

UNIVERSITY OF COLORADO HEALTH

Basic Financial Statements
For the Years Ended
June 30, 2021 and 2020
(With Independent Auditors' Report Thereon)

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Independent Auditor's Report

To the Board of Directors
University of Colorado Health

Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities and fiduciary funds of University of Colorado Health (UCHealth) as of and for the years ended June 30, 2021 and 2020 and the related notes to the financial statements, which collectively comprise University of Colorado Health's basic financial statements, as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and fiduciary funds of University of Colorado Health as of June 30, 2021 and 2020 and the respective changes in financial position and, where applicable, cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matters

As discussed in Note 3 to the basic financial statements, as of the year ended June 30, 2021, UCHealth adopted new accounting guidance related to GASB Statement No. 84, *Fiduciary Activities*, on a retrospective basis. Our opinion is not modified with respect to this matter.

As described in Note 20 to the basic financial statements, UCHealth has received general and targeted distributions of the CARES Act Provider Relief Fund as of June 30, 2021 and 2020. The published terms and conditions related to the use of these distributions are open for interpretation and subject to change upon the issuance of future guidance by the Department of Health and Human Services. Our opinion is not modified with respect to this matter.

To the Board of Directors
University of Colorado Health

Other Matters

Required Supplemental Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and pension information listed in the table of contents be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, which considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplemental information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise University of Colorado Health's basic financial statements. The other supplemental information, as identified in the table of contents, is presented for the purpose of additional analysis and is not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the financial statements, and, accordingly, we do not express an opinion or provide any assurance on it.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated September 28, 2021 on our consideration of University of Colorado Health's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering University of Colorado Health's internal control over financial reporting and compliance.



September 28, 2021

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$ in thousands)

This discussion and analysis of the financial performance of University of Colorado Health (“UCHealth” or the “Health System”) provides an overall review of UCHealth's financial activities as of and for the years ended June 30, 2021, 2020 and 2019.

The Management's Discussion and Analysis is designed to focus on the current fiscal year while providing comparison information for the previous fiscal years, resulting changes, and currently known facts; therefore, please read it in conjunction with the Health System's basic financial statements.

UCHealth Overview

- Effective July 1, 2012, UCHealth was created through a joint operating agreement with Poudre Valley Health Care Inc. (“PVHS”) and the University of Colorado Hospital Authority (“UCHA”). Together, UCHA and PVHS are member organizations in UCHealth. UCHealth previously applied for and received its 501(c)(3) designation from the IRS on June 29, 2013. The joint venture enhances the capacity of the members to protect, sustain, and expand their respective missions.
- The initial term of the joint operating agreement is 50 years, with renewals or extensions anticipated. The agreement includes significant hurdles for termination other than by mutual agreement. Under the joint operating agreement, the members of the joint venture are members of the obligated group UCHA’s master trust indenture, and, thereby, pledge their gross revenues to secure each member's obligations.
- UCHealth entities pool their respective revenues and expenses for a single bottom line. The UCHealth Board of Directors approves the operating and capital budgets of each entity throughout the Health System. Entity-specific boards remain to oversee medical staff and credentialing, quality, joint commission, and oversight of other day-to-day operating activities.
- Effective October 1, 2012, an Integration and Affiliation Agreement and Health System Operating Lease Agreement with the City of Colorado Springs (the “City”) was executed with the purpose of leasing Memorial Health System (“MHS”). UCHealth created the UCH-MHS entity to assume operations of MHS upon receipt of confirmation of exempt status from the IRS. The original lease is for a 40-year term, with renewals or extensions anticipated.
- Effective October 1, 2012, all employees of MHS became employees of UCHA. Effective January 4, 2013, all employees of PVHS became employees of UCHA. All staff working at UCHealth facilities or working in UCHealth system operations are employees of UCHA.
- The acquisition cost of MHS to UCHealth was \$400,000, with \$290,000 paid in cash at closing and \$110,000 in lease payments to be paid over 30 years. Effective October 1, 2012, a sublease agreement was executed with Children's Hospital Colorado to operate the pediatric units located at MHS and was valued at 15% of the organization. Children's Hospital Colorado paid the corresponding amount of the upfront payment and is responsible for its percentage of the ongoing lease payments to the City. The net acquisition cost to UCHealth after sublease to Children's Hospital Colorado was \$340,000. On June 4, 2015, MHS became the licensed operator of the pediatric services, certain terms of the sublease were temporarily suspended, and MHS and Children’s Hospital Colorado entered into a pediatric Management Services Agreement and Employee Lease arrangement, which was subsequently amended and extended. Applicable terms of the sublease were reinstated upon execution of the new Ground Sublease for property at Memorial North Hospital on May 1, 2017. Such rental payments began in 2019 when the new Children's Hospital facility opened in Colorado Springs.

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$s in thousands)

UCHealth Overview (continued)

- In August 2017 UCHealth opened the new Longs Peak Hospital facility constructed in Longmont, Colorado. The facility is a 51 bed licensed facility and also includes an ambulatory surgery center.
- Effective September 1, 2017, an Integration and Affiliation Agreement with Yampa Valley Medical Center (“YVMC”) was executed with the purpose of having YVMC join UCHealth. Terms of the agreement included a \$50,000 strategic capital commitment, routine capital funding of \$35,000 over a 10-year period, and a contribution up to \$20,000 into the YVMC Foundation. YVMC is located in Steamboat Springs, Colorado and is a 39 bed acute care hospital. Effective September 1, 2017, all employees of YVMC became employees of UCHA.
- Effective December 1, 2017, UCHealth purchased the remaining 49.9% of UCHealth Partners, LLC, a Colorado limited liability company that was a Joint Venture with Adeptus Health Colorado Holdings LLC. UCHealth Partners, LLC included operations of Broomfield Hospital, Grandview Hospital, and 17 freestanding emergency departments located in the Denver and Colorado Springs metropolitan areas. Broomfield Hospital is located in Broomfield, Colorado and is licensed for 40 inpatient beds. Grandview Hospital is located in Colorado Springs, Colorado and is licensed for 22 inpatient beds. Effective January 28, 2018, all employees of UCHealth Partners, LLC became employees of UCHA. During 2019 both Broomfield Hospital and Grandview Hospital became individually recognized not-for-profit organizations, and the operations of the freestanding emergency departments have been converted to other uses or other hospitals.
- Effective April 1, 2018, UCHealth completed an asset purchase agreement to acquire assets of Pikes Peak Regional Hospital from Brim Healthcare of Colorado LLC for cash consideration of \$32,150. UCHealth Pikes Peak Regional Hospital (“PPRH”) is located in Woodland Park, Colorado and is a critical access hospital licensed for 15 beds. Effective April 1, 2018, all employees of PPRH became employees of UCHA.
- In June 2019, UCHealth opened the new Highlands Ranch Hospital facility constructed in Highlands Ranch, Colorado. The new facility opened as an 87 bed licensed facility with 6 operating rooms and includes an adjacent medical office building.
- In July 2019, UCHealth opened the new Greeley Hospital facility constructed in Greeley, Colorado. The new facility opened as a 50 bed facility with 3 operating rooms and includes an adjacent medical office building.
- In July 2019, UCHealth opened the new UCHealth Steadman Hawkins Clinic Denver constructed in Inverness, Colorado. The new facility is a medical office building and ambulatory surgery center.
- In September 2020, UCHealth opened the new UCHealth Cherry Creek Medical Center constructed in Denver, Colorado. The new facility is a medical office building and ambulatory surgery center

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$s in thousands)

UCHealth Financial Highlights

Year Ended June 30, 2021 Compared with Year Ended June 30, 2020

- Inpatient volumes, measured in admissions and patient days, increased over 2020. Volumes include inpatient units at the twelve UCHealth hospital facilities: University of Colorado Hospital, Poudre Valley Hospital, Medical Center of the Rockies, UCHealth Greeley Hospital, Longs Peak Hospital, Yampa Valley Medical Center, UCHealth Broomfield Hospital, UCHealth Highlands Ranch Hospital, Memorial Hospital Central, Memorial Hospital North, UCHealth Grandview Hospital and UCHealth Pikes Peak Regional Hospital. Volumes exclude activity associated with the Center for Dependency, Addiction, and Rehabilitation (“CeDAR”), Mountain Crest residential activity and normal newborns. Admissions totaled 95,363, which was a 3.0% increase over 2020. Patient days totaled 508,813, a 10.5% increase over the prior year.
- Outpatient volumes, measured by clinic and urgent care visits, were 4,488,949 in 2021, which was a 12.0% increase over 2020. This figure includes activity at the twelve hospital locations, various outpatient and urgent care clinics located throughout the primary service areas, and activity performed by the UCHealth Medical Group.
- Net patient service revenue of \$5,703,189 increased from 2020 by \$724,457, or 14.6%. Total operating revenue in 2021 was \$5,781,081. Total operating revenue consists of net patient revenue, grant revenue, and other revenue.
- Operating income was \$572,501 during the fiscal year, which is a 113.6% increase over 2020 operating income of \$268,070.
- According to Governmental Accounting Standards Board (“GASB”) Statement No. 34, *Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments*, interest expense is defined as a non-operating expense and is classified as such in UCHealth's basic financial statements. Operating income would be \$525,816 in 2021 compared to \$218,119 in 2020 if interest expense were included as an operating expense.
- Non-operating revenue and expenses in 2021 was a gain of \$1,234,715, which is a \$1,017,780 increase from 2020. The change from 2020 was primarily generated from an increase in investment income of \$931,724 and a \$68,512 unrealized gain on derivative instruments in 2021 compared with a \$86,813 unrealized loss on derivative instruments in 2020. Included in non-operating revenue is \$113,456 in grant revenue received in 2021 as part of general and targeted distributions of the CARES Act Provider Relief Fund.
- Income before distributions and contributions was \$1,807,216 in 2021, which increased \$1,322,211 from 2020. Restricted contributions totaled \$11,939 for 2021.
- During fiscal year 2021, UCHealth continued investment in a system-wide electronic medical record (“EMR”) platform. \$13,265 was incurred on this project during the year ended June 30, 2021.
- In December 2016, UCHealth approved a project to construct a five story, 89,000 square foot medical office building and ambulatory surgery center in the Cherry Creek neighborhood of Denver. Services for the facility include primary and advanced care, including cancer care, women’s care, state-of-the-art imaging and an outpatient surgery center. The budget for the project which opened September 2020 was \$157,680. \$21,219 was incurred on this project during the year ended June 30, 2021.

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$ in thousands)

UCHealth Financial Highlights (continued)

Year Ended June 30, 2021 Compared with Year Ended June 30, 2020 (continued)

- In January 2019, UCHealth approved the project to construct Anschutz Inpatient Pavilion Expansion Tower 3 at UCHA. The project includes 120 hospital beds, nine operating or procedure rooms and additional shelled space. The project has a total budget of \$388,533 and is anticipated to open during fiscal year 2023. \$68,979 was incurred on this project during the year ended June 30, 2021.
- In May 2019, UCHealth approved construction of a medical office building on the Longs Peak Hospital campus at an initial budgeted cost of \$51,943. The project was later modified for an expansion and includes a Cancer Center with a budget increase to \$85,590. \$22,702 was incurred on this project during the year ended June 30, 2021.
- In December 2020, UCHealth completed an annual ratings update meetings with Moody's, Standard & Poor's, and Fitch Ratings to rate the member organizations. Moody's maintained UCHA rating at Aa3 and revised the outlook to positive. Standard & Poor's maintained UCHA rating at AA Stable. Fitch Ratings maintained UCHA rating at AA Stable.
- In January 2021, UCHealth approved master facility planning efforts at Poudre Valley Hospital to update and renovate the facility at an initial budgeted cost of \$75,122. The project will be completed in phases with final completion anticipated for Spring 2023. \$1,592 was incurred on this project during the year ended June 30, 2021.
- In January 2021, UCHealth approved development of a medical office building and imaging suite located in north Colorado Springs (Interquest) at an initial budgeted cost of \$14,132. No expense was incurred on the project during fiscal year 2021 as expenditures will be incurred in future years.
- In June 2021, UCHealth purchased the Broomfield Hospital land and facility from the previous lessor for a total cost of \$82,879.
- In March 2021, UCHealth entered into a forward-starting direct purchase agreement with JPMorgan Chase Bank, N.A and Wells Fargo Bank, N.A to refinance Series 2012A Revenue bonds for a total amount of \$230,565. The effective date of the agreement is November 2022, at which time the Series 2012A bonds are callable. The terms of the forward-starting direct purchase agreement are for a predetermined fixed rate and extend over a 10-year period.
- In April 2021, UCHealth paid off Series 2013B Revenue bonds for \$5,570. JPMorgan Chase Bank, N.A. was the holder of the direct purchased bonds at a variable rate plus predetermined spread. Also in April, UCHealth extended the terms of Series 2013A and Series 2013C bonds through November 2022. These bonds are in a direct purchase agreement, based on a variable rate plus predetermined spread, with JPMorgan Chase Bank, N.A

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$s in thousands)

UCHealth Financial Highlights (continued)

Year Ended June 30, 2020 Compared with Year Ended June 30, 2019

- The COVID-19 pandemic in Colorado significantly impacted UCHealth operations. Between March 19, 2020 and April 26, 2020, all voluntary or elective surgeries and procedures were suspended by a state executive order. A subsequent state executive order allowed certain voluntary or elective surgeries or procedures, subject to specific terms and conditions. As a result, UCHealth experienced year-over-year declines for the quarter ending June 30, 2020 in most key volume metrics and net operating revenue. Full year increases in volumes and other metrics, as discussed below, were the result of strong volumes through the first three quarters of the year and growth due to new facility openings.
- Inpatient volumes, measured in admissions and patient days, increased over 2019. Admissions totaled 92,571, which was a 0.2% increase over 2019. Patient days totaled 460,261, a 0.9% increase over the prior year.
- Outpatient volumes, measured by clinic and urgent care visits, were 4,008,735 in 2020, which was a 3.2% increase over 2019.
- Net patient service revenue of \$4,978,732 increased from 2019 by \$83,852, or 1.7%. Total operating revenue in 2020 was \$5,055,478. Total operating revenue consists of net patient revenue, grant revenue, and other revenue.
- Operating income was \$268,070 during the fiscal year, which is a 59.2% decrease from 2019 operating income of \$657,306. Operating income would be \$218,119 in 2020 and \$610,610 in 2019 if interest expense were included as an operating expense.
- Non-operating revenue and expenses in 2020 was a gain of \$216,935, which is a \$119,113 increase from 2019. Included in non-operating revenue is \$157,059 of grant revenue received in 2020 as part of general and targeted distributions of the CARES Act Provider Relief Fund. The remaining change from 2019 was primarily generated from a decrease in investment income and an increase in unrealized loss on derivative instruments.
- Income before distributions and contributions was \$485,005 in 2020, which decreased \$270,123 from 2019. Restricted contributions totaled \$12,531 for 2020.
- During fiscal year 2020, UCHealth continued investment in a system-wide electronic medical record (“EMR”) platform. \$16,403 was incurred on this project during the year ended June 30, 2020.
- In October 2014, MHS approved the project to upgrade and expand Memorial North Hospital campus. The project had an original budgeted cost of \$98,358, which was increased to \$127,933 in February 2017. The project was substantially completed in fiscal year 2019. \$12,421 was incurred on this project during the year ended June 30, 2020.
- In February 2016, UCHealth approved the project to construct a hospital, cancer center, and medical office building in Highlands Ranch. The facility opened in June 2019 and includes 87 hospital beds, shelled space for future hospital expansion, and six operating or procedure rooms. The project has a total budget of \$375,685 and opened June 2019. \$24,966 was incurred on this project during the year ended June 30, 2020.
- \$58,785 was incurred on the Cherry Creek medical office building and ambulatory service center project during the year ended June 30, 2020.

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$s in thousands)

UCHealth Financial Highlights (continued)

Year Ended June 30, 2020 Compared with Year Ended June 30, 2019 (continued)

- In February 2016, UCHealth approved the project to construct an ambulatory surgery center and medical office building in Inverness, the UCHealth Steadman Hawkins Clinic Denver. The project includes 4 operating rooms, 24 preparation and recovery rooms, 12 short stay beds and a medical office building. The project has a total budget of \$105,954 and opened July 2019. \$15,321 was incurred on this project during year ended June 30, 2020.
- In May 2016, UCHealth approved the project to construct a hospital and medical office building in Greeley. The project includes 50 hospital beds, a medical office building, and three total operating or procedures rooms. The project has a total budget of \$185,137 and opened July 2019. \$14,779 was incurred on this project during the year ended June 30, 2020.
- In October 2019, UCHealth purchased the Grandview Hospital facility from the previous lessor for a total cost of \$67,450.
- \$36,588 was incurred on the Anschutz Inpatient Pavilion Expansion Tower 3 project at UCHA during the year ended June 30, 2020.
- \$2,685 was incurred on the medical office building on the Longs Peak Hospital campus project during the year ended June 30, 2020.
- In September 2019, UCHealth completed an annual ratings update with Moody's, Standard & Poor's, and Fitch Ratings to rate the member organizations. Moody's maintained UCHA rating at Aa3 Stable. Standard & Poor's upgraded UCHA rating to AA Stable from AA-. Fitch Ratings maintained UCHA rating at AA Stable.
- In October 2019, UCHA issued Series 2019A Revenue Bonds ("Series 2019A") in the amount of \$100,000 to finance the construction of Highlands Ranch Hospital. Series 2019A were issued as variable-rate bonds with interest paid monthly and principal paid according to a mandatory sinking fund redemption schedule. The bonds, while subject to long-term amortization periods, may be put at the option of the bondholders in connection with weekly remarketing dates. To the extent the bondholders may, under the terms of the debt, put their bonds within 12 months after June 30, 2021 and 2020, the principal amount of such bonds has been classified as a current liability in the accompanying statements of net position. To address this possibility, management has taken steps to provide various sources of liquidity in the event any bonds would be put, including maintaining unrestricted assets as a source of self-liquidity. UCHealth previously entered a forward-starting floating-to-fixed interest rate swap to coincide with the October 2019 issuance of Series 2019A. The swap agreement has an initial notional amount of \$100,000 and a fixed payor rate of 1.104%. UCHealth will receive 70% of one-month LIBOR for the entire swap term, which expires November 2049. Settlements are made monthly.
- In October 2019, UCHA issued Series 2019B Revenue Bonds ("Series 2019B") in the amount of \$50,000 to finance the construction of the Greeley Hospital. Series 2019B were issued as fixed rate bonds with interest paid semi-annually and principal paid according to a mandatory sinking fund redemption schedule. Wells Fargo Bank, N.A. is the holder of the bonds at a fixed interest rate of 1.67%. The direct purchase bonds were issued with a ten-year term that will expire October 2029.

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$s in thousands)

UCHealth Financial Highlights (continued)

Year Ended June 30, 2020 Compared with Year Ended June 30, 2019 (continued)

- In October 2019, UCHA issued Series 2019C Revenue Bonds (“Series 2019C”) in the amount of \$122,785 to fully refinance the Series 2017C-1 Bonds. Series 2019C were issued as 5 year put bonds at a premium. Series 2019C, while subject to a long-term amortization period, are puttable in 2024. Interest is paid semi-annually and principal paid according to a mandatory sinking fund redemption schedule.
- In October 2019, UCHA issued Series 2019D Revenue Bonds (“Series 2019D”) in the amount of \$50,000 to finance the construction of the Greeley Hospital. Series 2019D were issued as fixed rate bonds with interest paid semi-annually and principal paid according to a mandatory sinking fund redemption schedule. JPMorgan Chase Bank, N.A. is the holder of the bonds at a fixed interest rate of 1.67%. The direct purchase bonds were issued with a ten-year term that will expire October 2029.

Overview of the Basic Financial Statements

- This discussion and analysis is intended to serve as an introduction to UCHealth's basic financial statements, which consist of the enterprise fund, including its blended component units, the pension trust fund, the health benefits trust fund, and the notes to the basic financial statements. This report also contains other required supplementary information in addition to the basic financial statements.
- UCHealth has two types of funds: an enterprise fund that accounts for all transactions related to UCHealth hospitals, physician groups, and the foundations' business, and fiduciary funds for UCHA's employee pension plan and health benefits trust.
- The statements of net position; statements of revenue, expenses, and changes in net position; and statements of cash flows are presented on an accrual basis, in accordance with accounting principles generally accepted in the United States of America. This information provides an indication of UCHealth's financial health. The statements of net position include all of UCHealth's assets, deferred outflows of resources, liabilities, and deferred inflows of resources, as well as an indication about which assets can be utilized for general purposes and which are restricted as a result of bond covenants or other agreements. The statements of revenue, expenses, and changes in net position report all of the revenue and expenses during the periods indicated. The statements of cash flows report the cash provided and used by operating activities, as well as other cash sources, such as investment income, and other cash uses, such as repayment of debt and purchase of capital.
- Notes to the basic financial statements provide additional information that is essential for a full understanding of the data provided in the basic financial statements. Required supplementary information relates to UCHA's progress in funding its obligation to provide pension benefits to its employees.

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
 Years Ended June 30, 2021, 2020 and 2019
 (\$ in thousands)

Financial Analysis and Results of Operations

Assets, deferred outflows of resources, liabilities, deferred inflows of resources, and net position at June 30 are summarized in Table 1 and are discussed in the following pages:

Table 1
University of Colorado Health
Statements of Net Position

	2021	2020	2019
Current assets	\$ 1,758,575	\$ 2,057,801	\$ 1,311,527
Capital assets, net of accumulated depreciation	3,042,809	2,870,985	2,788,982
Non-current assets and other assets	6,184,778	4,243,588	3,831,437
Total assets	<u>10,986,162</u>	<u>9,172,374</u>	<u>7,931,946</u>
Deferred outflows of resources	86,996	100,927	99,294
Total assets and deferred outflows of resources	<u>\$ 11,073,158</u>	<u>\$ 9,273,301</u>	<u>\$ 8,031,240</u>
Current liabilities	\$ 1,907,396	\$ 1,723,267	\$ 1,143,605
Long-term liabilities	1,467,948	1,825,833	1,653,687
Total liabilities	<u>3,375,344</u>	<u>3,549,100</u>	<u>2,797,292</u>
Deferred inflows of resources	175,583	9,182	5,762
Net position			
Invested in capital assets, net of related debt	1,181,596	972,008	1,025,837
Restricted			
Expendable			
Held by trustee for debt service	99	129	811
Restricted by donors	46,355	40,495	38,177
Non-expendable			
Permanent endowments	28,270	28,153	28,044
Minority interest in component unit	40,113	28,741	33,355
Unrestricted	6,225,798	4,645,493	4,101,962
Total net position	<u>7,522,231</u>	<u>5,715,019</u>	<u>5,228,186</u>
Total liabilities, deferred inflows of resources, and net position	<u>\$ 11,073,158</u>	<u>\$ 9,273,301</u>	<u>\$ 8,031,240</u>

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$s in thousands)

Financial Analysis and Results of Operations (continued)

At June 30, 2021, UCHealth's total net position was \$7,522,231, which is an increase in total net position of \$1,807,212, or 31.6% from the prior year-end. UCHealth classifies net position as invested in capital assets, net of related debt, restricted, and unrestricted. Net position invested in capital assets, net of related debt, increased during the fiscal year due to additional capital spend. The unrestricted net position increase was driven primarily by operating performance and investment returns. At June 30, 2020, UCHealth's total net position was \$5,715,019, which is an increase in total net position of \$486,833, or 9.3%, from June 30, 2019. The unrestricted net position increase was driven primarily by operating performance, investment returns and grant revenue received as part of the CARES Act.

At June 30, 2021 UCHealth's cash and investment position, including assets designated for long-term purposes, was \$6,794,813, which is an increase of \$1,519,957, or 28.8%, over June 30, 2020. Days cash on hand were 468.9 days as calculated per bond covenant requirements based on obligated group membership. Net days in accounts receivable were 38.2 as of June 30, 2021. At June 30, 2020 UCHealth's cash and investment position was \$5,274,856, which is an increase of \$1,098,033, or 26.3%, over June 30, 2019. Days cash on hand were 396.8 days as calculated per bond covenant requirements based on obligated group membership. Net days in accounts receivable were 45.2 as of June 30, 2020.

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$ in thousands)

Financial Analysis and Results of Operations (continued)

Revenues, Expenses, and Change in Net Position

Revenues, expenses, and change in net position are summarized in Table 2 and are discussed below:

Table 2
University of Colorado Health
Revenue, Expenses, and Changes in Net Position

	Fiscal Years Ended June 30,		
	2021	2020	2019
Operating revenue			
Net patient service revenue	\$ 5,703,189	\$ 4,978,732	\$ 4,894,880
Other operating revenue	77,892	76,746	57,389
Total operating revenue	<u>5,781,081</u>	<u>5,055,478</u>	<u>4,952,269</u>
Operating expenses			
Wages, contract labor, and benefits	2,384,513	2,248,700	2,030,439
Supplies	1,329,671	1,134,870	1,051,757
Purchased services and other expenses	1,202,745	1,125,101	1,003,207
Depreciation and amortization	291,651	278,737	209,560
Total operating expenses	<u>5,208,580</u>	<u>4,787,408</u>	<u>4,294,963</u>
Operating income	<u>572,501</u>	<u>268,070</u>	<u>657,306</u>
Non-operating revenues and expenses			
Interest expense	(46,685)	(49,951)	(46,696)
Investment income	1,156,682	224,958	242,238
Unrealized gain (loss) on derivative investments	68,512	(86,813)	(42,054)
Loss on disposal of capital assets	(566)	(332)	(382)
Grant revenue	113,456	157,059	-
Other, net	(56,684)	(27,986)	(55,284)
Total non-operating revenue and expenses	<u>1,234,715</u>	<u>216,935</u>	<u>97,822</u>
Income before distributions and contributions	1,807,216	485,005	755,128
Net distributions to minority interest in component unit	(11,943)	(10,703)	(7,970)
Contributions restricted for capital assets	784	3,937	19,694
Contributions restricted, other	11,155	8,594	6,774
Change in net position	1,807,212	486,833	773,626
Net position, beginning of year	<u>5,715,019</u>	<u>5,228,186</u>	<u>4,454,560</u>
Net position, end of year	<u>\$ 7,522,231</u>	<u>\$ 5,715,019</u>	<u>\$ 5,228,186</u>

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$s in thousands)

Financial Analysis and Results of Operations (continued)

Year Ended June 30, 2021 Compared with Year Ended June 30, 2020

Net patient service revenue increased by \$724,457, or 14.6%, in 2021 compared to 2020. The detail of net patient revenue can be found in Note 4 to the basic financial statements.

UCHealth provides care to patients who meet certain criteria under its charity care policies and to uninsured patients without charge or at amounts less than established rates. Amounts determined to qualify as charity care are not reported as net patient service revenue. Based on an analysis of direct and indirect costs specific to the procedures performed, the cost of these services was \$99,795 in 2021, a decrease of \$11,004, or 9.9% from 2020.

