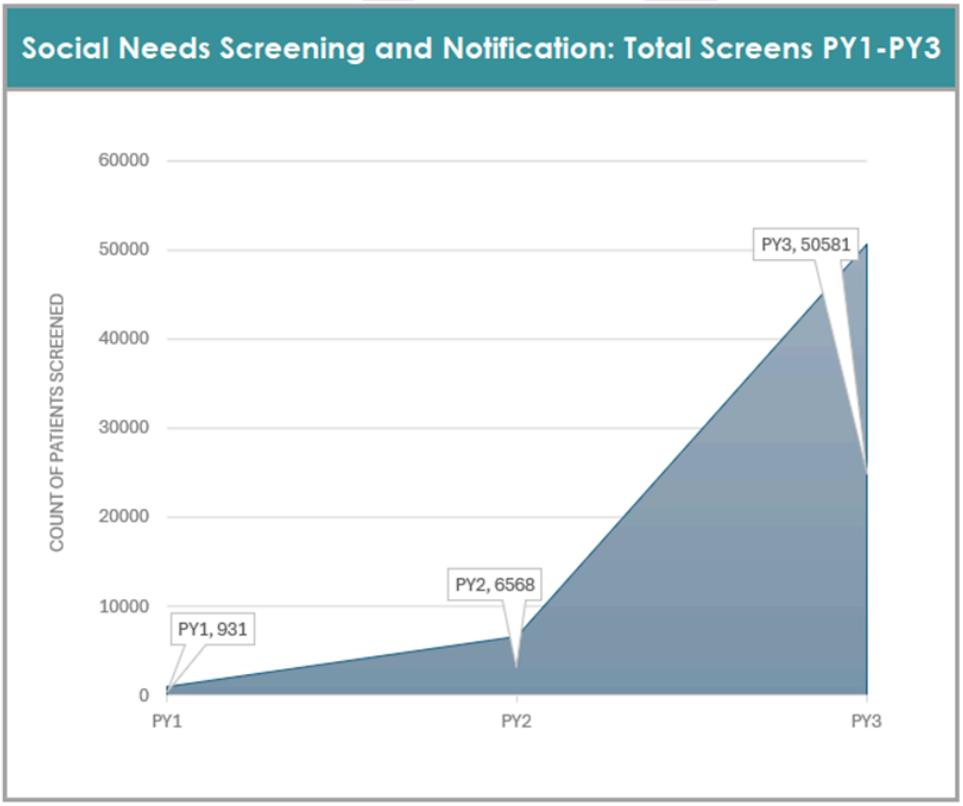


Figure 10. Total Social Needs Screenings Program Years 1 through 3

CP6 - Screening and Referral for Perinatal and Postpartum Depression and Anxiety

The numerator of CP6 - Screening and Referral for Perinatal and Postpartum Depression and Anxiety, consists of all pregnant patients that were screened for perinatal and postpartum depression and anxiety (PPD/PPA) and screened negative, as well as all positive screens where the RAE was notified within one business day. Since PY1, hospitals have shown an exceptionally high growth rate of 1615% in the numerator of the measure. More than 20,000 Colorado Medicaid members were screened for PPD/PPA in PY3 at hospitals that reported this measure. Of those that screened positive, the RAEs were successfully notified within one business day to help facilitate mental health resources for these members. Notification to the RAE is a requirement for a positive screen to be counted.

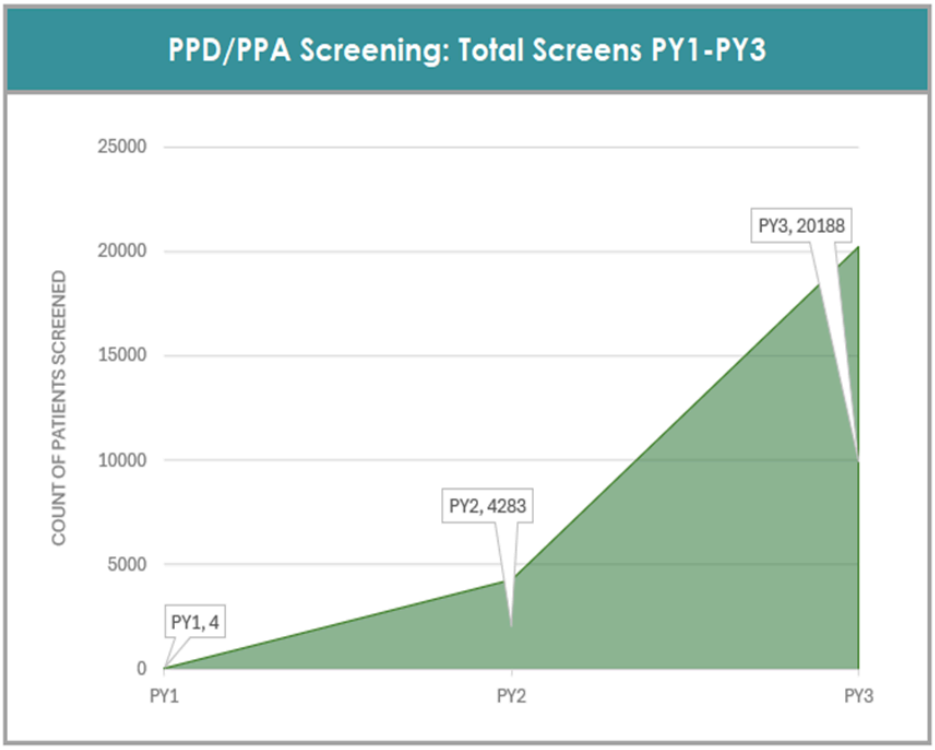


Figure 11. Total PPD/PPA Screenings Program Year 1 through 3

RAH1 - Follow up Appointment with a Clinician and Notification to the RAE within One Business Day

The numerator of RAH1, Follow up Appointment with a Clinician and Notification to the RAE within One Business Day, consists of Medicaid patients discharged to home from an inpatient admission, with a follow-up appointment documented in the medical record and notification to their RAE within one business day. Patients who do not receive both a documented follow-up appointment and notification to their RAE within one business day are excluded from the numerator. From PY1 to PY3, hospitals have shown a significant increase of 964% in their follow-up appointment notifications. This demonstrates a strong commitment to implementation of this measure within the program.

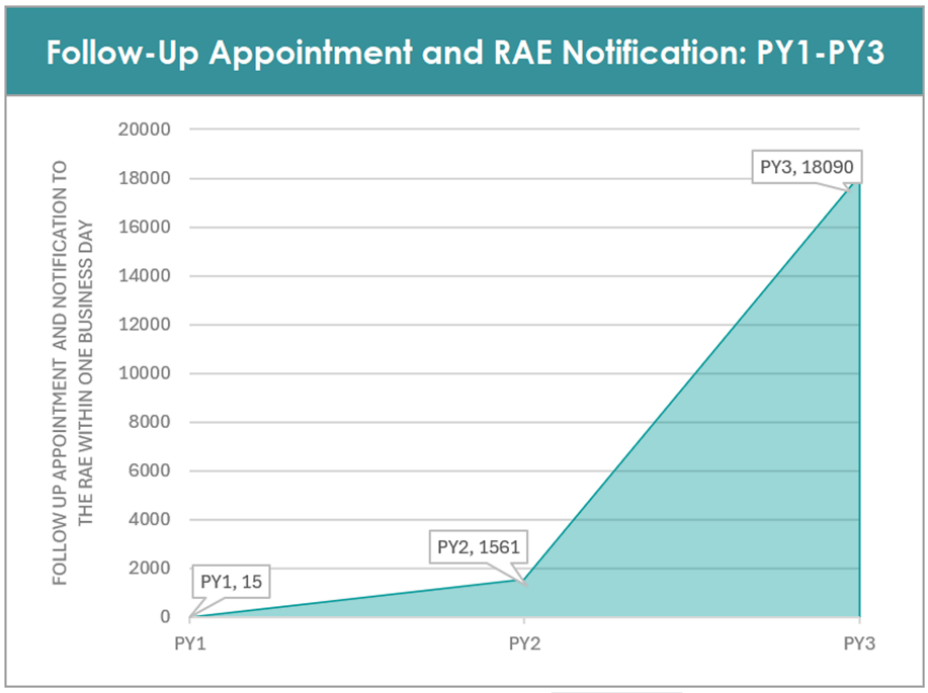


Figure 12. Notification to RAW Program Year 1 through 3

SW-BH2 - Pediatric Screening for Depression in Inpatient and Emergency Department Including Suicide Risk

The numerator of SW-BH2, Pediatric Screening for Depression in Inpatient and Emergency Department Including Suicide Risk, consists of the number of pediatric patients (12 years or older) with an inpatient or emergency department encounter who were screened for depression including suicide risk. From PY1 to PY3, hospitals demonstrated a significant increase in screening between PY1 and PY3, increasing screening rates by 492%. This percentage demonstrates an increase from just 121 reported screenings in PY1 to over 25,000 in PY3.

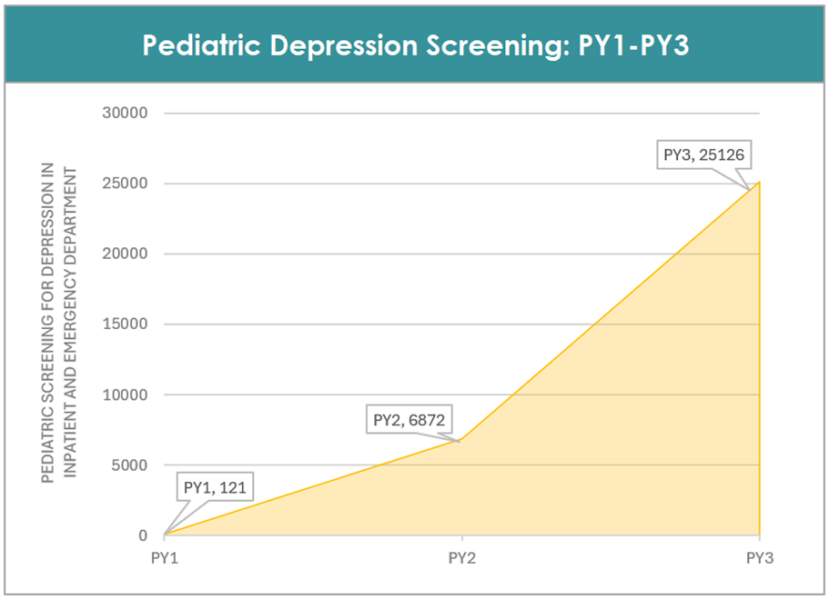


Figure 13. Pediatric Depression Screening Program Year 1 through 3

BH1 - Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the Emergency Department

The numerator of BH1, Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the Emergency Department, consists of the number of Medicaid patients screened at the time of an ED visit who do not have positive screen and the number of patients with positive screens only if they receive a brief intervention during the hospital visit. Patients who are screened at the time of the ED visit, and screen positive, but do not receive a brief intervention during the hospital visit, are excluded from the numerator. Hospitals increased the SBIRT rate by 60% from PY1 to PY3.

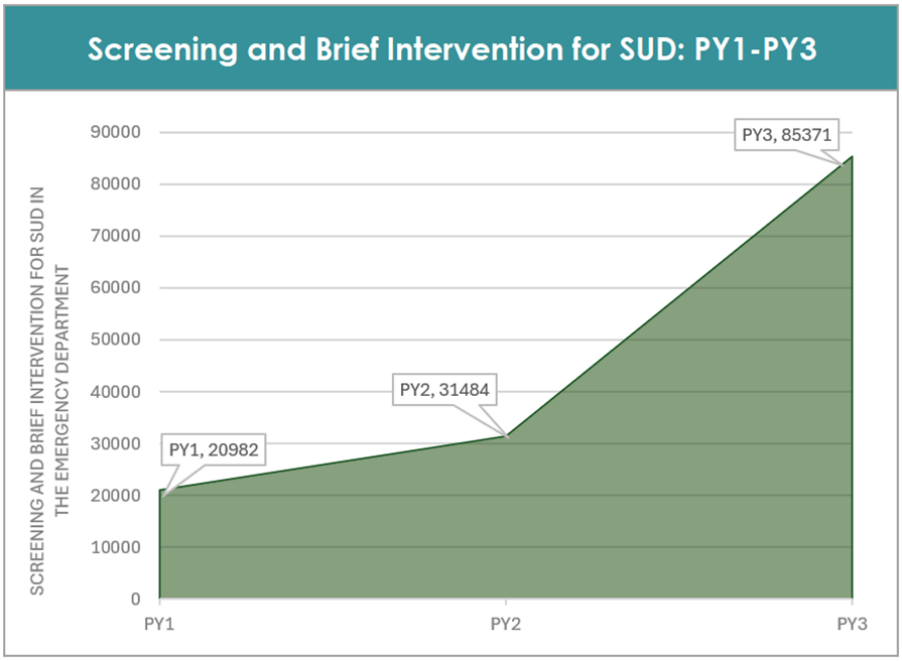


Figure 14. SUD totals Program Year 1 through 3

BH2 - Initiation of Medication Assisted Treatment (MAT) in Emergency Department or Hospital Owned Certified Provider Based Rural Health Center (RHC)

The numerator of BH2, Initiation of Medication Assisted Treatment (MAT) in Emergency Department or Hospital Owned Certified Provider Based Rural Health Center (RHC), consists of ED visits where the patient diagnosed with an opioid use disorder (OUD) and who is in at least acute mild active opioid withdrawal for whom MAT with Buprenorphine is initiated during an emergency department visit or hospital-owned certified provider-based rural health center through an on-site induction or through the provision/prescription of a home induction. For the MAT measure, hospitals demonstrated a growth rate of 33% from PY1 to PY3.

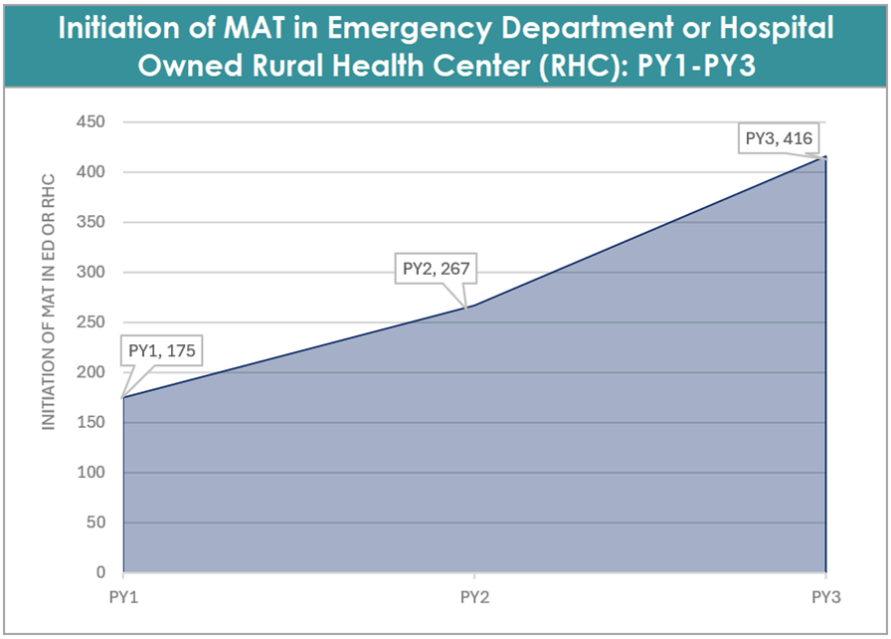


Figure 15. Initiation of MAT in hospital or RHC Program Year 1 through 3

High Performing Hospitals

Hospitals will be able to receive a payment comprised of a redistribution of unearned at-risk dollars from other hospitals related to performance achievement. Generally, hospitals in the top 10% of performance are deemed "high performing" and are eligible to receive redistributed funds related to the applicable measure(s). Redistribution of unearned at-risk dollars for performance achievement is evaluated on a per-measure basis for statewide measures and pooled together for local measures.

Local Measures

Unearned at-risk dollars are pooled together for local measures and redistributed to hospitals whose performance, as a percentage of the benchmark, for their local measures is in the top 10% of all hospitals. For Local Measures, a Local Measure Factor is calculated to determine performance across local measures for the purpose of determining high-performers. The percentage above or below the benchmark a hospital achieved on each of its local measures is calculated, and then the average percentage of benchmarks across these measures is determined. This average, the Local Measure Factor, will be used to rank each hospital. Hospitals in the top 10% will be deemed a high performing hospital and awarded available redistributed at-risk dollars for local measures. The threshold for high performance in Local Measures for PY3 is 1.58.

