



## UCHealth Parkview Medical Center

One of Colorado's largest safety net providers

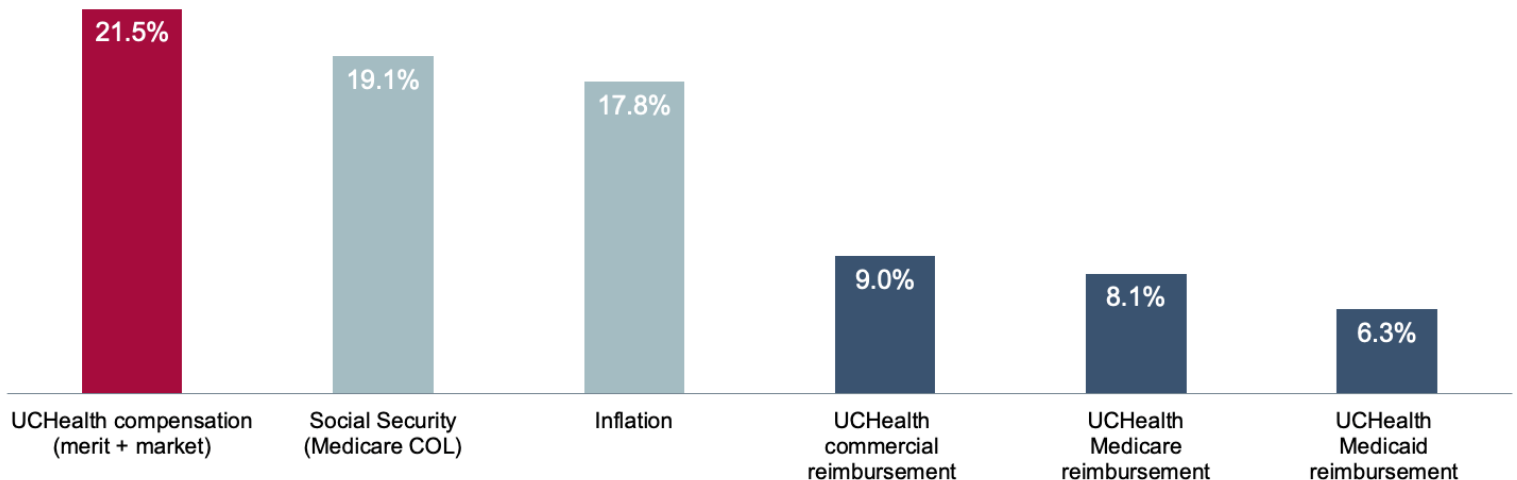
### Brief facts:

- Parkview includes two hospitals – Parkview Medical Center and Parkview Pueblo West Hospital.
- Payer mix: **83% of Parkview's patients are uninsured or covered by a governmental payer** including Medicaid, Medicare and Tricare.
- Parkview is the only birth center south of Colorado Springs, and 66% of Parkview's labor and delivery patients are covered by Colorado Medicaid.
- Facing financial challenges, Parkview asked to join the UCHealth system in 2022, and officially became part of UCHealth on Dec. 1, 2023.
- Parkview is one of the state's few Medicaid Eligibility Application Partner (EAP) hospitals – able to process Medicaid applications for eligible patients.

### Financial challenges:

- Parkview has seen negative operating margins and falling reserves in recent years.
- Only ~17% of Parkview's patients are covered by commercial insurance.
- Increases in compensation, supplies and pharmaceutical expenses have far surpassed any increases in reimbursements, mirroring the challenges seen across the entire UCHealth system.
- The end of the public health emergency and Medicaid redetermination is adding financial pressure to an already stressed financial reality.

### UCHealth cumulative increases over the last four years<sup>1,2,3</sup> 2021 – 2024



1 Inflation – U.S. Overall: CPI-U not seasonally adjusted; CY 2020 – CY 2022 based on annual average; CY 2023 based on monthly average through September; sourced from St. Louis FED  
2 Social Security (Medicare Cost of Living) (CY 2023)  
3 Medicare rates include sequestration

Hello everyone,

My name is Julianna Mascarenas, and I am here today as a single mother of six children, four of whom still live at home. I want to share how losing Medicaid has profoundly impacted our lives.