UCHealth maintains a self-pay discount program in which self-pay patients automatically receive a discount on total charges, which varies by facility. This program reduces uninsured patients' liabilities to a level more equivalent to insured patients. The self-pay discounts and packages for 2021 were \$276,446, an increase of \$38,267, or 16.1% over 2020.

In 2010, the State of Colorado modified the CICP Safety Net Provider Program with the Colorado Health Care Affordability Act (the "Act") authorizing the Department of Health Care Policy and Financing to collect a fee from hospital providers to increase Medicaid payments to hospitals and expand coverage under public healthcare programs. For the year ended June 30, 2021, UCHealth was charged \$227,121 in hospital provider fees, an increase of \$23,680, or 11.6% over 2020, and received \$293,224 in disproportionate share ("DSH") and Medicaid supplemental revenue as compensation for indigent and uninsured care services, an increase of \$22,993, or 8.5% over 2020.

UCHealth benefits the community by providing programs, including those listed above, for uninsured and underinsured patients. The total benefit to UCHealth's communities for these programs was \$428,491 in 2021, which is an increase of \$1,526, or 0.4% over 2020, and is determined by applying an adjusted cost-to-charge ratio to the charges under these programs and reducing the benefit amount by any actual reimbursement received for these programs.

Operating expenses were \$5,208,580 in 2021. This was an increase of \$421,172, or 8.8%, compared to 2020.

Wages, contract labor, and benefits expense of \$2,384,513 was a \$135,813, or 6.0%, increase over the 2020 expense. This includes an 8.1% increase in salaries, a 13.2% decrease in contract labor, and a 1.2% decrease in benefits.

Medical and non-medical supplies expense of \$1,329,671 increased by \$194,801 or 17.2%, in 2021. Purchased services and other expenses of \$1,202,745 increased over 2020 by \$77,644, or 6.9%.

In accordance with GASB Statement No. 34, UCHealth records interest expense as a non-operating expense. Interest expense in 2021 was \$46,685, a decrease of \$3,266, or 6.5% compared to 2020.

Non-operating gain from UCHealth's equity, fixed income, and cash investments was \$1,156,682 in 2021, an increase of \$931,724 from 2020.

The equity portfolio gain was \$1,057,219 in 2021, an increase of \$966,576 compared to 2020. Interest and dividend income on the portfolio was \$30,983, and realized and unrealized gains on the portfolio were \$1,026,236. The realized and unrealized gains were due to performance in the investment markets.

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$ in thousands)

Financial Analysis and Results of Operations (continued)

Year Ended June 30, 2021 Compared with Year Ended June 30, 2020 (continued)

The fixed-income portfolio gain was \$60,163 in 2021, a decrease of \$55,341 compared to 2020. Interest and dividend income from the fixed income portfolio was \$49,056, and realized and unrealized gains were \$11,107 in 2021. The realized/unrealized gains were due to falling interest rates.

Restricted investments from UCHHealth foundations generated gains of \$13,113 in 2021, an increase of \$8,885 over 2020. Other investment income totaled \$35,374 for fiscal year 2021, and investment expense was \$9,187 for the year.

UCHHealth utilizes interest rate swaps to manage interest rate risk exposure on certain bond series. Interest rate swaps involve counterparty credit risk, and UCHHealth seeks to control this risk by entering into transactions with high quality counterparties and through exposure monitoring. UCHA is party to two floating-to-fixed payer swap agreements tied to the Series 2013A and 2013C Revenue Bonds. UCHHealth is party to four floating-to-fixed rate swap agreements to hedge underlying floating-rate debt and is also party to a total return fixed-to-floating swap agreement tied to the Series 2012B, 2012C, 2017A, 2017B-1, 2018A, 2018B, 2018C, and 2019A Revenue Bonds. These agreements are used to create synthetic fixed rate bonds by converting the variable rates on those series to a fixed rate, reducing interest rate risk, or reducing the overall cost of capital. Therefore, cash flows on these agreements are recorded as interest expense. These agreements are discussed in greater detail in Note 7 to the basic financial statements.

Enacted on March 27, 2020, the CARES Act authorizes \$100 billion to be administered through grants and other mechanisms to hospitals, public entities, not-for-profit entities, and Medicare and Medicaid-enrolled suppliers and institutional providers. The purpose of these funds is to reimburse providers for lost revenue attributable to the coronavirus disease pandemic, such as foregone revenues from canceled procedures, and to provide support for related healthcare expenses, such as constructing temporary structures or emergency operation centers, retrofitting facilities, purchasing medical supplies and equipment including personal protective equipment and testing supplies, and maintaining or increasing the workforce. UCHHealth recognized \$113,456 in grant revenue from the CARES Act funds in 2021, a decrease of \$43,603, or 27.8% compared to 2020.

Management presents portfolio performance reports to the Finance Committee of the UCHHealth Board of Directors on a quarterly basis. Management meets regularly with UCHHealth's investment advisor to review portfolio and investment manager performance and to identify and recommend changes to the investment strategy. The operating portfolio asset allocation has been modified to increase investment manager diversification and create different allocations to better align investment expectations with future liabilities. Investment expenses consist of fees paid to UCHHealth's investment managers and advisor.

Other net non-operating expenses were \$56,684 in 2021 related primarily to donations made and fundraising expenses.

Year Ended June 30, 2020 Compared with Year Ended June 30, 2019

Net patient service revenue increased by \$83,852, or 1.7%, in 2020 compared to 2019. The detail of net patient revenue can be found in Note 4 to the basic financial statements.

Based on an analysis of direct and indirect costs specific to the procedures performed, the cost of charity care services was \$110,799 and \$94,155 in 2020 and 2019, respectively.

The self-pay discounts and packages for 2020 and 2019 were \$238,179 and \$213,017, respectively.

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$s in thousands)

Financial Analysis and Results of Operations (continued)

Year Ended June 30, 2020 Compared with Year Ended June 30, 2019 (continued)

For the year ended June 30, 2020, UCHHealth was charged \$203,441 in hospital provider fees, compared to \$179,030 in 2019, and received \$270,231 in 2020 in disproportionate share revenue as compensation for indigent and uninsured care services provided compared to \$250,872 in 2019.

The total benefit to UCHHealth's communities for services to uninsured and underinsured patients was \$426,965 in 2020, which is an increase of \$59,604 over the 2019 benefit of \$367,361.

Operating expenses were \$4,787,408 in 2020. This was an increase of \$492,445, or 11.5%, compared to 2019.

Wages, contract labor, and benefits expense of \$2,248,700 was a \$218,261, or 10.7%, increase over the 2019 expense. This includes a 10.6% increase in salaries, a 53.0% decrease in contract labor, and a 20.2% increase in benefits. Medical and non-medical supplies expense of \$1,134,870 increased by \$83,113 or 7.9%, in 2020. Purchased services and other expenses of \$1,125,101 increased over 2019 by \$121,894, or 12.2%.

Interest expense in 2020 was \$49,951 compared to \$46,696 in 2019.

Non-operating gain from UCHHealth's equity, fixed income, and cash investments was \$224,958 in 2020 and \$242,238 in 2019.

The equity portfolio gain was \$90,643 in 2020 compared to \$120,858 in 2019. Interest and dividend income on the portfolio was \$37,038 and realized and unrealized gains on the portfolio were \$53,605. The realized/unrealized gains were due to performance in the investment markets.

The fixed-income portfolio gain was \$115,504 in 2020 compared to a gain of \$116,170 in 2019. Interest and dividend income from the fixed income portfolio was \$41,420. Realized and unrealized gains were \$74,084 in 2020 compared to a loss in 2019. The gain was due to falling interest rates.

Restricted investments from UCHHealth foundations generated gains of \$4,228 and \$3,480 in 2020 and 2019, respectively. Other investment income totaled \$21,648 for fiscal year 2020, and investment expense was \$7,065 for the year.

UCHHealth recognized \$157,059 in grant revenue from the CARES Act funds in 2020.

Other net non-operating expenses were \$27,986 in 2020 related primarily to donations made and fundraising expenses.

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
 Years Ended June 30, 2021, 2020 and 2019
 (\$s in thousands)

Capital Assets and Debt Administration

Capital Assets

Capital assets, net of depreciation and impairment, at June 30, 2021, 2020 and 2019 are summarized in Table 3 and are discussed below.

Table 3
University of Colorado Health
Capital Assets, Net of Depreciation and Impairment

	2021	2020	2019
Land	\$ 128,089	\$ 128,089	\$ 124,969
Buildings and Improvements	2,137,643	2,043,966	1,895,303
Equipment	480,956	483,904	547,605
Construction in progress	296,121	215,026	221,105
Total	\$ 3,042,809	\$ 2,870,985	\$ 2,788,982

In 2021, the additions to capital assets in excess of \$10,000 included the following:

• University of Colorado Hospital Anschutz Inpatient Pavilion Tower 3	\$68,979
• Cherry Creek Medical Office Building and Ambulatory Surgery Center	21,219
• Longmont Medical Office Building and Cancer Center	22,702
• Broomfield Hospital Purchase	82,879
• Electronic Medical Record Platform Growth	13,265

In 2020, the additions to capital assets in excess of \$10,000 included the following:

• Greeley Hospital and Medical Office Building	\$14,779
• University of Colorado Hospital Anschutz Inpatient Pavilion Tower 3	36,588
• Cherry Creek Medical Office Building and Ambulatory Surgery Center	58,785
• Highlands Ranch Hospital	24,966
• Steadman Hawkins Clinic Denver	15,321
• Memorial North Expansion	12,421
• Grandview Hospital Purchase	67,450
• Electronic Medical Record Platform Growth	16,403

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$s in thousands)

Capital Assets and Debt Administration (continued)

Capital Assets (continued)

Ongoing capital requirements are funded from a combination of operating cash, debt proceeds, and contributions. UCHHealth's annual capital budget, exclusive of the larger strategic projects, was \$117,488, \$84,500, and \$79,300 in 2021, 2020, and 2019, respectively. Cash flows related to capital expenditures totaled \$415,349 in 2021, compared to \$383,402 and \$607,197 in 2020 and 2019, respectively. Total depreciation expense on capital assets during 2021 was \$291,651 compared to \$278,737 and \$209,560 in 2020 and 2019, respectively. At June 30, 2021 and 2020, the Health System had planned future capital spending of \$817,945 and \$824,593, respectively, for ongoing significant strategic IT and facility expansion projects.

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$ in thousands)

Capital Assets and Debt Administration (continued)

Long-Term Debt

Long-term debt is summarized and discussed below.

Table 4
University of Colorado Health
Outstanding Long-Term Debt, Less Current Portion, at Year-End

		2021	2020	2019
Combined	Capital leases	\$ 11,197	\$ 12,525	\$ 16,024
MHS	City of Colorado Springs lease agreement	87,554	90,434	93,227
Combined	Loan payable	-	-	3,455
UCHA	2011B Revenue Bonds	93,990	95,220	96,330
UCHA	2011C Revenue Bonds	16,450	24,065	31,300
UCHA	2012A Revenue Bonds	249,094	252,306	255,171
UCHA	2012B Revenue Bonds	50,000	50,000	50,000
UCHA	2012C Revenue Bonds	87,510	87,510	87,510
UCHA	2013A Revenue Bonds	80,000	82,275	84,490
UCHA	2013B Revenue Bonds	-	6,800	7,970
UCHA	2013C Revenue Bonds	57,130	58,895	60,605
UCHA	2015D Revenue Bonds	197,360	197,815	198,210
UCHA	2017A Revenue Bonds	152,075	152,075	152,075
UCHA	2017B-1 Revenue Bonds	57,685	57,685	57,685
UCHA	2017B-2 Revenue Bonds	30,995	37,955	44,630
UCHA	2017C Revenue Bonds	136,575	139,961	286,736
UCHA	2018A Revenue Bonds	45,915	45,915	45,915
UCHA	2018B Revenue Bonds	76,170	76,170	76,170
UCHA	2018C Revenue Bonds	75,265	75,265	75,265
UCHA	2019A Revenue Bonds	100,000	100,000	-
UCHA	2019B Revenue Bonds	50,000	50,000	-
UCHA	2019C Revenue Bonds	135,970	139,936	-
UCHA	2019D Revenue Bonds	50,000	50,000	-
	Less current portion	(257,527)	(172,503)	(32,262)
	Less long-term debt subject to short-term remarketing arrangements	(227,330)	(234,595)	(283,195)
		<u>\$ 1,356,078</u>	<u>\$ 1,475,709</u>	<u>\$ 1,407,311</u>

UCHA can issue debt on behalf of obligated group members, as established under the joint operating agreement creating the Health System. For more information about the Health System's outstanding debt, see Note 12 to the basic financial statements.

UNIVERSITY OF COLORADO HEALTH

Management's Discussion and Analysis
Years Ended June 30, 2021, 2020 and 2019
(\$s in thousands)

Capital Assets and Debt Administration (continued)

Long-Term Debt (continued)

The maximum annual debt service coverage ratio was 12.99 at June 30, 2021, compared to 10.14 and 11.54 at June 30, 2020 and 2019, respectively, and bond covenants require a debt service coverage ratio greater than 1.5. The indebtedness ratio was 19.9% at June 30, 2021, compared to 25.0% and 25.0% at June 30, 2020 and 2019, respectively, and bond covenants require an indebtedness ratio of less than 65.0%.

Economic Factors and Next Year's Activities and Rates

Demand for services at UCHealth facilities is anticipated to remain high in the upcoming year. Growth at the Anschutz Medical Campus, Medical Center of the Rockies and Memorial Health System is expected to produce high occupancy rates in fiscal year 2022. Highlands Ranch Hospital, UCHealth Steadman Hawkins Clinic Denver and Greeley Hospital volumes are all anticipated to grow in the third year of operations.

UCHealth expects to maintain a stable payor mix. Continued growth in high-deductible benefit plans is anticipated, creating higher out-of-pocket costs for patients and a greater burden on UCHealth in managing receivables. UCHealth expects to remain in-network with all major payors in 2022.

The 2022 budget, as approved by UCHealth's Board of Directors, projects operating revenue at \$5,717,897, and operating income of \$322,827 at a margin of 5.6%. The overall increase in net position is budgeted to be \$535,509.

Requests for Information

This financial report is designed to provide a general overview of UCHealth's financial results for all those with an interest in the organization's finances. Questions concerning any of the information provided in this report or requests for additional information should be addressed to the UCHealth Chief Financial Officer, Mail Stop F-417, P.O. Box 6510, Aurora, Colorado 80045.

UCHA, a component unit of UCHealth, issues a separate financial report. That report may be obtained by writing to UCHA Chief Financial Officer, Mail Stop F-417, P.O. Box 6510, Aurora, Colorado 80045.

UNIVERSITY OF COLORADO HEALTH

Statements of Net Position

June 30, 2021 and 2020

(\$s in thousands)

	<u>2021</u>	<u>2020</u>
Assets		
Current assets		
Cash and cash equivalents	\$ 582,956	\$ 990,081
Patient accounts receivable, less allowances for uncollectible accounts of \$714,475 and \$624,088, respectively	644,165	581,404
Other receivables	67,974	56,371
Inventories	136,827	123,173
Prepaid expenses	99,323	72,177
Investments designated for liquidity support	<u>227,330</u>	<u>234,595</u>
Total current assets	<u>1,758,575</u>	<u>2,057,801</u>
Non-current assets		
Restricted investments, bonds	99	129
Restricted investments, other	799	869
Restricted investments and donor pledges	63,287	58,054
Capital assets, net of accumulated depreciation	3,042,809	2,870,985
Long-term investments	3,285,139	4,050,180
Assets designated for long-term purposes	2,699,388	-
Other investments	66,782	67,962
Net pension asset	34,464	-
Other assets	<u>34,820</u>	<u>66,394</u>
Total non-current assets	<u>9,227,587</u>	<u>7,114,573</u>
Total assets	<u>10,986,162</u>	<u>9,172,374</u>
Deferred Outflows of Resources		
Deferred amortization on refundings	16,425	17,662
Deferred amortization related to pension plan	52,313	63,335
Deferred amortization on acquisitions	<u>18,258</u>	<u>19,930</u>
Total deferred outflows of resources	<u>86,996</u>	<u>100,927</u>
Total assets and deferred outflows of resources	<u>\$ 11,073,158</u>	<u>\$ 9,273,301</u>

See accompanying notes to the basic financial statements.

UNIVERSITY OF COLORADO HEALTH

Statements of Net Position

June 30, 2021 and 2020

(\$s in thousands)

	<u>2021</u>	<u>2020</u>
Liabilities		
Current liabilities		
Current portion of long-term debt	\$ 257,527	\$ 172,503
Accounts payable and accrued expenses	732,440	575,389
Accounts payable - construction	21,077	17,039
Accrued compensated absences	115,620	109,077
Accrued interest payable	6,827	6,817
Fair value of derivative instruments	12,390	12,114
Estimated third-party settlements	534,185	595,733
Long-term debt subject to short-term remarketing arrangements	<u>227,330</u>	<u>234,595</u>
Total current liabilities	<u>1,907,396</u>	<u>1,723,267</u>
Long-term liabilities		
Long-term debt, less current portion	1,356,078	1,475,709
Fair value of derivative instruments, less current portion	65,107	133,895
Net pension liability	-	168,392
Other long-term liabilities	<u>46,763</u>	<u>47,837</u>
Total liabilities	<u>3,375,344</u>	<u>3,549,100</u>
Deferred Inflows of Resources		
Deferred amortization related to pension plan	<u>175,583</u>	<u>9,182</u>
Total deferred inflows of resources	<u>175,583</u>	<u>9,182</u>
Total liabilities and deferred inflows of resources	<u>3,550,927</u>	<u>3,558,282</u>
Net Position		
Invested in capital assets, net of related debt	1,181,596	972,008
Restricted		
Expendable		
Held by trustee for debt service	99	129
Restricted by donors	46,355	40,495
Non-expendable		
Permanent endowments	28,270	28,153
Minority interest in component unit	40,113	28,741
Unrestricted	<u>6,225,798</u>	<u>4,645,493</u>
Total net position	<u>7,522,231</u>	<u>5,715,019</u>
Total liabilities, deferred inflows of resources, and net position	<u>\$ 11,073,158</u>	<u>\$ 9,273,301</u>

See accompanying notes to the basic financial statements.

UNIVERSITY OF COLORADO HEALTH

Statements of Revenue, Expenses, and Changes in Net Position

Years Ended June 30, 2021 and 2020

(\$ in thousands)

	2021	2020
Operating revenue		
Net patient service revenue, net of provision for bad debts of \$275,090 and \$261,395, respectively	\$ 5,703,189	\$ 4,978,732
Other operating revenue	77,892	76,746
Total operating revenue	5,781,081	5,055,478
Operating expenses		
Wages, contract labor, and benefits	2,384,513	2,248,700
Supplies	1,329,671	1,134,870
Purchased services and other expenses	1,202,745	1,125,101
Depreciation and amortization	291,651	278,737
Total operating expenses	5,208,580	4,787,408
Operating income	572,501	268,070
Non-operating revenue and expenses		
Interest expense	(46,685)	(49,951)
Investment income	1,156,682	224,958
Unrealized gain (loss) on derivative instruments	68,512	(86,813)
Loss on disposal of capital assets	(566)	(332)
Grant revenue	113,456	157,059
Other, net	(56,684)	(27,986)
Total non-operating revenue and expenses	1,234,715	216,935
Income before distributions and contributions	1,807,216	485,005
Net distributions to minority interest in component unit	(11,943)	(10,703)
Contributions restricted for capital assets	784	3,937
Contributions restricted, other	11,155	8,594
Change in net position	1,807,212	486,833
Net position, beginning of year	5,715,019	5,228,186
Net position, end of year	\$ 7,522,231	\$ 5,715,019

See accompanying notes to the basic financial statements.

UNIVERSITY OF COLORADO HEALTH

Statements of Cash Flows

Years Ended June 30, 2021 and 2020

(\$s in thousands)

	2021	2020
Cash flows from operating activities		
Cash received from patients and third-party payors	\$ 5,578,880	\$ 5,441,191
Cash payments to suppliers for goods and services	(2,494,678)	(2,302,909)
Cash payments to employees/other on behalf of employees	(2,329,466)	(2,145,335)
Other cash payments	(43,029)	(36,180)
Other cash received	51,697	44,276
Net cash provided by operating activities	763,404	1,001,043
Cash flows from capital and related financing activities		
Proceeds from long-term debt	-	200,000
Principal payments under capital lease obligations	(6,182)	(6,291)
Principal repayments of long-term debt	(29,460)	(25,971)
Payments of interest and issuance costs on long-term debt	(53,643)	(56,500)
Capital expenditures	(415,349)	(383,402)
Receipt of contributions	11,423	11,991
Net distributions to minority interests in component units	(11,943)	(10,703)
Proceeds from sale of capital assets	990	86
Net cash used in capital and related financing activities	(504,164)	(270,790)
Cash flows from noncapital financing activities		
Receipt of grant revenue	110,318	160,197
Net cash provided by noncapital financing activities	110,318	160,197
Cash flows from investing activities		
Investment income	72,141	103,065
Distributions from joint ventures	12,144	7,192
Loans made to third parties	(2,647)	(9,480)
Proceeds from sale and maturities of investments	5,539,488	4,324,638
Purchases of investments	(6,397,809)	(4,550,038)
Net cash used in investing activities	(776,683)	(124,623)
Net (decrease) increase in cash and cash equivalents	(407,125)	765,827
Cash and cash equivalents, beginning of year	990,081	224,254
Cash and cash equivalents, end of year	\$ 582,956	\$ 990,081

(Continued on the following page)

See accompanying notes to the basic financial statements.

UNIVERSITY OF COLORADO HEALTH

Statements of Cash Flows
 Years Ended June 30, 2021 and 2020
 (\$s in thousands)

(Continued from the previous page)

	2021	2020
Reconciliation of operating income to net cash provided by operating activities		
Operating income	\$ 572,501	\$ 268,070
Adjustments to reconcile operating income to net cash provided by operating activities		
Depreciation and amortization	291,651	278,737
Provision for bad debts	275,090	261,395
Increase in patient accounts receivable	(337,851)	(259,396)
(Decrease) increase in estimated third-party settlements	(61,548)	460,460
Increase in other receivables	(11,603)	(11,897)
Increase in inventories	(13,654)	(17,773)
Change in net pension liability and pension-related deferred inflows and outflows of resources	(25,433)	23,607
Increase in prepaid expenses	(27,146)	(1,376)
Decrease (increase) in other assets	31,574	(16,376)
Increase in accounts payable and accrued expenses	157,051	27,344
Increase in accrued compensated absences and other long-term liabilities	5,469	16,425
Equity income from joint ventures	(9,394)	(8,790)
Other cash payments	(83,303)	(19,387)
Total adjustments	<u>190,903</u>	<u>732,973</u>
Net cash provided by operating activities	\$ <u>763,404</u>	\$ <u>1,001,043</u>
Non-cash transactions		
Donated pharmaceuticals	\$ 7,015	\$ 8,074
Construction in progress accrued	\$ 21,077	\$ 17,039
Non-cash capital purchase	\$ 41,996	\$ -
Unrealized gain	\$ 329,660	\$ 3,301
Capital leases executed	\$ 1,974	\$ -
Non-cash refunding of debt	\$ -	\$ 142,579
Unrealized gain (loss) on derivative instruments	\$ 68,512	\$ (86,813)

See accompanying notes to the basic financial statements.

UNIVERSITY OF COLORADO HEALTH

Statements of Fiduciary Net Position – Pension Trust

June 30, 2021 and 2020

(\$s in thousands)

	2021	2020
	<u> </u>	<u> </u>
Assets		
Investments	\$ 1,393,593	\$ 1,012,926
	<u> </u>	<u> </u>
Net Position		
Restricted for pension benefits	\$ 1,393,593	\$ 1,012,926
	<u> </u>	<u> </u>

Statements of Changes in Fiduciary Net Position – Pension Trust

Years Ended June 30, 2021 and 2020

(\$s in thousands)

	2021	2020
	<u> </u>	<u> </u>
Additions		
Contributions	\$ 113,027	\$ 101,800
Investment income		
Increase (decrease) in fair value of investments	115,995	(13,353)
Interest	2,158	2,793
Dividends and other	192,435	50,024
Investment income	310,588	39,464
Total additions	423,615	141,264
Deductions		
Benefits	39,075	32,729
Administrative expenses	3,873	3,025
Total deductions	42,948	35,754
Change in net position	380,667	105,510
Net position, beginning of year	1,012,926	907,416
Net position, end of year	\$ 1,393,593	\$ 1,012,926
	<u> </u>	<u> </u>

See accompanying notes to the basic financial statements.