Nine of the 84 total hospitals were deemed high performing for their local measures in PY3. Figure 16 shows the hospitals deemed high performing for their local measures, and each hospital's average performance across their local measures as compared to the PY3 local measure factor of 1.58.

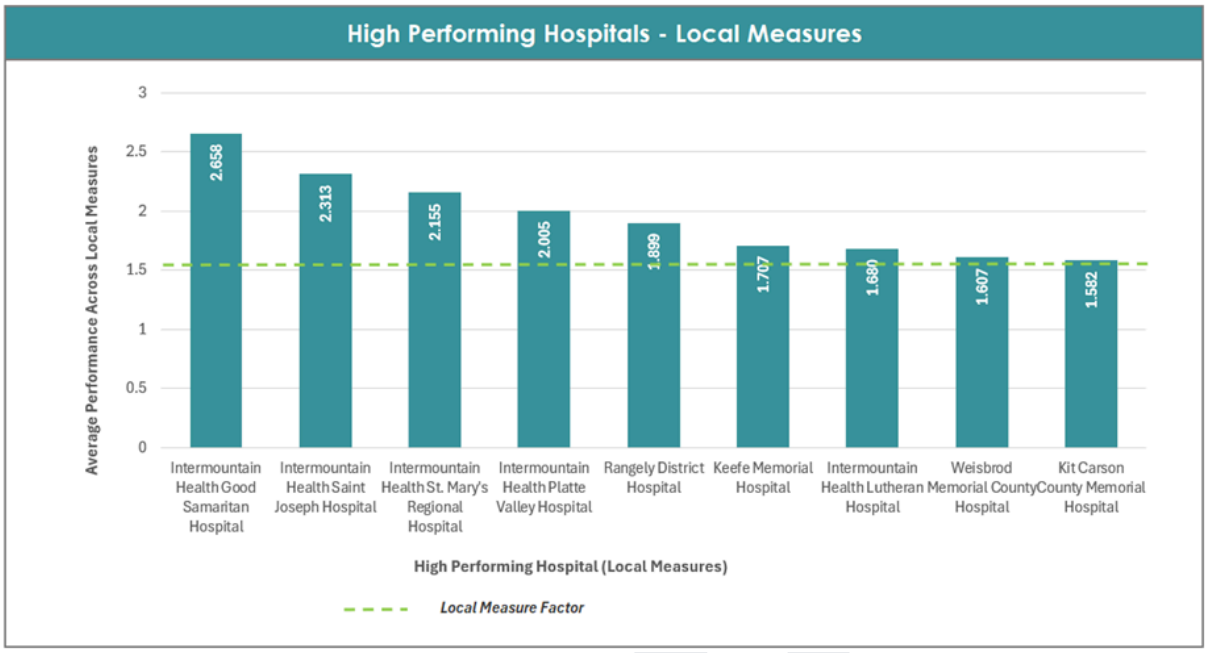


Figure 16. High Performing Hospitals - Local Measures

Statewide Measures

Unearned at-risk dollars for each statewide measure will be redistributed to hospitals who scored in the top 10% on the corresponding measure. Fifty-three hospitals were deemed high performing for at least one of their statewide measures. Of the 53 hospitals, nine were deemed high performing on 50% or more of their statewide measures.

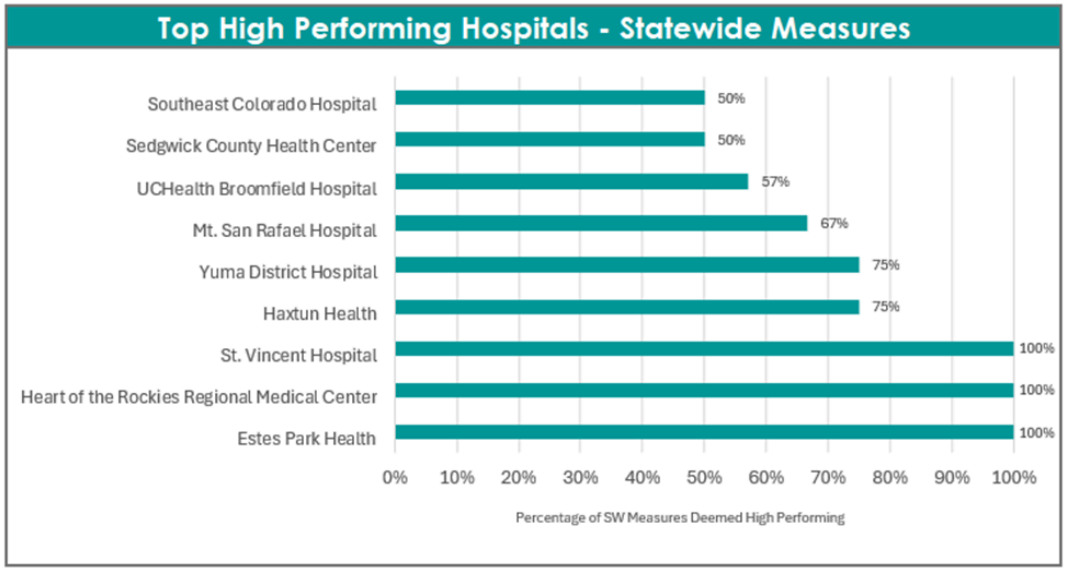


Figure 17. High Performing Hospitals, Statewide Measures

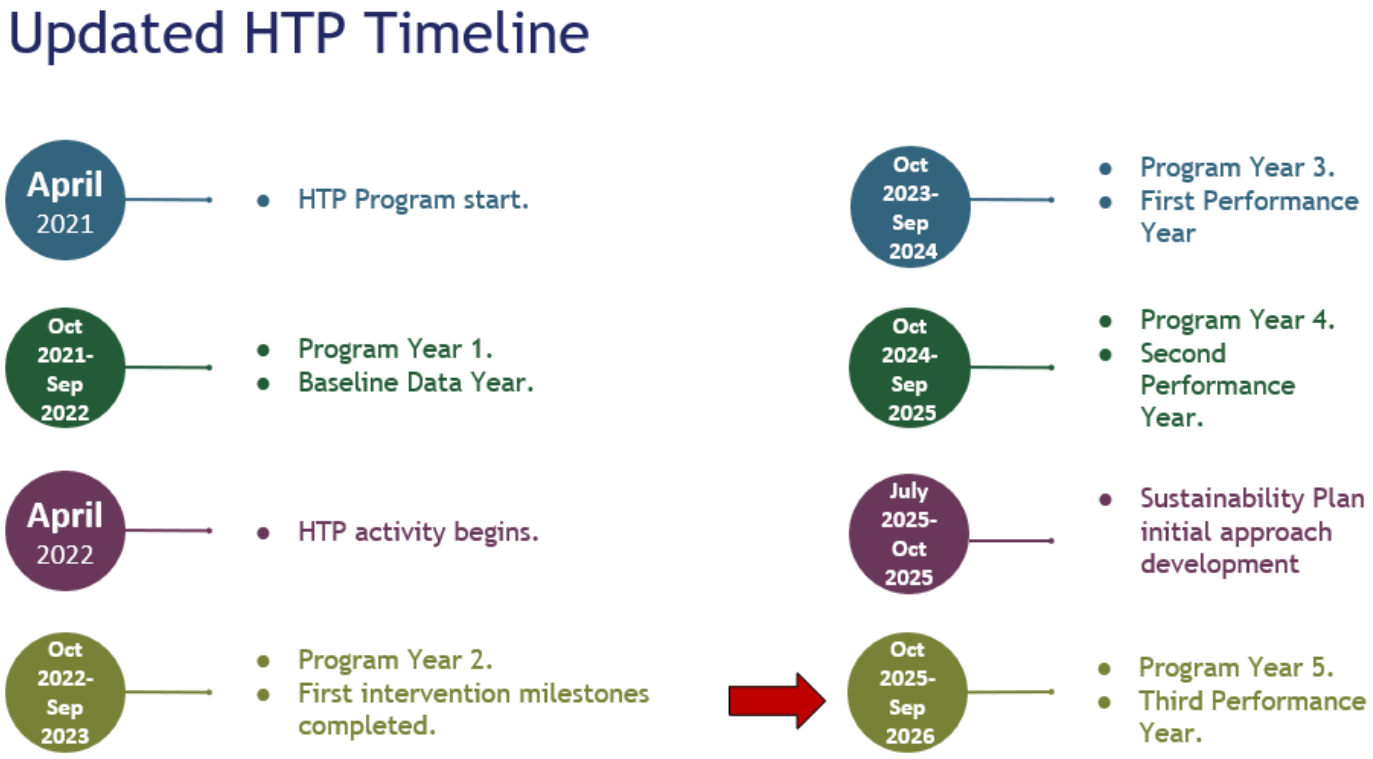


Figure 18. Hospital Transformation Program Timeline

Table 17 below summarizes the cumulative HTP-related CHASE payments, adjustments, and final amounts from the Application Period (PY0) - PY3. It also details the cumulative "at-risk" dollars for each hospital. From this table, most hospitals have seen a cumulative adjustment over the four years of under $500,000 either positive or negative. When comparing the cumulative net adjustments for hospitals to the cumulative HTP payment amount, all but 2 hospitals retain over 99% of the cumulative HTP payment amount. Comparing in a different way, when reviewing the cumulative net adjustment compared to the "at-risk" dollars, only 3 hospitals saw an adjustment over 10% downwards of the "at-risk" amount. 29 hospitals received positive adjustments (redistributions greater than unearned at-risk) and have cumulative payments that are greater than 100%.

Hospital Name	Cumulative CHASE HTP Payments through PY3	Cumulative At-Risk Dollars	Cumulative Adjustments through PY3	Cumulative HTP Payments Net Adjustments through PY3	% of HTP Payment retained[32]	Adjustment as a % of At Risk dollars[33]
AdventHealth Avista	$74,148,894	$4,805,044	-$311,845	$73,837,049	99.58%	-6%
AdventHealth Castle Rock	$16,540,900	$906,045	-$24,728	$16,516,172	99.85%	-3%
AdventHealth Littleton	$80,908,076	$5,295,132	-$329,642	$80,578,434	99.59%	-6%
AdventHealth Parker	$94,191,597	$6,146,931	-$44,759	$94,146,838	99.95%	-1%
AdventHealth Porter	$43,459,573	$2,363,458	-$101,118	$43,358,455	99.77%	-4%
Animas Surgical Hospital	$10,432,959	$706,069	-$147,509	$10,285,450	98.59%	-21%
Arkansas Valley Regional Medical Center	$29,910,663	$1,671,032	-$98,670	$29,811,993	99.67%	-6%
Aspen Valley Hospital	$10,123,604	$583,800	-$3,099	$10,120,505	99.97%	-1%
Banner Fort Collins Medical Center	$12,601,482	$741,805	-$25,031	$12,576,451	99.80%	-3%
Banner McKee Medical Center	$26,404,954	$1,469,401	-$75,305	$26,329,649	99.71%	-5%
Banner North Colorado Medical Center	$110,712,684	$7,576,196	-$398,100	$110,314,584	99.64%	-5%
Children's	$178,086,309	$11,003,717	$38,320	$178,124,629	100.02%	0%

[32] Cumulative HTP Payments Net Adjustments divided by Cumulative CHASE HTP Payments through PY3.
[33] Cumulative Adjustments through PY3 divided by Cumulative At-Risk Dollars.

Hospital Anschutz						
Children's Hospital Colorado Springs	$42,345,989	$3,112,562	$10,728	$42,356,717	100.03%	0%
Community Hospital	$18,186,348	$1,233,384	-$61,375	$18,124,973	99.66%	-5%
Conejos County Hospital	$11,121,475	$634,887	-$23,165	$11,098,310	99.79%	-4%
Delta County Memorial Hospital	$34,060,977	$2,215,889	-$111,923	$33,949,054	99.67%	-5%
Denver Health Medical Center	$198,567,680	$12,058,795	-$245,214	$198,322,466	99.88%	-2%
East Morgan County Hospital	$18,600,709	$1,084,524	-$28,196	$18,572,513	99.85%	-3%
Estes Park Health	$17,695,753	$1,069,933	$144,905	$17,840,658	100.82%	14%
Family Health West	$13,913,673	$788,394	-$15,084	$13,898,589	99.89%	-2%
Foothills Hospital	$98,381,352	$6,292,223	-$611,588	$97,769,764	99.38%	-10%
Grand River Health	$13,437,991	$796,292	$174,549	$13,612,540	101.30%	22%
Gunnison Valley Health	$9,632,115	$574,568	$111,372	$9,743,487	101.16%	19%
Haxtun Health	$5,219,776	$303,229	$73,346	$5,293,122	101.41%	24%
HCA HealthONE Aurora Hospital	$225,054,392	$14,101,168	-$344,060	$224,710,332	99.85%	-2%
HCA HealthONE Mountain Ridge Hospital	$87,956,945	$6,000,546	-$527,381	$87,429,564	99.40%	-9%
HCA	$255,814,814	$15,892,174	-$364,349	$255,450,465	99.86%	-2%

HealthONE Presbyterian St. Luke's Hospital						
HCA HealthONE Rose Hospital	$123,976,485	$8,039,421	-$70,121	$123,906,364	99.94%	-1%
HCA HealthONE Sky Ridge Hospital	$82,686,857	$5,396,617	$3,869	$82,690,726	100.00%	0%
HCA HealthONE Swedish Hospital	$248,405,846	$15,891,267	-$1,004,019	$247,401,827	99.60%	-6%
Heart of the Rockies Regional Medical Center	$31,615,341	$2,004,351	$343,241	$31,958,582	101.09%	17%
Intermountain Health Good Samaritan Hospital	$38,876,675	$2,112,301	$393,701	$39,270,376	101.01%	19%
Intermountain Health Lutheran Hospital	$185,252,496	$11,593,668	$2,218,257	$187,470,753	101.20%	19%
Intermountain Health Platte Valley Hospital	$40,786,836	$3,025,789	$737,168	$41,524,004	101.81%	24%
Intermountain Health Saint Joseph Hospital	$209,771,549	$13,069,816	$2,607,208	$212,378,757	101.24%	20%
Intermountain Health St. Mary's Regional Hospital	$104,034,906	$6,472,935	$1,217,108	$105,252,014	101.17%	19%
Keefe Memorial Hospital	$5,972,704	$372,284	$74,831	$6,047,535	101.25%	20%

Kit Carson County Memorial Hospital	$10,618,755	$650,320	$153,224	$10,771,979	101.44%	24%
Lincoln Community Hospital	$9,209,393	$600,057	-$30,058	$9,179,335	99.67%	-5%
Longmont United Hospital	$32,049,849	$1,595,391	-$63,887	$31,985,962	99.80%	-4%
Melissa Memorial Hospital	$7,746,258	$514,632	-$13,084	$7,733,174	99.83%	-3%
Mercy Hospital	$63,303,013	$3,730,771	-$95,964	$63,207,049	99.85%	-3%
Middle Park Medical Center	$16,150,336	$961,477	-$81,073	$16,069,263	99.50%	-8%
Montrose Regional Health	$25,941,810	$1,726,868	-$31,896	$25,909,914	99.88%	-2%
Mt. San Rafael Hospital	$22,749,677	$1,299,885	$744,426	$23,494,103	103.27%	57%
National Jewish Health	$27,456,783	$1,625,480	-$133,635	$27,323,148	99.51%	-8%
OrthoColorado Hospital	$1,219,601	$0	$592	$1,220,193	100.05%	N/A
Pagosa Springs Medical Center	$12,890,932	$770,635	$2,966	$12,893,898	100.02%	0%
Penrose-St. Francis Hospital	$348,930,173	$23,498,403	-$547,820	$348,382,353	99.84%	-2%
Pioneers Medical Center	$4,483,497	$292,752	$53,264	$4,536,761	101.19%	18%
Prowers Medical Center	$28,482,375	$1,694,340	-$23,632	$28,458,743	99.92%	-1%
Rangely District	$5,509,099	$313,107	$49,527	$5,558,626	100.90%	16%