When we had Medicaid, it was a crucial support system that provided us with essential medical coverage. Now that we've lost that coverage, everything has changed. The cost of health insurance for my four children is simply astronomical. As a single mother, my entire paycheck would go towards insurance, leaving us with nothing for basic necessities like food and housing. It feels impossible to balance our financial needs.

I also recently had to finish paying for my daughter's braces, which added to our financial strain. These are expenses I need to plan for, but without Medicaid, it feels like a constant uphill battle.

Every day, I worry about what would happen if one of us got sick or had an emergency. The anxiety of not being able to afford necessary medical care weighs heavily on me. I constantly think about how to keep my children healthy and safe, knowing that any unexpected issue could lead to serious financial consequences.

Losing Medicaid hasn't just affected our health; it has created a cloud of uncertainty over our lives. We're living in a state of constant worry, and it's not just about surviving day to day—it's about ensuring my children have access to the care they need to thrive.

I urge you to understand the real-life implications of losing access to healthcare. This is not just a policy issue; it affects families like mine who are struggling to make ends meet. We need support and access to affordable healthcare to ensure a better future for our children.

Thank you for taking the time to hear my story.

**JBC Listening Session**  
**Suggested Talking Points Outline**  
**Dr. Angela Mills, Banner Health**

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- Good afternoon, Representative Bird, State legislators and health care colleagues. It is good to be with you today. I'm Dr. Angela Mills, Chief Medical Officer, Northern Colorado, Banner Facilities.
- Banner Health operates in the communities of Greeley, Loveland, Fort Collins, Sterling, and Brush. We serve our communities which include a mix of 21% Medicaid, 20% Traditional Medicare, 26.5% Medicare Advantage, 22% Commercial, 7% Other, and 3.5% Uninsured. We provide IP, OP, and Emergency services, Swing bed services in our critical access hospital, trauma services, Women and infant services in 4 out of the 5 communities. Our hospitals provide Coloradans with over 13,000 IP stays, 59,000 days in our facilities, 13,000 surgeries, 130,000 OP service encounters, 89,000 ED visits, and we deliver over 2,200 babies each year.
- Banner has experienced several challenges related to the increase in demand for services from uninsured patients. The amount of uninsured continues to rise from previous years, from 2023 to 2024 we've seen a 2.6% increase of uninsured patients. The losses are absorbed by the hospitals, the amount of charity care provided in our communities has increased by 20%. Our uncompensated care has increased by 25% overall. 70% of our patients in our NICU at NCMC (Greeley) are Medicaid or Uninsured. Our hospitals continue to struggle losing \$30M a year with 2024 projected to lose \$13M. Service changes are consistently evaluated regarding sustainability and community need.
- Banner is a critical part of the health care infrastructure of northeast Colorado and an essential safety net provider.
- Hospitals act as a safety net by
  - Providing emergency services to everyone, regardless of a patient's ability to pay.
  - Facilitating discounted care for low-income populations, including debt forgiveness.
  - Supporting coverage for more than 650,000 Coloradans on Medicaid through hospital provider fee contributions.
- For those uninsured, we assist patients with applying for Medicaid if they do not have assets, however, this can take over 90 days to get Medicaid in place, thus keeping the patient in house, hospitalized, until it is approved.
- Patients remain hospitalized for weeks to months or Banner Health pays for services needed for discharge, which can amount to roughly \$10K/month—for a SNF stay or other rehab stay.
- These patients cause many hours of labor to help arrange for Medicaid or for discharge planning in general. This impacts length of stay for all patients in our hospital.
- We are concerned about what these trends mean not only for the sustainability of our businesses, but also for the well-being of our patients and the communities we serve.
- This is a very timely and critically important conversation. I'm pleased to be a part of it and look forward to conversation about how we can move forward together.