UNIVERSITY OF COLORADO HEALTH

Statements of Fiduciary Net Position – Health Benefits Trust

June 30, 2021 and 2020

(\$s in thousands)

	<u>2021</u>	<u>2020</u>
Assets		
Cash and cash equivalents	\$ <u>8,242</u>	\$ <u>1,189</u>
Liabilities		
Unpaid claims	\$ <u>8,062</u>	\$ <u>1,024</u>
Net Position		
Restricted for health benefits	\$ <u>180</u>	\$ <u>165</u>

Statements of Changes in Fiduciary Net Position – Health Benefits Trust

Years Ended June 30, 2021 and 2020

(\$s in thousands)

	<u>2021</u>	<u>2020</u>
Additions		
Contributions - Employer	\$ 239,583	\$ 2,599
Contributions - Employee	<u>52,005</u>	<u>10,780</u>
Total additions	<u>291,588</u>	<u>13,379</u>
Deductions		
Benefits	285,012	11,689
Administrative expenses	<u>6,561</u>	<u>569</u>
Total deductions	<u>291,573</u>	<u>12,258</u>
Change in net position	15	1,121
Net position, beginning of year	<u>165</u>	<u>(956)</u>
Net position, end of year	\$ <u>180</u>	\$ <u>165</u>

See accompanying notes to the basic financial statements.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(1) Organization and Mission

Effective July 1, 2012, University of Colorado Health (“UCHealth” or the “Health System”), a newly formed non-profit corporation, entered into a joint operating agreement with the University of Colorado Hospital Authority and Poudre Valley Health Care Inc. (collectively, the “members”), resulting in a joint venture among the members. The Health System's mission is “to improve lives in big ways through learning, healing, and discovery; in small, personal ways through human connection; but in all ways, we improve lives.” The joint venture enhances the capacity of the members to protect, sustain, and expand their respective missions. As a joint venture, all future operations of the members are combined, and together these combined operations will be the basis for possible future expansion and diversification of the Health System. Under the joint operating agreement, the members of the joint venture are members of the obligated group under UCHA’s master trust indenture and, thereby, pledge their gross revenues to secure each member's obligations. UCHealth is financially accountable for the University of Colorado Hospital Authority, Poudre Valley Health Care Inc., and the Memorial Health System, which are reported as blended component units of the Health System. The Health System's component units are as follows:

- **University of Colorado Hospital Authority (“UCHA”)** was created pursuant to Section 23-21-503 of the Colorado Revised Statutes and is a political subdivision and body corporate of the State of Colorado. UCHA owns and operates a 698-licensed-bed, non-sectarian, general acute care hospital; the Anschutz Centers for Advanced Medicine, which include the Anschutz Outpatient Pavilion, the Anschutz Inpatient Pavilion 1, the Anschutz Inpatient Pavilion 2, the Anschutz Cancer Pavilion, the Center for Dependency, Addiction and Rehabilitation (“CeDAR”), and the Rocky Mountain Lions Eye Institute; outlying outpatient primary care clinics; outlying specialty clinics; and the University of Colorado Hospital Foundation. These combined entities are collectively known as UCHA. UCHA is the primary teaching hospital for the University of Colorado Denver (“UCD”), which is comprised of the Schools of Medicine, Nursing, Pharmacy, and Dentistry; the Graduate School; and the School of Public Health. UCHA issues a separate financial report. That report may be obtained by writing to UCHA, Chief Financial Officer, Mail Stop F-417, P.O. Box 6510, Aurora, Colorado 80045.
 - The **University of Colorado Hospital Foundation (the “UCHA Foundation”)** is a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code (the “Code”). The UCHA Foundation serves as the primary fundraising arm for UCHA and manages restricted and unrestricted donations received for future use by UCHA. Although UCHA does not control the timing or amount of receipts from the UCHA Foundation, the majority of the resources, or income thereon, is restricted to the activities of UCHA by the donors. Because these restricted resources held by the UCHA Foundation can only be used by or for the benefit of UCHA and because the UCHA Foundation exists for the sole benefit of UCHA, the UCHA Foundation is considered a blended component unit of UCHA. All inter-entity transactions have been eliminated in the basic financial statements.
- **Poudre Valley Health Care Inc. (“PVHS”)** is a tax-exempt organization under Section 501(c)(3) of the Code. PVHS operates two hospital facilities as follows, which are considered blended component units of PVHS, because their activities are significantly intertwined with PVHS:
 - **Poudre Valley Hospital (“PVH”)**, a 255-licensed-bed, non-sectarian, general acute care hospital, which includes Mountain Crest Behavioral Health Services, a behavioral health facility in Fort Collins, Colorado.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$ in thousands)

(1) Organization and Mission (continued)

- **Medical Center of the Rockies (“MCR”)**, a 174-licensed-bed, non-sectarian, general acute care hospital. MCR is a tax-exempt organization under Section 501(c)(3) of the Code.
- **UCHealth Northern Colorado Foundation (the “UCHNC Foundation”)** is a non-profit corporation that was formed to receive, invest, and distribute funds primarily for the benefit of PVH, MCR, and affiliated organizations. The UCHNC Foundation is a tax-exempt organization under Section 501(c)(3) of the Code.
- PVHS is also the sole member of Lakota Lake, LLC; PVHS/Timberline, LLC; Heron Lake, LLC; and Innovation Enterprises, LLC. Each of these entities is considered a blended component unit of PVHS, because their activities are significantly intertwined with PVHS.
- **UCHealth Medical Group (North)** is a physician group and is considered a blended component unit of PVHS, because its activities are significantly intertwined with PVHS. UCHealth Medical Group is a tax-exempt organization under Section 501(c)(3) of the Code.
- **Memorial Health System (“MHS”)** – Effective October 1, 2012, an Integration and Affiliation Agreement and Health System Operating Lease Agreement with the City of Colorado Springs was executed with the purpose of leasing MHS. UCHA created the UCH-MHS entity to assume operations of MHS. During the year ended June 30, 2021, UCHA transferred its membership interest in UCH-MHS to UCHealth. The original lease is for a 40-year term, with renewals or extensions anticipated. UCHealth guarantees MHS's obligations under the lease, and the gross revenues of MHS are pledged to secure the obligations under UCHA’s master trust indenture. Therefore, MHS is considered a blended component unit of the Health System. UCH-MHS is a tax-exempt organization under Section 501(c)(3) of the Code. The operations of MHS are as follows:
 - **Memorial Hospital Central**, a 583-licensed-bed, non-sectarian, general acute care hospital.
 - **Memorial Hospital North**, a 130-licensed-bed, non-sectarian, general acute care hospital.
 - **UCHealth Medical Group (South)** is a physician group and is considered a blended component unit of MHS, because its activities are significantly intertwined with MHS. UCHealth Medical Group is a tax-exempt organization under Section 501(c)(3) of the Code.
 - **Memorial Hospital Corporation** is a non-profit corporation that is controlled by MHS and considered a blended component unit of MHS.
- UCHealth is the sole member of **UCHealth Plan Administrators, LLC (“UCHPA”)**, a third-party administrator delivering a comprehensive services suite to partially self-funded benefit plan arrangements to employers. UCHPA is considered a blended component unit of UCHealth, because its activities are significantly intertwined with UCHealth.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements

June 30, 2021 and 2020

(\$s in thousands)

(1) Organization and Mission (continued)

- UCHealth is the 90% member of **ICHealth, LLC (“ICHealth”)**, a limited liability company organized to qualify and operate as an accountable care organization, support improvements in high-quality care through population management techniques, and contain the total costs of care. ICHealth is considered a blended component unit of UCHealth, because its activities are significantly intertwined with UCHealth.
- **Other Entities** – UCHealth is also comprised of the following, which are considered blended component units of UCHealth because their activities are significantly intertwined with UCHealth:
 - **Longs Peak Hospital (“LPH”)** is a 51-bed non-sectarian, general acute care hospital.
 - **Longs Peak Hospital Foundation (“LPH Foundation”)** is a non-profit corporation that was formed to receive, invest, and distribute funds primarily for the benefit of LPH. LPH Foundation is a tax-exempt organization under Section 501(c)(3) of the Code.
 - **UCHealth Highlands Ranch Hospital (“HRH”)** is a 93-bed non-sectarian, general acute care hospital. HRH is a tax-exempt organization under Section 501(c)(3) of the Code.
 - **UCHealth Greeley Hospital (“GH”)** is a 53-bed non-sectarian, general acute care hospital. GH is a tax-exempt organization under Section 501(c)(3) of the Code.
 - **UCHealth Ambulatory Surgery Centers (“UCHASC”)** operates three ambulatory surgery centers. UCHASC is a tax-exempt organization under Section 501(c)(3) of the Code.
 - **UCHealth Medical Group (Longmont)** is a physician group that joined the Health System effective January 1, 2015. UCHealth Medical Group is a tax-exempt organization under Section 501(c)(3) of the Code.
 - **UCHealth Medical Group (Metro Denver)** is a physician group made up of newly acquired and opened physician practices in the Metro Denver area. UCHealth Medical Group is a tax-exempt organization under Section 501(c)(3) of the Code.
 - **UCHealth Community Services (“UCHCS”)** was formed in 2017 as a Colorado non-profit corporation to operate outpatient healthcare facilities, such as multi-specialty clinics and physical therapy clinics. UCHCS is a tax-exempt organization under Section 501(c)(3) of the Code.
 - **UCHealth Emergency Physician Services (“UCHEPS”)** was formed in 2017 as a Colorado limited liability company to provide emergency physician services and the services of other healthcare staff to emergency departments.
 - **Yampa Valley Medical Center (“YVMC”)** is a 39-bed acute care hospital located in Steamboat Springs, Colorado. YVMC joined UCHealth through an Integration and Affiliation Agreement effective September 1, 2017. YVMC is a tax-exempt organization under Section 501(c)(3) of the Code.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(1) Organization and Mission (continued)

- **UCHealth Partners, LLC (“UCHealth Partners”)** is a limited liability company formed in 2015 as the parent entity of UCHealth Broomfield Hospital and UCHealth Grandview Hospital. UCHealth is the sole member of UCHealth Partners.
- **UCHealth Broomfield Hospital (“BFH”)** is a 40-bed acute care and rehabilitation hospital in Broomfield, Colorado. BFH is a tax-exempt organization under Section 501(c)(3) of the Code.
- **UCHealth Grandview Hospital (“GVH”)**, a 22-bed acute care hospital in Colorado Springs, Colorado. GVH is a tax-exempt organization under Section 501(c)(3) of the Code.
- **UCHealth Pikes Peak Regional Hospital (“PPRH”)** is a 15-bed critical access hospital located in Woodland Park, Colorado. PPRH was formed as a Colorado non-profit corporation in 2018. PPRH is a tax-exempt organization under Section 501(c)(3) of the Code.
- **UCHealth Imaging Services, LLC (“UCHIS”)** is a not-for-profit limited liability company formed in 2018 that provides imaging services in an ambulatory setting.
- **UCHealth Laboratory Services, LLC (“UCHLS”)** is a not-for-profit limited liability company formed in 2019 for the purpose of purchasing laboratory testing from UCHealth laboratories, entering into contracts with payers and billing for such testing at freestanding rates.
- **UCHealth Centralized Pharmacy, LLC (“UCHCP”)** is a limited liability company formed in 2020 to operate a pharmacy, including providing central fill services to its member and other affiliates of UCHealth. HRH is the sole member of UCHCP.
- **Brookhaven Medical Properties, LLC (“Brookhaven”)** is a limited liability company formed in 2017, in which UCHealth had a 20% ownership interest. Effective December 2020, UCHealth purchased the remaining 80% of Brookhaven.

Memorial Health System Foundation (the “MHS Foundation”) is a not-for-profit organization formed for the benefit of MHS. Fundraising efforts for the benefit of MHS are undertaken by the MHS Foundation. However, the assets held by the Foundation remained assets of the MHS Foundation and were not transferred to MHS under either the Integration and Affiliation Agreement or the Health System Operating Lease Agreement. Therefore, the MHS Foundation is not reported as a component unit of MHS.

The accompanying basic financial statements reflect the operations and financial position of the Health System, its component units, and its fiduciary (pension trust and health benefits trust) funds. The Health System is not an agency of the state government and is not subject to administrative direction or control by the Regents of the University of Colorado (the “Regents”) or any department, commission, board, or agency of the state. The Health System is not financially accountable to the Regents. Two of the eleven members of the Health System's Board of Directors (the “Board”) are appointed by the President of the University of Colorado, and an additional four members of the Board are appointed by the Regents subject to the final approval of the Board.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements June 30, 2021 and 2020 (\$ in thousands)

(2) Condensed Combining Information

Assets, deferred outflows of resources, liabilities, deferred inflows of resources, and net position of each major blended component unit at June 30, 2021 and 2020 are summarized in Tables 1 and 2, respectively.

Table 1
Condensed Combining Information
Statement of Net Position as of June 30, 2021

	UCHA	PVHS	MHS	Other Operations and Eliminations	Combined
Assets					
Current receivables from affiliates	\$ 730,030	\$ 514,404	\$ 84,941	\$ (1,329,375)	\$ -
Other current assets	923,684	426,433	194,208	214,250	1,758,575
Capital assets, net of accumulated depreciation	920,731	394,114	414,308	1,313,656	3,042,809
Non-current receivables from affiliates	1,110,950	-	-	(1,110,950)	-
Non-current assets and other assets	<u>3,196,589</u>	<u>2,509,888</u>	<u>344,793</u>	<u>133,508</u>	<u>6,184,778</u>
Total assets	<u>6,881,984</u>	<u>3,844,839</u>	<u>1,038,250</u>	<u>(778,911)</u>	<u>10,986,162</u>
Deferred outflows of resources	<u>33,901</u>	<u>14,093</u>	<u>15,887</u>	<u>23,115</u>	<u>86,996</u>
Total assets and deferred outflows of resources	<u>\$ 6,915,885</u>	<u>\$ 3,858,932</u>	<u>\$ 1,054,137</u>	<u>\$ (755,796)</u>	<u>\$ 11,073,158</u>
Liabilities					
Current payables to affiliates	\$ -	\$ 7,948	\$ 4,719	\$ (12,667)	\$ -
Other current liabilities	1,025,900	307,643	245,293	328,560	1,907,396
Non-current payables to affiliates	-	364,533	315,890	(680,423)	-
Other long-term liabilities	<u>1,363,707</u>	<u>12,053</u>	<u>88,713</u>	<u>3,475</u>	<u>1,467,948</u>
Total liabilities	<u>2,389,607</u>	<u>692,177</u>	<u>654,615</u>	<u>(361,055)</u>	<u>3,375,344</u>
Deferred inflows of resources	<u>53,282</u>	<u>40,217</u>	<u>37,002</u>	<u>45,082</u>	<u>175,583</u>
Net position					
Invested in capital assets, net of related debt	289,668	10,047	8,069	873,812	1,181,596
Restricted					
Expendable	13,625	10,327	-	22,502	46,454
Non-expendable	21,479	46,703	-	201	68,383
Unrestricted	<u>4,148,224</u>	<u>3,059,461</u>	<u>354,451</u>	<u>(1,336,338)</u>	<u>6,225,798</u>
Net position	<u>4,472,996</u>	<u>3,126,538</u>	<u>362,520</u>	<u>(439,823)</u>	<u>7,522,231</u>
Total liabilities, deferred inflows of resources, and net position	<u>\$ 6,915,885</u>	<u>\$ 3,858,932</u>	<u>\$ 1,054,137</u>	<u>\$ (755,796)</u>	<u>\$ 11,073,158</u>

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$ in thousands)

(2) Condensed Combining Information (continued)

Table 2
Condensed Combining Information
Statement of Net Position as of June 30, 2020

	UCHA	PVHS	MHS	Other Operations and Eliminations	Combined
Assets					
Current receivables from affiliates	\$ 665,091	\$ 458,568	\$ 47,713	\$ (1,171,372)	\$ -
Other current assets	1,114,680	569,713	195,271	178,137	2,057,801
Capital assets, net of accumulated depreciation	856,919	400,314	430,753	1,182,999	2,870,985
Non-current receivables from affiliates	1,128,939	-	-	(1,128,939)	-
Non-current assets and other assets	2,192,698	1,697,729	192,770	160,391	4,243,588
Total assets	<u>5,958,327</u>	<u>3,126,324</u>	<u>866,507</u>	<u>(778,784)</u>	<u>9,172,374</u>
Deferred outflows of resources	37,469	19,658	17,254	26,546	100,927
Total assets and deferred outflows of resources	<u>\$ 5,995,796</u>	<u>\$ 3,145,982</u>	<u>\$ 883,761</u>	<u>\$ (752,238)</u>	<u>\$ 9,273,301</u>
Liabilities					
Current payables to affiliates	\$ -	\$ 7,591	\$ 4,296	\$ (11,887)	\$ -
Other current liabilities	934,561	307,057	214,948	266,701	1,723,267
Non-current payables to affiliates	-	372,134	320,061	(692,195)	-
Other long-term liabilities	1,576,050	41,461	108,950	99,372	1,825,833
Total liabilities	<u>2,510,611</u>	<u>728,243</u>	<u>648,255</u>	<u>(338,009)</u>	<u>3,549,100</u>
Deferred inflows of resources	2,942	2,513	1,847	1,880	9,182
Net position					
Invested in capital assets, net of related debt	207,884	11,852	16,990	735,282	972,008
Restricted					
Expendable	11,349	7,248	-	22,027	40,624
Non-expendable	21,459	35,116	-	319	56,894
Unrestricted	3,241,551	2,361,010	216,669	(1,173,737)	4,645,493
Net position	<u>3,482,243</u>	<u>2,415,226</u>	<u>233,659</u>	<u>(416,109)</u>	<u>5,715,019</u>
Total liabilities, deferred inflows of resources, and net position	<u>\$ 5,995,796</u>	<u>\$ 3,145,982</u>	<u>\$ 883,761</u>	<u>\$ (752,238)</u>	<u>\$ 9,273,301</u>

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(2) **Condensed Combining Information (continued)**

Revenue, expenses, and changes in net position are summarized in Tables 3 and 4 for fiscal years 2021 and 2020, respectively.

Table 3
Condensed Combining Information
Statement of Revenue, Expenses, and Changes in Net Position
Year Ended June 30, 2021

	UCHA	PVHS	MHS	Other Operations and Eliminations	Combined
Operating revenue					
Net patient service revenue	\$ 2,341,625	\$ 1,320,893	\$ 1,137,080	\$ 903,591	\$ 5,703,189
Other operating revenue	25,198	43,420	13,612	(4,338)	77,892
Total operating revenue	<u>2,366,823</u>	<u>1,364,313</u>	<u>1,150,692</u>	<u>899,253</u>	<u>5,781,081</u>
Operating expenses					
Wages, contract labor, and benefits	735,070	623,710	584,995	440,738	2,384,513
Supplies	654,876	270,379	220,817	183,599	1,329,671
Purchased services and other expenses	571,102	217,597	205,633	208,413	1,202,745
Depreciation and amortization	77,223	51,561	48,080	114,787	291,651
Total operating expenses	<u>2,038,271</u>	<u>1,163,247</u>	<u>1,059,525</u>	<u>947,537</u>	<u>5,208,580</u>
Operating income (loss)	<u>328,552</u>	<u>201,066</u>	<u>91,167</u>	<u>(48,284)</u>	<u>572,501</u>
Non-operating revenue and expenses					
Interest expense	(42,113)	(7,365)	(14,018)	16,811	(46,685)
Investment income	658,970	448,634	52,342	(3,264)	1,156,682
Unrealized loss on derivative instruments	25,501	28,164	(98)	14,945	68,512
Grant revenue	33,401	63,301	12,803	3,951	113,456
Other, net	(19,457)	(14,092)	(15,244)	(8,457)	(57,250)
Total non-operating revenue and expenses	<u>656,302</u>	<u>518,642</u>	<u>35,785</u>	<u>23,986</u>	<u>1,234,715</u>
Income (loss) before distributions and contributions	984,854	719,708	126,952	(24,298)	1,807,216
Distributions to minority interest in component unit	-	(11,799)		(144)	(11,943)
Contributions restricted for capital assets	183	-	-	601	784
Contributions restricted, other	5,716	3,403	1,909	127	11,155
Change in net position	990,753	711,312	128,861	(23,714)	1,807,212
Net position, beginning of year	<u>3,482,243</u>	<u>2,415,226</u>	<u>233,659</u>	<u>(416,109)</u>	<u>5,715,019</u>
Net position, end of year	<u>\$ 4,472,996</u>	<u>\$ 3,126,538</u>	<u>\$ 362,520</u>	<u>\$ (439,823)</u>	<u>\$ 7,522,231</u>

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$ in thousands)

(2) **Condensed Combining Information (continued)**

Table 4
Condensed Combining Information
Statement of Revenue, Expenses, and Changes in Net Position
Year Ended June 30, 2020

	UCHA	PVHS	MHS	Other Operations and Eliminations	Combined
Operating revenue					
Net patient service revenue	\$ 2,075,782	\$ 1,244,642	\$ 1,025,681	\$ 632,627	\$ 4,978,732
Other operating revenue	25,728	24,033	11,656	15,329	76,746
Total operating revenue	<u>2,101,510</u>	<u>1,268,675</u>	<u>1,037,337</u>	<u>647,956</u>	<u>5,055,478</u>
Operating expenses					
Wages, contract labor, and benefits	705,061	597,405	556,609	389,625	2,248,700
Supplies	557,986	253,014	196,792	127,078	1,134,870
Purchased services and other expenses	522,025	205,080	195,800	202,196	1,125,101
Depreciation and amortization	78,303	50,995	48,356	101,083	278,737
Total operating expenses	<u>1,863,375</u>	<u>1,106,494</u>	<u>997,557</u>	<u>819,982</u>	<u>4,787,408</u>
Operating income (loss)	<u>238,135</u>	<u>162,181</u>	<u>39,780</u>	<u>(172,026)</u>	<u>268,070</u>
Non-operating revenue and expenses					
Interest expense	(44,874)	(9,347)	(14,607)	18,877	(49,951)
Investment income	153,994	87,286	11,375	(27,697)	224,958
Unrealized loss on derivative instruments	(31,914)	(41,044)	117	(13,972)	(86,813)
Grant revenue	79,252	27,466	21,252	29,089	157,059
Other, net	(9,468)	(7,015)	(7,945)	(3,890)	(28,318)
Total non-operating revenue and expenses	<u>146,990</u>	<u>57,346</u>	<u>10,192</u>	<u>2,407</u>	<u>216,935</u>
Income (loss) before distributions and contributions	385,125	219,527	49,972	(169,619)	485,005
Distributions to minority interest in component unit	-	(10,703)	-	-	(10,703)
Contributions restricted for capital assets	1,469	(1)	1,261	1,208	3,937
Contributions restricted, other	5,520	1,972	792	310	8,594
Change in net position	392,114	210,795	52,025	(168,101)	486,833
Net position, beginning of year	<u>3,090,129</u>	<u>2,204,431</u>	<u>181,634</u>	<u>(248,008)</u>	<u>5,228,186</u>
Net position, end of year	<u>\$ 3,482,243</u>	<u>\$ 2,415,226</u>	<u>\$ 233,659</u>	<u>\$ (416,109)</u>	<u>\$ 5,715,019</u>

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$ in thousands)

(2) **Condensed Combining Information (continued)**

Cash flows are summarized in Tables 5 and 6 for fiscal years 2021 and 2020, respectively.

Table 5
Condensed Combining Information
Statement of Cash Flows
Year Ended June 30, 2021

	UCHA	PVHS	MHS	Other Operations and Eliminations	Combined
Net cash provided by (used in)					
Operating activities	\$ 242,789	\$ 181,316	\$ 97,053	\$ 242,246	\$ 763,404
Capital and related financing activities	(173,950)	(64,496)	(46,477)	(219,241)	(504,164)
Noncapital financing activities	33,401	63,301	12,803	813	110,318
Investing activities	<u>(337,485)</u>	<u>(334,507)</u>	<u>(75,421)</u>	<u>(29,270)</u>	<u>(776,683)</u>
Net decrease in cash and cash equivalents	(235,245)	(154,386)	(12,042)	(5,452)	(407,125)
Cash and cash equivalents, beginning of year	<u>544,420</u>	<u>388,441</u>	<u>39,961</u>	<u>17,259</u>	<u>990,081</u>
Cash and cash equivalents, end of year	<u>\$ 309,175</u>	<u>\$ 234,055</u>	<u>\$ 27,919</u>	<u>\$ 11,807</u>	<u>\$ 582,956</u>

Table 6
Condensed Combining Information
Statement of Cash Flows
Year Ended June 30, 2020

	UCHA	PVHS	MHS	Other Operations and Eliminations	Combined
Net cash provided by (used in)					
Operating activities	\$ 512,078	\$ 293,469	\$ 139,445	\$ 56,049	\$ 1,001,041
Capital and related financing activities	(134,000)	(62,690)	(63,075)	(11,022)	(270,787)
Noncapital financing activities	79,252	27,466	21,252	32,227	160,197
Investing activities	<u>(26,896)</u>	<u>37,145</u>	<u>(62,890)</u>	<u>(71,983)</u>	<u>(124,624)</u>
Net increase in cash and cash equivalents	430,434	295,390	34,732	5,271	765,827
Cash and cash equivalents, beginning of year	<u>113,986</u>	<u>93,051</u>	<u>5,229</u>	<u>11,988</u>	<u>224,254</u>
Cash and cash equivalents, end of year	<u>\$ 544,420</u>	<u>\$ 388,441</u>	<u>\$ 39,961</u>	<u>\$ 17,259</u>	<u>\$ 990,081</u>

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$ in thousands)

(3) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying basic financial statements have been prepared on the accrual basis of accounting and economic resource measurement focus in accordance with accounting principles generally accepted in the United States of America.

The accounts of the Health System are organized on the basis of funds, each of which is considered a separate accounting entity. The operations of each fund are accounted for with a separate set of self-balancing accounts that are comprised of its assets, deferred outflows of resources, liabilities, deferred inflows of resources, net position, and revenue and expenses, as appropriate.

The enterprise fund is used to account for the Health System's ongoing activities. The statements of net position; statements of revenue, expenses, and changes in net position; and statements of cash flows do not include the pension trust fund or the health benefits trust fund.

The pension trust fund is used to account for assets held in trust for the benefit of the employees of the Health System (all of whom are actually employed by UCHA) for the non-contributory defined benefit pension plan (the "Basic Pension Plan"). In accordance with the Governmental Accounting Standards Board ("GASB") Statement No. 34, *Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments*, the assets and net position of the pension trust fund are presented separately from the enterprise fund. The basic financial statements of the pension trust fund are prepared using the accrual basis of accounting. Employer contributions to the Basic Pension Plan are recognized when due. Benefits are recognized when due and payable in accordance with the terms of the Basic Pension Plan.

The health benefits trust fund is used to account for assets held in trust for the benefit of the employees of the Health System for the health and welfare benefit plan (the "Health and Welfare Plan"). In accordance with the GASB Statement No. 34, *Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments*, the assets and net position of the health and welfare trust fund are presented separately from the enterprise fund. The basic financial statements of the health and welfare trust fund are prepared using the accrual basis of accounting. Employer contributions to the Health and Welfare Plan are recognized when due. Benefits are recognized when due and payable in accordance with the terms of the Health and Welfare Plan.

(b) Use of Estimates in Preparation of Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, deferred outflows of resources, liabilities, and deferred inflows of resources; disclosure of contingent assets and liabilities at the date of the financial statements; and the reported amounts of revenue and expenses during the reporting period. Actual results could differ significantly from those estimates.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(3) Summary of Significant Accounting Policies (continued)

(c) *Net Position*

The Health System's net position is classified as follows:

- *Invested in capital assets, net of related debt* – consists of capital assets net of accumulated depreciation reduced by the amount of outstanding debt issued to finance the purchase or construction of those assets.
- *Restricted* – consists of net position with constraints on its use imposed by external parties, such as creditors (through debt covenants) and donors. The non-expendable portion includes net position required through agreement with donors to be retained in perpetuity as well as the minority interest's ownership percentage in component units of UCHHealth.
- *Unrestricted* – consists of the remaining net position that is available for unrestricted use.

When the Health System has both restricted and unrestricted resources available to finance a particular program, it is the Health System's practice to use restricted resources before unrestricted resources.

(d) *Cash and Cash Equivalents*

Cash and cash equivalents include cash on hand, demand deposits, and short-term investments with initial maturities of three months or less, excluding amounts restricted under trust agreements.

(e) *Investments, Assets Designated for Long-Term Purposes, and Restricted Investments*

Investments include undesignated investments.

Assets designated for long-term purposes consist of assets designated by the Board of Directors for purchases of long-term assets and funding of long-term liabilities and commitments. The Board of Directors retains complete control over these assets, and may, at its discretion, subsequently use these assets for other purposes.

Restricted investments include assets restricted by donors and assets held by trustees under bond indenture and insurance agreements.

The Health System records all debt and equity investment securities at fair value. Fair values are based on quoted market prices, if available, or are estimated using quoted market prices for similar securities. Securities traded on a national or international exchange are valued at the last reported sales price at current exchange rates. Interest, dividends, and realized and unrealized gains and losses, based on the specific identification method, are included in non-operating revenue and expenses when earned.