Hospital						
Rio Grande Hospital	$11,693,460	$705,459	-$54,736	$11,638,724	99.53%	-8%
San Luis Valley Health Regional Medical Center	$52,677,547	$3,361,384	-$88,563	$52,588,984	99.83%	-3%
Sedgwick County Health Center	$5,788,640	$373,962	$102,219	$5,890,859	101.77%	27%
Southeast Colorado Hospital	$7,840,258	$459,428	$104,505	$7,944,763	101.33%	23%
Southwest Health System	$38,709,174	$2,335,032	-$47,292	$38,661,882	99.88%	-2%
Spanish Peaks Regional Health Center	$12,041,440	$679,030	-$28,353	$12,013,087	99.76%	-4%
St. Anthony Hospital	$73,086,713	$3,823,350	-$148,532	$72,938,181	99.80%	-4%
St. Anthony North Hospital	$48,455,680	$2,733,208	-$75,748	$48,379,932	99.84%	-3%
St. Anthony Summit Hospital	$21,499,859	$1,316,215	-$84,184	$21,415,675	99.61%	-6%
St. Elizabeth Hospital	$20,772,799	$1,171,916	-$27,863	$20,744,936	99.87%	-2%
St. Francis InterQuest	$434,081	$0	$0	$434,081	100.00%	N/A
St. Mary-Corwin Hospital	$41,733,127	$2,031,912	$7,178	$41,740,305	100.02%	0%
St. Thomas More Hospital	$37,379,205	$2,047,331	$8,019	$37,387,224	100.02%	0%
St. Vincent Hospital	$9,848,418	$650,803	-$22,219	$9,826,199	99.77%	-3%
Sterling Regional MedCenter	$29,252,268	$1,828,020	-$242,886	$29,009,382	99.17%	-13%

The Memorial Hospital	$28,181,651	$1,572,907	-$319,949	$27,861,702	98.86%	-20%
UCHealth Broomfield Hospital	$11,888,749	$829,381	$432,367	$12,321,116	103.64%	52%
UCHealth Grandview Hospital	$10,989,341	$629,611	-$4,402	$10,984,939	99.96%	-1%
UCHealth Greeley Hospital	$27,730,663	$1,564,963	-$79,388	$27,651,275	99.71%	-5%
UCHealth Highlands Ranch Hospital	$40,721,240	$1,817,127	-$71,691	$40,649,549	99.82%	-4%
UCHealth Longs Peak Hospital	$24,641,851	$1,519,932	-$101,341	$24,540,510	99.59%	-7%
UCHealth Medical Center of the Rockies	$52,311,650	$2,765,956	-$203,211	$52,108,439	99.61%	-7%
UCHealth Memorial Hospital	$151,305,039	$9,375,216	-$764,163	$150,540,876	99.49%	-8%
UCHealth Parkview Medical Center	$263,555,829	$16,380,989	-$1,333,290	$262,222,539	99.49%	-8%
UCHealth Pikes Peak Regional Hospital	$15,592,993	$932,582	-$25,983	$15,567,010	99.83%	-3%
UCHealth Poudre Valley Hospital	$57,327,431	$3,676,985	-$333,384	$56,994,047	99.42%	-9%
UCHealth University of Colorado Hospital	$446,712,047	$27,373,771	-$2,000,524	$444,711,523	99.55%	-7%
UCHealth Yampa Valley Medical	$25,824,410	$1,570,363	-$54,387	$25,770,023	99.79%	-3%

Center						
Vail Health Hospital	$32,152,587	$2,172,877	$1,087,692	$33,240,279	103.38%	50%
Valley View Hospital	$34,168,725	$1,802,599	$876,659	$35,045,384	102.57%	49%
Weisbrod Memorial County Hospital	$4,998,379	$313,249	$147,165	$5,145,544	102.94%	47%
Wray Community District Hospital	$12,233,350	$736,152	-$15,375	$12,217,975	99.87%	-2%
Yuma District Hospital	$11,475,854	$713,016	$196,385	$11,672,239	101.71%	28%

Table 17. HTP Quarterly Report Reviews with At-Risk Lost and Redistributed[34]

D. Continued Progress of the HTP

Over the course of this five-year program, the hospital payments transition from pay-for-process and reporting to a pay-for-performance structure in an effort to improve quality, demonstrate meaningful community engagement, and improve health outcomes over time. The HTP is currently in its second pay for performance year. As hospitals continue through the process of pay for performance, all reports are reviewed by HCPF and are evaluated based on established scoring criteria described within this document to determine payment of at-risk dollars.

The Department has also begun engaging HTP Workgroups, CHA, HCPF SMEs and Leadership, HTP hospitals, and other HTP stakeholders such as Regional Accountable Entities (RAEs), Health Information Exchanges (HIEs), Case Management Agencies, Regional Health Alliances, and The Midwest QIO-QIN around planning for the next phase of the program. The Department thus far has identified Guiding Principles and Emerging Concepts to guide the next phase of the HTP.

Guiding Principles

- Alignment with other programs, especially ACC Phase III and OeHI work around COSHIE and data support.
- Measure Alignment and ease of reporting and collection.
- Streamline the number of measures.
- Reduce administrative burden.

[34] There are three additional losses of funds not on the list for Program Year 2 for Milestone Reporting (Estes Park- $7,728, Heart of the Rockies- $93,563, The Memorial- $12,447). There is also no line for Animas' loss of funds in Program Year 1 for not meeting the implementation plan payment ($34,014).

- Connect workflows and reduce intervention segmentation.
- Conform to Program Governance Structure.
- Assure accountability through reporting and project planning and management.
- Energize teams and hospital community.
- Spur creativity and Innovation.
- Actively engage nonhospital partners.

Emerging Concepts

- Complex Care (people with disabilities, people with chronic conditions, people with long term support, co-morbidities), Complex Discharges, and Care Transitions to coordinate processes to improve outcomes and affordability.
- Data sharing/interoperability, health care data sharing, actionable data, care process configuration, care coordination tools, and analytics (hospitals, RAEs, CMAs, BHASCOs, CBOs)
- Connect Patients to Services for Behavioral Health (incl. SUD) and Community Care.
- Hospital Maternity Care and Maternal Outcomes.
- Connected Care for Rural communities. Targeted initiatives to drive improved outcomes and affordability.

D. HTP Learning Symposium

The third annual HTP learning symposium was held June 11 and 12, 2025 for HTP hospitals and stakeholders. The HTP Learning Symposium is a mandatory annual CHNE requirement for hospitals and key stakeholders with strong connections to the HTP program. Hospitals were required to attend at least one session either virtually or in-person. Overall, 84 of 84 hospitals (100%) were represented at the learning symposium. The previous year 83 of the 84 hospitals attended the HTP Learning Symposium. In total, there were over 170 different attendees over the two-day learning symposium.The HTP Learning Symposium celebrated hospital achievements to date, provided resources, peer learning, and panels on how to be successful within the HTP program. The HTP Learning Symposium is another avenue for HCPF to ensure hospital success in the HTP program.

The content covered at the learning symposium included the following topics:

- Transforming Social Care in Colorado: The Colorado Social Health Information Exchange (CoSHIE).
- Enhancing Quality Outcomes through Trust, Communication, and Data Sharing.
- Continuous Learning and Improvement: Peer Learning on approaches to support and evaluate your interventions.
- Using Population Health Data for Inclusive Care Redesign.
- HCPF Mosaic presented by Executive Director Kim Bimestefer.
- Colorado Mosaic: Spotlight on Hospital connections with community resources.
- ACC Phase 3 & Improving collaboration with hospitals.
- Reflecting and crafting vision for the future.

Recordings and slides from the 2025 Learning Symposium are available at: https://hcpf.colorado.gov/events/htp-learning-symposium-2025

E. Rural Support Fund

Funding for rural support payments is $12 million annually for each of the five years of the HTP, equaling $60 million in total. Twenty-three hospitals with the lowest revenues or reserves qualify for the Rural Support Fund (also known as the Rural Support Supplement Payment Program). For each qualified hospital, the annual payment is equal to $12 million divided by the total number of qualified hospitals ($521,739 per year per hospital). Rural Support Funds for FFY 2024-25 were disbursed in monthly installments as part of the CHASE fee and supplemental payment program. To date, each qualified hospital has received $2,608,695 over the program's five years.

Hospitals were given guidance on how these funds should be used to align with the HTP goals and each hospital submitted an attestation form detailing the use of the funds. Section C in the Appendix has further detail on each hospital's use of the funds in the third year, from October 2023 through September 2024. Attestations are required for each subsequent year summarizing how the funds were used and how future funds will be allocated.

Attestations are also used to check-in with hospitals on challenges and needs. Themes from the hospitals' attestations include: staffing shortages and the labor market, distinction and significance of the program, differences between urban and rural areas, the impact of decisions that only consider urban areas, budget concerns, and the end of this five-year program.

See hcpf.colorado.gov/htp-rural-support-fund for information on the Rural Support Fund.

F. HTP Sustainability

At the conclusion of the final program year, hospitals will be at-risk for the completion and submission of a comprehensive sustainability plan. The sustainability plan incorporates and builds upon the information and knowledge gained from the work and reporting that was done throughout the program and transitions hospitals into the next generation of the HTP. In 2027, the year after HTP ends, each hospital is required to develop a sustainability plan to be submitted to HCPF. These strategic plans need to demonstrate how they will ensure the continued success of the delivery system transformation efforts after the five-year HTP demonstration period. Over the course of this program year, HCPF is working to develop the overall sustainability plan and next steps for HTP. These efforts will guide hospitals on what is needed to build their plans. The intention is that the sustainability plans will have utility, and provide valuable insight and direction for hospitals as they transition to the next phase of the program.

The goal is to create a clear path forward, an action strategy, with steps and a timeline to ensure hospitals can sustain activities in the future, and transition to the next iteration of the HTP. Through the knowledge gained from the HTP, opportunities will be identified that can be built on to sustain the system transformation. This next iteration will continue to improve

care, innovate, and build abilities moving forward.

VII. Appendix

A. CHASE Fee, Supplemental Payments and Net Benefit

Table 18. Fee-Exempt Hospitals: Long-Term Care, and Rehabilitation Hospitals

Hospital Name	County	CHASE Fee	Inpatient Payment	Outpatient Payment	Essential Access Payment	Rural Support Payment	HQIP Payment	DSH Payment	Total Payment	Net Benefit
Craig Hospital	Arapahoe	$0	$59,340	$107,449	$0	$0	$10,771	$0	$177,560	$177,560
Kindred Hospital - Aurora	Adams	$0	$149,440	$0	$0	$0	$0	$0	$149,440	$149,440
Kindred Hospital - Denver	Denver	$0	$153,140	$0	$0	$0	$0	$0	$153,140	$153,140
Northern Colorado Long Term Acute Hospital	Larimer	$0	$19,700	$0	$0	$0	$0	$0	$19,700	$19,700
Northern Colorado Rehabilitation Hospital	Weld	$0	$26,360	$511	$0	$0	$0	$0	$26,871	$26,871
PAM Health Rehabilitation Hospital of Greeley	Weld	$0	$24,880	$319	$0	$0	$0	$0	$25,199	$25,199
PAM Rehabilitation Hospital of Westminster	Jefferson	$0	$50,040	$483	$0	$0	$0	$0	$50,523	$50,523
PAM Specialty Hospital of Denver	Denver	$0	$157,680	$0	$0	$0	$0	$0	$157,680	$157,680
PAM Health Rehabilitation Hospital of Greeley	Weld	$0	$24,880	$319	$0	$0	$0	$0	$25,199	$25,199
Rehabilitation Hospital of Colorado Springs	El Paso	$0	$102,300	$0	$0	$0	$58,277	$0	$160,577	$160,577
Rehabilitation Hospital of Littleton	Arapahoe	$0	$43,500	$0	$0	$0	$177,523	$0	$221,023	$221,023
Reunion Rehabilitation Hospital - Denver	Denver	$0	$37,800	$0	$0	$0	$0	$0	$37,800	$37,800
Reunion Rehabilitation Hospital - Inverness	Douglas	$0	$29,240	$0	$0	$0	$0	$0	$29,240	$29,240
Spalding Rehabilitation Hospital	Adams	$0	$61,840	$10,343	$0	$0	$0	$0	$72,183	$72,183

Vibra Hospital of Denver	Adams	$0	$202,340	$0	$0	$0	$0	$0	$202,340	$202,340
Vibra Rehabilitation Hospital of Denver	Adams	$0	$79,300	$0	$0	$0	$0	$0	$79,300	$79,300
Total		**$0**	**$1,196,900**	**$119,105**	**$0**	**$0**	**$246,571**	**$0**	**$1,562,576**	**$1,56**

Table 19. Fee-Paying Hospitals: General and Acute Care Hospitals

Hospital Name	County	CHASE Fee	Inpatient Payment	Outpatient Payment	Essential Access Payment	Rural Support Payment	HQIP Payment	DSH Payment	Total Payment	Net Benefit
Animas Surgical Hospital	La Plata	$2,656,105	$5,180	$2,691,845	$764,706	$0	$11,512	$0	$3,473,243	$817,138
Arkansas Valley Regional Medical Center	Otero	$1,335,751	$2,747,124	$5,082,375	$764,706	$0	$708,992	$0	$9,303,197	$7,967,446
Aspen Valley Hospital	Pitkin	$2,758,993	$582,561	$1,509,771	$764,706	$0	$72,201	$420,104	$3,349,343	$590,350
Avista Adventist Hospital	Boulder	$12,232,050	$13,806,865	$7,635,541	$0	$0	$2,290,675	$0	$23,733,081	$11,501,031
Banner Fort Collins Medical Center	Larimer	$2,940,693	$1,930,312	$1,190,316	$0	$0	$834,648	$558,488	$4,513,764	$1,573,071
Broomfield Hospital	Jefferson	$7,158,830	$3,051,008	$1,297,457	$0	$0	$741,866	$0	$5,090,331	-$2,068,499
Castle Rock Adventist Hospital	Douglas	$11,963,213	$2,770,632	$1,399,780	$0	$0	$982,648	$0	$5,153,060	-$6,810,153
Children's Hospital Anschutz	Adams	$47,012,185	$45,666,720	$8,345,303	$0	$0	$6,139,075	$12,026,154	$72,177,252	$25,165,067
Children's Hospital Colorado Springs	El Paso	$15,057,266	$12,681,360	$2,338,473	$0	$0	$1,913,391	$1,644,153	$18,577,377	$3,520,111
Community Hospital	Mesa	$10,678,439	$704,850	$8,156,897	$0	$0	$816,816	$1,391,705	$11,070,268	$391,829
Conejos County Hospital	Conejos	$412,246	$113,960	$2,599,033	$764,706	$521,739	$141,372	$0	$4,140,810	$3,728,564
Delta County Memorial Hospital	Delta	$4,765,665	$3,754,582	$6,324,181	$0	$0	$352,069	$0	$10,430,832	$5,665,167
Denver Health Medical Center	Denver	$50,175,021	$0	$0	$0	$0	$10,815,990	$141,498,623	$152,314,613	$102,139,592

East Morgan County Hospital	Morgan	$960,526	$1,533,900	$2,812,266	$764,706	$521,739	$636,548	$0	$6,269,159	$5,308,633
Estes Park Health	Larimer	$1,275,642	$758,933	$3,961,585	$764,706	$0	$0	$0	$5,485,224	$4,209,582
Family Health West	Mesa	$1,900,462	$24,420	$4,252,352	$764,706	$0	$16,202	$0	$5,057,680	$3,157,218
Foothills Hospital	Boulder	$29,075,356	$3,856,695	$26,326,682	$0	$0	$1,277,958	$0	$31,461,335	$2,385,979
Grand River Health	Garfield	$2,141,178	$408,862	$2,697,464	$764,706	$0	$134,057	$2,824,826	$6,829,915	$4,688,737
Grandview Hospital	El Paso	$4,705,336	$531,664	$1,417,031	$0	$0	$377,329	$0	$2,326,024	-$2,379,312
Greeley Hospital	Weld	$12,318,291	$4,208,872	$3,163,233	$0	$0	$2,114,925	$2,696,512	$12,183,542	-$134,749
Gunnison Valley Health	Gunnison	$1,640,373	$416,879	$1,739,445	$764,706	$0	$92,054	$0	$3,013,084	$1,372,711
Haxtun Health	Phillips	$181,171	$120,254	$528,240	$764,706	$521,739	$1,459	$0	$1,936,398	$1,755,227
Heart of the Rockies Regional Medical Center	Chaffee	$3,733,787	$1,533,900	$7,129,079	$764,706	$0	$52,558	$0	$9,480,243	$5,746,456
Highlands Ranch Hospital	Adams	$17,613,443	$8,466,907	$7,573,225	$0	$0	$1,049,190	$0	$17,089,322	-$524,121
Intermountain Health Good Samaritan Hospital	Boulder	$25,463,962	$6,620,752	$2,291,569	$0	$0	$1,482,431	$0	$10,394,752	-$15,069,210
Intermountain Health Lutheran Hospital	Jefferson	$40,487,313	$33,153,237	$17,756,525	$0	$0	$3,120,776	$0	$54,030,538	$13,543,225
Intermountain Health Platte Valley Hospital	Adams	$10,585,020	$5,280,200	$12,660,271	$0	$0	$2,511,410	$2,747,458	$23,199,339	$12,614,319
Intermountain Health Saint Joseph Hospital	Denver	$42,130,663	$38,749,266	$4,095,266	$0	$0	$4,520,239	$0	$47,364,771	$5,234,108
Intermountain Health St. Mary's Regional Hospital	Mesa	$31,384,829	$39,418,920	$11,138,079	$0	$0	$1,452,048	$0	$52,009,047	$20,624,218
Keefe Memorial Hospital	Cheyenne	$144,497	$122,926	$927,285	$764,706	$521,739	$15,989	$0	$2,352,645	$2,208,148
Kit Carson County Memorial Hospital	Kit Carson	$449,234	$42,757	$1,611,572	$764,706	$521,739	$43,354	$0	$2,984,128	$2,534,894
Lincoln Community Hospital	Lincoln	$535,213	$312,659	$1,768,281	$764,706	$521,739	$8,344	$0	$3,375,729	$2,840,516