## Questions / Tough Topics Presenters Should Be Prepared to Address in Q&A / Dialog

- **Supporting Clients to Find Other Sources of Care: What are you doing to transition clients to new providers? And / or supporting clients to find a new medical home, if / when you can no longer serve them? *We always serve the patients, no matter what situation or payer or lack thereof.***
- **Reserves: What kind of operating reserves do you maintain? And how are you using those reserves during these difficult times? *Our operating reserves are maintained by our central headquarters in Phoenix supported by the financial strength of our Arizona partners. Our primary Colorado facilities do not generate enough to cover our cost to provide care in the communities we serve.***
- **Reductions in Force – Admin v Clinical: Of your lay-offs, what percentage were administrative positions and what percentage were front-line, clinical or customer care positions? *Of the reductions we made to improve throughput and efficiency ultimately resulting in a cost savings, our reductions in force in 2023 consisted of 32% administrative related positions.***
- **Sustainability: What strategies / source of revenue are you pursuing to sustain your business right now? What is most promising? *Our strategies revolve around strengthening our contracts with payors, creating new services based on community needs assessments such as Neurology, Orthopedics, and Cardiovascular services.***

**Darrin Smith, President**  
**Parkview Medical Center, Pueblo**  
**JBC Listening Session, Oct 10, 2024**

- Hello Representative Bird, members of the Joint Budget Committee and distinguished legislators. I'm Darrin Smith, President of Parkview Medical Center in Pueblo, which is now part of UCHealth.
- I'm pleased to be with you today to share a bit about our experience in southern Colorado and the realities we're facing in our community.
- Let me start by painting a picture for you about Parkview and the role we play in health care in southern Colorado.
- Parkview includes two hospitals – Parkview Medical Center and Parkview Pueblo West Hospital.
- Last year alone, Parkview's two hospitals cared for almost 20 thousand hospitalized patients and provided more than 400,000 clinic visits.
- Parkview is the only birth center south of Colorado Springs, and in fact, 66% of Parkview's labor and delivery patients are covered by Colorado Medicaid.
- Parkview cares for Southern Colorado's most vulnerable patients, similar to Denver Health in metro Denver. 83% of Parkview's patients are governmentally insured or uninsured. We are one of the largest safety net hospitals in Colorado, and importantly, we receive no special state or local funding for providing this care.
- Starting in 2021, Parkview began experiencing growing financial challenges due to the pandemic and our payer mix. We were forced to cut or reduce some services, and we were concerned that additional cuts to critically needed specialty services and care for our most vulnerable patients was the only path to financial stability.
- That's when we approached UCHealth to join their system, and on December 1, 2023, Parkview officially became part of UCHealth. I'm proud to say we haven't cut any critical services, and we continue to deliver the care Southern Colorado depends on.
- However, the pressure on our safety net systems continues. One of the greatest challenges we're experiencing in the wake of the Medicaid public health emergency "unwind" is in the significant increase in demand for services from uninsured patients. We are seeing an upward trend in patients who are sicker and are waiting longer to seek care because they are uninsured.
- And Parkview is not alone. Data from the Colorado Hospital Association shows that over 10% of patients seeking care in the emergency departments of Colorado

hospitals are now uninsured, up from approximately 7% before and throughout the pandemic.

- That means 18,000 more uninsured people are seeking ED care every quarter, as compared to pre- or during pandemic.
- This is financially unsustainable for hospitals – and deeply troubling because we are seeing the number of people insured across the state decline. Further, increasing numbers of uninsured patients will drive up health care costs for everyone – just like our car insurance premiums increase because of uninsured drivers.
- Importantly – the impacts of Medicaid redetermination extend beyond hospitals to clinics and federally qualified health centers as well. We are working closely with the Pueblo Community Health Center to jointly support patients as they leave our hospitals and to find patients access to primary care providers.
- Colorado hospitals have always sought to be good partners to our state’s Medicaid program. In fact, Parkview is one of the few hospitals authorized to enroll patients in Medicaid. This is helping our eligible patients get the coverage they need – and I think the state should expedite the process for more hospitals to become Eligibility Application Partners.
- We are deeply and directly invested in the success of Colorado Medicaid and want to be constructive partners, along with other health care providers, and the state to find a path forward together that will result in a stronger health care system for Coloradans.
- I appreciate being included in today’s conversation and look forward to the discussion to come.
- (ASSUMING THE AGENDA STAYS AS PLANNED, YOU WILL HAND OFF TO A CONSUMER OR BACK TO REP BIRD FOR A Q&A / DISCUSSION PERIOD )

Potential questions:

How have you helped patients?