The Health System's Basic Pension Plan holds assets that include alternative investments, which are not readily marketable and are carried at fair value as provided by the investment managers. The UCHA Board of Directors (the "UCHA Board") is the fiduciary of the plan, and the Health System reviews and evaluates the values provided by the investment managers and agrees with the valuation methods and assumptions used in determining the fair value of the alternative investments. Those estimated fair values may differ significantly from the values that would have been used had a ready market for these securities existed.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$ in thousands)

(3) Summary of Significant Accounting Policies (continued)

(f) *Inventories*

Inventories, which consist primarily of pharmaceuticals and medical supplies, are valued under a combination of the lower of cost (first in, first out) or market and a weighted average.

(g) *Capital Assets*

Capital assets are recorded at cost or, if donated, at acquisition value at the date of receipt. Prior to the adoption of GASB Statement No. 89 during the year ended June 30, 2020, interest incurred, net of interest earned on related funds held by a trustee under bond agreements, in connection with borrowings to finance major construction or expansion of facilities, is capitalized until the related assets are put into service and subsequently amortized over the lives of the related assets. All capital assets are depreciated or amortized over the estimated useful life of each class of assets using the straight-line method. Useful lives for buildings and improvements are 20-40 years, equipment is 3-15 years, and leasehold improvements are 3-20 years.

The Health System's long-lived assets consist primarily of buildings and building improvements, equipment, and leasehold improvements, which are subject to the provisions of GASB Statement No. 42, *Accounting and Financial Reporting for Impairment of Capital Assets and for Insurance Recoveries*.

(h) *Deferred Amortization on Refundings*

For bond refundings resulting in the defeasance of debt, the difference between the reacquisition price and the net carrying amount of the old debt is reported as a deferred outflow of resources and amortized using the effective interest rate method over the shorter of the life of the old debt or the life of the new debt.

(i) *Deferred Amortization on Acquisitions*

The Health System recognizes a deferred outflow of resources when the consideration provided in a government acquisition exceeds the net position acquired. This deferred amortization on acquisition is amortized to future periods in a systematic and rational manner, considering the relevant circumstances of the acquisition.

(j) *Compensated Absences*

All staff working at UCHealth facilities or working in UCHealth system operations are employees of UCHA. UCHA employees use paid time off ("PTO") for vacation, holidays, personal short-term illness, family member illness, and personal absences. Health System employees generally earn PTO based on length of service and actual hours worked. The Health System records PTO expense as it is earned. The current portion of PTO is based on employee tenure, rate of pay, and accrued hours. Amounts in excess of an employee's annual accrual are classified as long-term liabilities.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(3) Summary of Significant Accounting Policies (continued)

(k) Financial Instruments

Financial instruments consist of cash and cash equivalents, accounts receivable, restricted investments, long-term investments, assets designated for long-term purposes, interest rate swap agreements, current liabilities, and long-term debt obligations. The carrying amounts reported in the statements of net position for cash and cash equivalents, accounts receivable, and current liabilities approximate fair value. Management's estimate of the fair value of the other financial instruments is described in Notes 6, 7, 8 and 12 to the basic financial statements.

The Health System utilizes interest rate swaps to cover exposure to changes in interest rates. The fair value of these derivative instruments is required to be recognized as either an asset or liability on the statements of net position. Changes in fair values of derivative instruments that are determined to be ineffective hedges, as is the case of the Health System's interest rate swaps, are reported within non-operating revenue and expenses in the period when the change in fair value occurs.

(l) Endowments

The Health System's endowments consist of individual funds restricted by donors for a variety of purposes. The State of Colorado's Uniform Prudent Management of Institutional Funds Act requires preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this, the Health System classifies as non-expendable restricted net position the original value of the gifts donated to the permanent endowment. The appreciation on donor-restricted endowment funds is classified as expendable restricted net position until those amounts are appropriated for expenditure by the Health System. The Health System may spend the net appreciation on the endowment funds based on the individual endowment fund agreements and considers factors such as duration and preservation of the fund, purposes of the fund, general economic conditions, possible effects of inflation and deflation, expected total return from investment income, and other resources of the Health System when determining the amounts to authorize and spend in an individual year. The amount of net appreciation on endowments available for expenditure at June 30, 2021 and 2020 was \$5,642 and \$4,371, respectively.

(m) Minority Interests in Component Units

Minority interests in component units represents the 12% interest in MCR that is not owned by PVHS and the 10% interest in ICHHealth that is not owned by UCHealth. For the years ended June 30, 2021 and 2020, changes in net position attributable to the controlling financial interest of UCHealth and the minority interest are:

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(3) Summary of Significant Accounting Policies (continued)

(m) Minority Interest in Component Unit (continued)

June 30, 2021

	Total	Controlling Interest	Minority Interest
Income before distributions and contributions	\$ 1,807,216	\$ 1,783,901	\$ 23,315
Net distributions to minority interest in component unit	(11,943)	-	(11,943)
Contributions restricted for capital assets	784	784	-
Contributions restricted, other	<u>11,155</u>	<u>11,155</u>	<u>-</u>
Change in net position	1,807,212	1,795,840	11,372
Net position, beginning of year	<u>5,715,019</u>	<u>5,686,278</u>	<u>28,741</u>
Net position, end of year	<u>\$ 7,522,231</u>	<u>\$ 7,482,118</u>	<u>\$ 40,113</u>

June 30, 2020

	Total	Controlling Interest	Minority Interest
Income before distributions and contributions	\$ 485,005	\$ 478,916	\$ 6,089
Net distributions to minority interest in component unit	(10,703)	-	(10,703)
Contributions restricted for capital assets	3,937	3,937	-
Contributions restricted, other	<u>8,594</u>	<u>8,594</u>	<u>-</u>
Change in net position	486,833	491,447	(4,614)
Net position, beginning of year	<u>5,228,186</u>	<u>5,194,831</u>	<u>33,355</u>
Net position, end of year	<u>\$ 5,715,019</u>	<u>\$ 5,686,278</u>	<u>\$ 28,741</u>

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$ in thousands)

(3) Summary of Significant Accounting Policies (continued)

(n) Revenue and Expenses

The Health System's statements of revenue, expenses, and changes in net position distinguish between operating and non-operating revenue and expenses. Operating revenue results from exchange transactions associated with providing healthcare services and includes patient service and other revenue. Non-exchange revenue includes grant revenue from provider relief funds, investment income and restricted contributions and is reported as non-operating revenue. Operating expenses are all expenses incurred to provide healthcare services. Non-operating expenses include interest expense, fundraising activities, and gain or loss on discontinued operations and disposal of capital assets.

(o) Costs of Shared Services

The costs of shared services provided by UCHHealth to the individual component units are combined to determine the full costs of shared services. These costs are then allocated to the individual component units based on a set of drivers, which are used to estimate the relative usage of such shared services by each component unit.

(p) Net Patient Service Revenues

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered.

Amounts reimbursed for services rendered to patients covered under the Medicare and Medicaid programs are generally less than established billing rates. The Health System also provides services to beneficiaries of certain other third-party payor programs at amounts less than its established rates based on contractual arrangements. Differences between established billing rates and amounts reimbursed are recognized as contractual adjustments.

(q) Risk Management

The Health System is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; fiduciary liability; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accident benefits. UCHA is insured for medical malpractice claims and judgments through the University of Colorado Self-Insurance and Risk Management Trust. Other hospitals and operations are insured for medical malpractice claims and judgments through the University of Colorado Health Self-Insurance Program. UCHHealth is self-insured for employee health and dental benefits through the Health and Welfare Plan. Insurance coverage for all other lines of insurance, including theft, property damage, occupational and non-occupational injuries and accidents, business interruption, automobile, non-owned aircraft, errors and omission, and fiduciary, are covered by commercial insurance companies.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$ in thousands)

(3) Summary of Significant Accounting Policies (continued)

(r) *Income Taxes*

UCHealth has a determination letter from the IRS, which states that it is exempt under Section 501(a) as an organization described in Section 501(c)(3) of the Code. UCHA, PVHS, MCR, UCH-MHS, YVMC, HRH, GH, LPH, BFH, GVH, PPRH, UCHASC, UCHCS, Memorial Hospital Corporation, UCHealth Medical Group, UCHLS, UCHIS, the LPH Foundation, the UCHNC Foundation, and the UCHA Foundation are also exempt under Section 501(a) as organizations described in Section 501(c)(3) of the Code. UCHA is a political subdivision and body corporate of the State of Colorado and, as such, the income generated by UCHA in the exercise of its essential government function is exempt from federal income tax under Section 115 of the Code. Lakota Lake, LLC; PVHS/Timberline, LLC; and Heron Lake, LLC act as tax flow-through entities to PVHS, which, as noted, is tax-exempt under Section 501(c)(3) of the Code. UCHPA, UCHEPS and UCHealth Partners act as tax flow-through entities to UCHealth, which, as noted, is tax-exempt under Section 501(a) of the Code. UCHCP acts as a tax flow-through entity to HRH. ICHHealth acts as a tax flow-through entity to UCHealth and the minority interest holder. Innovation Enterprises is a corporation subject to state and federal income tax. The Health System recognizes unrelated business income tax for activities that are outside of the Health System's tax-exempt mission. The Health System has recognized a tax liability of \$1,904 and \$2,002 at June 30, 2021 and 2020, respectively, for unrelated business income taxes.

(s) *Pension Trust*

The Health System accounts for its pension plan under GASB Statement No. 67, *Financial Reporting for Pension Plans – An Amendment of GASB Statement No. 25*, and GASB Statement No. 68, *Accounting and Financial Reporting for Pensions – An Amendment of GASB Statement No. 27*. GASB Statement No. 67 establishes standards of financial reporting for separately issued financial reports of defined benefit pension plans, and specifies the required approach to measuring the pension liability of employers and non-employer contributing entities for benefits provided through the pension plan, about which information is required to be presented. GASB Statement No. 68 revises and establishes new financial reporting requirements for most governmental entities that provide their employees with pension benefits.

For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Basic Pension Plan and additions to/deductions from the Basic Pension Plan's fiduciary net position have been determined on the same basis as they are reported by the Basic Pension Plan. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

(t) *Health Benefits Trust*

The Health System accounts for its health benefits trust under GASB Statement No. 84, *Fiduciary Activities*, which establishes criteria for identifying fiduciary activities of governments and how those activities should be reported.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
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(\$ in thousands)

(3) Summary of Significant Accounting Policies (continued)

(u) *New Accounting Pronouncements*

In 2018, the GASB issued Statement No. 84, *Fiduciary Activities*, which established criteria for identifying fiduciary activities of governments and how those activities should be reported. UCHealth adopted this guidance in 2021. As a result of implementing this standard, the health benefits trust was previously reported within the enterprise fund but now meets the definition of a fiduciary activity and is reported as such. The pronouncement was adopted retrospectively and did not have a material impact to UCHealth's basic financial statements.

In 2017, the GASB issued Statement No. 87, *Leases*, which improves the accounting and financial reporting for leases by governments for the financial statement users. GASB Statement No. 87 increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under GASB Statement No. 87, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments' leasing activities. The provisions of this statement were originally effective for UCHealth's financial statements for the year ending June 30, 2021 but were extended to June 30, 2022 with the issuance of GASB Statement No. 95, *Postponement of the Effective Date of Certain Authoritative Guidance*. UCHealth is in the process of evaluating the impact of this statement to UCHealth's basic financial statements.

In 2018, the GASB issued Statement No. 90, *Majority Equity Interests-an amendment of GASB Statements No. 14 and No. 61*, which provides updated guidance related to a government's majority equity interest in a legally separate organization. This statement requires that a majority equity interest in a legally separate organization should be reported as an investment if the equity holding meets the definition of an investment; otherwise the government should report the legally separate organization as a component unit. The provisions of this statement were originally effective for UCHealth's financial statements for the year ending June 30, 2020 but were extended to June 30, 2021 with the issuance of GASB Statement No. 95, *Postponement of the Effective Date of Certain Authoritative Guidance*, and did not have a material impact to UCHealth's basic financial statements.

In January 2020, the GASB issued Statement No. 92, *Omnibus 2020*, which addresses eight unrelated practice issues and technical inconsistencies in authoritative literature. The standard addresses leases, intra-entity transfers of assets, postemployment benefits, government acquisitions, risk financing and insurance-related activities of public entity risk pools, fair value measurements, and derivative instruments. The standard has various effective dates through June 30, 2022. UCHealth does not believe this pronouncement will have a significant impact on its financial statements but is still making a full evaluation.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(3) Summary of Significant Accounting Policies (continued)

(u) *New Accounting Pronouncements (continued)*

In March 2020, the GASB issued Statement No. 93, *Replacement of Interbank Offered Rates*. With the London Interbank Offered Rate (LIBOR) expecting to cease existence in its current form at the end of 2021, this statement addresses accounting and financial reporting implications that result from the replacement of an interbank offered rate (IBOR) in hedging derivative instruments and leases. The removal of LIBOR as an appropriate benchmark interest rate for a hedging derivative instrument is effective for UCHealth's financial statements for the year ending June 30, 2022. All other requirements of the statement are effective for UCHealth's financial statements for the year ending June 30, 2021. This pronouncement did not have a significant impact on UCHealth's financial statements.

In March 2020, the GASB issued Statement No. 94, *Public-Private and Public-Public Partnerships and Availability Payment Arrangements*, which improves accounting and financial reporting for arrangements where a governmental entity contracts with an operator to provide public services by conveying control of the right to operate or use nonfinancial assets, such as infrastructure or other capital assets, for a period of time in an exchange or exchange-like transaction. It establishes the definitions of public-private and public-public partnerships (PPP's) and availability payment arrangements (APA's) and provides uniform guidance on accounting and financial reporting for transactions that meet those definitions. It requires governments to report assets and liabilities related to PPP's consistently and disclose important information about PPP transactions. The provisions of this statement are effective for UCHealth's financial statements for the year ending June 30, 2023. UCHealth is currently evaluating the impact this standard will have on the financial statements when adopted.

In May 2020, the GASB issued Statement No. 96, *Subscription-Based Information Technology Arrangements (SBITAs)*, which defines SBITAs and provides accounting and financial reporting for SBITAs by governments. This statement requires a government to recognize a subscription liability and an intangible right-to-use subscription asset for SBITAs. The provisions of this statement are effective for the Health System's financial statements for the year ending June 30, 2023. UCHealth is in the process of evaluating the impact of this statement to UCHealth's basic financial statements.

In June 2020, the GASB issued Statement No. 97, *Certain Component Unit Criteria, and Accounting and Financial Reporting for Internal Revenue Code Section 457 Deferred Compensation Plans*. While this standard had certain aspects impacting defined contribution pension and OPEB plans and other employee benefit plans that were effective immediately, it also clarifies when a 457 plan should be considered a pension plan or an other employee benefit plan to assist in the application of GASB Statement No. 84 to these types of plans. The provisions of this statement related to 457 plans are effective for the Health System's financial statements for the year ending June 30, 2022. UCHealth is in the process of evaluating the impact of this statement to UCHealth's basic financial statements.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$ in thousands)

(4) Net Patient Service Revenue

The following summary details gross charges and uncompensated care resulting from contractual allowances, bad debts, self-pay discounts, and unsponsored charges for the year ended June 30:

	2021	2020
Gross charges	\$ 22,571,584	\$ 19,363,160
Third-party contractual allowances	(16,398,809)	(13,938,082)
Indigent and charity care	(188,320)	(208,796)
Provision for bad debt	(275,090)	(261,395)
Self-pay packages and other discounts	(276,446)	(238,179)
Reimbursement under the Colorado Provider Fee Program, net of pass-through payments	270,270	262,024
Net patient service revenue	\$ 5,703,189	\$ 4,978,732

The Health System has programs that receive add-on payments to the established rate or that are paid at a reasonable cost by third-party payors. Amounts received for these additional payments from Medicare, Medicaid, and TriCare programs are subject to audit and retroactive adjustment. Generally, provisions for estimated retroactive adjustments under such programs are provided in the period the related services are rendered and adjusted in future periods as final settlements are determined. Net patient service revenue under the Medicare and Medicaid programs was \$1,849,647 and \$1,598,033 in 2021 and 2020, respectively.

(a) Medicare

Inpatient acute care services rendered to Medicare beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a Diagnostic-Related Group patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services related to Medicare beneficiaries are paid based upon the Ambulatory Payment Classification system. The Health System is reimbursed for cost-reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by the Health System and audits thereof by the Medicare fiscal intermediary. The Health System's classifications of patients under the Medicare program and medical necessity of procedures performed are subject to an independent audit by a peer review organization under contract with the Health System. UCHA's Medicare cost reports have been audited and settled by the Medicare Administrative Contractor (the "MAC") through June 30, 2014. PVH's Medicare cost reports have been audited and settled by the MAC through June 30, 2017. MCR's Medicare cost reports have been audited and settled by the MAC through June 30, 2018. MHS's Medicare cost reports have been audited by the MAC through June 30, 2017. YVMC's Medicare cost reports have been audited and settled by the MAC through September 30, 2017. PPRH's Medicare cost reports have been audited and settled by the MAC through June 30, 2019. BFH's Medicare cost reports have been audited and settled by the MAC through June 30, 2018. The Medicare cost reports for GVH and LPH have not yet been audited and settled by the MAC as the year ending June 30, 2018 is their first cost reporting year. The Medicare cost reports for HRH and GH have not yet been audited and settled by the MAC as the year ending June 30, 2020 is their first cost reporting year.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$ in thousands)

(4) Net Patient Service Revenue (continued)

(b) Medicaid

Inpatient services rendered to Medicaid beneficiaries are reimbursed under a prospectively determined system similar to Medicare. Prior to October 31, 2016, outpatient services are reimbursed by a combination of fee schedule and a tentative payment rate with final settlement determined after submission of an annual cost report by the Health System and audits thereof by the Medicaid fiscal intermediary. Beginning October 31, 2016, outpatient services are reimbursed based on the product of a hospital-specific base rate and the Enhanced Ambulatory Patient Group's adjusted relative weight. The Health System's classification of patients under the Medicaid program and medical necessity of procedures performed are subject to an independent audit by a peer review organization under contract with the Health System. UCHA's Medicaid cost reports have been audited and settled by the Medicaid fiscal intermediary through June 30, 2014. PVH's Medicaid cost reports have been audited and settled by the Medicaid fiscal intermediary through June 30, 2016. MCR's Medicaid cost reports have been audited and settled by the Medicaid fiscal intermediary through June 30, 2016. MHS's Medicaid cost reports have been audited through June 30, 2016; however, the Medicaid cost report year 2008 has not yet been settled by the Medicaid fiscal intermediary. YVMC's Medicaid cost reports have been audited and settled by the Medicaid fiscal intermediary through September 30, 2015. PPRH's Medicaid cost reports have been audited and settled by the Medicaid fiscal intermediary through December 31, 2015.

(c) Other Payors

The Health System has also entered into payment agreements with commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Health System under these agreements generally includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

(d) Self-Pay

The Health System maintains a self-pay discount program in which self-pay patients automatically receive a discount on total charges, which differs by facility. This program reduces uninsured patients' liabilities to a level more equivalent to insured patients. Discounts for this program were \$276,446 and \$238,179 in 2021 and 2020, respectively.

(e) Disproportionate Share Health System and Charity Care Policy

In 2010, the State of Colorado modified the CICP Safety Net Provider Program with the Colorado Health Care Affordability Act (the "Act"). The Act authorizes the Department of Health Care Policy and Financing to collect a fee from hospital providers to generate additional federal Medicaid matching funds to increase payments to hospitals and expand coverage under public healthcare programs. For the years ended June 30, 2021 and 2020, the Health System was charged \$227,121 and \$203,441, respectively, in Hospital provider fees and received \$293,224 and \$270,231, respectively, in disproportionate share ("DSH") and Medicaid supplemental revenue as compensation for indigent and underinsured care services provided.

Based on an analysis of the direct and indirect costs specific to the procedures performed, the cost of charity care services provided was \$99,795 and \$110,799 for the years ended June 30, 2021 and 2020, respectively.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(4) Net Patient Service Revenue (continued)

(f) Community Benefit

Based on the application of an adjusted cost to charge ratio to the procedures performed, reduced by actual reimbursement received, UCHHealth provided \$428,491 and \$426,965 in total benefits to the community for uninsured and underinsured patients in 2021 and 2020, respectively.

(5) Restricted and Unrestricted Pledges

The Health System records pledges as restricted or unrestricted receivables based on the donors' specifications and the Health System's satisfaction of the donors' restriction. All long-term receivables are discounted to reflect the net present value of the pledge and amortized over the life of the pledge. Total unrestricted contributions receivable, net of allowances for uncollectible receivables were \$2,021 and \$2,312 at June 30, 2021 and 2020, respectively. Total restricted contributions receivable, net of allowances for uncollectible receivables, were \$3,153 and \$2,364 at June 30, 2021 and 2020, respectively.

The total current portions of unrestricted contributions receivable, net of allowances for uncollectible receivables, were \$2,021 and \$2,312 at June 30, 2021 and 2020, respectively. The total current portions of restricted contributions receivable, net of allowances for uncollectible receivables, were \$878 and \$605 at June 30, 2021 and 2020, respectively. The long-term portions of restricted contributions receivable, net of allowances for uncollectible receivables, which are reported within restricted investments and pledges, donors, in the accompanying statements of net position, were \$2,275 and \$1,759 at June 30, 2021 and 2020, respectively.

(6) Deposits and Investments

Colorado statutes require that UCHA use eligible public depositories for all cash deposits, as defined by the Public Deposit Protection Act ("PDPA"). Under the PDPA, the depository is required to pledge eligible collateral having a market value at all times equal to at least 102% of the aggregate public deposits held by the depository not insured by the Federal Deposit Insurance Corporation.

Eligible collateral, as defined by the PDPA, primarily includes obligations of, or guarantees by, the U.S. government, the State of Colorado, or any political subdivision thereof, and obligations evidenced by notes secured by first lien mortgages or deeds of trust on real property.

At June 30, 2021 and 2020, UCHHealth's unrestricted cash deposits had a book balance of \$582,956 and \$990,081, respectively, and a bank balance of \$635,422 and \$1,072,499, respectively. UCHHealth's restricted investments and donor pledges included cash deposits that had a book and bank balance of \$68,175 and \$56,295 at June 30, 2021 and 2020, respectively. The difference between the bank balance and the book balance is related to outstanding reconciling items. These balances are held in UCHHealth participating entity names, and all accounts, with the exception of the overnight investments account, are covered by federal depository insurance up to the applicable maximum.

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Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$ in thousands)

(6) Deposits and Investments (continued)

June 30, 2021

	<u>Deposits</u>	<u>Investments</u>	<u>Total</u>
Enterprise fund			
Cash and cash equivalents	\$ 582,956	\$ -	\$ 582,956
Restricted investments	-	64,185	64,185
Investments designated for liquidity support	-	227,330	227,330
Long-term investments	-	3,285,139	3,285,139
Assets designed for long-term purposes	-	2,699,388	2,699,388
	<u>\$ 582,956</u>	<u>\$ 6,276,042</u>	<u>\$ 6,858,998</u>

June 30, 2020

	<u>Deposits</u>	<u>Investments</u>	<u>Total</u>
Enterprise fund			
Cash and cash equivalents	\$ 990,081	\$ -	\$ 990,081
Restricted investments	-	59,052	59,052
Investments designated for liquidity support	-	234,595	234,595
Long-term investments	-	4,050,180	4,050,180
	<u>\$ 990,081</u>	<u>\$ 4,343,827</u>	<u>\$ 5,333,908</u>

Enterprise fund investments consist of the following:

	<u>June 30,</u>	
	<u>2021</u>	<u>2020</u>
Restricted by trustee under bond agreement	\$ 99	\$ 129
Restricted by donor	63,287	58,054
Other restricted	799	869
Designated for long-term purposes	2,699,388	-
Unrestricted	<u>3,512,469</u>	<u>4,284,775</u>
Total investments	<u>\$ 6,276,042</u>	<u>\$ 4,343,827</u>

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Notes to Basic Financial Statements
June 30, 2021 and 2020
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(6) Deposits and Investments (continued)

The following is a summary of enterprise fund investments at fair value:

	June 30,	
	2021	2020
Cash equivalents	\$ 215,645	\$ 130,745
U.S. Treasury bills	574,004	167,764
U.S. government agency, pool, and mortgage-backed securities	262,685	304,494
Asset-backed securities	461,449	152,908
Mutual bond funds	606,116	459,181
Treasury inflation protected securities ("TIPS")	269,791	206,180
Corporate bonds	566,094	551,191
Equity securities	3,326,092	2,364,665
Alternative investments	13,987	8,663
Interest and dividends receivable	935	924
Miscellaneous investment payable	(20,756)	(2,888)
	\$ 6,276,042	\$ 4,343,827
Total investments	\$ 6,276,042	\$ 4,343,827

The following is a summary of pension trust fund investments at fair value:

	June 30,	
	2021	2020
Cash equivalents	\$ 33,413	\$ 26,877
U.S. Treasury bills	94,237	1,189
U.S. government agency, pool, and mortgage-backed securities	17,999	31,156
Asset-backed securities	30,977	7,268
TIPS	34,999	30,423
Corporate bonds	115,958	53,260
Alternative investments	113,678	73,288
Private real estate	92,961	52,827
Mutual bond funds	70,757	166,490
Other mutual funds	786,533	571,701
Interest and dividends payable	(14)	(144)
Miscellaneous investment receivable (payable)	2,095	(1,409)
	\$ 1,393,593	\$ 1,012,926
Total investments	\$ 1,393,593	\$ 1,012,926

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(6) Deposits and Investments (continued)

The following is a summary of health benefits trust fund investments at fair value:

	June 30,	
	2021	2020
Cash and cash equivalents	\$ 8,242	\$ 1,189
Total investments	\$ 8,242	\$ 1,189

(a) Credit Risk

UCHealth's investment policy statements for the enterprise and pension trust funds apply the prudent person rule. Investment responsibilities shall be undertaken "with the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent person acting in like capacity and familiar with such matters would use."

UCHealth's enterprise and pension trust fund investments in U.S. agency, pool, and mortgage-backed securities are limited to investments rated AAA or AA. UCHealth's enterprise and pension trust funds' asset-backed securities, corporate bonds, and private placements are limited to securities rated Baa3 or BBB- or higher. Under certain circumstances, UCHealth's equity investment managers are allowed to purchase fixed income securities that are convertible into equities. In these circumstances, the guidelines set forth for the specific equity manager supersede the fixed income quality guidelines. The quality ratings mentioned above are required by at least one major credit rating agency at the time of purchase.

The following is a summary of enterprise fund investments at June 30, 2021 and 2020. The ratings are presented as the lower of Standard & Poor's or Moody's rating using the S&P scale.