Littleton Adventist Hospital	Arapahoe	$24,009,965	$15,542,950	$7,900,429	$0	$0	$1,449,893	$0	$24,893,272	$883,307
Longmont United Hospital	Boulder	$9,620,016	$2,686,600	$1,897,024	$0	$0	$1,114,557	$2,932,873	$8,631,054	-$988,962
Longs Peak Hospital	Weld	$14,369,901	$4,219,376	$2,360,330	$0	$0	$2,054,143	$1,817,465	$10,451,314	-$3,918,587
McKee Medical Center	Larimer	$6,895,289	$1,426,928	$2,282,902	$0	$0	$676,162	$1,109,435	$5,495,427	-$1,399,862
Medical Center of the Rockies	Larimer	$31,827,351	$8,303,816	$3,625,119	$0	$0	$1,806,196	$5,368,725	$19,103,856	-$12,723,495
Melissa Memorial Hospital	Phillips	$418,482	$69,480	$1,580,191	$764,706	$521,739	$23,188	$0	$2,959,304	$2,540,822
Memorial Hospital	El Paso	$74,746,876	$70,718,832	$11,676,450	$0	$0	$10,441,908	$2,209,954	$95,047,144	$20,300,268
Mercy Hospital	La Plata	$16,064,008	$4,215,040	$14,376,328	$0	$0	$1,504,318	$0	$20,095,686	$4,031,678
Middle Park Medical Center	Grand	$1,170,358	$187,061	$3,248,840	$764,706	$521,739	$3,516	$0	$4,725,862	$3,555,504
Montrose Regional Health	Montrose	$8,288,254	$3,834,751	$3,519,477	$0	$0	$578,111	$3,896,846	$11,829,185	$3,540,931
Mt. San Rafael Hospital	Las Animas	$1,351,645	$258,260	$6,071,838	$764,706	$0	$374,359	$0	$7,469,163	$6,117,518
National Jewish Health	Denver	$4,538,642	$75,144	$3,235,076	$0	$0	$34,767	$3,878,416	$7,223,403	$2,684,761
North Colorado Medical Center	Weld	$24,339,898	$15,748,800	$20,575,186	$0	$0	$3,844,690	$6,389,490	$46,558,166	$22,218,268
North Suburban Medical Center	Adams	$31,749,230	$12,431,250	$14,867,530	$0	$0	$2,495,609	$4,464,318	$34,258,707	$2,509,477
OrthoColorado Hospital	Jefferson	$5,512,942	$58,984	$88,811	$0	$0	$16,456	$0	$164,251	-$5,348,691
Pagosa Springs Medical Center	Archuleta	$1,057,432	$470,325	$2,069,658	$764,706	$521,739	$136,405	$0	$3,962,833	$2,905,401
Parker Adventist Hospital	Douglas	$24,552,207	$16,357,114	$11,971,997	$0	$0	$1,766,252	$0	$30,095,363	$5,543,156
Parkview Medical Center	Pueblo	$50,603,490	$14,651,445	$55,188,420	$0	$0	$5,711,429	$0	$75,551,294	$24,947,804
Penrose-St. Francis Hospital	El Paso	$74,440,428	$77,622,955	$28,964,334	$0	$0	$5,475,809	$0	$112,063,098	$37,622,670

Pikes Peak Regional Hospital	Teller	$1,433,663	$177,600	$3,885,260	$764,706	$521,739	$141,798	$0	$5,491,103	$4,057,440
Pioneers Medical Center	Rio Blanco	$538,892	$138,960	$779,097	$764,706	$521,739	$0	$0	$2,204,502	$1,665,610
Porter Adventist Hospital	Denver	$25,858,333	$6,607,016	$2,926,079	$0	$0	$1,110,743	$0	$10,643,838	-$15,214,495
Poudre Valley Hospital	Larimer	$46,262,391	$35,474,004	$25,376,340	$0	$0	$4,066,607	$0	$64,916,951	$18,654,560
Presbyterian-St. Luke's Medical Center	Denver	$50,511,076	$55,305,283	$17,891,407	$0	$0	$2,533,184	$0	$75,729,874	$25,218,798
Prowers Medical Center	Prowers	$926,102	$900,565	$5,483,599	$764,706	$0	$926,024	$0	$8,074,894	$7,148,792
Rangely District Hospital	Rio Blanco	$178,754	$24,051	$528,274	$764,706	$521,739	$0	$0	$1,838,770	$1,660,016
Rio Grande Hospital	Rio Grande	$999,611	$287,860	$3,491,362	$764,706	$521,739	$310,570	$0	$5,376,237	$4,376,626
Rose Medical Center	Denver	$42,550,457	$27,144,787	$9,248,033	$0	$0	$1,842,683	$0	$38,235,503	-$4,314,954
San Luis Valley Health Regional Medical Center	Alamosa	$6,555,289	$2,257,740	$14,464,934	$0	$0	$1,844,374	$0	$18,567,048	$12,011,759
Sedgwick County Health Center	Sedgwick	$317,736	$133,615	$824,406	$764,706	$521,739	$381	$0	$2,244,847	$1,927,111
Sky Ridge Medical Center	Douglas	$59,559,011	$20,577,596	$8,444,960	$0	$0	$1,196,557	$0	$30,219,113	-$29,339,898
Southeast Colorado Hospital	Baca	$305,969	$163,010	$989,795	$764,706	$521,739	$69,773	$0	$2,509,023	$2,203,054
Southwest Health System	Montezuma	$2,086,956	$3,805,355	$6,103,384	$764,706	$521,739	$528,731	$0	$11,723,915	$9,636,959
Spanish Peaks Regional Health Center	Huerfano	$435,420	$163,010	$2,150,374	$764,706	$521,739	$25,806	$0	$3,625,635	$3,190,215
St. Anthony Hospital	Jefferson	$37,508,836	$14,299,176	$3,416,678	$0	$0	$1,652,841	$0	$19,368,695	-$18,140,141
St. Anthony North Hospital	Broomfield	$22,430,210	$9,033,440	$3,837,708	$0	$0	$3,476,524	$0	$16,347,672	-$6,082,538
St. Anthony Summit Hospital	Summit	$4,997,534	$1,072,260	$5,553,653	$0	$0	$1,044,582	$0	$7,670,495	$2,672,961
St. Elizabeth Hospital	Morgan	$2,741,464	$1,050,950	$6,713,398	$0	$0	$742,495	$0	$8,506,843	$5,765,379

St. Francis Hospital - Interquest	El Paso	$1,752,257	$31,512	$1,050,909	$0	$0	$0	$0	$1,082,421	-$669,836
St. Mary-Corwin Hospital	Pueblo	$12,606,078	$2,534,696	$3,486,506	$0	$0	$1,433,093	$0	$7,454,295	-$5,151,783
St. Thomas More Hospital	Fremont	$4,096,416	$1,747,140	$8,273,762	$764,706	$0	$1,260,455	$0	$12,046,063	$7,949,647
St. Vincent Hospital	Lake	$311,970	$154,993	$2,133,971	$764,706	$521,739	$0	$0	$3,575,409	$3,263,439
Sterling Regional MedCenter	Logan	$2,005,948	$891,700	$6,523,343	$764,706	$521,739	$848,127	$0	$9,549,615	$7,543,667
Swedish Medical Center	Arapahoe	$73,020,352	$60,671,182	$15,390,199	$0	$0	$1,865,718	$0	$77,927,099	$4,906,747
The Medical Center of Aurora	Arapahoe	$58,756,524	$43,545,801	$16,778,231	$0	$0	$2,066,780	$0	$62,390,812	$3,634,288
The Memorial Hospital	Moffat	$1,593,598	$903,237	$5,216,963	$764,706	$521,739	$0	$0	$7,406,645	$5,813,047
University of Colorado Hospital	Adams	$136,106,640	$58,948,837	$68,297,265	$0	$0	$11,386,542	$56,098,170	$194,730,814	$58,624,174
Vail Health Hospital	Eagle	$7,128,447	$1,124,800	$10,953,934	$0	$0	$471,801	$0	$12,550,535	$5,422,088
Valley View Hospital	Garfield	$9,988,127	$2,855,660	$6,979,928	$0	$0	$464,643	$11,085,785	$21,386,016	$11,397,889
Weisbrod Memorial County Hospital	Kiowa	$85,069	$16,034	$736,264	$764,706	$521,739	$0	$0	$2,038,743	$1,953,674
Wray Community District Hospital	Yuma	$837,555	$1,362,873	$2,314,782	$764,706	$521,739	$442,517	$0	$5,406,617	$4,569,062
Yampa Valley Medical Center	Routt	$3,616,826	$1,007,880	$4,235,964	$0	$0	$620,421	$660,814	$6,525,079	$2,908,253
Yuma District Hospital	Yuma	$485,555	$275,247	$2,181,530	$764,706	$521,739	$26,150	$0	$3,769,372	$3,283,817
Totals		**$1,420,018,233**	**$836,944,138**	**$634,582,654**	**$26,000,004**	**$11,999,997**	**$126,635,814**	**$265,720,314**	**$1,901,882,921**	**$481,864,688**
Totals (All Hospitals)		**$1,420,018,233**	**$838,141,038**	**$634,701,759**	**$26,000,004**	**$11,999,997**	**$126,882,385**	**$265,720,314**	**$1,903,445,497**	**$483,427,264**

B. Cost Shift

1. Payment to Cost Ratio by Payer Group

Table 20 Cost-to-charge Ratio Calculation

Calculation	Variable
	Total operating expense
÷	Sum of:
	Total gross charges
+	Other operating revenue.
=	Net patient revenue

Figure 19 is a visual display of payment to cost ratios by payer group from 2019 to 2024.

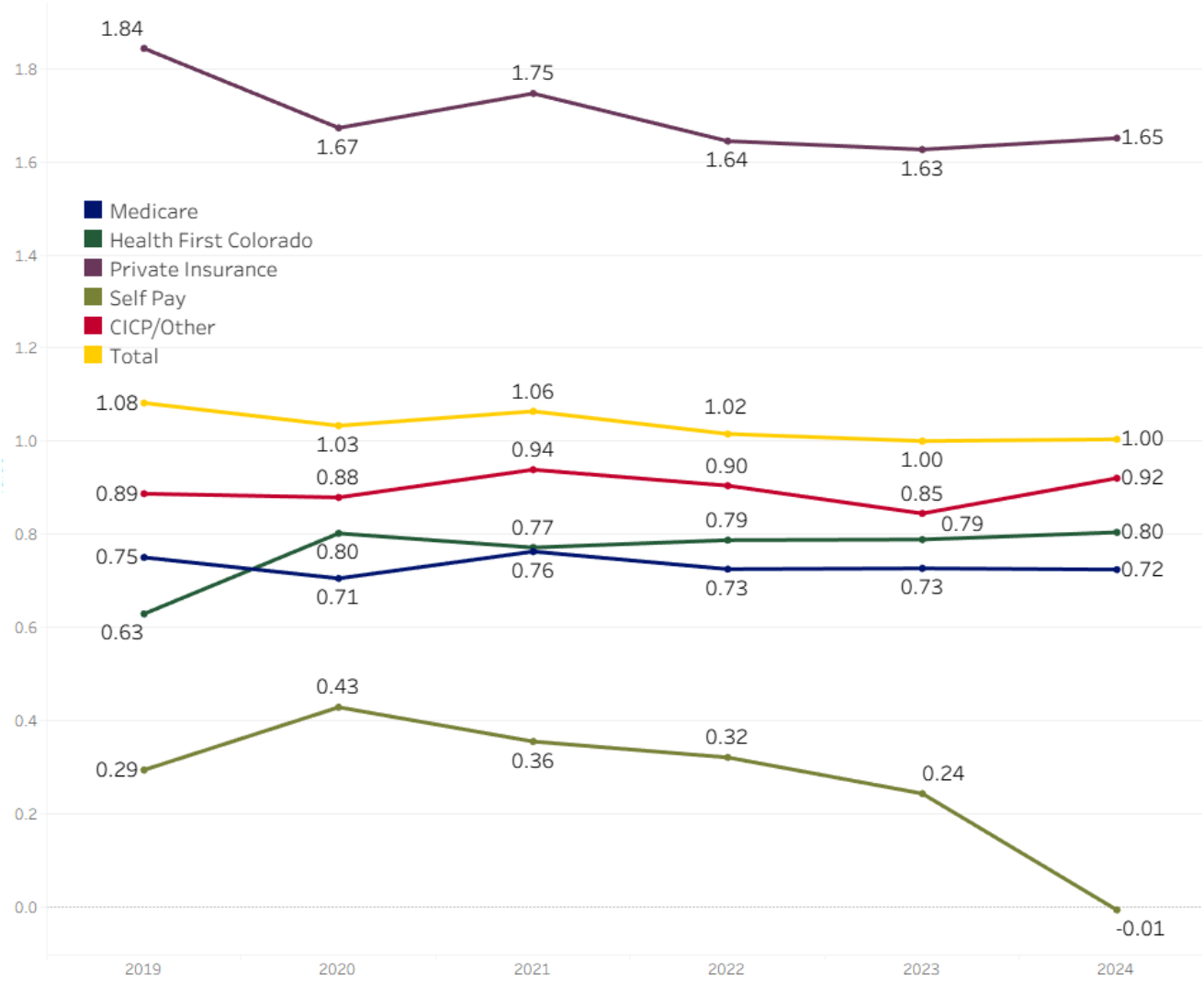


Figure 19. Payment to Cost Ratio by Payer Group

Table 21. Payment to Cost Ratio

Year	Medicare	Health First Colorado	Private Insurance	CICP/Self Pay/Other	Overall
2009	0.78	0.54	1.55	0.52	1.05
2010	0.76	0.74	1.49	0.72	1.06
2011	0.77	0.76	1.54	0.65	1.07
2012	0.74	0.79	1.54	0.67	1.07
2013	0.66	0.80	1.52	0.84	1.05
2014	0.71	0.72	1.59	0.93	1.07
2015	0.72	0.75	1.58	1.11	1.08
2016	0.71	0.71	1.64	1.08	1.09
2017	0.72	0.72	1.66	0.85	1.07
2018	0.70	0.77	1.70	0.88	1.09

Please note, when comparing results from 2009 to 2018 with those after 2019 remember the change in methodology from a statewide cost-to-charge ratio to a hospital specific ratio.

Table 22. Payment to Cost Ratio, Post HB 19-1001[35]

Year	Medicare	Health First Colorado	Insurance	Self Pay	CICP/ Other	Overall
2019	0.75	0.63	1.84	0.30	0.89	1.08
2020	0.71	0.80	1.67	0.42	0.88	1.03
2020 w/ stimulus	0.76	0.87	1.76	0.49	0.95	1.10
2021	0.76	0.77	1.75	0.35	0.94	1.06
2022	0.73	0.79	1.64	0.33	0.90	1.02
2023	0.73	0.79	1.63	0.25	0.84	1.00
2024	0.72	0.80	1.65	-0.01	0.92	1.00

[35] Increases for Health First Colorado's reimbursement between 2019 and 2020 were likely driven by better reporting of supplemental payments from hospitals and the increase in the FMAP in response to the COVID-19 PHE.