- EAP process
- Note – other UCHealth hospitals are currently Certified Application Assistance Sites (CAAS) and are waiting on approval from HCPF to become EAP sites.
- Also – UCHealth has information about Medicaid redetermination on our website, and when the unwinding started, we contacted all UCHealth Medicaid patients to inform them about the process.

Operating reserves:

- Financial reserves, or days cash on hand, are a hospital's lifeline in difficult times. Parkview's DCOH was reaching alarming levels and projected to continue its decline prior to joining UCHHealth. We're fortunate to now have the support of UCHHealth to provide financial support.

Reductions in force:

- None since we joined UCHHealth. And joining the system has helped improve our efficiency – as some administrative teams and roles are now performed at the system level.

Sustainability:

- Relying on just 17% of our patients who pay the full cost of care is challenging.
- And Parkview's Medicaid base rates – especially for our clinics – are the lowest in the state. Most hospitals, including some large hospitals here in Denver, are paid far more for the Medicaid services they deliver.
- We continue to push to be recognized for the excellent care we provide.

## **Dustin Moyer, CEO, Mountain Family Health Centers**

Thank you, Madam Chair, members of the Joint Budget Committee and additional legislators present for the opportunity to provide an overview of Mountain Family Health Centers and the challenges we are facing. I am Dustin Moyer, a patient and CEO of Mountain Family Health Centers. We serve 20,000 patients across five hub clinics and five school-based health centers in the Eagle, Roaring Fork, and Colorado River Valleys. We strive to provide the highest quality integrated medical, behavioral, and dental primary care to all within our community regardless of one's insurance coverage or ability to pay.

While we continue serving thousands of patients per month on the Western Slope, the financial realities of doing so have become precarious. There are a number of factors leading to this including flat federal funding, and the most significant factor has been the impact of the loss of Medicaid coverage for over 2,000 of our patients in the last 18 months. One year ago, 38 percent of our patients were uninsured, today that figure is 47 percent. In fact, our current payer mix is nearly identical to what it was prior to the state expanding Medicaid through the Affordable Care Act in 2013 (47 percent uninsured, 28 percent Medicaid). The decline in Medicaid coverage has led to barriers to care for our patients who need for specialty or hospital services and a significant financial challenge for Mountain Family. We have calculated that our total lost revenue stemming from the 2,000 of our patients who have lost Medicaid is \$1.5m on a \$25m budget.

To account for this loss of revenue and ensure we are able to continue serving our community, in the last 12 months we have:

- Instituted hiring freezes,
- Implemented a 3-month suspension of employer retirement contributions,
- Eliminated 10 positions and laid off five people, and
- Reduced hours of operation at our school-based health centers.

Currently, we are considering further contraction of access and services to ensure financial sustainability. We will continue serving our community and find a path forward and there are a few policy options that will ensure our long term viability, namely ensuring all eligible patients are able to enroll in Medicaid and funding through the primary care fund.



# DENVER HEALTH

JBC Listening Session – Health Care Safety-Net  
Donna Lynne, CEO  
October 10, 2024