	2021		2020	
	Fair Value	Average Rating	Fair Value	Average Rating
U.S. government agency, pool, and mortgage-backed securities	\$ 262,685	AA+	\$ 304,494	AA+
Asset-backed securities	461,449	AA+	152,908	AA+
Mutual bond funds	606,116	BBB+	459,181	BBB+
TIPS	269,791	AA+	206,180	AA+
Corporate bonds	566,094	BBB+	551,191	BBB+

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June 30, 2021 and 2020
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(6) Deposits and Investments (continued)

(a) Credit Risk (continued)

The following is a summary of pension trust fund investments at June 30, 2021 and 2020, with average credit ratings based on the lower of Standard & Poor's or Moody's rating using the S&P scale:

	2021		2020	
	Fair Value	Average Rating	Fair Value	Average Rating
U.S. government agency, pool, and mortgage-backed securities	\$ 17,999	AA+	\$ 31,156	AA+
Asset-backed securities	30,977	AA+	7,268	AAA
Mutual bond funds	70,757	BBB	166,490	BBB
TIPS	34,999	AA+	30,423	AAA
Corporate bonds	115,958	BBB+	53,260	BBB+

(b) Interest Rate Risk

UCHealth's enterprise and pension trust fund investment policies manage its exposure to fair value losses arising from rising interest rates by investment manager-specific guidelines that benchmark and limit the duration of its investment portfolio.

As of June 30, 2021 and 2020, the enterprise fund held the following investments. Modified duration is in years.

	2021		2020	
	Fair Value	Modified Duration	Fair Value	Modified Duration
U.S. Treasury bills	\$ 574,004	5.91	\$ 167,764	8.88
U.S. government agency, pool, and mortgage-backed securities	262,685	4.50	304,494	3.55
Asset-backed securities	461,449	1.22	152,908	1.72
Mutual bond funds	606,116	4.59	459,181	4.49
TIPS	269,791	7.17	206,180	6.23
Corporate bonds	566,094	5.98	551,191	6.65

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(6) Deposits and Investments (continued)

(b) Interest Rate Risk (continued)

As of June 30, 2021 and 2020, the pension trust fund held the following investments. Modified duration is in years.

	2021		2020	
	Fair Value	Modified Duration	Fair Value	Modified Duration
U.S. Treasury bills	\$ 94,237	7.55	\$ 1,189	24.69
U.S. government agency, pool, and mortgage-backed securities	17,999	3.38	31,156	4.04
Asset-backed securities	30,977	2.89	7,268	2.10
Mutual bond funds	70,757	5.42	166,490	6.30
TIPS	34,999	6.10	30,423	4.30
Corporate bonds	115,958	6.49	53,260	7.45

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Notes to Basic Financial Statements

June 30, 2021 and 2020

(\$s in thousands)

(6) Deposits and Investments (continued)

(c) Foreign Currency Risk

UCHealth's enterprise and pension trust fund investment policies manage exposure to foreign currency risk by limiting the allocation percentage of international mutual funds to 5%-15% of the total fair value for the enterprise fund and 10%-30% of the total fair value for the pension trust fund. All of UCHealth's investments exposed to foreign currency risk are held in international equities and international mutual funds. UCHealth's enterprise and pension trust fund investments are exposed to foreign currency risk as illustrated in the following table as of June 30, 2021 and 2020.

Currency	Enterprise Fund Fair Value		Pension Trust Fund Fair Value	
	2021	2020	2021	2020
Argentinian Peso	\$ 74	\$ 46	\$ 89	\$ 23
Australian Dollar	28,991	21,543	9,550	8,745
Bahraini Dinar	6,356		(1,413)	
Brazilian Real	10,884	14,844	8,692	6,036
Canadian Dollar	29,925	13,814	10,273	6,058
Chilean Peso	24,644	(6,127)	(368)	(2,958)
Chinese Yuan Renminbi	21,704	40,535	31,668	17,896
Colombian Peso	(1,498)	(43)	(34)	31
Croatian Kuna	905		(48)	
Czech Koruna	(4,160)	(2,690)	(600)	(1,292)
Danish Krone	9,147	1,210	74	672
Egyptian Pound	40,909	310	105	153
Euro	171,831	112,148	67,459	42,703
Hong Kong Dollar	36,565	33,944	8,840	19,258
Hungarian Forint	(1,240)	288	85	11
Indian Rupee	27,693	18,138	18,949	8,101
Indonesian Rupiah	16,511	7,579	2,023	3,798
Israel New Shekel	42,129	429	(245)	170
Japanese Yen	101,080	98,963	57,358	44,651
Kazakhstan Tenge	12,545	-	-	-
Kenyan Shilling	357	398	349	303
Kuwaiti Dinar	29	22	170	-
Malaysian Ringgit	(2,987)	1,617	461	476
Mexican Peso	3,774	4,411	9,823	1,813
Moroccan Dirham	74	154	-	76
New Zealand Dollar	3,265	6,089	(2,275)	3,027
Norwegian Krone	14,369	10,549	653	464
Pakistani Rupee	3	60	7	4
Peru Newsol	(161)	(707)	122	(277)
Philippine Peso	219	1,510	2,114	818
Polish Zloty	5,682	(975)	926	(514)
Qatari Riyal	10,068	(457)	57	(227)
Romanian Leu	(1,552)	706	3,064	350
Russian Ruble	11,429	10,797	7,677	3,123
Saudi Riyal	(11,128)	(1,870)	(38)	(925)
Singapore Dollar	3,239	(2,426)	(6,143)	(1,120)
South African Rand	4,995	5,463	5,388	1,524
South Korean Won	17,978	21,200	10,059	7,812
Swedish Krona	14,445	7,002	6,075	2,679
Swiss Franc	42,182	37,466	19,759	14,110
Taiwan New Dollar	21,059	5,694	(977)	1,612
Thailand Baht	(15,456)	3,129	995	1,404
Turkish Lira	27,809	5,588	435	2,838
United Arab Emirates Dirham	1,275	(1,915)	1,031	(951)
United Kingdom Pound Sterling	75,956	51,256	31,256	16,799
	<u>\$ 801,918</u>	<u>\$ 519,692</u>	<u>\$ 303,445</u>	<u>\$ 209,274</u>

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Notes to Basic Financial Statements
June 30, 2021 and 2020
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(6) Deposits and Investments (continued)

(d) Concentration of Credit Risk

UCHealth's enterprise and pension trust fund investment policies state that the equity and fixed income portfolio should be well diversified to avoid undue exposure to any single economic sector, industry, or individual security. UCHealth has evaluated all investments at June 30, 2021 and confirmed that no more than 5% of total investments are held in any one issuer, except for securities issued by the U.S. government and its agencies.

Additionally, UCHealth's enterprise and pension trust fund investment policies state that, within each equity investment manager, portfolio exposure is generally limited to 5.0% to 7.5% of assets for any single issuer, subject to exceptions for the most heavily weighted securities in the index. Within each fixed income portfolio investment manager, except for securities issued by the U.S. government and its agencies, no more than 5% of the fixed income portfolio, based on market value, shall be invested in securities of any one issuing entity at the time of purchase. At June 30, 2021, the fixed income and equity investment managers were in compliance with the stated diversification policy.

(7) Investments with Fair Values That Are Highly Sensitive to Interest Rate Changes

UCHealth uses interest rate swap agreements to manage interest costs and risks associated with changing interest rates. Interest rate swaps necessarily involve counterparty credit risk. UCHealth seeks to control this risk by entering into transactions with high quality counterparties and through exposure monitoring. Interest rate swaps are used to manage the interest rate exposure of certain variable rate bond issuances. The counterparties to the interest rate swap contracts are major financial institutions that are rated Aa3 and A2 by Moody's. The estimated fair value of interest rate swaps, which is the gross unrealized market gain or loss, is based on quotes obtained from the counterparties. UCHealth's credit risk on the swaps is limited to any positive fair value of the financial instruments.

During the years ended June 30, 2021 and 2020, UCHealth was party to six swap agreements as follows:

- *A floating-to-fixed swap agreement having an original notional value of \$71,235 and current notional value of \$57,130, reducing on the dates and the amounts set forth in the Series 2013C bond offering documents describing principal payments.* This agreement was entered into in November 2006 and is scheduled to terminate in November 2031. In this agreement, on the first Wednesday of each calendar month, UCHA pays a fixed rate of 3.5% and receives the sum of 61.8% of USD-LIBOR-BMA plus 0.31%. The objective of this agreement is generally to convert UCHA's floating rate obligations with respect to the Series 2013C Revenue Bonds to fixed rate obligations. At June 30, 2021 and 2020, this swap had an approximate fair value of \$(10,620) and \$(14,475), respectively.

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Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(7) Investments with Fair Values That Are Highly Sensitive to Interest Rate Changes (continued)

- *A floating-to-fixed swap agreement having an original notional value of \$100,160 and a current notional value of \$80,000, reducing on the dates and amounts set forth in the Series 2013A bond offering documents describing principal payments.* This agreement was entered into in October 2004 and is scheduled to terminate in November 2033. Under the terms of this agreement, on the first Wednesday of each calendar month, UCHA pays a fixed rate of 3.631% and receives the sum of 62.2% of USD-LIBOR-BBA plus 0.30%. The objective of this agreement is generally to convert UCHA's floating rate obligations with respect to the Series 2013A Revenue Bonds to fixed rate obligations. At June 30, 2021 and 2020 the floating-to-fixed rate swap had an approximate fair value of \$(17,942) and \$(24,337), respectively.
- *A floating-to-fixed swap agreement having an original notional value of \$198,805 and a current notional value of \$197,225, reducing on the dates and the amounts set forth in the 2018 bond series offering documents describing principal payments.* This agreement was entered into in December 2016. The swap agreement includes a fixed payor rate of 1.81% and UCHealth will receive 67% of one-month LIBOR for the entire swap term, which expires March 2040. Settlements are to be made monthly. At June 30, 2021 and 2020, this swap had an approximate fair value of \$(19,726) and \$(35,505), respectively.
- *A fixed-to-floating swap agreement having an original and current notional value of \$152,075, reducing on the dates and the amounts set forth in the Series 2017A bond offering documents describing principal payments.* This agreement was entered into in February 2017. Under the terms of the total return swap agreement, UCHealth receives an amount equal to the coupon of the bonds (4.625%) and makes payments based on the Securities Industry and Financial Markets Association ("SIFMA") Index plus 40 basis points. UCHealth settles with the counterparty semi-annually each May and November. The swap agreement carries a 10-year term. At June 30, 2021 and 2020, this swap had an approximate fair value of \$1,096 and \$962, respectively.
- *A floating-to-fixed swap agreement having an original and current notional value of \$195,195, reducing on the dates and the amounts set forth in the 2012B, 2012C, and 2017B1 bond series offering documents describing principal payments.* The swap agreement includes a fixed payor rate of 1.971% and UCHealth will receive 70% of one-month LIBOR for the entire swap term, which expires November 2046. Settlements are to be made monthly. At June 30, 2021 and 2020, this swap had an approximate fair value of \$(31,278) and \$(58,682), respectively.
- *A floating-to-fixed swap agreement having an original and current notional value of \$100,000, reducing on the dates and the amounts set forth in the 2019A bond series offering documents describing principal payments.* The swap agreement includes a fixed payor rate of 1.104%. UCHealth will receive 70% of one-month LIBOR for the entire swap term, which expires November 2049. Settlements are to be made monthly. At June 30, 2021 and 2020, this swap had an approximate fair value of \$973 and \$(13,972), respectively.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements

June 30, 2021 and 2020

(\$s in thousands)

(7) Investments with Fair Values That Are Highly Sensitive to Interest Rate Changes (continued)

In fiscal year 2021 and 2020, the swaps produced annual net cash outflows of \$6,158 and \$1,618, respectively. Cash flows associated with the swaps are treated as interest expense. According to GASB Statement No. 53, *Accounting and Financial Reporting for Derivative Instruments*, none of UCHA's swap agreements qualify as effective cash flow hedging derivative instruments. Swap agreements tied directly to a bond issuance are reported as fair value of derivative instruments on the statements of net position and changes in fair value are reported as unrealized gain (loss) on derivative instruments on the statements of revenue, expenses, and changes in net position.

(8) Fair Value

(a) Fair Value Hierarchy

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is a market-based measurement, not an entity-specific measurement. As a basis for considering market participant assumptions in fair value measurements, UCHHealth utilizes the U.S. GAAP fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Levels 1 and 2 of the hierarchy) and the reporting entity's own assumption about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy).

The inputs used to measure fair value are classified into the following fair value hierarchy:

Level 1: Quoted market prices in active markets for identical assets or liabilities.

Level 2: Observable market-based inputs or unobservable inputs that are corroborated by market data.

Level 3: Unobservable inputs that are supported by little or no market activity and are significant to the fair value of the assets or liabilities. Level 3 includes values determined using pricing models, discounted cash flow methodologies, or similar techniques reflecting UCHHealth's own assumptions.

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Notes to Basic Financial Statements
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(8) Fair Value (continued)

(a) Fair Value Hierarchy (continued)

As of June 30, 2021 and 2020, the enterprise fund held the following investments, by level, within the fair value hierarchy.

	June 30, 2021			
	Total	Level 1	Level 2	Level 3
Investments by fair value level				
U.S. Treasury bills	\$ 574,004	\$ -	\$ 574,004	\$ -
U.S. government agency, pool, and mortgage-backed securities	262,685	-	262,685	-
Asset-backed securities	461,449	-	461,449	-
Mutual bond funds	606,116	171,616	434,500	-
TIPS	269,791	139,841	129,950	-
Corporate bonds	566,094	-	566,094	-
Equity securities	3,326,092	1,644,984	1,680,812	296
Alternative investments	13,987	-	-	13,987
Total investments by fair value level	<u>\$ 6,080,218</u>	<u>\$ 1,956,441</u>	<u>\$ 4,109,494</u>	<u>\$ 14,283</u>
Derivative instruments				
Interest rate swaps	<u>\$ (77,497)</u>	<u>\$ -</u>	<u>\$ (77,497)</u>	<u>\$ -</u>
	June 30, 2020			
	Total	Level 1	Level 2	Level 3
Investments by fair value level				
U.S. Treasury bills	\$ 167,764	\$ -	\$ 167,764	\$ -
U.S. government agency, pool, and mortgage-backed securities	304,494	-	304,494	-
Asset-backed securities	152,908	-	152,908	-
Mutual bond funds	459,181	109,820	348,611	750
TIPS	206,180	107,446	98,734	-
Corporate bonds	551,191	12	548,407	2,772
Equity securities	2,364,665	2,058,907	304,737	1,021
Alternative investments	8,663	-	-	8,663
Total investments by fair value level	<u>\$ 4,215,046</u>	<u>\$ 2,276,185</u>	<u>\$ 1,925,655</u>	<u>\$ 13,206</u>
Derivative instruments				
Interest rate swaps	<u>\$ (146,009)</u>	<u>\$ -</u>	<u>\$ (146,009)</u>	<u>\$ -</u>

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Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(8) Fair Value (continued)

(a) Fair Value Hierarchy (continued)

As of June 30, 2021 and 2020, the pension trust fund held the following investments, by level, within the fair value hierarchy.

	June 30, 2021			
	Total	Level 1	Level 2	Level 3
U.S. Treasury bills	\$ 94,237	\$ -	\$ 94,237	\$ -
U.S. government agency, pool, and mortgage-backed securities	17,999	-	17,999	-
Asset-backed securities	30,977	-	30,977	-
TIPS	34,999	-	34,999	-
Corporate bonds	115,958	-	115,958	-
Alternative investments	113,678	-	1,380	112,298
Private real estate	92,961	-	29,139	63,822
Mutual bond funds	70,757	35,780	34,977	-
Other mutual funds	786,533	426,472	360,061	-
Total investments	\$ 1,358,099	\$ 462,252	\$ 719,727	\$ 176,120
	June 30, 2020			
	Total	Level 1	Level 2	Level 3
U.S. Treasury bills	\$ 1,189	\$ -	\$ 1,189	\$ -
U.S. government agency, pool, and mortgage-backed securities	31,156	-	31,156	-
Asset-backed securities	7,268	-	7,268	-
TIPS	30,423	-	30,423	-
Corporate bonds	53,260	-	52,273	987
Alternative investments	73,288	-	2,650	70,638
Private real estate	52,827	-	-	52,827
Mutual bond funds	166,490	29,439	136,301	750
Other mutual funds	571,701	434,135	137,566	-
Total investments	\$ 987,602	\$ 463,574	\$ 398,826	\$ 125,202

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Notes to Basic Financial Statements
June 30, 2021 and 2020
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(8) Fair Value (continued)

(a) Fair Value Hierarchy (continued)

Mutual funds, TIPS, corporate bonds, and equity securities classified in Level 1 of the fair value hierarchy are valued using prices quoted in active markets for those securities. U.S. Treasury bills, U.S. government debt securities, asset backed securities, TIPS, corporate bonds, alternative investments, equity securities, and mutual fund securities classified in Level 2 of the fair value hierarchy are valued using a matrix pricing technique. Matrix pricing is used to value securities based on the securities' relationship to benchmark quoted prices. Private real estate investments classified in Level 3 of the fair value hierarchy are valued using the income approach based on a discounted cash flow model, with reliance on other metrics used in the marketplace, including the analysis of comparable sales and relationship to replacement cost. Alternative investments, equity securities, and other mutual funds classified in Level 3 of the fair value hierarchy are valued by developing a range of values using multiple methodologies deemed relevant by market participants, including discounted cash flow models, market multiple models, and recent transaction multiples. Swap agreements classified in Level 2 of the fair value hierarchy are valued using interest rate and forward yield curve inputs.

The table below reconciles the total fair value disclosures above to the total fair value of enterprise fund and pension trust fund investments as disclosed in Note 6.

	June 30,	
	2021	2020
Enterprise fund investments		
Total investments by fair value level	\$ 6,080,218	\$ 4,215,046
Cash equivalents	215,645	130,745
Interest and dividends receivable	935	924
Miscellaneous investment payable	(20,756)	(2,888)
Total enterprise fund investments	\$ 6,276,042	\$ 4,343,827
Pension trust fund investments		
Total investments by fair value level	\$ 1,358,099	\$ 987,602
Cash equivalents	33,413	26,877
Interest and dividends receivable	(14)	(144)
Miscellaneous investment receivable (payable)	2,095	(1,409)
Total pension trust fund investments	\$ 1,393,593	\$ 1,012,926

(9) Other Investments

UCHealth recognizes its interest in the net assets and operations of joint ventures in which UCHealth and its component units have an ownership interest and ongoing financial interests or ongoing financial responsibilities. At June 30, 2021 and 2020, equity interests in joint ventures held by UCHealth and its component units ranged from 5% to 50% and totaled \$29,500 and \$36,816, respectively.

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Notes to Basic Financial Statements
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(9) Other Investments (continued)

Lakota Lake, LLC (“Lakota Lake”) has a 50% equity interest in Gateway Medical Services, LLC (“Gateway”) totaling \$5,045 and \$6,532 at June 30, 2021 and 2020, respectively. Lakota Lake's share of Gateway's net income was \$1,239 and \$3,386 for the years ended June 30, 2021 and 2020, respectively. Lakota Lake received distributions from Gateway of \$2,727 and \$3,232 during the years ended June 30, 2021 and 2020, respectively. Gateway's financial statements are separately audited.

UCHealth had a 20% equity interest in Brookhaven Medical Properties, LLC (“Brookhaven”) totaling \$11,646 at June 30, 2020. UCHealth's share of Brookhaven net income was \$185 and \$116 for the years ended June 30, 2021 and 2020, respectively. UCHealth received cash distributions from Brookhaven of \$160 and \$238 during the years ended June 30, 2021 and 2020, respectively. UCHealth received a non-cash distribution for a building acquisition of \$11,671 during the year ended June 30, 2021. During the year ended June 30, 2021, UCHealth obtained the remaining 80% equity interest in Brookhaven, and the remaining assets of Brookhaven were transferred to UCHealth.

PVHS has a 20% equity interest in OCR Loveland ASC & CCC, LLC (“OCRL”) totaling \$6,156 and \$1,337 at June 30, 2021 and 2020, respectively. PVHS's share of OCRL's net income (loss) was \$1,054 and (\$273) for the years ended June 30, 2021 and 2020, respectively. PVHS received distributions from OCRL of \$736 during the year ended June 30, 2021. PVHS made contributions \$4,501 to OCRL during the year ended June 30, 2021.

UCHealth and its component units have equity ownership interests ranging from 5% to 50% in other joint ventures totaling \$18,299 and \$17,301 for the years ended June 30, 2021 and 2020, respectively. UCHealth and its component units' share of the other joint ventures' net income was \$4,165 and \$4,632 for the years ended June 30, 2021 and 2020, respectively. UCHealth and its component units received \$5,770 and \$4,456 in distributions from these other joint ventures during the years ended June 30, 2021 and 2020, respectively. UCHealth and its component units made contributions of \$2,604 and \$4,354 to these other joint ventures during the years ended June 30, 2021 and 2020, respectively.

UCHealth has a minority interest in SmartChoice MRI, LLC of \$1,151 and \$7,500 at June 30, 2021 and 2020, respectively, which is accounted for under the cost method. UCHealth has a minority interest in Catapult Health, LLC of \$7,000 at June 30, 2021 and 2020, which is accounted for under the cost method. UCHealth has a minority interest in Acclara Solutions, LLC (“Acclara”) of \$10,000 at June 30, 2021, which is accounted for under the cost method. UCHealth made contributions to Acclara of \$10,000 during the year ended December 31, 2021. UCHealth received distributions from Acclara of \$85 during the year ended December 31, 2021. UCHealth has investments in other minority interests of \$13,131 and \$10,646 at June 30, 2021 and 2020, respectively, which are accounted for under the cost method. UCHealth's share of the minority interests in other entities' net income was \$2,751 for the year ended June 30, 2021. UCHealth received \$2,668 and \$4,456 in distributions from minority interests in other entities during the year ended June 30, 2021. UCHealth made contributions to minority interests in other entities of \$5,000 and \$255 during the years ended June 30, 2021, and 2020, respectively.

UCHA has a minority interest in TriWest Healthcare Alliance Corp. (“TriWest”) of \$6,000 at June 30, 2021 and 2020, which is accounted for under the cost method.

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Notes to Basic Financial Statements June 30, 2021 and 2020 (\$ in thousands)

(10) Capital Assets

Capital assets consist of the following at June 30, 2021, 2020, and 2019:

	June 30, 2019	Additions	Transfers	Disposals	June 30, 2020	Additions	Transfers	Disposals	June 30, 2021
Capital assets, not being depreciated									
Land	\$ 124,969	\$ -	\$ 3,130	\$ (10)	\$ 128,089	\$ -	\$ -	\$ -	\$ 128,089
Construction in progress	221,105	327,377	(333,456)	-	215,026	428,295	(347,200)	-	296,121
Total capital assets, not being depreciated	<u>346,074</u>	<u>327,377</u>	<u>(330,326)</u>	<u>(10)</u>	<u>343,115</u>	<u>428,295</u>	<u>(347,200)</u>	<u>-</u>	<u>424,210</u>
Capital assets, being depreciated									
Buildings and improvements	2,856,010	4,853	270,130	(15,618)	3,115,375	1,363	225,813	(1,715)	3,340,836
Fixed and moveable equipment	1,451,884	27,256	60,196	(8,399)	1,530,937	33,699	121,387	(31,695)	1,654,328
Total capital assets, being depreciated	<u>4,307,894</u>	<u>32,109</u>	<u>330,326</u>	<u>(24,017)</u>	<u>4,646,312</u>	<u>35,062</u>	<u>347,200</u>	<u>(33,410)</u>	<u>4,995,164</u>
Accumulated depreciation and impairment									
Buildings and improvements	960,707	126,284	-	(15,582)	1,071,409	132,618	-	(834)	1,203,193
Fixed and moveable equipment	904,279	150,781	-	(8,027)	1,047,033	157,359	-	(31,020)	1,173,372
Total accumulated depreciation and impairment	<u>1,864,986</u>	<u>277,065</u>	<u>-</u>	<u>(23,609)</u>	<u>2,118,442</u>	<u>289,977</u>	<u>-</u>	<u>(31,854)</u>	<u>2,376,565</u>
Total capital assets, net	<u>\$ 2,788,982</u>	<u>\$ 82,421</u>	<u>\$ -</u>	<u>\$ (418)</u>	<u>\$ 2,870,985</u>	<u>\$ 173,380</u>	<u>\$ -</u>	<u>\$ (1,556)</u>	<u>\$ 3,042,809</u>

(11) Contractual Arrangements and Concentrations of Credit Risk

The Health System provides care to patients covered by various third-party payors, such as Medicare, Medicaid, private insurance companies, and health maintenance organizations. Significant concentrations of patient accounts receivable include the following:

	June 30,	
	2021	2020
Medicare	25%	23%
Medicaid	14%	18%
Managed care	38%	34%
Commercial	3%	3%
Self-pay and medically indigent	9%	12%
Military and other governmental	2%	1%
Other	9%	9%

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June 30, 2021 and 2020

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(11) Contractual Arrangements and Concentrations of Credit Risk (continued)

Management does not believe there are significant credit risks associated with the above payors, other than the self-pay and medically indigent categories. Further, management continually monitors and adjusts reserves and allowances associated with these receivables. Patient accounts receivable are reported net of allowances for doubtful accounts, contractual adjustments, and medically indigent allowances.