Table 23. Payment to Cost Ratio, by hospital, 2024

Hospital Name	Medicare	Health First Colorado	Insurance	Self Pay	CICP/ Other	Overall
AdventHealth Avista	0.67	1.23	1.54	0.06	0.49	1.08
AdventHealth Castle Rock	0.64	0.59	1.69	0.25	0.31	1.04
AdventHealth Littleton	0.59	1.00	1.73	-0.03	-0.47	0.96
AdventHealth Parker	0.63	0.89	1.82	-0.04	0.80	1.11
AdventHealth Porter	0.63	0.50	1.53	-0.02	0.69	0.86
Animas Surgical Hospital	0.96	0.66	1.88	1.27	0.95	1.21
Arkansas Valley Regional Medical Center	0.61	1.13	0.92	0.02	0.93	0.89
Aspen Valley Hospital	0.81	0.78	1.24	0.42	0.81	0.98
Banner Health Banner North Colorado Medical Center	0.66	0.99	1.62	0.23	0.68	0.95
Banner Health East Morgan County Hospital	0.88	1.51	1.16	0.39	0.66	1.04
Banner Health Fort Collins Medical Center	0.57	0.80	1.61	0.38	0.62	1.02
Banner Health McKee Medical Center	0.57	0.76	1.57	0.39	0.60	0.85
Banner Health Sterling Regional MedCenter	0.71	1.59	1.58	0.44	0.85	1.09

Hospital Name	Medicare	Health First Colorado	Insurance	Self Pay	CICP/ Other	Overall
Children's Hospital Colorado	0.43	0.52	1.42	0.75	0.76	0.97
Children's Hospital Colorado Springs	0.55	0.45	1.73	0.35	0.54	0.94
CommonSpirit - Longmont United Hospital	0.55	0.80	1.17	0.41	0.38	0.74
CommonSpirit - Mercy Hospital	0.70	0.79	1.78	0.44	0.53	0.99
CommonSpirit - OrthoColorado Hospital	0.87	0.52	2.20	1.24	0.79	1.43
CommonSpirit - Penrose Hospital	0.71	1.10	1.72	0.64	0.67	0.98
CommonSpirit - St. Anthony Hospital	0.70	0.59	1.81	0.65	0.31	0.96
CommonSpirit - St. Anthony North Hospital	0.78	0.72	1.71	0.12	0.78	0.99
CommonSpirit - St. Anthony Summit Hospital	0.63	0.81	1.94	0.06	0.35	1.31
CommonSpirit - St. Elizabeth Hospital	0.58	0.78	1.50	0.50	0.42	0.88
CommonSpirit - St Francis Interquest[36]	0.26	0.14	0.56	0.48	0.24	0.34
CommonSpirit - St. Mary-Corwin	0.72	0.70	1.67	0.53	1.02	0.87

[36] CommonSpirit St Francis Interquest Hospital opened in mid 2024 and as such as a lower payment to cost as payments are typically lower during a hospital's first year of operation as it starts up and the community begins utilizing its service while at the same time most of the hospitals expenses are already expensed. Additionally, as a first year of operation the facility would not have received any supplemental payments and thus Medicaid payment to cost does not reflect those payments.

Hospital Name	Medicare	Health First Colorado	Insurance	Self Pay	CICP/ Other	Overall
Hospital						
CommonSpirit - St. Thomas More Hospital	0.74	1.12	2.27	0.57	1.68	1.18
Community Hospital	0.75	0.80	1.91	-0.68	0.73	1.00
Conejos County Hospital	1.18	1.33	1.14	0.61	1.49	1.21
Delta Health	1.43	1.42	-0.11	0.53	2.92	0.94
Denver Health	0.69	0.81	1.27	0.80	0.82	0.87
Estes Park Health	0.88	1.26	1.26	-1.17	0.73	0.93
Family Health West	0.29	1.67	2.01	1.51	1.71	1.01
Foothills Hospital	0.61	0.92	1.37	1.33	0.25	0.90
Grand River Health	0.82	1.00	1.04	0.84	0.07	0.89
Gunnison Valley Health	0.97	0.62	1.18	-1.10	1.18	0.95
Haxtun Health	0.99	1.68	0.60	1.00	0.0	0.97
HCA HealthONE Aurora	0.92	0.96	2.35	-2.53	1.28	1.02
HCA HealthONE Mountain Ridge	0.98	0.97	3.42	-2.59	1.51	1.06
HCA HealthONE Presbyterian St. Luke's	0.63	0.96	2.11	-1.08	1.84	1.27
HCA HealthONE Rose	0.74	1.05	2.26	-1.50	1.33	1.18
HCA HealthONE Sky Ridge	0.87	0.90	2.05	-3.23	1.28	1.25
HCA HealthONE	0.84	1.02	2.27	-2.95	1.73	1.18

Hospital Name	Medicare	Health First Colorado	Insurance	Self Pay	CICP/ Other	Overall
Swedish						
Heart of the Rockies Regional Medical Center	0.80	1.08	1.64	1.45	0.82	1.08
Intermountain Health Good Samaritan Hospital	0.62	1.19	1.39	0.13	1.07	0.94
Intermountain Health Lutheran Hospital	0.53	0.90	1.30	0.26	0.93	0.80
Intermountain Health Platte Valley Hospital	0.57	0.88	1.56	0.21	0.67	0.95
Intermountain Health Saint Joseph Hospital	0.70	0.88	1.34	0.20	0.96	0.94
Intermountain Health St. Mary's Regional Hospital	0.64	0.83	1.99	0.32	0.77	0.96
Keefe Memorial Health Service District	1.04	0.77	0.63	-0.11	0.73	0.77
Kit Carson County Memorial Hospital	1.14	1.71	1.01	-1.45	0.0	1.05
Lincoln Health	0.76	1.23	0.65	0.55	1.22	0.80
Melissa Memorial Hospital	0.79	1.84	1.06	-1.86	1.37	0.96
Memorial Regional Health	0.94	1.56	0.98	1.00	0.93	1.06
Middle Park Health	0.89	1.51	1.23	-0.38	-0.26	1.01
Montrose Regional Health	0.62	1.68	1.44	2.45	0.12	1.03

Hospital Name	Medicare	Health First Colorado	Insurance	Self Pay	CICP/ Other	Overall
Mt. San Rafael Hospital	0.68	0.52	1.12	2.30	2.43	0.89
National Jewish Health	0.59	0.26	0.88	0.43	0.48	0.63
Pagosa Springs Medical Center	0.91	1.29	0.54	1.84	0.58	0.89
Pioneers Medical Center	0.79	0.46	1.14	1.30	1.13	0.89
Prowers Medical Center	0.88	1.15	0.99	0.68	0.0	0.97
Rangely District Hospital	1.18	1.74	0.62	0.35	0.63	0.89
Rio Grande Hospital	0.92	1.48	0.91	-0.77	0.81	0.93
San Luis Valley Health Regional Medical Center	0.66	1.01	1.60	1.26	0.59	0.96
Sedgwick County Health Center	0.99	1.32	0.71	1.12	0.88	1.00
Southeast Colorado Hospital District	0.80	0.86	1.00	1.11	0.39	0.85
Southwest Health System, Inc.	0.84	1.25	1.30	-0.00	0.59	0.98
Spanish Peaks Regional Health Center	0.94	1.09	1.10	-0.40	0.36	0.89
St. Vincent Health	1.07	0.47	0.92	1.20	0.83	0.90
UCHealth Broomfield Hospital	0.76	0.82	1.27	0.61	0.70	0.97

Hospital Name	Medicare	Health First Colorado	Insurance	Self Pay	CICP/ Other	Overall
UCHealth Grandview Hospital	0.72	0.58	1.65	0.90	0.69	0.95
UCHealth Greeley Hospital	0.70	0.62	1.81	0.39	1.11	0.97
UCHealth Highlands Ranch Hospital	0.85	0.87	1.18	0.24	1.07	0.98
UCHealth Longs Peak Hospital	0.58	0.57	1.75	0.75	1.32	1.00
UCHealth Medical Center of the Rockies	0.68	0.59	2.12	0.15	1.03	1.07
UCHealth Memorial Hospital Central	0.75	0.63	1.98	0.24	0.97	1.03
UCHealth Parkview Medical Center	0.67	1.08	1.90	-1.49	1.57	0.97
UCHealth Pikes Peak Regional Hospital	0.94	1.41	1.87	0.53	1.23	1.25
UCHealth Poudre Valley Hospital	0.79	0.74	1.90	0.43	1.21	1.10
UCHealth University of Colorado Hospital	0.85	0.76	1.70	0.28	1.18	1.09
UCHealth Yampa Valley Medical Center	0.58	0.81	1.71	0.31	0.82	1.06
Vail Health Hospital	0.49	0.83	1.32	-0.05	1.00	0.88
Valley View Hospital	0.63	1.04	1.61	0.93	1.02	1.04

Hospital Name	Medicare	Health First Colorado	Insurance	Self Pay	CICP/ Other	Overall
Weisbrod Memorial County Hospital	0.65	1.26	0.65	0.65	0.65	0.81
Wray Hospital	0.75	1.27	1.10	0.63	0.0	0.96
Yuma District Hospital	0.90	1.30	0.79	0.33	0.80	0.91
Grand Total	0.72	0.80	1.65	-0.01	0.92	1.00

2. Payment, Cost by Payer Group

Figure 20 shows the total payments by payer from 2019 to 2024. Combined, Table 24 and Table 25 display the total hospital payments by payer group from 2009 to 2024.

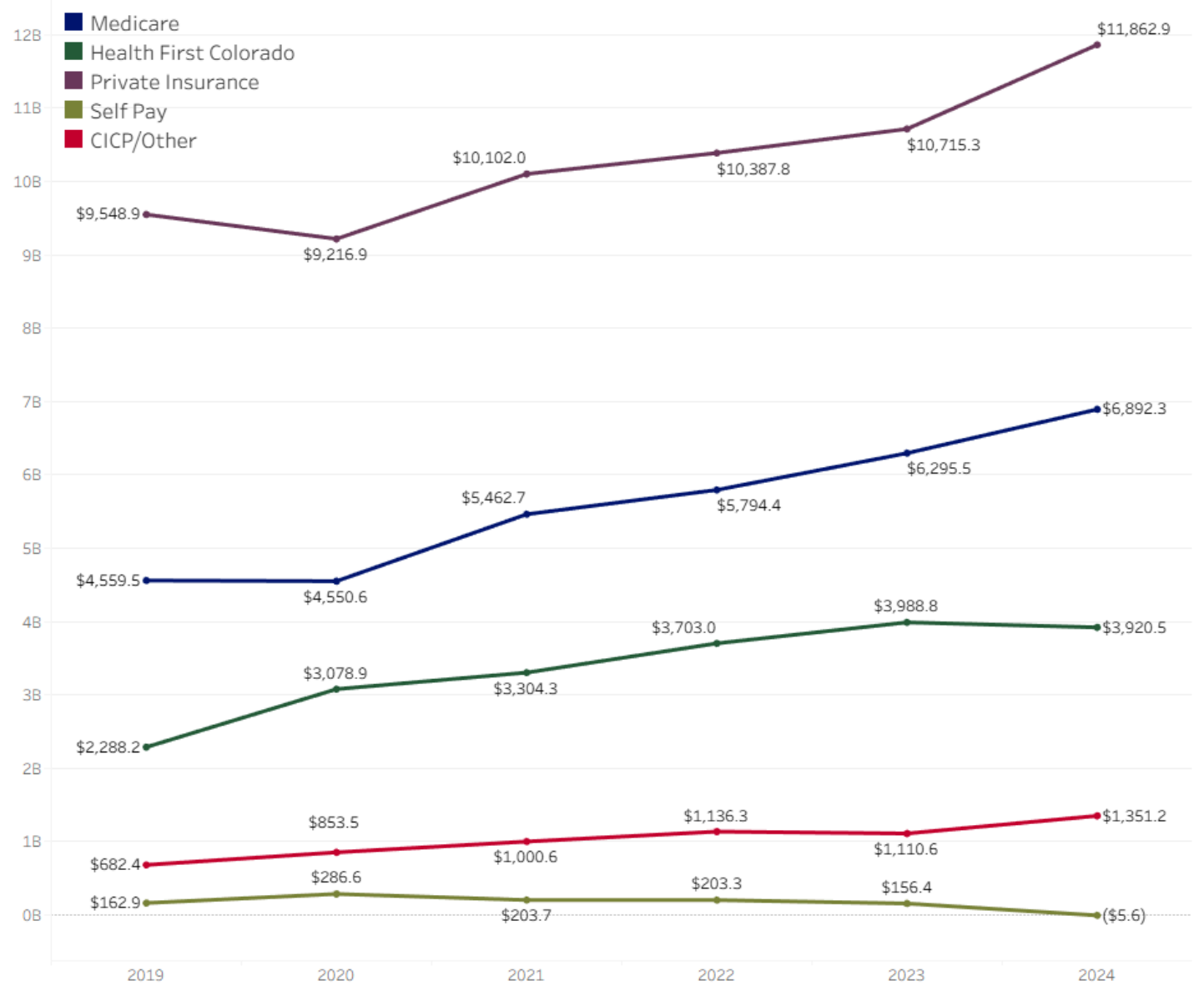


Figure 20. Total Payments by Payer Group

Table 24. Total Payments by Payer Group

Year	Medicare	Health First Colorado	Insurance	CICP/Self Pay/Other	Overall
2009	$2,214,233,425	$557,527,978	$6,043,450,921	$654,096,373	$9,469,308,697
2010	$2,359,258,345	$877,817,423	$6,082,937,998	$1,025,616,731	$10,345,630,496
2011	$2,511,236,539	$979,309,514	$6,538,322,288	$965,597,858	$10,994,466,200
2012	$2,581,505,340	$1,147,395,495	$6,962,969,923	$1,014,141,949	$11,706,012,707
2013	$2,455,232,152	$1,295,109,772	$7,081,529,981	$1,287,865,235	$12,119,737,140
2014	$2,756,637,578	$1,718,040,377	$7,373,458,448	$1,072,398,883	$12,920,535,286
2015	$2,862,382,554	$1,992,336,026	$7,396,133,964	$1,173,824,281	$13,424,676,824
2016	$3,153,602,748	$2,069,703,567	$8,270,697,106	$1,157,479,690	$14,651,483,110
2017	$3,525,196,468	$2,270,573,909	$8,815,032,304	$965,930,484	$15,576,733,165
2018	$3,760,985,656	$2,536,572,987	$9,433,882,965	$1,147,446,398	$16,878,888,005

Table 25. Total Payments by Payer Group, Post HB 19-1001

Year	Medicare	Health First Colorado	Insurance	Self Pay	CICP/Other	Overall
2019	$4,559,525,186	$2,288,212,916	$9,548,944,854	$162,932,356	$682,439,422	$17,561,065,342
2020	$4,550,622,737	$3,078,924,766	$9,216,865,183	$286,646,950	$853,470,241	$18,017,977,720
2021	$5,462,724,455	$3,304,252,188	$10,102,017,172	$203,719,384	$1,000,647,329	$20,073,360,528
2022	$5,794,390,826	$3,703,002,224	$10,387,832,929	$203,309,959	$1,136,285,471	$21,246,812,552
2023	$6,295,452,533	$3,988,840,814	$10,715,292,441	$156,353,661	$1,110,574,769	$22,266,514,218
2024	$6,892,344,440	$3,920,534,187	$11,862,927,051	($5,566,028)	$1,351,215,676	$24,021,455,326

Figure 21 shows costs from 2019 to 2024. Table 26 and Table 27 show the total costs by payer from 2009 through 2018 and 2019 to 2024, respectively. Figure 22 shows costs for each payer from 2009 to 2018 and,as a reminder, uses the aggregate cost-to-charge ratio methodology.