**DENVER HEALTH™**  
— est. 1860 —

# Denver Health at-a-glance

**1 IN 3**

DENVER BABIES  
BORN AT  
DENVER HEALTH



**98%**

MAJOR TRAUMA  
SURVIVAL RATE



**#1 RANKED  
HOSPITAL**

IN COLORADO for community  
benefit and inclusivity by the  
Lown Institute



Denver Health Paramedics answered nearly

**130,000**

911 CALLS FOR  
EMERGENCY MEDICAL SERVICES



**19**

SCHOOL-BASED  
HEALTH CENTERS



**10 COMMUNITY  
HEALTH CENTERS**



**87,000**

BEHAVIORAL  
HEALTH PATIENTS



**1.3 MILLION**

PATIENT VISITS



# The Reach Of Denver Health

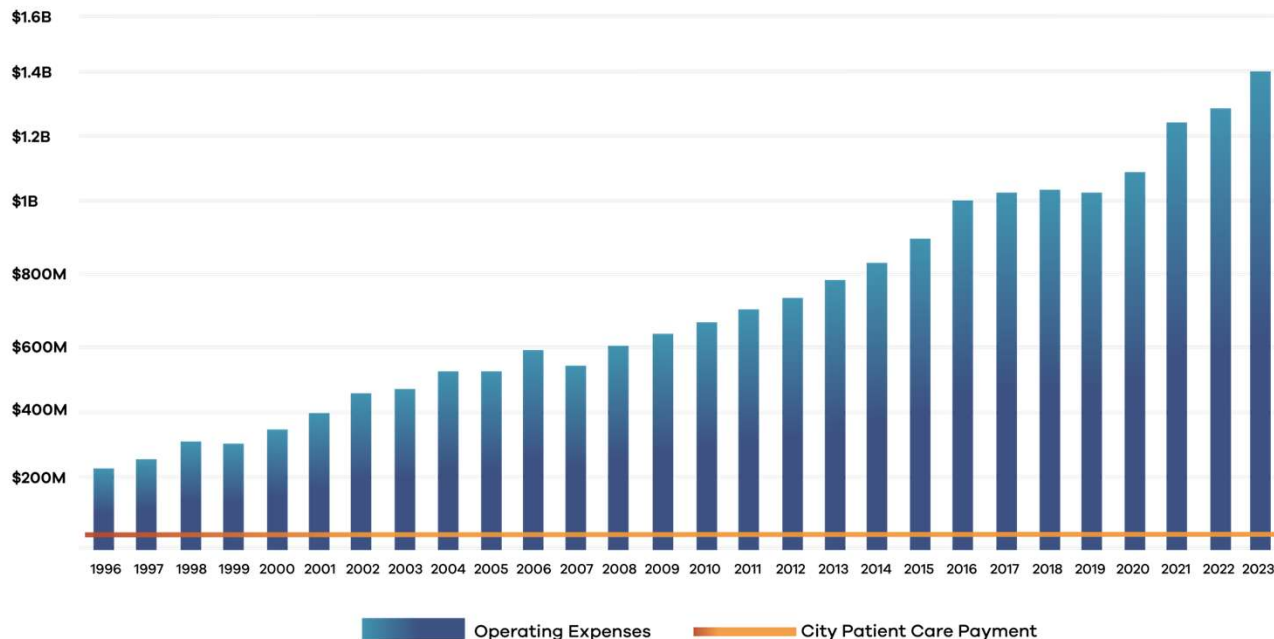
- Public Health Institute at Denver Health
- Correctional Care
- Rocky Mountain Poison and Drug Safety
- Nurseline
- Denver Health Medical Plan. Inc.
- Denver Cares
- Denver Health Foundation
- Mobile Health Units

...and we take care of things like **Housing, Food and Transportation** for our patients