(12) Long-Term Debt and Leases

Long-term debt consists of the following:

Issuing Entity	Type	Description	2021	2020
Combined	Direct Borrowing	Capital leases, long term	\$ 11,197	\$ 12,525
MHS	Direct Borrowing	City of Colorado Springs lease, long term, due in installments through September 30, 2042	87,554	90,434
UCHA	Direct Placement	Revenue Bonds, Series 2011B, due in installments through fiscal year 2030	93,990	95,220
UCHA	Direct Placement	Revenue Bonds, Series 2011C, due in installments through fiscal year 2023	16,450	24,065
UCHA	Other Bonds	Revenue Bonds, Series 2012A, due in installments through fiscal year 2043, inclusive of unamortized premium of \$13,905 and \$14,794, and net of unamortized discounts of \$576 and \$613 at June 30, 2021 and 2020, respectively	249,094	252,306
UCHA	Direct Placement	Revenue Bonds, Series 2012B, due in installments through fiscal year 2047	50,000	50,000
UCHA	Direct Placement	Revenue Bonds, Series 2012C, due in installments through fiscal year 2046	87,510	87,510
UCHA	Direct Placement	Revenue Bonds, Series 2013A, due in installments through fiscal year 2034	80,000	82,275
UCHA	Direct Placement	Revenue Bonds, Series 2013B, due in installments through fiscal year 2025	-	6,800
UCHA	Direct Placement	Revenue Bonds, Series 2013C, due in installments through fiscal year 2032	57,130	58,895
UCHA	Direct Placement	Revenue Bonds, Series 2015D, due in installments through fiscal year 2042	197,360	197,815
UCHA	Direct Placement	Revenue Bonds, Series 2017A, due in installments through fiscal year 2047	152,075	152,075
UCHA	Other Bonds	Revenue Bonds, Series 2017B-1, due in installments through fiscal year 2040	57,685	57,685
UCHA	Other Bonds	Revenue Bonds, Series 2017B-2, due in installments through fiscal year 2025	30,995	37,955
UCHA	Other Bonds	Revenue Bonds, Series 2017C, due in installments through fiscal year 2048, inclusive of unamortized premium of \$2,125 and \$5,511 at June 30, 2021 and 2020, respectively	136,575	139,961
UCHA	Other Bonds	Revenue Bonds, Series 2018A, due in installments through fiscal year 2031	45,915	45,915
UCHA	Other Bonds	Revenue Bonds, Series 2018B, due in installments through fiscal year 2036	76,170	76,170
UCHA	Other Bonds	Revenue Bonds, Series 2018C, due in installments through fiscal year 2040	75,265	75,265
UCHA	Other Bonds	Revenue Bonds, Series 2019A, due in installments through fiscal year 2050	100,000	100,000
UCHA	Other Bonds	Revenue Bonds, Series 2019B, due in installments through fiscal year 2049	50,000	50,000
UCHA	Other Bonds	Revenue Bonds, Series 2019C, due in installments through fiscal year 2048, inclusive of unamortized premium of \$13,185 and \$17,151 at June 30, 2021 and 2020, respectively	135,970	139,936
UCHA	Other Bonds	Revenue Bonds, Series 2019D, due in installments through fiscal year 2049	50,000	50,000
		Total long-term debt	1,840,935	1,882,807
		Less current portion	(257,527)	(172,503)
		Less long-term debt subject to short-term remarketing arrangements	(227,330)	(234,595)
			<u>\$ 1,356,078</u>	<u>\$ 1,475,709</u>

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Notes to Basic Financial Statements

June 30, 2021 and 2020

(\$s in thousands)

(12) Long-Term Debt and Leases (continued)

Changes in long-term debt for the year ended June 30, 2021 are as follows:

Entity	2021	Type	Date of Issuance	Beginning Balance	Issuances/ Refundings of Debt	Discount and Deferred Refunding Amortization	Principal Payments	Ending Balance	Due Within One Year
Combined	Capital leases	Direct Borrowing	Various	\$ 12,525	\$ 1,974		\$ (3,302)	\$ 11,197	\$ 3,418
MHS	City of Colorado Springs lease	Direct Borrowing	10/01/12	90,434	-	-	(2,880)	87,554	2,969
UCHA	Series 2011B	Direct Placement	11/09/11	95,220	-	-	(1,230)	93,990	93,990
UCHA	Series 2011C	Direct Placement	11/16/11	24,065	-	-	(7,615)	16,450	8,015
UCHA	Series 2012A	Other Bonds	10/01/12	252,306	-	(852)	(2,360)	249,094	2,795
UCHA	Series 2012B	Direct Placement	10/01/12	50,000	-	-	-	50,000	-
UCHA	Series 2012C	Direct Placement	10/01/12	87,510	-	-	-	87,510	-
UCHA	Series 2013A	Direct Placement	11/18/13	82,275	-	-	(2,275)	80,000	2,345
UCHA	Series 2013B	Direct Placement	11/18/13	6,800	-	-	(6,800)	-	-
UCHA	Series 2013C	Direct Placement	11/18/13	58,895	-	-	(1,765)	57,130	1,835
UCHA	Series 2015D	Direct Placement	09/01/15	197,815	-	-	(455)	197,360	445
UCHA	Series 2017A	Direct Placement	02/16/17	152,075	-	-	-	152,075	-
UCHA	Series 2017B-1	Other Bonds	02/16/17	57,685	-	-	-	57,685	-
UCHA	Series 2017B-2	Other Bonds	02/16/17	37,955	-	-	(6,960)	30,995	7,265
UCHA	Series 2017C	Other Bonds	02/16/17	139,961	-	(3,386)	-	136,575	134,450
UCHA	Series 2018A	Other Bonds	07/25/18	45,915	-	-	-	45,915	-
UCHA	Series 2018B	Other Bonds	07/25/18	76,170	-	-	-	76,170	-
UCHA	Series 2018C	Other Bonds	07/25/18	75,265	-	-	-	75,265	-
UCHA	Series 2019A	Other Bonds	10/30/19	100,000	-	-	-	100,000	-
UCHA	Series 2019B	Other Bonds	10/28/19	50,000	-	-	-	50,000	-
UCHA	Series 2019C	Other Bonds	10/30/19	139,936	-	(3,966)	-	135,970	-
UCHA	Series 2019D	Other Bonds	10/28/19	50,000	-	-	-	50,000	-
Total				<u>\$ 1,882,807</u>	<u>\$ 1,974</u>	<u>\$ (8,204)</u>	<u>\$ (35,642)</u>	<u>\$ 1,840,935</u>	<u>\$ 257,527</u>

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements

June 30, 2021 and 2020

(\$s in thousands)

(12) Long-Term Debt and Leases (continued)

Changes in long-term debt for the year ended June 30, 2020 are as follows:

Entity	2020	Type	Date of Issuance	Beginning Balance	Issuances/ Refundings of Debt	Discount and Deferred Refunding Amortization	Principal Payments	Ending Balance	Due Within One Year
Combined	Capital leases	Direct Borrowing	Various	\$ 16,024	\$ -	\$ -	\$ (3,499)	\$ 12,525	\$ 3,033
MHS	City of Colorado Springs lease	Direct Borrowing	10/01/12	93,227	-	-	(2,793)	90,434	2,880
Combined	Loan payable	Direct Borrowing		3,455	-	-	(3,455)	-	-
UCHA	Series 2011B	Direct Placement	11/09/11	96,330	-	-	(1,110)	95,220	1,230
UCHA	Series 2011C	Direct Placement	11/16/11	31,300	-	-	(7,235)	24,065	7,615
UCHA	Series 2012A	Other Bonds	10/01/12	255,171	-	(860)	(2,005)	252,306	2,360
UCHA	Series 2012B	Direct Placement	10/01/12	50,000	-	-	-	50,000	-
UCHA	Series 2012C	Direct Placement	10/01/12	87,510	-	-	-	87,510	-
UCHA	Series 2013A	Direct Placement	11/18/13	84,490	-	-	(2,215)	82,275	82,275
UCHA	Series 2013B	Direct Placement	11/18/13	7,970	-	-	(1,170)	6,800	6,800
UCHA	Series 2013C	Direct Placement	11/18/13	60,605	-	-	(1,710)	58,895	58,895
UCHA	Series 2015D	Direct Placement	09/01/15	198,210	-	-	(395)	197,815	455
UCHA	Series 2017A	Direct Placement	02/16/17	152,075	-	-	-	152,075	-
UCHA	Series 2017B-1	Other Bonds	02/16/17	57,685	-	-	-	57,685	-
UCHA	Series 2017B-2	Other Bonds	02/16/17	44,630	-	-	(6,675)	37,955	6,960
UCHA	Series 2017C	Other Bonds	02/16/17	286,736	(141,640)	(5,135)	-	139,961	-
UCHA	Series 2018A	Other Bonds	07/25/18	45,915	-	-	-	45,915	-
UCHA	Series 2018B	Other Bonds	07/25/18	76,170	-	-	-	76,170	-
UCHA	Series 2018C	Other Bonds	07/25/18	75,265	-	-	-	75,265	-
UCHA	Series 2017C	Other Bonds	02/16/17	-	100,000	-	-	100,000	-
UCHA	Series 2018A	Other Bonds	07/25/18	-	50,000	-	-	50,000	-
UCHA	Series 2018B	Other Bonds	07/25/18	-	122,785	17,151	-	139,936	-
UCHA	Series 2018C	Other Bonds	07/25/18	-	50,000	-	-	50,000	-
Total				\$ 1,722,768	\$ 181,145	\$ 11,156	\$ (32,262)	\$ 1,882,807	\$ 172,503

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Notes to Basic Financial Statements
June 30, 2021 and 2020
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(12) Long-Term Debt and Leases (continued)

Annual debt service requirements are as follows:

<u>Year Ending June 30,</u>	<u>Principal</u>	<u>Interest</u>	<u>Total</u>
2022	257,528	48,875	306,403
2023	29,836	42,893	72,729
2024	21,834	41,999	63,833
2025	21,839	39,197	61,036
2026	22,628	36,258	58,886
2027-2031	147,384	167,930	315,314
2032-2036	259,014	137,608	396,622
2037-2041	320,659	99,177	419,836
2042-2046	390,349	49,082	439,431
2047-2050	<u>341,225</u>	<u>9,655</u>	<u>350,880</u>
Total long-term debt payments	1,812,296	<u>\$ 672,674</u>	<u>\$ 2,484,970</u>
Unamortized net premium and discount	<u>28,639</u>		
Total carrying amount of long-term debt	<u>\$ 1,840,935</u>		

UCHealth has entered into capital leases for certain medical equipment and building leases. Monthly lease payments are required for these agreements, which include principal and interest. The maturity dates for these leases range from fiscal year 2021 through fiscal year 2029, and they are secured by the capital assets under the capital lease arrangements. During the year ended June 30, 2021, UCHealth entered into new capital lease agreements for equipment totaling \$1,974. UCHealth entered into no new capital lease arrangements during the year ended June 30, 2020.

At June 30, 2021, total capital assets and related accumulated depreciation under capital lease arrangements were \$26,272 and \$22,039, respectively. At June 30, 2020, total capital assets and related accumulated depreciation under capital lease arrangements were \$28,052 and \$21,402, respectively. Amortization expense under capital lease arrangements is included within depreciation and amortization in the accompanying statements of net position.

Effective October 1, 2012, an Integration and Affiliation Agreement and Health System Operating Lease Agreement with the City of Colorado Springs (the "City") was executed with the purpose of leasing MHS. The original capital lease is for a 40-year term with renewals or extensions anticipated. The lease totaled \$110,000 and will be paid down in monthly payments over the term of the lease. Substantially all capital assets of MHS, with a book value and accumulated depreciation of \$969,357 and \$555,049, respectively, at June 30, 2021 and \$943,261 and \$512,508, respectively, at June 30, 2020, are included in the lease arrangement. Effective May 1, 2017, MHS entered into a Ground Sublease with Children's Hospital Colorado (the "Ground Sublease") for 15% of the original lease payment amount under the Health System Operating Lease Agreement with the City. Future minimum sublease payments under the Ground Sublease are \$14,752 and \$15,260 at June 30, 2021 and 2020, respectively.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
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(12) Long-Term Debt and Leases (continued)

In May 2020, UCHealth executed two revolving lines of credit with a combined available amount of \$75,000. There were no draws against the lines of credit during the years ended June 30, 2021 and 2020. UCHealth terminated both lines of credit in February 2021.

In October 2019, UCHA issued Series 2019A Revenue Bonds (“Series 2019A”) in the amount of \$100,000 to finance the construction of the Highlands Ranch Hospital. Series 2019A were issued as variable-rate bonds with interest paid monthly and principal paid according to a mandatory sinking fund redemption schedule. The bonds, while subject to long-term amortization periods, may be put at the option of the bondholders in connection with weekly remarketing dates. To the extent the bondholders may, under the terms of the debt, put their bonds within 12 months after June 30, 2021 and 2020, the principal amount of such bonds has been classified as a current liability in the accompanying statements of net position. However, to address this possibility, management has taken steps to provide various sources of liquidity in the event any bonds would be put, including maintaining unrestricted assets as a source of self-liquidity.

In October 2019, UCHA issued Series 2019B Revenue Bonds (“Series 2019B”) in the amount of \$50,000 to finance the construction of the Greeley Hospital. Series 2019B were issued as fixed rate bonds with interest paid semi-annually and principal paid according to a mandatory sinking fund redemption schedule. Wells Fargo Bank, N.A. is the holder of the bonds at a fixed interest rate of 1.67%. The direct purchase bonds were issued with a ten-year term that will expire October 2029.

In October 2019, UCHA issued Series 2019C Revenue Bonds (“Series 2019C”) in the amount of \$122,785 to fully refinance the Series 2017C-1 Bonds. Series 2019C were issued as 5 year put bonds at a premium. Series 2019C, while subject to a long-term amortization period, are puttable in 2024. Interest is paid semi-annually and principal paid according to a mandatory sinking fund redemption schedule.

In October 2019, UCHA issued Series 2019D Revenue Bonds (“Series 2019D”) in the amount of \$50,000 to finance the construction of the Greeley Hospital. Series 2019D were issued as fixed rate bonds with interest paid semi-annually and principal paid according to a mandatory sinking fund redemption schedule. JPMorgan Chase Bank, N.A. is the holder of the bonds at a fixed interest rate of 1.67%. The direct purchase bonds were issued with a ten-year term that will expire October 2029.

In July 2018, UCHA issued Series 2018A Revenue Bonds (“Series 2018A”) in the amount of \$45,915 to fully refund PVHS Series 2005A bonds. Series 2018A were issued as variable-rate bonds with interest paid monthly and principal paid according to a mandatory sinking fund redemption schedule. The bonds, while subject to long-term amortization periods, may be put at the option of the bondholders in connection with weekly remarketing dates. To the extent the bondholders may, under the terms of the debt, put their bonds within 12 months after June 30, 2021 and 2020, the principal amount of such bonds has been classified as a current liability in the accompanying statements of net position. However, to address this possibility, management has taken steps to provide various sources of liquidity in the event any bonds would be put, including maintaining unrestricted assets as a source of self-liquidity.

In July 2018, UCHA issued Series 2018B Revenue Bonds (“Series 2018B”) in the amount of \$76,170 to fully refund PVHS Series 2005B and Series 2005C bonds. Series 2018B were issued as variable rate bonds that bear interest as determined by the Remarketing Agent each week, and principal is paid according to a mandatory sinking fund redemption schedule. UCHealth has a Standby Bond Purchase Agreement with TD Bank to provide liquidity support for Series 2018B. The Standby Bond Purchase Agreement expires on July 26, 2023 unless extended by the bank.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
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(12) Long-Term Debt and Leases (continued)

In July 2018, UCHA issued Series 2018C Revenue Bonds (“Series 2018C”) in the amount of \$75,265 to fully refund PVHS Series 2005B and Series 2005C bonds. Series 2018C were issued as variable rate bonds that bear interest as determined by the Remarketing Agent each week, and principal is paid according to a mandatory sinking fund redemption schedule. UCHealth has a Standby Bond Purchase Agreement with TD Bank to provide liquidity support for Series 2018B. The Standby Bond Purchase Agreement expires on July 26, 2023 unless extended by the bank.

In February 2017, UCHA issued Series 2017A Revenue Bonds (“Series 2017A”) in the amount of \$152,075 to fully refund UCHA Series 2015A Revenue Bonds. Series 2017A were issued as fixed rate bonds at a rate of 4.625% with interest paid semi-annually and principal paid according to a mandatory sinking fund redemption schedule. Concurrently, UCHealth entered into a total return, fixed-to-floating swap agreement having a notional amount of \$152,075. Under the terms of the swap agreement, UCHealth receives an amount equal to the coupon of the bonds (4.625%) and makes payments based on the Securities Industry and Financial Markets Association (SIFMA) Index plus 40 basis points. UCHealth settles with the counterparty semiannually, each May and November. The swap agreement expires in March 2027.

In February 2017, UCHA issued Series 2017B-1 and Series 2017B-2 Revenue Bonds (“Series 2017B”) in the amounts of \$57,685 and \$57,125, respectively, to fully refund UCHA Series 2015B and 2015C Revenue Bonds. Series 2017B were issued as variable rate bonds with interest paid monthly and principal paid according to a mandatory sinking fund redemption schedule. The bonds, while subject to long-term amortization periods, may be put at the option of the bondholders in connection with weekly remarketing dates. To the extent the bondholders may, under the terms of the debt, put their bonds within 12 months after June 30, 2021 and 2020, the principal amount of such bonds has been classified as a current liability in the accompanying statements of net position. However, to address this possibility, management has taken steps to provide various sources of liquidity in the event any bonds would be put, including maintaining unrestricted assets as a source of self-liquidity.

In February 2017, UCHA issued Series 2017C-1 and Series 2017C-2 Revenue Bonds (“Series 2017C”) in the amounts of \$141,640 and \$134,450, respectively, to finance new projects across UCHealth. Series 2017C-1 were issued as 3 year put bonds at a premium. Series 2017C-1, while subject to a long-term amortization period, were puttable in 2020 and were refinanced with the Series 2019C Revenue Bonds issued in October 2019. To the extent the bondholders may, under the terms of the debt, put their bonds within 12 months after June 30, 2019, the principal amount of such bonds had been classified as a current liability in the accompanying statements of net position. However, to address this possibility, management had taken steps to provide various sources of liquidity in the event any bonds would be put, including maintaining unrestricted assets as a source of self-liquidity. Series 2017C-2 were issued as 5 year put bonds at a premium with variable interest rates. Both series pay interest monthly and pay principal according to a mandatory sinking fund redemption schedule.

In September 2015, UCHA issued Series 2015D Revenue Bonds (“Series 2015D”) in the amount of \$200,180 to fully refund UCHA Series 2011A Revenue Bonds. Series 2015D were issued as variable rate bonds with interest paid monthly and principal paid according to a mandatory sinking fund redemption schedule. In April 2020, the terms of the bonds were updated to a fixed rate mode of 1.48%, with interest paid semi-annually. UCHA also extended the original direct purchase agreement with Wells Fargo Bank, N.A. on Series 2015D, which will expire April 2027.

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Notes to Basic Financial Statements
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(12) Long-Term Debt and Leases (continued)

In November 2013, UCHA issued Series 2013A Revenue Bonds (“Series 2013A”) in the amount of \$94,645 to fully refund UCHA Series 2004A Revenue Bonds. Series 2013A were issued as variable rate bonds with interest paid monthly and principal paid according to a mandatory sinking fund redemption schedule. JPMorgan Chase Bank, N.A. is the holder of the bonds at a variable rate plus predetermined spread. The direct purchase bonds expired April 2021, with terms being extended through November 2022.

In November 2013, UCHA issued Series 2013B Revenue Bonds (“Series 2013B”) in the amount of \$13,140 to fully refund UCHA Series 2008A Revenue Bonds. Series 2013B were issued as variable rate bonds with interest paid monthly and principal paid according to a mandatory sinking fund redemption schedule. JPMorgan Chase Bank, N.A. is the holder of the bonds at a variable rate plus predetermined spread. The direct purchase bonds expired and fully refunded in April 2021.

In November 2013, UCHA issued Series 2013C Revenue Bonds (“Series 2013C”) in the amount of \$68,185 to fully refund UCHA Series 2008B Revenue Bonds. Series 2013C were issued as variable rate bonds with interest paid monthly and principal paid according to a mandatory sinking fund redemption schedule. JPMorgan Chase Bank, N.A. is the holder of the bonds at a variable rate plus predetermined spread. The direct purchase bonds expired April 2021, with terms being extended through November 2022.

In October 2012, UCHA issued Series 2012A Revenue Bonds (“Series 2012A”) to partially finance the Integration and Affiliation Agreement and Health System Operating Lease Agreement with the City to lease the Memorial Health System. Series 2012A were issued in the amount of \$272,090 and are a fixed rate issuance with interest paid semi-annually and principal paid according to a mandatory sinking fund redemption schedule beginning in fiscal year 2015. Series 2012A were issued with an original issue premium of \$21,975 and an original issue discount of \$910. The average interest rate for Series 2012A is 4.26%. The Series 2012A bonds have an optional redemption date of November 2022. In March 2021, UCHA issued forward starting 2022A and 2022B direct purchase bonds, in the amount of \$230,565, to refinance the 2012A bonds in November 2022.

In October 2012, UCHA issued Series 2012B Revenue Bonds (“Series 2012B”) in the amount of \$50,000 to fully refund UCHA Series 2004B Revenue Bonds. Series 2012B were issued as variable rate bonds with interest paid semi-annually and principal paid according to a mandatory sinking fund redemption schedule. Citibank, N.A. is the holder of the bonds at a variable rate plus predetermined spread. The direct purchase bonds had an original five-year term expiring in October 2017, which was renewed for an additional five-year term. The direct purchase bonds will expire in October 2022.

In October 2012, UCHA issued Series 2012C Revenue Bonds (“Series 2012C”) in the amount of \$87,510 to fully refund PVHS Series 2005D and 2005E Revenue Bonds. Series 2012C were issued as variable rate bonds with interest paid monthly and principal paid according to a mandatory sinking fund redemption schedule. In April 2020, the terms of the bonds were updated to a fixed rate mode of 1.35%, with interest paid semi-annually. UCHA also extended the original direct purchase agreement with Wells Fargo Bank, N.A. on Series 2012C, which will expire April 2025.

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Notes to Basic Financial Statements
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(\$s in thousands)

(12) Long-Term Debt and Leases (continued)

In November 2011, UCHA issued Series 2011B Revenue Bonds (“Series 2011B”) in the amount of \$103,940 to fully refund UCHA Series 1999A Revenue Bonds. Series 2011B were issued as fixed rate bonds with interest paid semi-annually and principal paid according to a mandatory sinking fund redemption schedule. JPMorgan Chase Bank, N.A. is the holder of the bonds at a fixed interest rate of 3.28%. The direct purchase bonds were issued with a ten-year term that will expire November 2021.

In November 2011, UCHA issued Series 2011C Revenue Bonds (“Series 2011C”) in the amount of \$72,870 to finance equipment for use and certain other improvements at the Anschutz Medical Campus. Series 2011C were issued as fixed rate bonds with interest paid semi-annually and principal paid according to a mandatory sinking fund redemption schedule. PNC Bank is the holder of the bonds at a current fixed interest rate of 2.31%. The direct purchase bonds were issued with an eleven-year term and will expire as the bonds fully mature in November 2022.

All bonds are secured by a security interest with respect to all gross revenues of the Health System. The UCHA 1997A Master Indenture, as supplemented requires the Health System to maintain certain financial ratios.

Under the UCHA 1997A Master Indenture and various bond agreements, events of default include failure to pay interest or principal payments, declaration of bankruptcy and failure to comply with financial and nonfinancial covenants. Key covenants include the maintenance of tax exemption status within the obligated group, keeping property free of liens, maintaining proper and accurate accounting records, complying with disclosure reporting requirements, and meeting financial ratio requirements.

During 2021 and 2020, the Health System met all of the financial ratio requirements as follows:

	<u>Requirement</u>	<u>June 30, 2021</u>	<u>June 30, 2020</u>
Days cash on hand	90	469	397
Debt to capitalization percent	< 65%	20%	25%
Maximum debt service coverage	1.50	19.86	10.14

Cash paid for interest was \$53,643 and \$56,500 in 2021 and 2020, respectively. Interest received on the unexpended bond funds in 2021 and 2020 was \$0 and \$1, respectively.

The fair value of the Health System's long-term debt is based on the most recent trading price as of June 30, 2021. The fair value of the Revenue Bonds at June 30, 2021 and 2020 was \$1,741,532 and \$1,776,808, respectively.

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Notes to Basic Financial Statements
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(\$s in thousands)

(12) Long-Term Debt and Leases (continued)

UCHealth leases certain equipment and facilities under non-cancelable operating leases. Future minimum lease payments for equipment and facilities under non-cancelable operating leases as of June 30, 2021 are:

<u>Year Ending June 30,</u>	
2022	\$ 35,999
2023	31,821
2024	26,504
2025	21,755
2026	22,145
2027-2031	62,578
2032-2036	27,290
2037-2041	<u>1,636</u>
Total minimum obligations	<u>\$ 229,728</u>

Rental expense, net of rental expense recovery, was \$58,994 and \$59,880 in 2021 and 2020 respectively.

(13) Self-Insurance Trust

UCD sponsors a self-insurance trust, the University of Colorado Self-Insurance and Risk Management Trust (the "Trust"), in which UCHA participates. The Trust was authorized by a Regent resolution dated June 23, 1985, and may be amended, altered, or revoked by UCD, but only if such amendment, alteration, or revocation is consistent with and in furtherance of the purpose of this Trust. The participants in the Trust are the University of Colorado (the "University"), including UCD and its agencies, administrators, faculty, and employees, and other affiliates of the University, including UCHA. As UCHA has transferred risk associated with this insurance into the public-entity risk pool of the Trust, the assets and liabilities of the Trust are not included in the accompanying basic financial statements.

The Trust provides coverage to its participants up to statutory limitations relating to malpractice claim immunity for government entities. The coverage is \$387 per claimant and \$1,093 per occurrence for claims arising from activities of covered persons and entities within the state of Colorado. The Trust also provides coverage of \$500 per claimant and \$1,500 per occurrence for claims arising outside the state of Colorado. The Trust contracts with a commercial insurance company to provide \$15,000 per occurrence or aggregate per year for claims in which the limits of governmental immunity do not apply.

As of June 30, 2021, the Trust had a fund balance of \$4,224, which is net of \$12,251 in reserves for losses and loss adjustment expenses. At June 30, 2021, plan assets exceed the actuarially determined liability. For 2021 and 2020, UCHA recorded premium and administrative expenses of \$1,061 and \$1,014, respectively. There were no refunds received during 2021 or 2020.

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(14) Self-insurance Program

Effective July 1, 2019, UCHHealth created a Self-insurance Program (the “SIP”) to cover professional and general liability losses that are not covered by the Trust, as well as coverage for the tail liability for professional and general liability commercial claims-made policies entered into prior to the SIP. The SIP provides coverage to its participants up to \$1,000 per occurrence and \$6,000 in the aggregate for claims arising from activities of covered persons and entities. The SIP contracts with commercial insurance companies to provide coverage for claims in excess of the per occurrence and aggregate limits covered by the SIP up to a total of \$40,000 in excess coverage. Contributions to the SIP were \$4,314 and \$4,002 during the years ending June 30, 2021 and 2020, respectively. Reserves for claims incurred but not yet paid were \$5,270 and \$3,165 at June 30, 2021 and 2020, respectively. Reserves for claims incurred but not yet paid are estimated based upon historical claims experience and actuarial development factors. Actual results could differ from those estimates.

(15) Health Benefits Trust

UCHHealth administers its employee dental benefit coverage through the Health Trust of the University of Colorado Hospital Authority (the “Health Trust”). Effective July 1, 2020, UCHHealth began administering its employee health coverage through the Health Trust. The Health Trust is a self-insurance trust set up for the benefit of eligible employees of the Health System and their eligible dependents. Contributions to the Health Trust were \$291,588 and \$13,379 during the years ending June 30, 2021 and 2020, respectively. UCHHealth recognized reserves for claims incurred but not yet paid of \$53,494 and \$1,595 and at June 30, 2021 and 2020, respectively. Reserves for claims incurred but not yet paid are estimated based upon historical claims experience and actuarial development factors. Actual results could differ from those estimates.

(16) Retirement Plans

UCHA offers four retirement plans: the University of Colorado Hospital Authority Retirement Plan (the “Basic Pension Plan”), as amended and restated, the University of Colorado Hospital Authority Fixed Contribution Investment Plan (the “Investment Account”), the University of Colorado Hospital Authority Matching Tax Deferred Annuity Plan (the “Matching Account”), and the University of Colorado Hospital Deferred Compensation Savings Plan (the “457b Plan”). The UCHA Board is the fiduciary for the Basic Pension Plan and has the ability to amend this plan. The Investment Account, Matching Account, and 457b Plan are administered by independent companies that have entered into trust agreements with UCHA. The investment companies hold all funds contributed under these plans. The UCHA Board has the authority to establish and amend the benefit provisions of these plans.