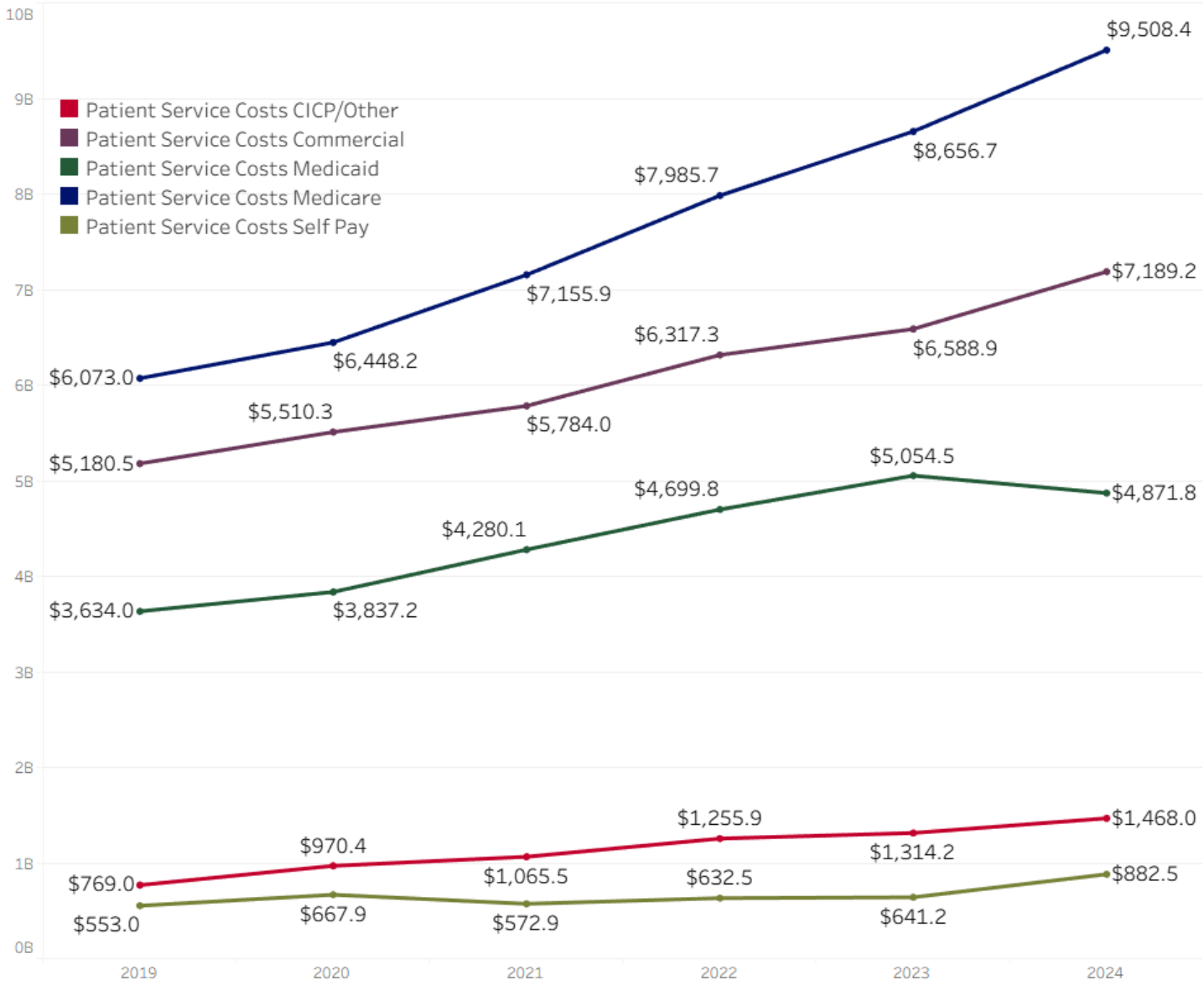


Figure 21. Total Costs by Payer Group 2019 to 2024

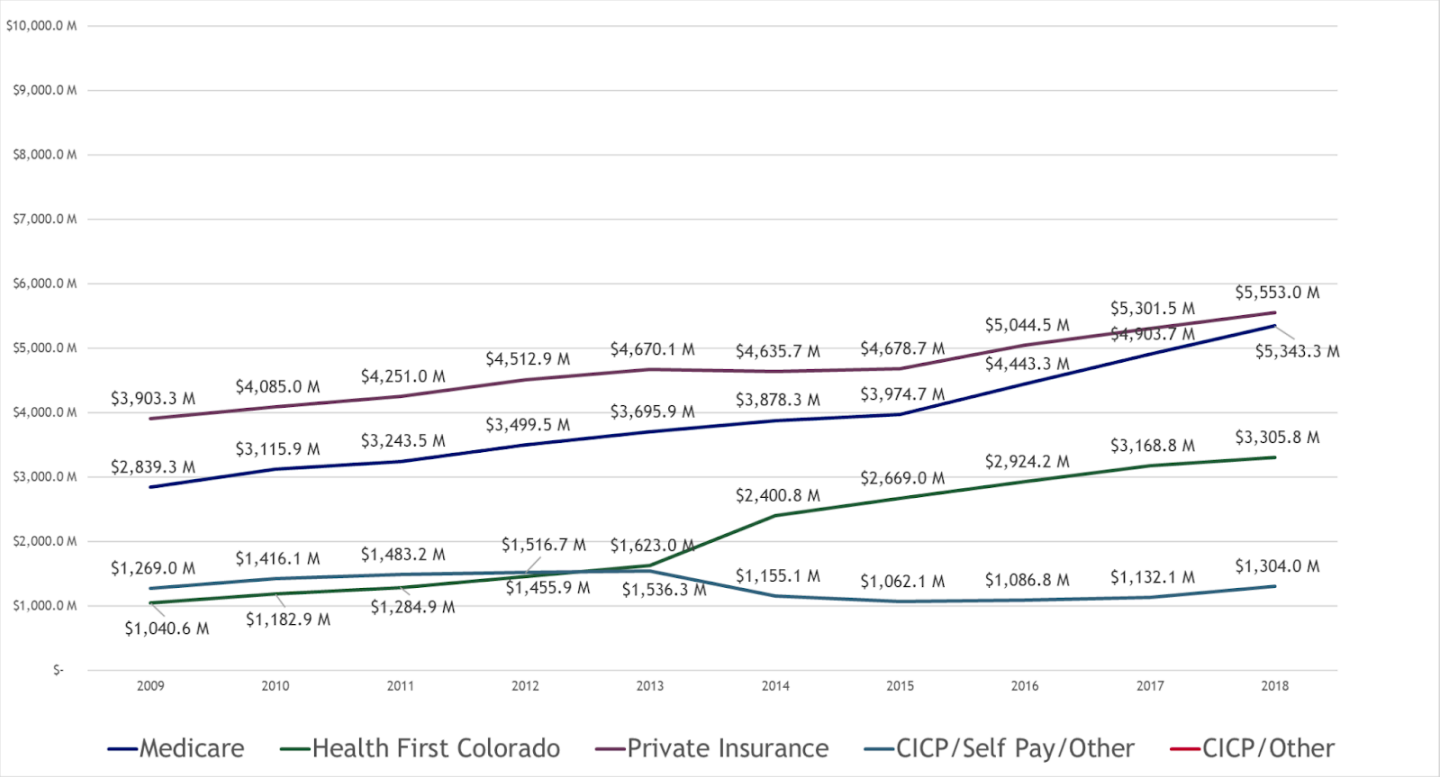


Figure 22. Total Costs by Payer Group 2009 to 2018

Please note, when comparing results from 2009 to 2018 with those after 2019 remember the change in methodology from a statewide cost-to-charge ratio to a hospital specific ratio.

Table 26. Total Costs by Payer Group

Year	Medicare	Health First Colorado	Insurance	CICP/Self Pay/Other	Overall
2009	$2,839,342,944	$1,040,627,618	$3,903,275,906	$1,269,020,760	$9,052,267,229
2010	$3,115,937,802	$1,182,883,012	$4,084,993,448	$1,416,139,436	$9,799,953,697
2011	$3,243,478,502	$1,284,909,168	$4,250,957,528	$1,483,234,322	$10,262,579,519
2012	$3,499,461,617	$1,455,905,942	$4,512,890,351	$1,516,650,711	$10,984,908,621
2013	$3,695,876,322	$1,622,994,698	$4,670,085,639	$1,536,290,634	$11,525,247,293
2014	$3,878,325,532	$2,400,790,546	$4,635,720,459	$1,155,110,731	$12,069,947,268
2015	$3,974,650,475	$2,668,966,765	$4,678,708,961	$1,062,124,632	$12,384,450,834
2016	$4,443,278,973	$2,924,209,541	$5,044,457,104	$1,086,819,126	$13,498,764,744
2017	$4,903,744,347	$3,168,793,725	$5,301,515,281	$1,132,134,862	$14,506,188,215
2018	$5,343,329,547	$3,305,808,620	$5,552,968,410	$1,304,014,180	$15,506,120,757

Please note, when comparing results from 2009 to 2018 with those after 2019 remember the change in methodology from a statewide cost-to-charge ratio to a hospital specific ratio.

Year	Medicare	Health First Colorado	Insurance	Self Pay	CICP/Other	Overall
2019	$6,072,997,623	$3,634,044,176	$5,180,492,707	$553,001,131	$768,963,377	$16,226,063,016
2020	$6,448,229,776	$3,837,167,262	$5,510,261,220	$667,897,051	$970,365,943	$17,433,921,253
2021	$7,155,946,372	$4,280,131,582	$5,783,960,618	$572,897,636	$1,065,515,653	$18,858,451,861
2022	$7,985,663,258	$4,699,837,164	$6,317,260,786	$632,450,863	$1,255,855,488	$20,915,812,475
2023	$8,656,728,089	$5,054,541,441	$6,588,897,753	$641,153,043	$1,314,190,954	$22,255,511,281
2024	$9,508,401,828	$4,871,786,029	$7,187,223,047	$882,495,674	$1,467,955,821	$23,919,862,499

Table 27. Total Costs by Payer Group, Post HB 19-1001

Table 28. Payment Less Cost by Payer Group

Year	Medicare	Health First Colorado	Insurance	CICP/Self Pay/Other	Overall
2009	($625,109,519)	($483,099,641)	$2,140,175,015	($614,924,387)	$417,041,468
2010	($756,679,457)	($305,065,589)	$1,997,944,550	($390,522,704)	$545,676,799
2011	($732,241,963)	($305,599,653)	$2,287,364,760	($517,636,463)	$731,886,680
2012	($917,956,277)	($308,510,447)	$2,450,079,572	($502,508,762)	$721,104,085
2013	($1,240,644,170)	($327,884,926)	$2,411,444,343	($248,425,399)	$594,489,847
2014	($1,121,687,953)	($682,750,169)	$2,737,737,990	($82,711,848)	$850,588,019
2015	($1,112,267,921)	($676,630,739)	$2,717,425,002	$111,699,649	$1,040,225,991
2016	($1,289,676,225)	($854,505,974)	$3,226,240,002	$70,660,564	$1,152,718,366
2017	($1,378,547,878)	($898,219,816)	$3,513,517,023	($166,204,378)	$1,070,544,950
2018	($1,582,343,891)	($769,235,633)	$3,880,914,554	($156,567,782)	$1,372,767,248

Please note, when comparing results from 2009 to 2018 with those after 2019, remember the change in methodology from a statewide cost-to-charge ratio to a hospital specific ratio.

Table 29. Payment Less Cost by Payer Group, Post HB 19-1001

Year	Medicare	Health First Colorado	Insurance	Self pay	CICP/Other	Overall
2019	($1,513,472,437)	($1,345,831,260)	$4,368,452,147	($390,068,774)	($86,523,955)	$1,335,002,326
2020	($1,897,607,038)	($758,242,496)	$3,706,603,963	($381,250,101)	($116,895,702)	$584,056,467
2021	($1,693,221,917)	($975,879,394)	$4,318,056,554	($369,178,252)	($64,868,323)	$1,214,908,666
2022	($2,191,272,432)	($996,834,939)	$4,070,572,143	($429,140,905)	($119,570,016)	$331,000,077
2023	($2,361,275,556)	($1,065,700,627)	$4,126,394,688	($484,799,382)	($203,616,185)	$11,002,938
2024	$(2,616,057,388)	$(951,252,842)	$4,673,704,004	$(888,061,702)	$(116,740,245)	101,592,827

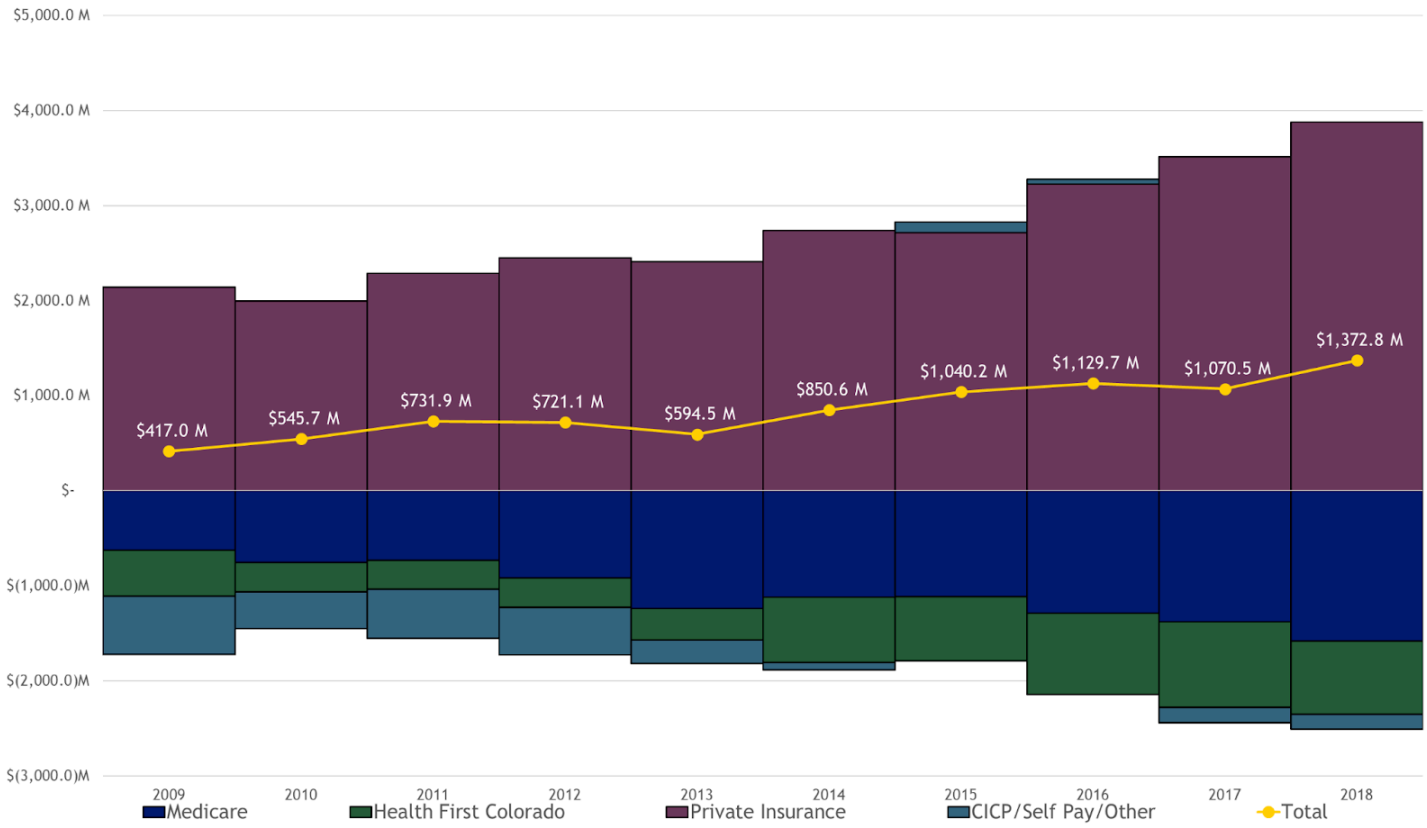


Figure 23. Payment Less Cost

Please note, when comparing results from 2009 to 2018 with those after 2019, remember the change in methodology from a statewide cost-to-charge ratio to a hospital specific ratio.