# Operating Expenses are Growing

Operating Expenses vs. City Patient Care Payment



**Denver Health is Very Large:**  
**Denver Health's 2023 budget is \$1.4B**

- City's General Fund is \$1.6B
- DPS's budget is \$1.2B

Health care has become more expensive in the last few years

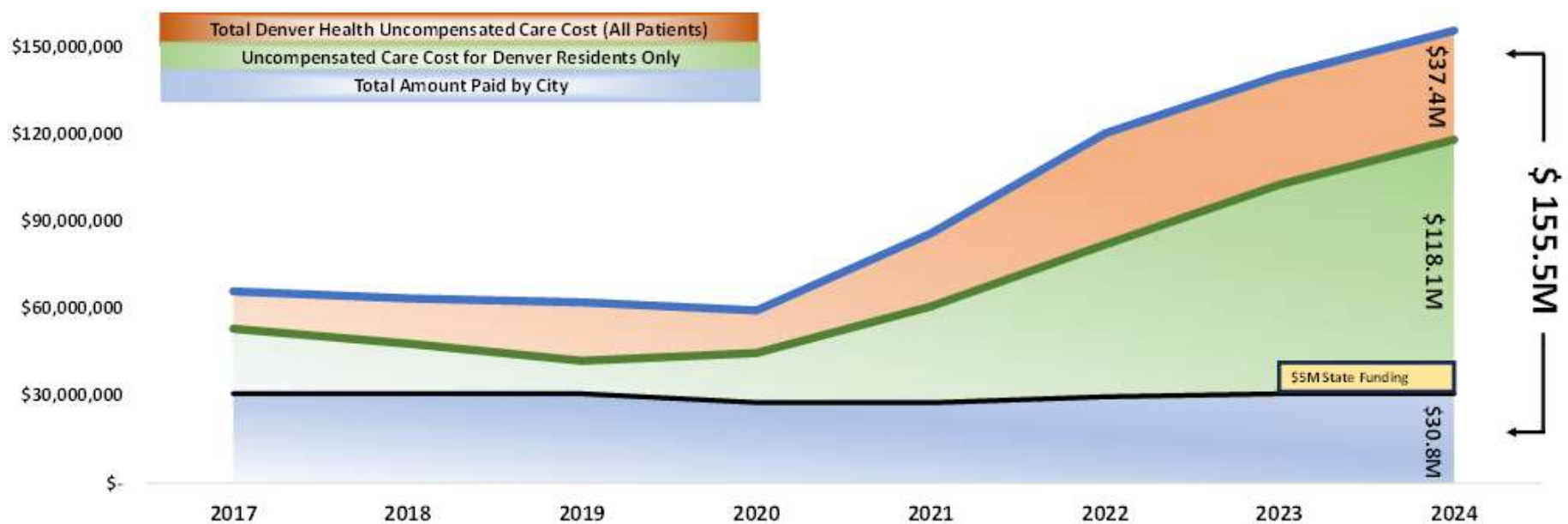
- Labor
- Supplies
- Pharmaceuticals

Since forming the Authority, Denver Health has grown by ~550%



# Patient Care Services

### Denver Health Medicaid, Medicare and Uninsured Uncompensated Care for Services



# Payer Mix for Denver Area Hospitals

Hospital/Health System	Commercial	Medicaid	Medicare	Self Pay	CICP/Other
Denver Health	14.04%	48.60%	20.36%	8.45%	8.55%
UC Health	29.34%	20.49%	41.58%	2.34%	6.25%
HCA Healthcare	31.05%	21.31%	38.57%	3.90%	5.17%
Common Spirit Health	28.95%	19.05%	44.33%	2.78%	4.89%
Intermountain Health	29.24%	17.15%	47.62%	2.50%	3.49%
Advent Health	38.22%	14.57%	41.88%	3.05%	2.28%
Banner Health	25.06%	22.40%	45.57%	2.85%	4.13%
Boulder Community Health	35.63%	10.79%	47.32%	0.86%	5.39%
Children's Hospital	44.23%	41.54%	0.37%	0.81%	13.05%



# Closing the Financial Gap

What we have done help our finances:



- One-time gifts
- Advocacy – City, State and Federal
- Budget Efficiencies
  - Reduce expenses and increase revenue
  - Lower personnel expenses – especially contract labor, overtime
  - Lower operational expense – waste reductions
  - Increase revenue – adding partnerships and focusing on service lines to bring in more
- Deferred Maintenance and Capital Investments





**DENVER HEALTH™**

est. 1860

Questions?



## **JBC Listening Session on Impact of the PHE Unwind**

**Notes: October 10, 2024**

**Kiara Kuenzler, PsyD, Jefferson Center for Mental Health**

Thank you Madame Chair, members of the committee, legislators and policy makers, and everyone in the room today working to support Coloradans. My name is Dr Kiara Kuenzler and I'm the CEO of Jefferson Center for Mental Health and also serve as the President of the Colorado Behavioral Healthcare Council Board. Jefferson Center is a non-profit community mental health center and we serve around 25,000 people each year in Jefferson, Clear Creek and Gilpin counties for over 65 years.

We knew to expect a decline in Medicaid enrollment and related revenue with the PHE unwind, but the impact has been far more significant than predicted. First and foremost for the people we serve. The woman who was forced to postpone her mastectomy when she lost Medicaid, the person who had to choose being paying rent or critical medications, and many others.

The number of people that we serve without any type of insurance grew by 50% over the past year with the additional 2,000 people who lost Medicaid and were without insurance. As a comprehensive behavioral health safety net provider, we are required to serve everyone regardless of payer. We don't have the choice to stop serving those without insurance, nor would we want to, and yet there was no additional funding for services provided for those 2000 people.

Last year we utilized cash reserves to supplement this loss of funding and ended the year with a \$7million loss.

