


DENVER HEALTH

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FOR LIFE'S JOURNEY

Briefing for Medicaid Commission

Donna Lynne, CEO
September 2, 2026

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Denver Health at-a-glance

\$1.6

BILLION BUDGET


8,700+

 HOSPITAL
EMPLOYEES

1 IN 3

 DENVER BABIES
BORN AT
DENVER HEALTH


Denver Health Paramedics answered nearly

140,000

 911 CALLS FOR
EMERGENCY MEDICAL SERVICES

19

 SCHOOL-BASED
HEALTH CENTERS

11

 COMMUNITY
HEALTH CENTERS

130

 MEDICAL
SPECIALTIES

280,000

 UNIQUE
PATIENTS

1.4 MILLION

PATIENT VISITS



2

REV 6/26

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Denver Health Services



DENVER HEALTH PARAMEDICS
Operating the **busiest EMS system in the state**, paramedics and EMTs handle 911 medical emergency response calls for the City and County of Denver, as well as the cities of Englewood, Glendale and Sheridan.



DENVER HEALTH MEDICAL PLAN, INC.
Keeping our community healthy by providing **healthcare insurance**.



PUBLIC HEALTH INSTITUTE AT DENVER HEALTH
Keeping the public safe through prevention, clinical services, and community outreach.



ROCKY MOUNTAIN POISON AND DRUG SAFETY
Saving Lives with Answers, serving multiple states and over 100 national and international brands.



DENVER CARES
Providing a **safe haven for withdrawal management** and residential treatment services to thousands every year.



CARE FOR UNHOUSED AND TRANSITIONAL HOUSING
Denver Health **provides care annually to thousands who are experiencing homelessness** and providetransitional housing when appropriate, including 34 beds throughout the city.



NURSELINE
Registered nurses field **thousands of calls annually** - advising on medical information, home treatment, and when to seek additional care - giving patients peace of mind 24/7.



MOBILE HEALTH CENTERS
Denver Health's mobile health centers provide **primary care, OB/Gyn services and substance use treatment** at locations throughout the city, often providing vaccines and other needed care in underserved neighborhoods.



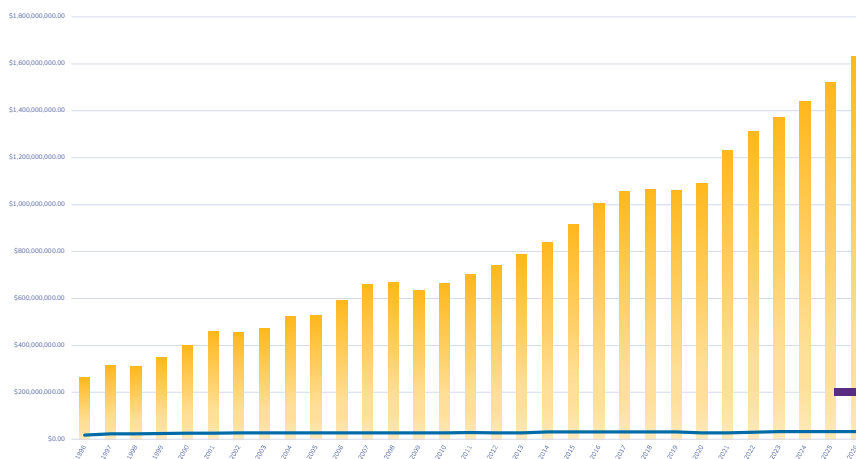
CORRECTIONAL CARE
Providing **medical care to inmates** in Denver's jails.

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Operating Expenses are Growing

Operating Expenses vs City Patient Care Payment



Denver Health's 2026 budget is **\$1.63 Billion**

- City's General Fund is \$1.66B
- DPS's budget is \$1.5B ('25-'26 school year)

- Operating Expense
- City Patient Care Payment (MI Payment)
- 2Q – represents \$65 million in voter-approved sales tax