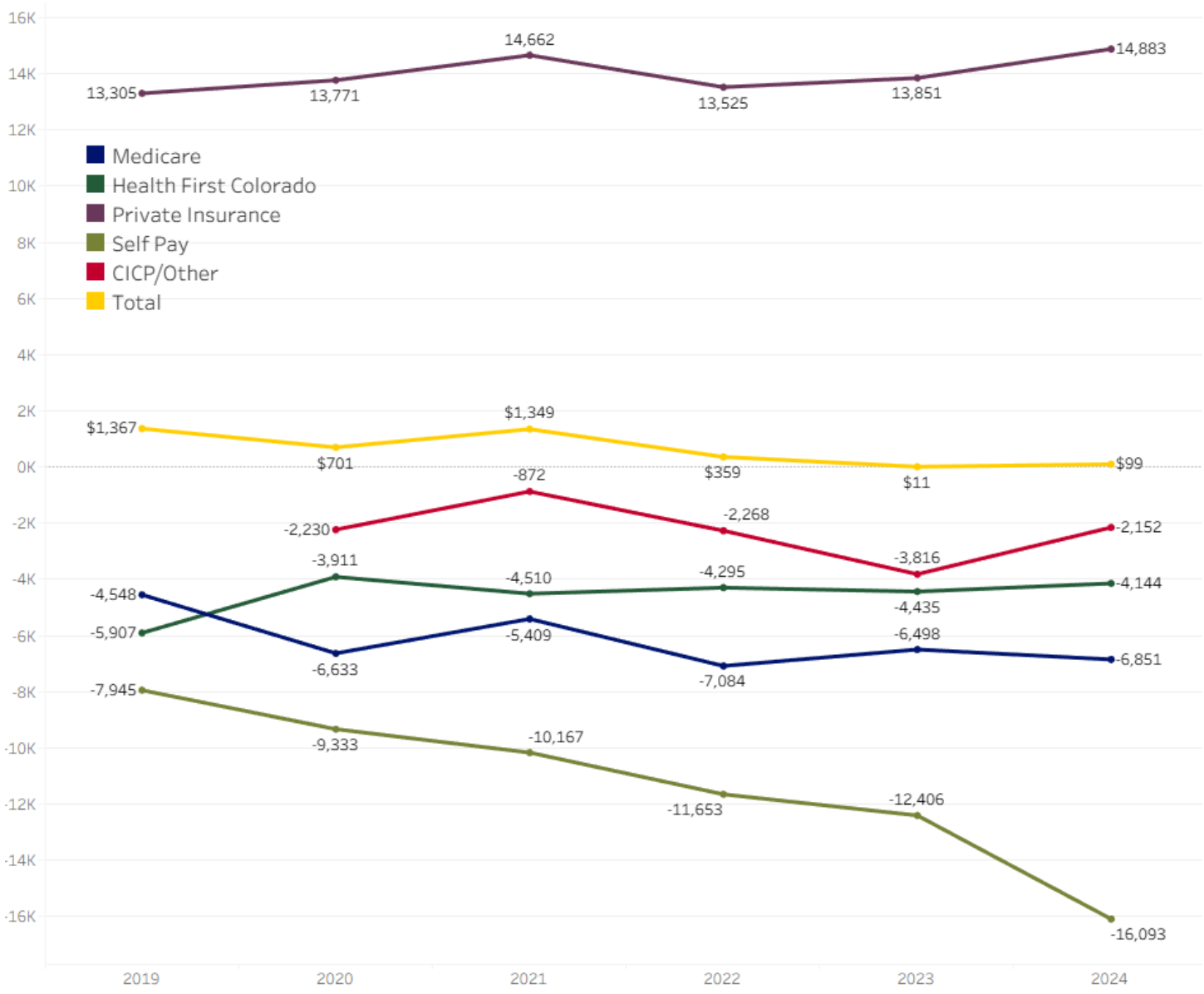


Figure 24. Payment less cost per patient by Payer Type 2019 to 2024

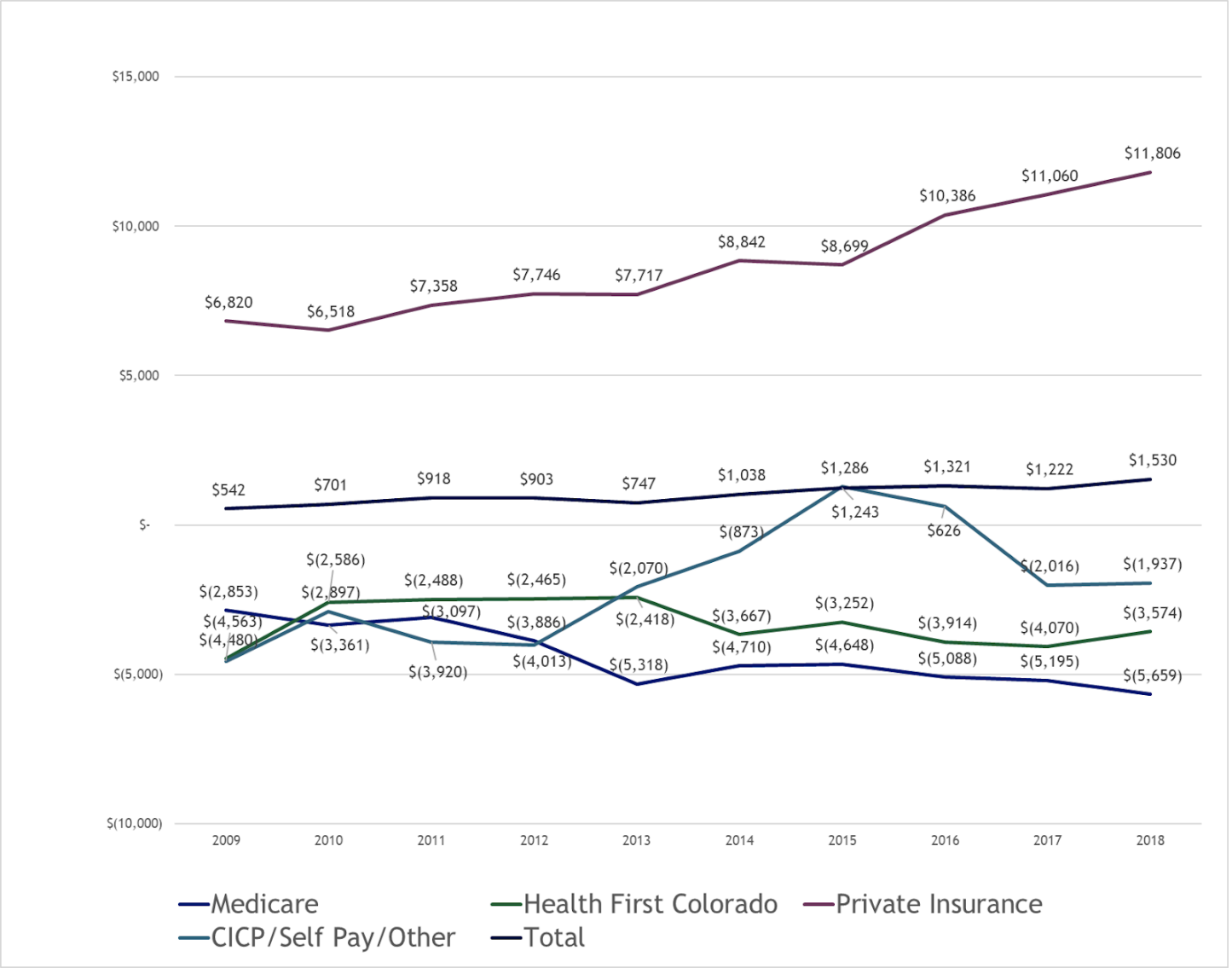


Figure 25. Payment less cost per patient by Payer Type 2009 to 2018

> Please note, when comparing results from 2009 to 2018 with those after 2019, remember the change in methodology from a statewide cost-to-charge ratio to a hospital specific ratio.

Table 30 presents overall hospital payments, costs, and payment less cost on a per-patient basis from 2009 to 2018. For information on payments, costs, and payment less cost on a per patient basis for 2019 through 2024, see Table 10. As a reminder, since costs are determined using a cost-to-charge ratio the change in methodology will affect comparability between the two time periods.

Table 30. All-Payer Payment, Cost and Profit 2009 to 2018

Year	Payment Per Patient	Cost Per Patient	Payment Less Cost Per Patient
2009	$12,313	$11,771	$542
2010	$13,285	$12,584	$701
2011	$13,786	$12,868	$918
2012	$14,663	$13,760	$903
2013	$15,224	$14,477	$747
2014	$15,766	$14,727	$1,039
2015	$16,045	$14,802	$1,243
2016	$17,126	$15,779	$1,347
2017	$17,777	$16,555	$1,222
2018	$18,816	$17,286	$1,530

Please note, when comparing results from 2009 to 2018 with those after 2019, remember the change in methodology from a statewide cost-to-charge ratio to a hospital specific ratio.

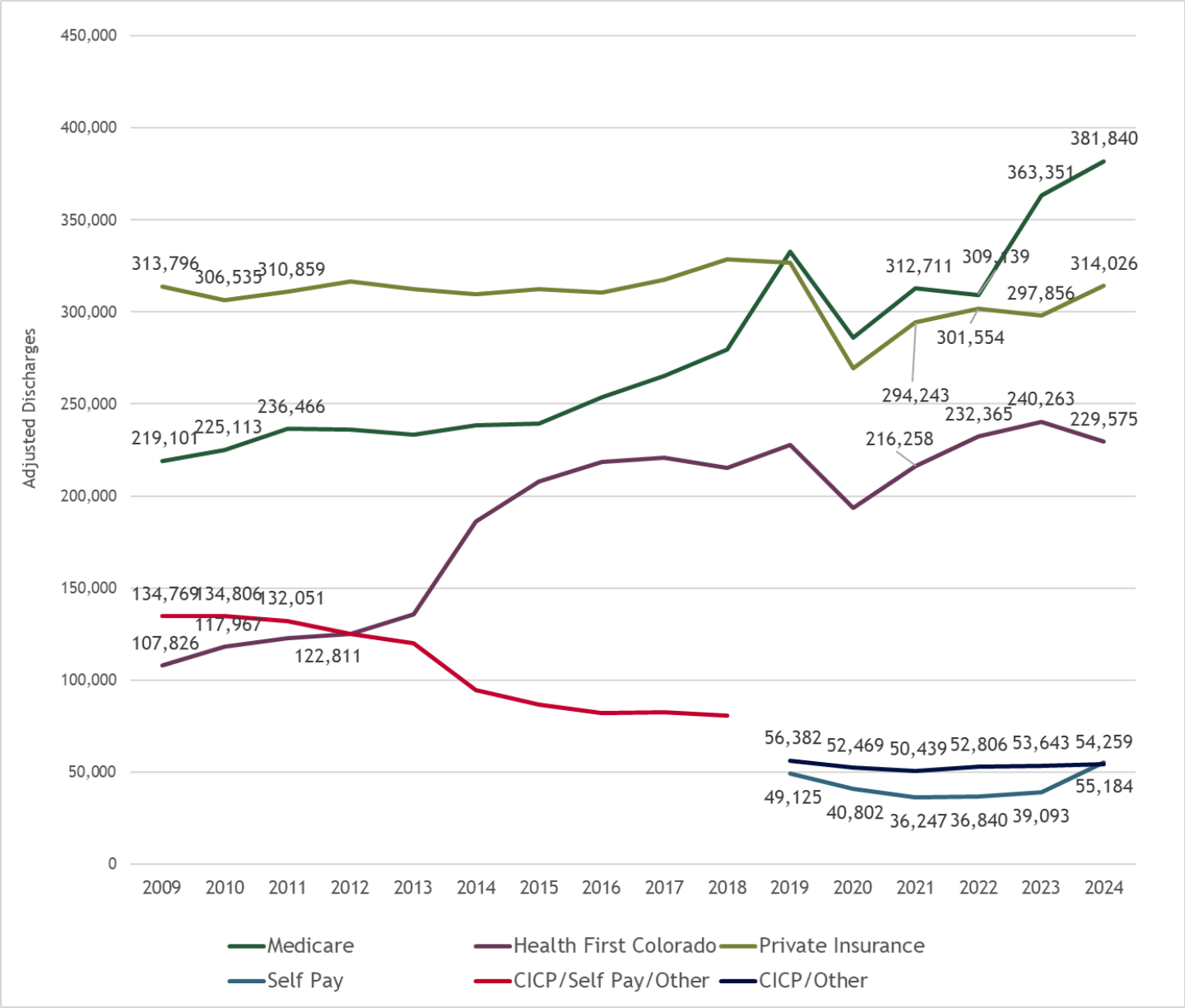


Figure 26. Patient Volume

For information on 2019 to 2024 bad debt and charity care amounts, see Table 11 in the body of the report.

Table 31. Bad Debt and Charity Care Cost 2009 to 2018

Year	Bad Debt	Charity Care	Total
2009	$255,161,427	$438,432,609	$693,594,036
2010	$234,216,738	$430,871,543	$665,088,281
2011	$194,825,791	$473,157,782	$667,983,573
2012	$206,347,067	$465,558,867	$671,905,934
2013	$255,306,707	$444,436,807	$699,743,514
2014	$145,964,802	$174,150,188	$320,114,990
2015	$145,358,187	$118,526,410	$263,884,597
2016	$145,381,741	$147,180,251	$292,561,992
2017	$153,155,478	$133,783,564	$286,939,042
2018	$152,713,948	$152,595,060	$305,309,008

Please note, when comparing results from 2009 to 2018 with those after 2019, remember the change in methodology from a statewide cost-to-charge ratio to a hospital specific ratio.

Table 32. Patient Mix by Payer Group

Year	Medicare	Health First Colorado	Private Insurance	CICP/Self Pay/Other
2009	31.4%	11.5%	43.1%	14.0%
2010	31.8%	12.1%	41.7%	14.5%
2011	31.6%	12.5%	41.4%	14.5%
2012	31.9%	13.3%	41.1%	13.8%
2013	32.1%	14.1%	40.5%	13.3%
2014	32.1%	19.9%	38.4%	9.6%
2015	32.1%	21.6%	37.8%	8.6%
2016	32.8%	21.7%	37.4%	8.1%
2017	33.8%	21.8%	36.6%	7.8%
2018	34.5%	21.3%	35.8%	8.4%

Table 33. Patient Mix by Payer Group, Post HB 19-1001

Year	Medicare	Health First Colorado	Private Insurance	Self Pay	CICP/ Other
2019	38.8%	21.3%	31.8%	3.4%	4.6%
2020	38.3%	21.2%	31.6%	3.8%	5.2%
2021	39.2%	21.7%	30.7%	3.0%	5.4%
2022	39.5%	21.6%	30.2%	3.0%	5.6%
2023	40.5%	21.6%	29.3%	3.1%	5.5%
2024	41.0%	19.4%	29.7%	4.0%	5.9%

C. Program Year Five Rural Support Fund Attestation Summaries

The following are summaries of excerpts from year three of the Rural Support Fund Attestations on hospital priorities, milestones, outcomes, progress, plans, and how these payments are used to change patient care, services, and outcomes. Contact HCPF_RSF@state.co.us for more information.

Conejos County Hospital

- Increased staffing to assist departments, such as discharge planning.
- Enhance discharge assessment, plan documentation, and education.

Program Year Five Plans

- Plan to increase staffing to assist departments, such as discharge planning, will continue to use funds to help support these positions.
- Continue to work towards IV certified EMT techs, to assist with ED throughput by helping the nurses and providers in the ER.

East Morgan County Hospital

- Employed Case Managers - Increase ability to screen pregnant patients for anxiety and depression by expanding screening in the ED, Observation, and inpatient settings.
- Connected with Contexture: SW-BH1 and SW-CP1 (RAE notifications) - automated ability to engage the RAE. Automated workflows to meet community needs.
- Kicked off SDoH pilot in the inpatient setting to support patients.
- Created a more robust screening method to SDoH barriers.
- Invested in ENT services supplies and equipment.

Program Year Five Plans

- Invest in case management.
- Support the beginning of ENT services while covering expenses for equipment and physicians.
- Focus on Women's Service line and Behavioral Health.
- Support the funding of Midwife support and start our own behavioral health program.
- Engage in quarterly community meetings.

Haxtun Health

- Implemented tele-psychiatry and tele-hormone replacement therapy services.
- Updated software to ease transmission of patient records to PCP
- Renovation of the Clinic in Fleming is complete and a counseling room is available.
- CHA Colorado ALTO program has been implemented.
- Hire and maintain Director of Quality on staff.

Program Year Five Plans

- Continued collaboration with the RAE.
- Provide a space for Centennial Mental Health to provide counseling and outpatient services.
- Relocate our Haxtun Clinic to the Main Street in town and build counseling rooms.
- Weekly meetings with the RAE and ongoing coordination of care.
- Identify options for software to support HTP measures.

Keefe Memorial Hospital

- Expanded telehealth platform in its Prairie View and Kit Carson Rural Health Clinics, through continued growth in the Integrated Health Center (IHC) for combined therapy and psychiatry.
- Acquired partners to extract data from EMRs and train staff on data entry requirements.
- Upgraded to a 3D mammography unit.
- Purchased endoscope and engage a provider to perform endoscopies and colonoscopies for patients to have access to local screening/care.

Program Year Five Plans

- Continue to expand telehealth services.
- Acquire partners to extract data from EMR's training staff on data entry requirements and entering screening.
- Continued use of Chronic Care Management Program.
- Expand specialty doctor visits.