In the current fiscal year we were anticipating a \$10million loss. This was a result of both the higher numbers of people without insurance, as well as changes to our Medicaid reimbursement with the implementation of the PPS model. We have spent the last 6 months reducing this gap by not refilling vacant positions, deferring any non-urgent expenses that we could, and reducing administrative expenses. Additionally we have secured around \$3million dollars in one-time funding from local counties, municipalities, foundations and other partners. Last week, we took the final step to close our budget gap with the elimination of 25 positions across the organization. This is following not refilling approximately 50 other positions through attrition over the past 6 months.

While these steps have allowed us to now project a balanced budget for the current fiscal year, we are not out of the woods yet. Our cash reserves around now around 50 days, which is not a comfortable level given the perfect storm of factors impacting comprehensive behavioral health providers.

The growing number of people without insurance, along with new behavioral health licensing and regulations under the BHA, and the change to the PPS payment model are all resulting in decreased revenue, increased administrative burden, and substantial delays in payments under Medicaid. We currently have \$7million in Medicaid receivables which is draining our cash even further each month.

While we very much support the move to a PPS daily rate payment model, the basis for calculation has resulted in a rate for Jefferson Center that is considerably lower (15% lower) than our current actual cost to serve individuals with Medicaid. While we have received assurance from HCPF that these rates will be reconciled to the actual costs, we won't see that reconciliation until 2026 creating pressure on our ability to cover this loss until 2026.

I have had so much hope over the past 5 years that our society was finally waking up to the critical importance of behavioral health to the overall wellbeing of people, families and communities. Today, I am deeply saddened that at a time when people in our communities are relying on us to maintain care for the most complex and the most vulnerable, our capacity is shrinking.

The long term consequences are likely to be significant. It is well established that thoughtful investment in behavioral health, addressing basic needs and preventive care improves health outcomes and decreases costs. We can anticipate that decreasing investment in these areas will lead to more individuals and families struggling with stable housing and homelessness, increased criminal justice involvement, and higher cost care in emergency departments and costs of addressing complex medical conditions resulting from unmet behavioral health and social needs. We are at a critical turning point when we need to come together to find solutions to these complex challenges and Jefferson Center has been and remains committed to working with you all towards that end.

**Konnie Martin, CEO San Luis Valley Healthy  
Joint Budget Cmte Listening Session  
October 10, 2024**

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Good afternoon, Representative Bird, State legislators and health care colleagues. I'm Konnie Martin, Chief Executive Officer of San Luis Valley Health, and past Board Chair of the Colorado Hospital Association. I'm joining you today from my office in Alamosa. Thanks so much for hosting this conversation and for the opportunity to be a part of it.

As my colleagues have laid out so clearly for you today, health care providers are struggling in a post-COVID environment and SLV Health is no different. We serve the 50K residents in six county region of the San Luis Valley. We are a level III trauma center and are the only hospital that provides surgical and OB services for 120 miles in any direction. The counties in our valley face harsh economic challenges and we depend heavily on Medicare and Medicaid to sustain our healthcare system.

In June of 2023, the Medicaid enrollment for our six counties was 23,500, fifteen months later in August of 2024 it has dropped to 15,900 – a drop of 32%. That dramatic decline has created a financial challenge for us. Medicaid has been consistently 30% of our revenue for the past five years. This year that declined by 7%. Commercial Insurance remains steady at 24% of our payor mix. However, our charity care has increased by over 200%. Every lost Medicaid dollar has shifted to uncompensated care. This has resulted in nearly a \$3.5 million revenue loss to our organization in the last year.

Our team is working every day to enroll or re-enroll patients and obtain their coverage in a complex process. We are trying to hire more staff to help people get back on Medicaid, but now we have less resources to support this effort.

We shared a letter with you from Julianna Mascarenas, she speaks of how losing Medicaid coverage for her family has brought them to complete uncertainty about their lives. I recently spoke to another patient who was receiving consistent medical and behavioral health therapy and managing her chronic condition well. She lost her Medicaid coverage and stopped coming in for her treatments, within just a few months, her condition regressed, she presented to our emergency department. She required an extended inpatient stay. The saddest part of this story is that she in fact qualified for Medicaid and did get her coverage back – but not before it cost our system an expensive stay due to the lapse in coverage.