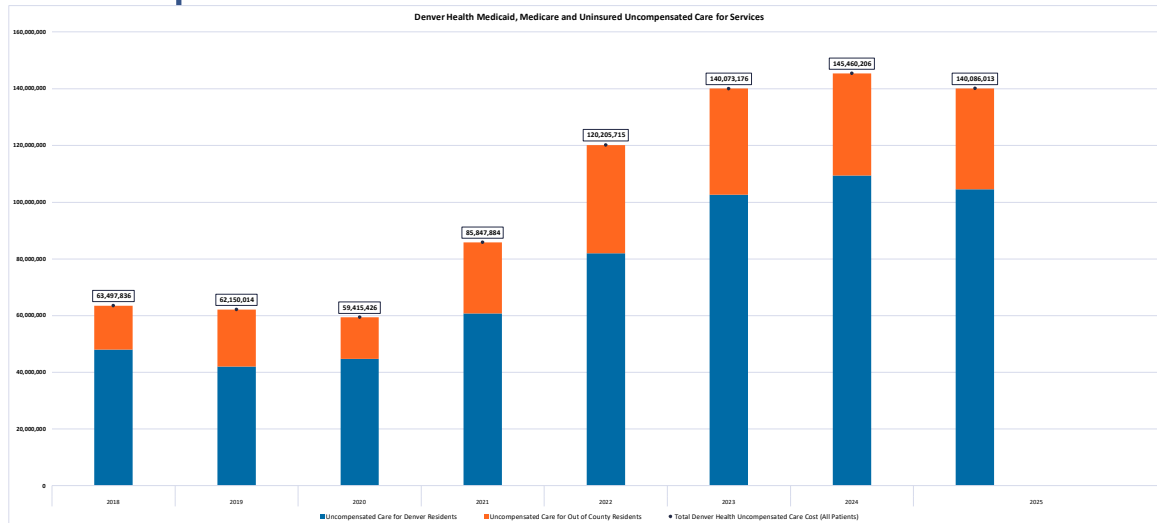


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Uncompensated Care



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Payer Mix By System

Hospital/Health System	Commercial	Medicaid	Medicare	Self Pay	CICP/Other
Denver Health	17.69%	44.47%	19.42%	5.92%	12.49%
UCHealth	28.40%	18.88%	43.52%	3.74%	5.45%
HCA Healthcare	30.17%	18.87%	39.33%	5.27%	6.37%
CommonSpirit Health	25.18%	18.02%	47.95%	4.01%	4.84%
Intermountain Health	29.80%	15.51%	48.29%	2.60%	3.79%
Advent Health	35.35%	12.63%	45.72%	3.18%	3.11%
Banner Health	25.53%	20.94%	46.09%	3.38%	4.07%
Boulder Community Health	35.81%	9.02%	49.82%	0.75%	4.60%
Children's Hospital	45.49%	39.96%	0.29%	1.42%	12.84%

Source: HCPF Hospital Transparency Report 2026

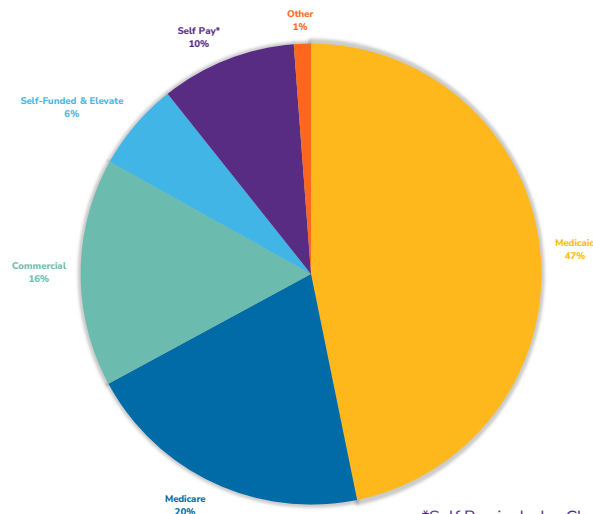


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2025 Payer Mix – \$1.56 Billion Total Revenue



*Self Pay includes Charity Care and Bad Debt for presentation purposes



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Medicaid Risk

Federal:

- Major funding cuts from H.R.1
- Tighter eligibility and reporting requirements – increased administrative burden
- 20,000 Denver Health patients expected to lose coverage due to eligibility changes
- Limits on Medicaid supplemental payments

State:

- H.R.1 - Nearly **\$65 million** annual impact to Denver Health
- State budget provider rate cuts (2026) – **\$15 million** impact
- Medicaid spending is increasing at a higher rate than TABOR cap
- Challenges to implementing H.R.1 enrollment and reporting requirements
- Potential state budget cuts (payer rates, expansion population, etc.)



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Highlights of Health Care Provisions in H.R.1

- **Medicaid Eligibility Cuts**

- Work requirements
- Eligibility changes (from annual to every six months)
- Retroactive eligibility (from 90 days to 30)
- No federal funding for the undocumented (both Medicaid and Medicare)

* Most of these provisions go into effect Jan. 1, 2027

- **Medicaid Funding Cuts**

- Provider fee cuts for expansion states
- Changes to state directed payment programs
- Budget neutrality for 1115 waivers

* Most of these provisions go into effect gradually beginning Jan. 1, 2028



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Deeper Dive – Federal Medicaid Funding

- **Colorado Federal Medical Assistance Percentage (FMAP) – 50 percent**

- The FMAP is the rate used by the U.S. government to pay for a share of each state's Medicaid and CHIP program costs
- Colorado is only 1 of 10 states with that low of a FMAP percentage
- Lower federal funding level + TABOR = limited federal funding for CO Medicaid
- This adds to the state's overall budget issues related to H.R.1 and the growing costs of Colorado's Medicaid program

- **State Directed Payment Program**

- Still waiting for first payment due to CHASE model changes

- **Maximize Opportunities – UPL**



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