Kit Carson County Memorial Hospital

- Hired a Behavioral health professional licensed LCSW.
- Continued contract with i2i: Data pulling software for HTP measures.
- Continue to use Avel eCare telehealth system - for the emergency department and Co-Doc telemedicine - also used in the ED for Behavioral Health Evaluations.
- Pays the salary of the Quality Director who is the lead for HTP to abstract data and report metrics.
- Hired support staff to the Quality Director to support HTP.
- Contracted with a marketing company: Jet Marketing to assist with newspaper and social media promoting of public engagements.
- Hired Paramedics, EMTS.
- Partnered with Grand Canyon University to assist with furthering education and tuition reimbursement.
- Specialty area growth: Ophthalmology surgeries and follow up care, pulmonary rehab.
- Patient Safety: Great Plains Monitoring. Signed with Canon.
- installed panic buttons in 11 areas.
- Enhanced imaging services.

- Updated Ultrasound Equipment.
- Expanded diagnostic equipment for vascular patients.

Program Year Five Plans

- Continue with software updates.
- Continue supporting newly hired staff.
- Continue with telehealth support for patients and specialty care.

Lincoln Community Hospital

- Implemented Cerner - EMR, i2i population health and data analyst.
- Addition of the Addiction Medicine Clinic to support SUD patients.
- Signed Contracts: Cerner, i2i, Merakinos, Spacelabs, Nuance DAX AI, Jet marketing, HCATon.

Program Year Five Plans

- Improve technology infrastructure.
- Optimize the newly implemented CommunityWorks, EMR.
- Continue to work with Contexture and i2i.
- Continue to use social media to share HTP updates.

Melissa Memorial Hospital

- Partners with Elevate Services Group: professional services.
- Support the network/system engineer position.
- Purchased various licensing requirements to operate hardware and software needs.
- Reimplement Athena EHR.
- Finalized implementation of the ADT feed with Contexture through CRHC.
- Contracted with COORS Leadership: Identify organizational gaps and opportunities, set foundation for 2024 strategic plan and address challenges.
- Hired case manager to establish a swing bed program.
- Partnered with two nursing facilities to provide primary care.
- Provide specialty care, increase patient revenue, keep patients local.
- Increased volume: physical therapy, surgery, lab, and radiology.
- Expand nursing skills and operating hours.

Program Year Five Plans

- Information technology enhancements.
- Reimplementation of Athena EHR, coding, and documentation enhancement.
- Continued work on a data analysis platform.
- Implement a strategic leadership plan.
- Reimplementation of case management and swing bed program.

- Expansion of specialty clinic visits for rural health patients.

The Memorial Hospital

- Employ Licensed Clinical Social Worker to oversee Safety Advocates within the Emergency Department and Behavioral Health Department.
- Maintained Data Analytics department in recognition of the specialized knowledge and skills associated with extracting, analyzing, and reporting out data.

Program Year Five Plans

- Continued work with the data analytics team and reporting.
- Collaboration with Intermountain Health and Epic, on the build and training of a Discharge Planning/Utilization Review module in Epic - improve discharge planning workflows and evaluate readmissions.
- Continued collaboration with Intermountain Health and QHN on workflows and reporting in regard to HTP measures.
- Work on the enhancement for our follow-up appointment reporting for a year.
- Employee Development and Customer Service.
- Service Line development and implementation.

Middle Park Medical Center

- Implemented a process including the case manager and unit secretaries to schedule Medicaid patients before discharge.
- Training and education of staff regarding ALTO concerns.
- Reviewed mental health first aid training.
- Additional Specialty Care added: Speech Therapy through telehealth.

Program Year Five Plans

- Incorporate clinic care coordinators and case management to be more involved in the discharge process and follow ups after discharge.
- RAE collaboration and daily audit pulls to confirm the processes are being followed.
- Improve telehealth intervention.

Pagosa Springs Medical Center

- Cerner Interface: Requested proposal process complete, software chosen, project lead names/steering committee created, full implementation expected to take 1 year.
- Training and education of hospital and clinic staff on Medication Assisted.
- Treatment (MAT), care coordination, chronic disease management and discharge planning.

- Purchase equipment for training and education for frontline caregivers and to create a Subject Matter Expert (SME) training program to enhance training, accountability and sustainment of measures post HTP.

Program Year Five Plans

- Improve services, technology, and overall patient care.
- Patient portal implementation will allow for easier access with bi-directional texting, appointment reminders, health/wellness campaigns (via text), and improve support and services for health fairs.
- Expand services through the renovation of the medical wellness building and create a new and improved location for both patients and community partners.
- Salaries for RN care managers.

Pikes Peak Regional Hospital

- Contracted with Virtual Hospitalist service through Virtual Health Center - to reduce LOS.
- Training offered by BH clinician to staff/community, resources for mental health first aid course.
- Behavioral Health Clinicians are supporting direct patient care.

Program Year Five Plans

- Educate workforce on new ERAS/early therapy workflow and new care delivery workflows.
- Operationalize ERAS/Early Therapy workflow.
- Implement a patient teaching tool.
- Final stage and completion of the Emergency Department room conversion and triage space redesign.
- Increase spaces for orthopedic patient treatment.

Pioneers Medical Center

- Implemented, trained, and sustained a Complex Care Coordination and Care Transitions program that will focus on a comprehensive Meds to Beds Program and the integration of Behavioral Health in the hospital.
- Employed two part time in-house Behavioral Health Therapists.
- Contracted for tele-medicine psychiatry services.
- Extended contracts with QHN in order to continue the Health Information Exchange services and expand our care coordination processes.

Program Year Five Plans

- Sustain EMR implementation.
- Procure new technological and infrastructure equipment.

- Integration of quality methodologies in all strata of the hospital.
- Offer education by external experts to educate staff on behavioral health concepts.

Rangely District Hospital

- The hospital continues to meet requirements with the collaboration of the QHN interface and includes development fees, provider fees, and provider connection fees.
- Vendor: CorroHealth (now owns PARA)- enables the hospital to comply with price transparency and No Surprises Act requirements.
- Contract: continue to work with Revenue Cyclists (TRC) and Heidi Helms Consulting to improve billing operations, clinical efficiency, design and build out of surgery documentation coding, and billing operations.
- Partnered with Organizations for Behavioral Health: Psychiatric Medical Care (PMC), Fitz Ilias, and Mind Springs.
    - Psychiatric Medical Care (PMC): Senior Life Solutions provides intensive outpatient behavioral health for older residents.
    - Fitz Ilias: Provides medication management and therapy services for patients through the Hospital's Rural Health Clinic, as well as students of the local community college through an agreement.
    - Mind Springs: Provides services for patients who are in crisis and present through the Hospital's emergency room.
- Construction on a surgery suite to provide general surgery services to the community, has begun.
- Implemented a Cardiac Rehabilitation Program.
- Contract: Outside Chiropractor who comes to the hospital weekly.

Program Year Five Plans

- Increase and improve technical capacity.
- Transformation capital to operationalize a strategic plan.
- Invest in value-based organizational improvements.
- Hire new staff to support case managers to help with coordination of care.

Rio Grande Hospital

- Recovery Clinic supplementation will be used this year for data collection to show successes and failures and population being served.
- Employee time and benefits to work in community events, planning ways to reach out to migrant populations, attending functions.
- IT personnel costs associated with designing technical capacity to improve information sharing as well as developing HL7 infrastructure.
- Purchased additional equipment to allow patients and family access to education.
- Care coordinators hired for SDOH, MAT, recovery clinic and education.
- Meetings and educational seminar costs for improving population health, best practices for addiction medicine, and community services.

- Supplement the cost of Infectious Disease specialists to diagnose and treat those diseases often associated with addiction.
- Financial and operational support with Public Health of the National Fitness Campaign, specifically bringing to the community the outdoor fitness court.

Program Year Five Plans

- Recovery clinic operations.
- Support for staff to be in the community for outreach: health fairs and educational presentations.
- Personnel and EHR cost and to develop reports interfaces with Contexture.
- Hire additional care coordinators.
- Plan and operationalize programs sponsored by the wellness center.

Sedgwick County Health Center

- Maintained Integrative Healthcare Center, to expand clinical offerings for behavioral and mental health services via telehealth, with a projected go live of January 2024.
- New EMR implementation: Cerner.
- Partnered with i2i to assist in abstracting data from EMRs for use in the Hospital Transformation Program.

Program Year Five Plans

- Maintain and expand essential services.
- Provide comprehensive healthcare services to the community.
- Devote resources as needed to meet the growing demand for mental and behavioral health services in the region.
- Maintain partnership with Centennial Mental Health - assists with emergent cases requiring patient referrals and placements.
- Expand specialty clinic.
- Transition EMR to Oracle/Cerner as the new EMR system.
- Continued partnership with i2i to assist in abstracting data from EMRs to understand data trends and meet the needs of patients.

Southeast Colorado Hospital

- Improved care related to telehealth with specialists, allowed patients to keep appointments, decrease time off from work, and decrease cost of travel expenses.
- Upgraded our Electronic Medical Record.
- Added *Community United* educational sessions, both in-person and virtual.
- Staffing - addition of another administrative FTE.

Program Year Five Plans

- Offset staffing and technology expenses involved in completing all requirements to meet the milestones, priorities and expected outcomes of the project.
- Continue to work with i2i.
- Continued collaboration with Medici for the Antibiotic Stewardship.
- Focus on operational needs specific to HTP.

Southwest Health System

- Secured a robust and streamlined data communication for HTP efforts.
- Cybersecurity upgrades completed between Year 1 and Year 2, which will continually cost the hospital $125,000 annually to maintain.
- Complete information technology work.
- IT upgrades to ensure data and storage stability were completed and will cost SHS $194,000 over a three-year period.

Program Year Five Plans

- Maintain Cyber Security upgrades.
- Completed information technology will continue to have costs to maintain.
- Additional IT upgrades to ensure data and storage stability.
- Data backup systems.

Spanish Peaks Regional Health Center

- Meditech Expanse: developed the Quality Vantage (QV) module, which provided customizable patient trackers and status boards to evaluate quality metrics.
- Developed the Business Clinic Analytics (BCA) module, which provided enhanced patient level detail and reports related to QV data.
- The rural support funds helped empower our Patient-Family Advocacy Council (PFAC) and our Marketing Department, to create and deploy patient-facing education around our HTP initiatives.
- Educated the community on the importance of having a primary care provider, the dangers of opioid use/abuse and the impact of social needs on healthcare outcomes.
- Rural Support funds have helped to organize community neighborhood engagement events.

Program Year Five Plans

- Continue to evolve and improve electronic health record (EHR, Meditech Expanse.
- Continue to optimize the Quality Vantage module to provide customizable patient trackers and status boards to evaluate quality metrics.
- Customize the Business Clinic Analytics module to provide enhanced patient level detail and reports
- Continued partnership with Sequel Report Writer Vendor, WestHealth Solution.

St. Vincent Hospital

- The Hospital has contracted with TRC (The Revenue Cycle) to assist with the development of a

number of systems.

- TRC's expertise in Revenue Cycle Processes and the Electronic Health Record System will be invaluable to our efforts to keep the hospital on a course to financial recovery
- Pediatric screening for depression in inpatient and ED including suicide risk: activated the screening tools in hour EMR, we will initiate screening this program year.
- Increase the successful transmission of a summary of care: With the completion of supplemental training, we intend to initiate transmission of summary of care this Program Year.
- Employed case manager: Main focus will be HTP measures: RAH2 - emergency department visits for which the member received follow up within 30 days of the ED visit.
- Employed Clinic RN: Able to promote and track Well Visits in PY3

Program Year Five Plans

- Contract with a third party coding vendor to improve accuracy of our claims before they go to insurance and billing.
- Contract with Iron Edge for IT management.
- Increase primary care providers and open a foot-care clinic.
- Continue to audit performance to ensure compliance and identify opportunities for improvement. Use PHQ2/9 as our screening tool fo suicide risk.
- Continue to develop relationships with specialists - telehealth specialists are under review.
- Training for staff will be done throughout this next year to ensure that our staff are asking and documenting the PCP appropriately.
- Funds have been used to support operations and recovery of the hospital during our financial turnaround.

Sterling Regional MedCenter

- Construction will continue in the Emergency Department, to add a behavioral health room as well as improve the flow within the department. The ED project is close to being finished and a portion of the expenses ($270K) will hit in PY3.
- Executed a formal contract with Contexture to support us with RAE Notifications for measures SW-BH1 and SW-CP1.

Program Year Four Plans

- Complete Emergency Department Refresh.
- Continue to invest into case management.
- Expand in Specialty Services: offer inpatient dialysis with tele-nephrology support from contracted vendors.
- Equipment for Ortho PA's and Pain Management.

Weisbrod Memorial County Hospital

- Cyber security risk assessment completed.
- Strategic quality support system annual payment.
- Upgraded information technology servers and backup system.
- Payment for i2i data extraction software.
- Eastern Plains Healthcare Consortium Annual Conference registration & hotels Vertical Strategies support with Community Health Needs Assessment for strategic planning.
- 25% of Quality Directors Salary.
- Community Hospital Consulting to support the new GPO.
- McCormick Group provided board education.
- HTP Annual Conference registration & hotels.
- Klara patient communication software for reminder calls and texts.
- Dragon Microphone equipment and software purchased.
- Pararev consultation for price transparency.
- Wipfli Engagement for market analysis and strategic planning.

Program Year Four Plans

- Transition new EMR to Cerner Community Works.
- Continue to invest in workforce development.
- Educate and inform the community we serve on the services offered, the quality work we are engaging in, and the benefits that the hospital district provides to the community.
- Partner with a consultant to create a foundation for our quality assurance and quality improvement program - improve survey readiness through tiered auditing processes.

Wray Community District Hospital

- All funds were expended to improve the well-being of the patient population and improve the processes and quality of care through increased technology infrastructure.
- Utilization of consultants to drive needed patient services will assist the facility over the next three years to develop, build, and execute actions to reach our strategic goals.
- Continued collaboration with local EMS to provide home services.
- Advancement in facility as pay-for-value continues to be an important milestone.
- Keeping the community involved through the CHNE process.
- The addition of providers and specialists to Wray to make rare services available to the community.
- Improving IT and data analytics within the system to accelerate communication with patients and give providers and staff closer to real-time information for quality improvement.

Program Year Five Plans

- Improve behavioral health through continued collaboration with the ROOTS program.
- Continued work with the Barbara Davis Center for Childhood Diabetes telemedicine program.

- Contract with HealthONE for tele-stroke program.
- HealthONE tele-psychiatry for backup crisis intervention in the emergency department implemented.
- Hire a LPN as a behavioral health care manager.
- The United States Department of Agriculture (USDA) gave its conditional approval for an expansion program to expand the physical footprint of the hospital.
- Hire additional FTE Physician Assistant.
- Move the Medical Records and Billing/Collections to the off-site East Campus has opened up the opportunity to renovate and expand exam rooms in the specialty clinic.

Yuma District Hospital

- MRI: Contractors have been chosen to remove the hospital's exterior wall and will identify a vendor of choice.
- Rehab: The Rehabilitation Department at our satellite Clinic in Akron is implementing a new program focused on supporting employers and injured workers, currently only available on the front range. The program is Functional Capacity Evaluations, or FCEs.
- Another service added is Pre-employment/Post-offer screening which is offered to local employers. The purpose is to screen potential employees by running them through a series of tests that have been established by the employer, to ensure prospective hires are capable of performing the job tasks required, and to help better place prospective employees into the most appropriate job title for their capabilities.
- Purchased a cardiac monitoring system with a broader healthcare infrastructure, strengthening our ability to facilitate prompt diagnosis, more accurate treatment decisions, and early intervention, leading to improved patient outcomes and reduced morbidity and mortality rates.
- Implemented the use of CareBoards. This technology provides a virtual platform for specialty care consultations.
- Purchased a portable ultrasound system. The hospital has been able to improve patient outcomes with timely and accurate diagnosis in trauma care.
- Education: The Trauma Coordinator, Director of Patient Care Services, and the Emergency Room Provider attended the Annual Trauma Conference.

Program Year Five Plans

- Staff and provider education.
- Develop workflows, protocols, and policies for HTP milestones.
- Continue Care Coordination and RAE collaboration and assist patients in getting the resources they need.
- Rural Care Manager and the RAE will continue to meet monthly.
- Acquire new interfaces for Cerner EMR and continue collaboration with i2i platform and Merakonas for data reporting and analysis.
- Upgrade technology through acquiring new HIE access.