I am speaking to you today about my hospital and our Valley's patients. But this message could be coming from nearly every rural hospital in the State. I speak with my fellow CEOs often and their stories mirror ours. Some are frankly even more concerning, because several hospitals are even in a more fragile financial position.

We care deeply about the health of the communities we serve; we desire to partner with the State to care for Medicaid patients. We believe that there are many who are entitled to Medicaid coverage who are being left behind. When those patients need care and don't have means to pay - it further threatens the safety net of hospitals and worsens the economic stability of rural Colorado. We need help to get patient who deserve Medicaid coverage back on the plan and protect the providers who deserve to be paid.

Finally, In response to Sen. Fields question about where to go next and focus on solutions, our statewide coalition of providers and consumer advocates committed to saving Colorado's safety net is working on direct policy solutions and plans to follow up with the committee and legislators.

Thank you for listening today. I welcome any questions.

## JBC Listening Session: 10/10/2024

### Simon Smith, CEO of Clinica Family Health

Thank you, Devra.

Representative Bird, members of the Joint Budget Committee, and policymakers, my name is Simon Smith, and I am CEO of Clinica Family Health.

We are a federally qualified health center serving Adams, Boulder, Broomfield and Gilpin Counties. Representative Bird- we are proud to care for your constituents, and truly appreciate your support over the years. We care for the most at risk and marginalized members of our community and are proud to do so.

Since 1977, we have provided health care to Coloradans regardless of ability to pay. We serve approximately 60,000 unique patients a year and count more than 80,000 individuals who depend on us as their health care home. We provide integrated medical, oral and behavioral health services, hospital deliveries, and affordable medications.

Just today we are completing an important merger with Mental Health Partners, our long-time community mental health center partner, and we are proud to be developing a stronger, more efficient, and more wholistic health care organization.

I am grateful that you are taking the time to hear from us.

In all my years of work, I have never experienced a period as challenging as the one we now face.

You are familiar with the unique storm of challenges- the Medicaid unwind has impacted hundreds of thousands of Coloradans, and disenrollment has been on a scale larger than projected or anticipated.

This means people are losing health insurance coverage and safety net providers are losing reimbursement *even* as the cost of care and inflation make it harder to remain competitive. We are also absorbing reductions in other critical funding sources.

At Clinica, this is having a profound effect on the patients we serve, and on our organizational health.

- Before the pandemic, our payor mix of patients was 45.7% Medicaid and 37.5% uninsured. Today, we sit at 37.5% Medicaid and 43.4% uninsured.
- This represents an 8.2% drop in Medicaid and a 5.9% rise in the uninsured from PRE-PANDEMIC levels. These are levels we last saw pre-ObamaCare over a decade ago.
- It is also an 11% drop in Medicaid and 7.8% rise in uninsured from our pandemic-era enrollment levels.

- I know there are questions about what has happened to those who have lost their Medicaid coverage. At Clinica, it appears that over 70% of them are now uninsured. That is thousands and thousands and thousands of newly uninsured patients within our organization.

We have absorbed this impact in a little over a year. It has meant terrible choices, and large-scale cuts.

- We have eliminated critical programs including mom/baby home visits, a walk-in clinic, homeless outreach, refugee screening, a dental clinic location, and components of hospital care.
- We have eliminated over 100 roles in our organization across two rounds of layoffs- over 15% of our workforce. We have frozen many more open positions. Executives and high earners have voluntarily cut their pay. This has all led to further departures of dedicated staff who have served their community, cared for the underserved, and were the front lines of the pandemic.
- We are turning away new patients who have nowhere else to go.
- We have dipped deep into our limited reserves.

We are a canary in the coal mine, but not the only one. We are hollowing out primary care and prevention services that keep people healthy and save our system money. The safety net, like the health of the people we serve, is fragile. Insurance status may change, but the needs of the human being do not.

We **DO** have a funding source in Colorado to help us serve uninsured patients - the Primary Care Fund, which generates a federal match. We appreciate your support of this fund in recent budget years. It is more critical than ever that this fund is protected, and while we know it will be very challenging to increase it in the next budget year, we respectfully ask that you consider doing so.

Thank you. We appreciate the broad challenges you face. I look forward to exploring collaborative solutions.

I'd be pleased to pass the mic, so to speak, to Kiara Kuenzler of the Jefferson Center who is joining us on Zoom

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