(a) Pension Plans

UCHA participates in two pension plans that cover substantially all of its employees. As of October 1, 1989, UCHA's workforce was given the option of becoming employees of UCHA and participating in the Basic Pension Plan or remaining state employees of Colorado and continuing to participate in the Public Employees' Retirement Association (“PERA”).

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Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(16) Retirement Plans (continued)

(a) Pension Plans (continued)

UCHA maintained a single-employer non-contributory, cash balance pension plan (the "Frozen Plan") for UCHA employees through March 1995. Under this plan, contributions credited to each covered employee's account were based on a percentage of compensation earned by the employee. Vesting under this plan was based on length of service. As of March 31, 1995, a final contribution was credited to the accounts of all covered employees of record on that date and the balances were frozen. Employee accounts continue to accrue interest based on the applicable interest rate as defined in Code Section 417(e)(3)(A)(ii)(II), and covered employees not fully vested in the Frozen Plan continue to earn credit toward vesting under a new plan adopted April 1, 1995. As of April 1, 1995, UCHA amended the Frozen Plan based on its ability to withdraw from the Old Age, Survivors, and Disability Insurance ("OASDI") component of the Federal Insurance Contributions Act ("FICA") program by virtue of its operation under legislatively granted state authority. UCHA and its employees still contribute to and participate in the Medicare component of FICA.

The Basic Pension Plan is a single-employer, non-contributory, defined benefit plan. Eligibility to receive benefits under this plan for UCHA employees starts on the date of hire. Those employees who were employed by UCHA prior to October 1, 1989, and those who elected to become UCHA employees, are eligible to participate. MHS employees active as of October 1, 2012, and PVHS employees active as of January 4, 2013, or hired thereafter are eligible for participation in the University of Colorado Hospital Authority Retirement Plan on that date. Effective September 1, 2012, participants are vested in their accrued benefit at 20% per every twelve months of service until they are 100% vested after five years. This is a change from the prior vesting schedule for UCHA employees, which required five years of service to become 100% vested.

The annual accrued benefits, paid monthly, of the Basic Pension Plan are calculated at 1.5% times the Average Annual Compensation times years of service (based on hire date). The five most highly compensated calendar years of service after March 26, 1995 are used to calculate the Average Annual Compensation. A small number of UCHA employees are eligible to receive additional benefits based on a combined age and years of credited service equal to or greater than 75 on January 1, 2013 ("Rule of 75"). The Basic Pension Plan offers reduced benefits for early retirement and adjusted benefits for late retirement (after age 65). Most plan participants, except those falling under the Rule of 75, will receive a monthly benefit with no annual cost of living adjustment factor, which is an amendment to the plan, effective for accruals on or after January 1, 2013. The Basic Pension Plan allows employees who leave with less than ten years of service to elect a lump sum distribution upon termination, allows employees with over ten years of service to elect a partial lump sum to the extent that their balance is above an \$18 per year annuity, allows terminated participants to elect these options as well based on the same criteria for active participants, and allows the purchase by the Basic Pension Plan of annuities for retirees periodically when rates are favorable.

Pension plan assets, which support both this and the Frozen Plan described above, consist of equity securities, fixed income securities, real estate, alternative investments, money market funds, cash, and receivables. Although the Basic Pension Plan is a governmental plan within the meaning of Section 3(32) of the Employee Retirement Income Security Act of 1974 ("ERISA") and is, therefore, exempt from the requirements of Title I of ERISA, the Health System's practice is to contribute amounts at least equal to the minimum funding requirements of ERISA.

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(\$ in thousands)

(16) Retirement Plans (continued)

(a) Pension Plans (continued)

The actuarially computed net periodic pension cost for the Basic Pension Plan for 2021 and 2020 was \$87,593 and \$125,407, respectively. Investment gains for 2021 and 2020, including interest, dividends, and realized and unrealized gains, were \$310,588 and \$39,464, respectively. Membership in the Basic Pension Plan consisted of the following at July 1, 2020 and 2019 (dates of the latest actuarial valuations):

	2020	2019
Retirees and beneficiaries receiving benefits	1,988	1,795
Terminated plan members entitled to but not yet receiving benefits	4,542	4,042
Active plan members, includes all participants within the system	24,558	23,610
Total members	31,088	29,447

As a governmental entity, UCHA has flexibility in determining the amount to contribute to the Basic Pension Plan each year. The actuarially determined contribution calculated as part of this report is intended to provide a systematic method for prefunding the liabilities for retirement benefits payable under the Basic Pension Plan. It is calculated in a manner intended to remain relatively stable, as a percentage of valuation compensation, over time. This stability is intended to facilitate the annual budgeting process and to keep the cost of the Basic Pension Plan manageable. The Health System made contributions to the Basic Pension Plan of \$113,027 and \$101,800 in 2021 and 2020, respectively. The actuarially determined contributions were \$113,027 and \$101,598 in 2021 and 2020, respectively. For the years ended June 30, 2021 and 2020, the Health System's average contribution rates were 6.38% and 6.08%, respectively, of annual payroll.

The Health System's net pension liability (asset) was measured as of June 30, 2021 and 2020, and the total pension liability used to calculate the net pension liability (asset) was determined by actuarial valuations as of July 1, 2020 and 2019, respectively. The Health System utilized update procedures to roll valuation amounts forward to the respective measurement dates using the calculated service and interest cost, actual contributions, and return on plan assets.

Additional information as of the latest actuarial valuation date follows:

Valuation date	July 1, 2020
Actuarial cost method	Entry Age Normal, Level Percent of Pay
Amortization method	Straight Line
Asset valuation method	Fair Value
Actuarial assumptions	
i) Discount rate*	6.75%
ii) Projected salary increases*	3.05% to 7.25%
iii) Cost of living adjustments**	2.25%

* Includes inflation at 2.25%.

** Cost of living adjustments apply only to those participants who fall under the Rule of 75.

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Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(16) Retirement Plans (continued)

(a) Pension Plans (continued)

Mortality rates for the 2020 and 2019 valuations were based on the Sex-distinct Pri-2012 mortality tables with base year 2012, without collar or amount adjustments, using the base mortality improvement scale MP-2019 with generational projections using a 0.75% long-term rate of improvement.

The actuary is required to use assumptions that represent his or her best estimate of future experience under the Basic Pension Plan and are reasonably related to the experience of the Plan. The actuary will monitor the actuarial experience under the Plan in future years in order to judge the continuing appropriateness of these assumptions. The actuarial assumptions used in the valuations were based on the results of an actuarial experience study for the period July 1, 2013 through July 1, 2018.

The long-term expected rate of return on pension plan investments was determined using a variety of industry-accepted practices to determine 10-year estimated ranges of future expected returns for major asset classes. For public equities, a building-block approach incorporating inflation, real earnings growth, dividend yield, and re-pricing was used. For fixed income, current yields and credit spreads were used. For the various alternative asset classes, a combination of historical risk premiums, illiquidity premiums, and style-specific premiums were used. The arithmetic average forecast returns for each asset class are combined at target asset allocation weights to provide a forecasted geometric (50th percentile) expected return for the plan. All figures shown are nominal (i.e., inclusive of inflation):

Asset Class	Target Allocation	Arithmetic Expected Return (10-Year Average)
Domestic equity	28%	6.5%
International equity	22%	7.1%
Fixed income	30%	2.2%
Real estate	10%	6.5%
Alternative	10%	12.1%
	100%	

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
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(16) Retirement Plans (continued)

(a) Pension Plans (continued)

Changes in the net pension liability (asset) for the years ended June 30, 2021 and 2020 were as follows.

	Total Pension Liability	Plan Fiduciary Net Position	Net Pension Liability (Asset)
	(a)	(b)	(a) - (b)
Balances at June 30, 2019	\$ 1,051,072	\$ 907,416	\$ 143,656
Changes for the year			
Service cost	86,205	-	86,205
Interest	77,822	-	77,822
Contributions - employer	-	101,800	(101,800)
Net investment income	-	39,464	(39,464)
Changes in experience	7,101	-	7,101
Changes in assumptions	(8,153)	-	(8,153)
Benefit payments	(32,729)	(32,729)	-
Administrative expense	-	(3,025)	3,025
Net changes	<u>130,246</u>	<u>105,510</u>	<u>24,736</u>
Balances at June 30, 2020	<u>1,181,318</u>	<u>1,012,926</u>	<u>168,392</u>
Changes for the year			
Service cost	92,812	-	92,812
Interest	86,477	-	86,477
Contributions - employer	-	113,027	(113,027)
Net investment income	-	310,588	(310,588)
Changes in experience	12,337	-	12,337
Changes in assumptions	25,260	-	25,260
Benefit payments	(39,075)	(39,075)	-
Administrative expense	-	(3,873)	3,873
Net changes	<u>177,811</u>	<u>380,667</u>	<u>(202,856)</u>
Balances at June 30, 2021	<u>\$ 1,359,129</u>	<u>\$ 1,393,593</u>	<u>\$ (34,464)</u>

The pension plan's fiduciary net position as a percentage of the total pension liability was 102.5% and 85.7% as of June 30, 2021 and 2020, respectively.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$ in thousands)

(16) Retirement Plans (continued)

(a) Pension Plans (continued)

The following presents the net pension liability (asset) of the Health System, calculated using the discount rate of 6.75%, as well as what the Health System's net pension liability (asset) would be if it were calculated using a discount rate that is one percentage point lower (5.75%) or one percentage point higher (7.75%) than the current rate:

	1% Decrease 5.75%	Current Discount Rate 6.75%	1% Increase 7.75%
Net pension liability (asset)	\$ 153,083	\$ (34,464)	\$ (188,881)

For the years ended June 30, 2021 and 2020, the Health System recognized pension expense of \$87,593 and \$125,407, respectively. At June 30, 2021 and 2020, the Health System reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
June 30, 2021		
Differences between expected and actual experience	\$ 35,694	\$ -
Changes in assumptions	16,619	6,203
Net difference between projected and actual earnings on pension plan investments	-	169,380
Total	\$ 52,313	\$ 175,583
June 30, 2020		
Differences between expected and actual experience	\$ 38,746	\$ -
Changes in assumptions	1,194	9,182
Net difference between projected and actual earnings on pension plan investments	23,395	-
Total	\$ 63,335	\$ 9,182

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$ in thousands)

(16) Retirement Plans (continued)

(a) Pension Plans (continued)

Amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized in pension expense as follows:

<u>Year Ending June 30,</u>	
2022	\$ (23,800)
2023	(26,353)
2024	(33,656)
2025	(41,061)
2026	<u>1,600</u>
	<u>\$ (123,270)</u>

The Health System has made all required contributions to the pension plan for the year ended June 30, 2021.

UCHA's state employees are participants in a defined benefit pension plan of PERA, a cost-sharing multi-employer pension trust. Benefits are based upon length of service and compensation earned by the employee during the highest three years of service. UCHA has made contributions to PERA in accordance with actuarially determined funding amounts. Pension expense related to state employees was \$47 and \$47 for 2021 and 2020, respectively. Required contributions during fiscal years 2021 and 2020 were \$47 and \$47, respectively. UCHA contributed 100% of each year's required contribution. As the Health System's proportionate share of PERA's net pension liability is insignificant, detailed disclosures regarding this plan are not included in this report. PERA issues a publicly available annual financial report that includes financial statements and required supplementary information for the plan. That report may be obtained online at www.copera.org; by writing to Colorado PERA, 1301 Pennsylvania Street, Denver, Colorado 80203; or by calling PERA at 303-832-9550 or 1-800-759-PERA (7372).

(b) Investment Account

The Investment Account is a qualified, single-employer, defined contribution retirement plan under the provisions of Code Section 401(a). Employees are required to contribute 6.2% of their gross compensation (limited to the OASDI wage base), which is equivalent to what their OASDI contributions would be under FICA participation. Employees are always fully vested in this component of the plan. Total compensation subject to the plans for the years ended June 30, 2021 and 2020, was \$1,921,191 and \$1,776,847, respectively. Total employee contributions made under the provisions of this plan were \$103,141 and \$96,938 for the years ended June 30, 2021 and 2020, respectively. This represents 5.37% and 5.46% of payroll for the years ended June 30, 2021 and 2020, respectively. In accordance with Code regulations, the Health System is required to provide an additional make-up contribution for certain part-time employees equal to 1.3% of their compensation until they are fully vested in the Basic Pension Plan. Make-up contributions made by UCHHealth were \$864 and \$829 in 2021 and 2020, respectively.

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Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(16) Retirement Plans (continued)

(c) Matching Account

The Matching Account is a single-employer, tax-deferred annuity plan under the provisions of Code Section 403(b). Employees are eligible to contribute a percentage of their gross compensation, tax-deferred up to legal limitations established under the Code. In addition, UCHHealth will match employee contributions 100% on the first 3% of gross compensation contributed. Employees are always vested 100% in their contributions; however, the Health System's matching contributions are subject to a five-year graduated vesting schedule. Certain part-time employees are not eligible for UCHHealth matching contributions. UCHHealth matching contributions for 2021 and 2020 were \$38,959 and \$36,016, respectively.

As of October 1, 2012 Fidelity Investments became the exclusive investment option for employees of UCHA. Fidelity Investments provides a broad array of mutual funds with which to invest all contributions under the Investment Account and Matching Account. Prior to October 1, 2012 UCHA employees had the option to invest with TIAA-CREF and can continue to do so, although this investment company is no longer an option for employees of the Health System. Employee contributions to the Matching Account for 2021 and 2020 were \$97,385 and \$87,640, respectively.

(d) 457b Plan

The 457b Plan is a single-employer tax-deferred plan under the provisions of Code Section 457. The TIAA-CREF 457b Plan became effective in February 2005, and the Fidelity 457b Plan became effective in January 2011, whereby employees are eligible to contribute a percentage of their gross compensation, tax-deferred, up to legal limitations established under the Code. Only UCHA employees are able to contribute to the TIAA-CREF 457b Plan, which is closed to new entrants. Employees are always vested 100% in their contributions, and the Health System does not contribute to this plan. Employees may elect from a broad array of mutual funds with their respective investment companies. Employee contributions to the TIAA-CREF 457b Plan for 2021 and 2020 were \$171 and \$181, respectively. Employee contributions to the Fidelity 457b Plan in 2021 and 2020 were \$17,634 and \$16,028, respectively.

(e) Other Post-Employment Benefit Plan

In addition to the retirement plans mentioned above, UCHA provides a post-retirement medical premium subsidy to employees retiring from UCHA who are covered under the PERA benefit guarantee provision of the state of Colorado legislation creating UCHA. This plan provides a medical premium subsidy of up to \$0.112 per month for medical plan coverage (pro-rated for less than 20 years of service) and an employer-funded life insurance benefit of \$3. The employer-funded life insurance benefit is provided to all employees who retired from UCHA on or before July 1, 2015. The accumulated post-retirement benefit obligation and actuarial accrued liability, which is unfunded, for the medical and life premiums were \$2,888 and \$3,381 at June 30, 2021 and 2020, respectively. Total benefit costs related to this plan were \$218 and \$223 for the years ended June 30, 2021 and 2020, respectively. In the calculation of the liability an assumption that 65% of eligible active employees would elect to be covered by the medical premium subsidy plan was used. The discount rate used to measure the liability was 2.16% and 2.21% at June 30, 2021 and 2020, respectively.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements

June 30, 2021 and 2020

(\$s in thousands)

(17) Significant Transactions Between Component Units

UCHealth entities pool their respective revenues and expenses for a single bottom line. The UCHealth Board approves the operating and capital budgets of each entity throughout the Health System. Entity-specific boards remain to oversee medical staff and credentialing, quality, joint commission and oversight of other day-to-day operating activities.

The Health System's statements of net position; statements of revenue, expenses, and changes in net position; and statements of cash flows include transactions between the Health System and its component units.

Total current assets of UCHA include a receivable from affiliates that is comprised of amounts due for the Series 2012A proceeds related to the acquisition of MHS of \$2,795 and \$2,360 at June 30, 2021 and 2020, respectively; amounts due for the Series 2017B-2 proceeds related to the refinancing of PVHS Revenue Bonds of \$7,265 and \$6,960, respectively; \$4,144 and \$4,110 related to interest due on intercompany bonds from MHS, PVHS, and Other Entities at June 30, 2021 and 2020, respectively; and \$715,826 and \$651,661 at June 30, 2021 and 2020, respectively, related to transactions between UCHA, the Health System, and other component units. Total current assets of PVHS include \$514,404 and \$458,568 at June 30, 2021 and 2020, respectively, related to transactions between PVHS, the Health System, and other component units. Total current assets of MHS include \$84,941 and \$47,713 at June 30, 2021 and 2020, respectively, related to transactions between PVHS, the Health System, and other component units.

Total non-current assets of UCHA include a receivable from MHS that is comprised of amounts due for the Series 2012A proceeds related to the acquisition of MHS and bonds issued for the acquisition of capital assets of \$315,890 and \$320,061 at June 30, 2021 and 2020, respectively. Total non-current assets of UCHA include a receivable from PVHS related to bond proceeds for the refinancing of PVHS Revenue Bonds and bonds issued for the acquisition of capital assets of \$364,533 and \$372,134 at June 30, 2021 and 2020, respectively. Total non-current assets of UCHA include a receivable from Other Entities related to bonds issued for the acquisition of capital assets of \$430,527 and \$436,744 at June 30, 2021 and 2020, respectively.

Total current liabilities of MHS at June 30, 2021 and 2020 include \$2,795 and \$2,360, respectively, due to UCHA for the Series 2012A proceeds related to the acquisition of MHS, and \$1,924 and \$1,936, respectively, related to accrued interest on bond proceeds. Total current liabilities of PVHS at June 30, 2021 and 2020 include \$7,265 and \$6,960, respectively, due to UCHA for the Series 2017B-2 proceeds related to the refinancing of PVHS Revenue Bonds. Total current liabilities of PVHS at June 30, 2021 and 2020 include a payable to affiliates of \$683 and \$631, respectively, related to accrued interest on bond proceeds. Total current liabilities of Other Entities at June 30, 2021 and 2020 include a payable to affiliates of \$1,537 and \$1,544, respectively, related to accrued interest on bond proceeds. Other Entities have a payable to affiliates that is comprised of amounts due to component units of \$1,347,408 and \$1,146,886 related to transactions between Other Entities, the Health System and other component units at June 30, 2021 and 2020, respectively. The Health System has a payable to affiliates that is comprised of amounts due from component units of \$32,238 and \$9,108 related to transactions between the Health System and UCHA, PVHS, MHS and Other Entities at June 30, 2021 and 2020, respectively.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(17) Significant Transactions Between Component Units (continued)

Total non-current liabilities of MHS at June 30, 2021 and 2020 include a payable to affiliates of \$315,890 and \$320,061, respectively, which is comprised of amounts due for the Series 2012A proceeds related to the acquisition of MHS and bonds issued for the acquisition of capital assets. Total non-current liabilities of PVHS at June 30, 2021 and 2020 include a payable to affiliates of \$364,533 and \$372,134, respectively, which is comprised of amounts due to UCHA for the refinancing of PVHS Revenue Bonds and bonds issued for the acquisition of capital assets. Total non-current liabilities of Other Entities at June 30, 2021 and 2020 include a payable to affiliates of \$430,527 and \$436,744, respectively, which is comprised of amounts due to UCHA for bonds issued for the acquisition of capital assets.

The Health System and its component units effectively pool their investments within the Health System's pooled investment account structure, with each component unit of the Health System reflecting their respective portion of cash and investments on their statements of net position at June 30, 2021 and 2020. PVHS's portion of pooled cash at June 30, 2021 and 2020 was \$225,135 and \$381,676, respectively. PVHS's portion of pooled investments at June 30, 2021 and 2020 was \$2,446,094 and \$1,662,760, respectively. UCHA's portion of pooled cash at June 30, 2021 and 2020 was \$309,010 and \$544,203, respectively. UCHA's portion of pooled investments at June 30, 2021 and 2020 was \$3,357,397 and \$2,370,807, respectively. MHS's portion of pooled cash at June 30, 2021 and 2020 was \$27,883 and \$39,930, respectively. MHS's portion of pooled investments at June 30, 2021 and 2020 was \$302,948 and \$173,955, respectively. Other Entities' portion of pooled cash at June 30, 2021 and 2020 was \$4,942 and \$9,184, respectively. Other Entities portion of pooled investments at June 30, 2021 and 2020 was \$53,690 and \$40,011, respectively.

(18) Related-Party Transactions

UCHA is affiliated with the State of Colorado; TriWest; University of Colorado Medicine ("CU Medicine"); Colorado Access; and the University, consisting of UCD, the Trust, and the Adult Clinical Research Center ("CRC").

(a) UCD

UCD and UCHA have developed an Institutional Master Plan (the "Master Plan") to create a new academic health sciences center over the next 20 to 50 years on the Anschutz Medical Campus. The Master Plan has been approved by the Regents, UCHA, and the Colorado Commission on Higher Education. The Regents and UCHA entered into a ground lease in 1998 for approximately 18.4 acres of the property acquired by the Regents pursuant to the quitclaim conveyance from the United States Department of Education. Subsequent agreements have been executed between these parties to provide additional land to UCHA, which has been used to continue development of the Anschutz Medical Campus. As a result, UCHA has expanded its facilities with an office tower, parking garage, inpatient towers, and additional staff and patient parking structures.

Consistent with the joint planning process reflected in the Master Plan, the Regents and UCHA have agreed in the Fitzsimons Ground Lease that additional agreements will be necessary for development of the Anschutz Medical Campus. The Regents, Children's Hospital Colorado, and UCHA entered into an Amended and Restated Infrastructure Development and Maintenance Agreement effective July 1, 2004, which sets forth how the three parties will plan and construct infrastructure, share the cost of such planning and construction, and share in the related maintenance expenses of the infrastructure.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(18) Related-Party Transactions (continued)

(a) UCD (continued)

Under the operating agreement between the Regents of the University and UCHA dated July 1, 1991, the Regents have entered into contracts with UCHA for the provision of services in support of programs and operations of UCHA, including providing personnel, physical plant maintenance, and other general and administrative services. UCHA paid \$65,227 and \$57,428 for these services, which are recorded in purchased services and other expenses in 2021 and 2020, respectively.

UCHA has also entered into contracts with the Regents for the provision of services to UCD, including clinic services, research projects, infrastructure expense, and other items. Reimbursements of \$1,470 and \$1,688 were recognized in other operating revenue for these services during 2021 and 2020, respectively.

UCHA leases certain employees to CRC at full cost and also provides overhead and ancillary services to the University. Charges of \$381 and \$1,274 were billed to the University for the cost of these services during 2021 and 2020, respectively, and were recognized in other operating revenue. Amounts due from the University were \$338 and \$310 at June 30, 2021 and 2020, respectively, and are included in related-party receivables on the statements of net position. UCHA recorded amounts due to UCD of \$1,743 and \$1,746 at June 30, 2021 and 2020, respectively, for contract labor costs and School of Pharmacy support expenses.

Effective July 1, 2014, UCHealth entered into a five-year academic support agreement with the University of Colorado School of Medicine, which was subsequently amended to extend it with rolling three-year terms requiring written notice of nonrenewal no later than June 30 of each year if UCHealth is not going to renew 24 months from the date of the notice. The academic support donation for the year ended June 30, 2021 is estimated at \$36,148. The amount paid for the academic support donation for the year ended June 30, 2020 was \$15,779. In November 2018, the Regents and UCHealth entered into a Second Amendment to the Multi-Year Academic Support Agreement which provides an additional, non-terminable (absent mutual consent) academic missions support donation to the University of Colorado Foundation for the benefit of the School of Medicine for \$85,000 as expenses are actually incurred in future years, plus additional amounts based on a formula set forth in the Second Amendment. Total payments to the University of Colorado Foundation for the benefit of the School of Medicine were \$13,346 and \$11,521 for the years ended June 30, 2021 and 2020, respectively.

(b) TriWest

TriWest was formed to deliver healthcare services to eligible beneficiaries of TriCare within certain specified geographic regions. UCHA purchased a minority interest in TriWest for \$3,300. In October 2007, UCHA sold 1,656.55 shares for \$18,053 to TriWest. After the sale, CU Medicine had a 60% share of UCHA's minority interest in TriWest. In March 2014, TriWest restructured its ownership resulting in UCHA and CU Medicine selling their stock back to TriWest and receiving new stock valued at \$9,250.

UCHA's investment is accounted for under the cost method and is valued at \$6,000 at June 30, 2021 and 2020.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(18) Related-Party Transactions (continued)

(c) *CU Medicine*

During the years ended June 30, 2021 and 2020, UCHHealth recognized \$271,107 and \$234,372, respectively, in contract expense to CU Medicine for contractual reimbursement of faculty administrative services and recruitment support, reimbursements for hospital programs for services provided by CU Medicine on behalf of UCHHealth (e.g., on-call services, joint networking, administrative and other miscellaneous programs), and reimbursements channeled through UCHA by external entities for services provided by CU Medicine on behalf of those external entities (e.g., Ryan White program).

UCHHealth recorded net payables to CU Medicine of \$14,967 and \$15,270 at June 30, 2021 and 2020, respectively, for various contract labor and provider support expenses and TriWest pass-through balances. UCHHealth has also entered into various long-term lease financing agreements, leased employee agreements and other services agreements with CU Medicine. UCHHealth recorded net receivables from CU Medicine of \$22,830 and \$18,146 at June 30, 2021 and 2020, respectively, related to these agreements.

UCHA participates in a joint operating agreement with CU Medicine to operate an imaging center located in Denver, Colorado. The imaging center provides 3T MRI imaging services to UCHA's patients and is operated on the terms set forth in the agreement. Capital contributions and division of revenue and expenses are split between the two organizations as defined within the agreement.

(d) *The Children's Hospital*

In July 2010, UCHA began a joint maternal fetal program in conjunction with Children's Hospital Colorado ("CHCO") to establish a center for advanced maternal fetal medicine offering state-of-the-art care for high-risk pregnant women and their babies. The program is defined in an operating agreement that details the cost and revenue sharing between the two hospitals. UCHA has recorded a related-party payable to CHCO at June 30, 2021 and 2020, of \$35,691 and \$21,366, respectively.

Effective October 1, 2012, a sublease was executed with CHCO to operate the pediatric units located at MHS and was valued at 15% of the organization. CHCO paid the corresponding amount of the upfront payment and continues to pay its percentage of the ongoing lease payments to the City. On June 4, 2015, MHS became the licensed operator of the pediatric services, certain provisions of the sublease were temporarily suspended, and MHS and CHCO entered into a pediatric Management Services Agreement and Employee Lease arrangement, which was subsequently amended and extended. Applicable terms of the sublease were reinstated in fiscal year 2019. Included in other receivables is \$460 and \$509 at June 30, 2021 and 2020, respectively, for the current portion of the sublease receivable from CHCO and related accrued interest. Included in other non-current assets is \$14,357 and \$14,752 at June 30, 2021 and 2020, respectively, for the long-term portion of the sublease receivable from CHCO. Included in other current liabilities at June 30, 2021 and 2020 is \$511 and \$198, respectively, due to CHCO for contract labor costs for the work of CHCO employees in MHS units. MHS also provides services for CHCO patients, MHS employees periodically perform contract labor work on the pediatric units on behalf of CHCO, and MHS purchases certain supplies for the pediatric units on behalf of CHCO. MHS has a receivable from CHCO of \$866 and \$1,703 at June 30, 2021 and 2020, respectively.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(18) Related-Party Transactions (continued)

(e) *VEBA Trust*

On July 1, 2010, UCHA entered into an agreement with CU Medicine and the Regents to begin a self-insurance trust known as the Colorado Health and Welfare Trust (the “VEBA Trust”) for the benefit of eligible employees of the University, CU Medicine, and UCHA and their eligible dependents. The VEBA Trust is managed by a third-party administrator and provides healthcare coverage for eligible employees of the three organizations. The VEBA Trust functions as a retrospectively rated contract in which the initial premium is adjusted based on actual experience. For the year ended June 30, 2020, UCHealth expensed initial premiums of \$275,247 to the VEBA Trust. At June 30, 2021 and 2020, UCHealth recorded liabilities of \$2,721 and \$8,515, respectively, for premiums due to the Trust and UCHealth’s share of costs in excess of initial premiums expensed. The amount of costs in excess of initial premiums expensed is estimated by management based on an analysis of historical claims development combined with available information on current year experience. Actual results could differ from those estimates. Effective June 30, 2020, UCHealth no longer participates in the VEBA Trust.

(f) *Other Related Parties*

UCHA and two other entities participate as members in Colorado Access, a Colorado not-for-profit corporation that owns and operates a statewide health maintenance organization that serves Medicaid patients. There are no earnings distribution agreements between Colorado Access and UCHA. Requests for financial information for Colorado Access should be addressed to Colorado Access, President and CEO, 11100 East Bethany Drive, Aurora, Colorado 80014.

UCHealth has a receivable from Colorado Access for a loan outstanding of \$1,142 and \$1,605 at June 30, 2021 and 2020, respectively. Colorado Access is unable to specify a timeline for repayment of this loan as a result of current negotiations with the Colorado Division of Insurance regarding steps to be taken to achieve required levels of risk-based capital.

(19) Commitments and Contingencies

A substantial portion of the Health System's revenue is received under contractual arrangements with Medicare, Medicaid, and the military and other governmental programs. Payments from these payors are based on a combination of prospectively determined rates and retrospectively settled cost reimbursement. Final settlement of the amounts due to the Health System or payable to the payors is subject to the laws and regulations governing these programs and post-payment audits that may result in further adjustments by the payors. Additionally, these payments are subject to other routine post-payment reviews, audits, and investigations that may result in refunds, repayments, or other financial settlements. Specific accruals related to such contractual arrangements are included in the basic financial statements.

UCHealth has entered into contracts for significant new construction and expansion projects it is currently undertaking. At June 30, 2021, UCHealth has committed contract expenditures for these significant projects of \$367,259.

At June 30, 2021, UCHealth has outstanding letters of credit totaling \$3,548.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(20) CARES Act Funding

On March 11, 2020, the World Health Organization declared the outbreak of a respiratory disease caused by a new coronavirus as a “pandemic”. First identified in late 2019 and known now as COVID-19, the outbreak has impacted millions of individuals worldwide. In response, many countries have implemented measures to combat the outbreak which have impacted global business operations. During the last quarter of fiscal year 2020, UHealth’s operations were significantly impacted as shelter-in-place orders and a government mandate to suspend elective procedures reduced volumes during the period. UHealth has moved to mitigate the impact by managing workforce productivity, delaying capital expenditures, actively managing cash disbursements, and implementing other cost reduction measures.

Enacted on March 27, 2020, the CARES Act was established, which authorizes \$100 billion to be administered through grants and other mechanisms to hospitals, public entities, not-for-profit entities, and Medicare and Medicaid-enrolled suppliers and institutional providers. The purpose of these funds is to reimburse providers for lost revenue attributable to the coronavirus disease pandemic, such as forgone revenues from canceled procedures, and to provide support for related healthcare expenses, such as constructing temporary structures or emergency operation centers, retrofitting facilities, purchasing medical supplies and equipment including personal protective equipment and testing supplies, and maintaining or increasing the workforce. Further, these relief funds ensure uninsured patients are receiving testing and treatment for COVID-19.

On April 10, 2020, the U.S. Department of Health & Human Services (HHS) began making payments to healthcare providers from the \$100 billion appropriation. These are payments to healthcare providers that will not need to be repaid as long as UHealth complies with certain terms and conditions outlined by HHS. UHealth received \$110,318 and \$160,197 during the years ended June 30, 2021 and 2020, respectively, of payments as part of general and targeted distributions of the CARES Act Provider Relief Fund.

UHealth relied upon guidance issued by HHS through the date the financial statements are available to be issued. The terms and conditions first require the healthcare provider to identify healthcare-related expenses attributed to COVID-19 that no other source has reimbursed or is obligated to reimburse. If those expenses do not exceed the funding received, the healthcare provider then applies the funds to patient care lost revenue. HHS’ June 11, 2021 notice, *Post-Payment Notice of Reporting Requirements*, provided healthcare providers three options to calculate patient care lost revenue. To determine the total distributions to be recognized as revenue as of June 30, 2021 and 2020, UHealth totaled unreimbursed related expenses attributed to COVID-19 and calculated patient care lost revenue based on the difference between actual and budgeted patient care revenue between January 1, 2020 and June 30, 2020.

UHealth has recognized \$113,456 and \$157,059 as grant revenue on the statement of revenue, expenses and changes in net position for the years ended June 30, 2021 and 2020, respectively. The initial estimate of the recognition of revenue related to the Provider Relief Fund was based upon guidance issued by HHS as of the date the consolidated financial statements were available to be issued for the year ended June 30, 2020. Subsequent to that period, HHS issued additional guidance to calculate lost revenue. These changes to the estimate are recorded prospectively as adjustments to grant revenue. For the year ended June 30, 2021, changes in the estimate of the recognition of revenue related to the Provider Relief Fund were not significant. UHealth had \$3,138 recorded as a liability on the statement of net position as of June 30, 2020 as UHealth had asserted it had not yet met the conditions and restrictions of the CARES Act as of June 30, 2020, in accordance with the guidance issued by HHS as of that date.

UNIVERSITY OF COLORADO HEALTH

Notes to Basic Financial Statements
June 30, 2021 and 2020
(\$s in thousands)

(20) CARES Act Funding (continued)

HHS' June 11, 2021 notice, *Post-Payment Notice of Reporting Requirements*, provided healthcare providers with additional guidance on the deadline for the use of funds received. For any payments received between April 10, 2020 and June 30, 2020, providers had until June 30, 2021 to use funds received. For payments received from July 1, 2020 to December 31, 2020, providers have until December 31, 2021 to use the funds; for payments received from January 1, 2021 to June 30, 2021, providers have until June 30, 2022 to use the funds; and for payments received from July 1, 2021 to December 31, 2021, providers have until December 31, 2022 to use the funds.

HHS' requirements for the uses of the CARES Act funds are subject to change and are open to interpretation and clarification; therefore, there may be changes in the amounts recognized as grant revenue during the years ended June 30, 2021 and 2020. Any changes in amounts recognized as result of new guidance, interpretation, or clarification will be recognized in the period in which the change occurred.

UCHealth also received accelerated Medicare payments as provided for in the CARES Act, which allows for eligible healthcare facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other healthcare providers. Beginning in April 2021, claims for services provided to Medicare beneficiaries were applied against the advance payment balance. Any unapplied advance payment amounts must be paid in full within 41 months from receipt of the advance payments. As of June 30, 2021, UCHealth had received \$458,047 from these accelerated Medicare payment requests. UCHealth has \$407,954 and \$457,508 recognized in estimated third-party settlements at June 30, 2021 and 2020, respectively, for the unpaid portion of these accelerated Medicare payment.

REQUIRED SUPPLEMENTARY INFORMATION

UNIVERSITY OF COLORADO HEALTH

June 30, 2021 and 2020

(\$s in thousands)

Schedule of Changes in Net Pension Liability and Related Ratios

	2021	2020	2019	2018	2017	2016	2015	2014	2013
Total pension liability									
Service cost	\$ 92,812	\$ 86,205	\$ 82,862	\$ 84,811	\$ 63,156	\$ 57,110	\$ 49,411	\$ 50,305	\$ 38,706
Interest	86,477	77,822	63,593	56,967	50,527	44,575	37,092	29,718	25,456
Plan changes	-	-	(38,743)	-	-	-	10,490	-	-
Difference in expected and actual experience	12,337	7,101	42,206	7,291	2,020	4,388	15,584	-	(9,722)
Changes in assumptions	25,260	(8,153)	(1,159)	(8,788)	-	(6,213)	37,858	-	20,164
Benefits payments	(39,075)	(32,729)	(42,823)	(20,914)	(19,464)	(14,047)	(12,188)	(9,821)	(8,363)
Other	-	-	-	-	-	714	(713)	-	-
Net change in total pension liability	177,811	130,246	105,936	119,367	96,239	86,527	137,534	70,202	66,241
Total pension liability - beginning	<u>1,181,318</u>	<u>1,051,072</u>	<u>945,136</u>	<u>825,769</u>	<u>729,530</u>	<u>643,003</u>	<u>505,469</u>	<u>435,267</u>	<u>369,026</u>
Total pension liability - ending (a)	<u>\$ 1,359,129</u>	<u>\$ 1,181,318</u>	<u>\$ 1,051,072</u>	<u>\$ 945,136</u>	<u>\$ 825,769</u>	<u>\$ 729,530</u>	<u>\$ 643,003</u>	<u>\$ 505,469</u>	<u>\$ 435,267</u>
Plan fiduciary net position									
Contributions - employer	\$ 113,027	\$ 101,800	\$ 91,812	\$ 79,213	\$ 74,356	\$ 68,000	\$ 66,184	\$ 56,311	\$ 45,310
Net investment income (loss)	310,588	39,464	40,057	56,395	78,610	(476)	12,212	56,354	31,947
Benefits payments	(39,075)	(32,729)	(42,823)	(20,914)	(19,464)	(14,047)	(12,188)	(9,821)	(8,363)
Administrative expense	(3,873)	(3,025)	(4,175)	(2,251)	(1,746)	(1,464)	(1,453)	(794)	(543)
Net change in plan fiduciary net position	380,667	105,510	84,871	112,443	131,756	52,013	64,755	102,050	68,351
Plan fiduciary net position - beginning	<u>1,012,926</u>	<u>907,416</u>	<u>822,545</u>	<u>710,102</u>	<u>578,346</u>	<u>526,333</u>	<u>461,578</u>	<u>359,528</u>	<u>291,177</u>
Plan fiduciary net position - ending (b)	<u>\$ 1,393,593</u>	<u>\$ 1,012,926</u>	<u>\$ 907,416</u>	<u>\$ 822,545</u>	<u>\$ 710,102</u>	<u>\$ 578,346</u>	<u>\$ 526,333</u>	<u>\$ 461,578</u>	<u>\$ 359,528</u>
UC Health's net pension (asset) liability - ending (a) - (b)	<u>\$ (34,464)</u>	<u>\$ 168,392</u>	<u>\$ 143,656</u>	<u>\$ 122,591</u>	<u>\$ 115,667</u>	<u>\$ 151,184</u>	<u>\$ 116,670</u>	<u>\$ 43,891</u>	<u>\$ 75,739</u>
Plan fiduciary net position as a percentage of total pension liability	102.5%	85.7%	86.3%	87.0%	86.0%	79.3%	81.9%	91.3%	82.6%
Covered employee payroll	\$ 1,770,242	\$ 1,674,977	\$ 1,476,241	\$ 1,193,744	\$ 1,059,420	\$ 940,375	\$ 862,612	\$ 807,135	\$ 584,097
Net pension (asset) liability as a percentage of covered payroll	-1.9%	10.1%	9.7%	10.3%	10.9%	16.1%	13.5%	5.4%	13.0%

Note to Schedule:

Changes of assumptions – Based on the results of an experience study, retirement and termination rates, salary increase rates, and the assumption regarding election of form of payment upon retirement were updated in 2019. These changes increased the present value of projected benefits by \$741.

The assumed rates of mortality were updated in 2015 based on adopting the RP-2014 mortality tables. This change increased the present value of projected benefits by \$37,858 and increased the actuarially determined contribution by \$8,306 in 2015. This change decreased the present value of projected benefits by \$6,213 in 2016.

The assumed rates of mortality were updated in 2018 and 2019 by incorporating with the RP-2014 mortality table, updated MP mortality improvement scale. This change decreased the present value of projected benefits by \$1,900 and \$8,788 in 2019 and 2018, respectively.

UNIVERSITY OF COLORADO HEALTH

June 30, 2021 and 2020

(\$s in thousands)

Schedule of Changes in Net Pension Liability and Related Ratios (continued)

Note to Schedule (continued):

The assumed rates of mortality were updated in 2020 by incorporating the Pri-2012 mortality tables with base year 2012 using the base mortality improvement scale MP-2019 with generational projections using a 0.75% long-term rate of improvement. This change decreased the present value of projected benefits by \$8,153 in 2020.

The discount rate was reduced from 7.0% to 6.75% in 2021. The projected salary increases were changed to a range of 3.05% to 7.25% in 2021. The cost of living adjustment rate was reduced to 2.25% in 2021. These changes increased the present value of projected benefits by \$25,260 in 2021.

UNIVERSITY OF COLORADO HEALTH

June 30, 2021 and 2020
(\$s in thousands)

**Schedule of Contributions
(Last 10 Fiscal Years)**

	Actuarially Determined Contribution	Actual Contributions	Contribution Excess	Covered- Employee Payroll	Contributions as a Percentage of Covered- Employee Payroll
2021	\$ 113,027	\$ 113,027	\$ -	\$ 1,770,242	6.38%
2020	\$ 101,598	\$ 101,800	\$ 202	\$ 1,674,977	6.08%
2019	\$ 91,812	\$ 91,812	\$ -	\$ 1,476,241	6.22%
2018	\$ 79,213	\$ 79,213	\$ -	\$ 1,193,744	6.64%
2017	\$ 74,356	\$ 74,356	\$ -	\$ 1,059,420	7.02%
2016	\$ 67,969	\$ 68,000	\$ 31	\$ 940,375	7.23%
2015	\$ 66,184	\$ 66,184	\$ -	\$ 862,612	7.67%
2014	\$ 56,311	\$ 56,311	\$ -	\$ 807,135	6.98%
2013	\$ 45,310	\$ 45,310	\$ -	\$ 584,097	7.76%
2012	\$ 26,398	\$ 26,398	\$ -	\$ 256,158	10.31%

Notes to Schedule

Valuation Date Actuarially determined contribution rates are calculated as of July 1, one year prior to the end of the fiscal year in which contributions are reported.

Methods and assumptions used to determine contribution rates:

Actuarial cost method Entry Age Normal, Level Percent of Pay

Amortization method Straight Line

Asset valuation method Fair Value

Investment rate of return In the 2020 valuation, 6.75%, includes inflation at 2.25%. In the 2019 and prior valuations, 7.0%, includes inflation at 2.5%

Projected salary increases In the 2020 valuation, 3.05% to 7.25%. In the 2019 and prior valuations, 3.3% to 7.5%

Cost of living adjustments In the 2020 valuation, 2.25%. In the 2019 and prior valuations, 2.5%

Mortality In the 2020 and 2019 actuarial valuation, mortality rates are based on the Pri-2012 mortality table adjusted for the MP-2019 mortality improvement scale. In the 2018 actuarial valuation, mortality rates are based on the RP-2014 mortality table adjusted for the MP-2018 mortality improvement scale. In the 2017 actuarial valuation, mortality rates were based on the RP-2014 mortality table adjusted for the MP-2017 mortality improvement scale. In the 2016 and 2015 actuarial valuation, mortality rates were based on the RP-2014 mortality table. In prior years, those assumptions were based on the RP-2000 mortality table.

UNIVERSITY OF COLORADO HEALTH

June 30, 2021 and 2020
(\$s in thousands)

Schedule of Pension Plan Investment Returns

<u>Year Ending June 30,</u>	<u>Annual Money-Weighted Rate of Return, Net of Investment Expense</u>
2021	28.50%
2020	4.70%
2019	5.10%
2018	7.80%
2017	13.10%
2016	-0.90%
2015	2.40%
2014	15.00%
2013	10.60%
2012	-0.60%

SUPPLEMENTARY INFORMATION

UNIVERSITY OF COLORADO HEALTH

Combining Statement of Net Position

June 30, 2021

(In thousands)

	University of Colorado Hospital Authority	Poudre Valley Health System Obligated Group	Memorial Health System	Other Obligated Group	Obligated Group Eliminations	Obligated Group Consolidated	UCHealth Plan Administrators	Other	Other Eliminations	University of Colorado Health Consolidated
Assets										
Current assets:										
Cash and cash equivalents	\$ 309,080	\$ 225,191	\$ 27,919	\$ 5,771	\$ -	\$ 567,961	\$ 1,848	\$ 13,147	\$ -	\$ 582,956
Patient accounts receivable, net of allowances for uncollectible accounts	260,219	144,959	127,237	105,108	-	637,523	-	6,642	-	644,165
Other receivables	28,211	7,637	4,111	24,241	-	64,200	630	3,144	-	67,974
Receivables from affiliates	729,942	472,633	84,941	-	(1,237,938)	49,578	-	-	(49,578)	-
Inventories	55,959	24,167	24,342	22,031	-	126,499	-	10,328	-	136,827
Prepaid expenses	40,635	15,301	10,599	32,741	-	99,276	15	32	-	99,323
Investments designated for liquidity support	227,330	-	-	-	-	227,330	-	-	-	227,330
Total current assets	1,651,376	889,888	279,149	189,892	(1,237,938)	1,772,367	2,493	33,293	(49,578)	1,758,575
Non-current assets:										
Restricted investments, bonds	99	-	-	-	-	99	-	-	-	99
Restricted investments, other	1	-	-	798	-	799	-	-	-	799
Restricted investments and donor pledges	2,083	-	-	17,418	-	19,501	-	50,039	(6,253)	63,287
Capital assets, net of accumulated depreciation	920,731	394,092	414,308	1,283,273	-	3,012,404	249	30,108	48	3,042,809
Long-term investments	1,768,336	1,467,404	-	-	-	3,235,740	-	49,399	-	3,285,139
Assets designated for long-term purposes	1,361,731	981,019	302,948	53,690	-	2,699,388	-	-	-	2,699,388
Long-term receivables from affiliates	1,110,950	-	-	-	(1,110,950)	-	-	-	-	-
Other investments	7,335	66,312	2,579	37,730	(1,519)	112,437	-	7,175	(52,830)	66,782
Net pension asset	-	21,327	23,422	35,872	(46,157)	34,464	-	-	-	34,464
Other assets	1,503	3,106	15,844	14,227	-	34,680	-	140	-	34,820
Total non-current assets	5,172,769	2,933,260	759,101	1,443,008	(1,158,626)	9,149,512	249	136,861	(59,035)	9,227,587
Total assets	6,824,145	3,823,148	1,038,250	1,632,900	(2,396,564)	10,921,879	2,742	170,154	(108,613)	10,986,162
Deferred Outflows of Resources										
Deferred amortization on refundings	16,343	82	-	-	-	16,425	-	-	-	16,425
Deferred amortization of pension	17,558	14,011	11,352	9,392	-	52,313	-	-	-	52,313
Deferred amortization on acquisitions	-	-	4,535	12,495	-	17,030	-	1,228	-	18,258
Total deferred outflows of resources	33,901	14,093	15,887	21,887	-	85,768	-	1,228	-	86,996
Total assets and deferred outflows of resources	\$ 6,858,046	\$ 3,837,241	\$ 1,054,137	\$ 1,654,787	\$ (2,396,564)	\$ 11,007,647	\$ 2,742	\$ 171,382	\$ (108,613)	\$ 11,073,158
Liabilities and Net Position										
Current liabilities:										
Current portion of long-term debt	\$ 251,140	\$ 3,418	\$ 2,969	\$ -	\$ -	\$ 257,527	\$ -	\$ -	\$ -	\$ 257,527
Accounts payable and accrued expenses	248,681	134,625	108,805	230,288	-	722,399	478	9,563	-	732,440
Accounts payable - construction	9,890	1,072	-	10,115	-	21,077	-	-	-	21,077
Accrued compensated absences	31,162	26,213	20,519	36,482	-	114,376	186	1,058	-	115,620
Payables to affiliates	-	7,948	4,719	1,231,926	(1,237,938)	6,655	1,688	47,889	(56,232)	-
Accrued interest payable	6,671	116	-	40	-	6,827	-	-	-	6,827
Fair value of derivative instruments	7,961	-	-	4,429	-	12,390	-	-	-	12,390
Estimated third-party settlements, net	243,041	141,098	113,000	37,046	-	534,185	-	-	-	534,185
Long-term debt subject to short-term remarketing	227,330	-	-	-	-	227,330	-	-	-	227,330
Total current liabilities	1,025,876	314,490	250,012	1,550,326	(1,237,938)	1,902,766	2,352	58,510	(56,232)	1,907,396
Long-term liabilities:										
Long-term debt, less current portion	1,263,714	7,779	84,585	-	-	1,356,078	-	-	-	1,356,078
Long-term payables to affiliates	-	364,533	315,890	430,527	(1,110,950)	-	-	-	-	-
Fair value of derivative instruments, less current portion	50,783	-	-	14,324	-	65,107	-	-	-	65,107
Net pension liability	46,157	-	-	-	(46,157)	-	-	-	-	-
Other long-term liabilities	3,053	4,270	4,128	34,855	-	46,306	23	434	-	46,763
Total liabilities	2,389,583	691,072	654,615	2,030,032	(2,395,045)	3,370,257	2,375	58,944	(56,232)	3,375,344
Deferred Inflows of Resources										
Deferred amortization of pension	53,282	40,217	37,002	45,082	-	175,583	-	-	-	175,583
Total deferred inflows of resources	53,282	40,217	37,002	45,082	-	175,583	-	-	-	175,583
Total liabilities and deferred inflows of resources	2,442,865	731,289	691,617	2,075,114	(2,395,045)	3,545,840	2,375	58,944	(56,232)	3,550,927
Net position:										
Invested in capital assets, net of related debt	289,668	10,025	8,069	843,429	-	1,151,191	249	30,108	48	1,181,596
Restricted										
Expendable										
Held by trustee for debt service	99	-	-	-	-	99	-	-	-	99
Restricted by donors	-	-	-	-	-	-	-	46,355	-	46,355
Non-expendable										
Permanent endowments	-	-	-	-	-	-	-	28,270	-	28,270
Minority interest in component unit	-	40,008	-	-	-	40,008	-	105	-	40,113
Unrestricted	4,125,414	3,055,919	354,451	(1,263,756)	(1,519)	6,270,509	118	7,600	(52,429)	6,225,798
Net position	4,415,181	3,105,952	362,520	(420,327)	(1,519)	7,461,807	367	112,438	(52,381)	7,522,231
Total liabilities, deferred inflows of resources, and net position	\$ 6,858,046	\$ 3,837,241	\$ 1,054,137	\$ 1,654,787	\$ (2,396,564)	\$ 11,007,647	\$ 2,742	\$ 171,382	\$ (108,613)	\$ 11,073,158

Additional schedules are not GAAP basis for GASB, but are for comparative purposes to hospital industry practices for not-for-profit healthcare providers.

UNIVERSITY OF COLORADO HEALTH
Combining Statement of Revenue, Expenses, and Changes in Net Position
Year Ended June 30, 2021
(\$s in thousands)

	<u>University of Colorado Hospital Authority</u>	<u>Poudre Valley Health System Obligated Group</u>	<u>Memorial Health System</u>	<u>Other Obligated Group</u>	<u>Obligated Group Eliminations</u>	<u>Obligated Group Consolidated</u>	<u>UCHealth Plan Administrators</u>	<u>Other</u>	<u>Other Eliminations</u>	<u>University of Colorado Health Consolidated</u>
Operating revenue:										
Net patient service revenue, net of provision for bad debts	\$ 2,341,625	\$ 1,320,893	\$ 1,137,080	\$ 826,690	\$ -	\$ 5,626,288	\$ -	\$ 76,901	\$ -	\$ 5,703,189
Other operating revenue	25,198	41,708	13,612	20,830	(3,881)	97,467	-	26,597	(46,172)	77,892
Total operating revenue	<u>2,366,823</u>	<u>1,362,601</u>	<u>1,150,692</u>	<u>847,520</u>	<u>(3,881)</u>	<u>5,723,755</u>	<u>-</u>	<u>103,498</u>	<u>(46,172)</u>	<u>5,781,081</u>
Operating expenses:										
Wages, contract labor, and benefits	735,070	622,618	584,995	419,207	(8)	2,361,882	-	23,819	(1,188)	2,384,513
Supplies	654,876	270,367	220,817	166,484	-	1,312,544	-	17,121	6	1,329,671
Purchased services and other expenses	571,097	216,028	205,633	190,386	(4,323)	1,178,821	-	70,152	(46,228)	1,202,745
Depreciation and amortization	77,223	51,540	48,080	106,823	-	283,666	-	7,985	-	291,651
Total operating expenses	<u>2,038,266</u>	<u>1,160,553</u>	<u>1,059,525</u>	<u>882,900</u>	<u>(4,331)</u>	<u>5,136,913</u>	<u>-</u>	<u>119,077</u>	<u>(47,410)</u>	<u>5,208,580</u>
Operating income	<u>328,557</u>	<u>202,048</u>	<u>91,167</u>	<u>(35,380)</u>	<u>450</u>	<u>586,842</u>	<u>-</u>	<u>(15,579)</u>	<u>1,238</u>	<u>572,501</u>
Non-operating revenue and expenses:										
Interest expense	(42,113)	(7,365)	(14,018)	(23,108)	41,266	(45,338)	-	(1,465)	118	(46,685)
Investment income	651,045	445,963	52,342	34,961	(41,266)	1,143,045	-	13,755	(118)	1,156,682
Unrealized loss on derivative investments	25,501	28,164	(98)	14,945	-	68,512	-	-	-	68,512
Gain (loss) on disposal of capital assets	25	(360)	(98)	(133)	-	(566)	-	-	-	(566)
Grant revenue	33,401	63,301	12,803	3,843	-	113,348	-	108	-	113,456
Other, net	(16,935)	(14,302)	(15,146)	(7,537)	-	(53,920)	-	(3,032)	268	(56,684)
Total non-operating revenue and expenses	<u>650,924</u>	<u>515,401</u>	<u>35,785</u>	<u>22,971</u>	<u>-</u>	<u>1,225,081</u>	<u>-</u>	<u>9,366</u>	<u>268</u>	<u>1,234,715</u>
Excess of revenue over expenses before distributions and contributions	979,481	717,449	126,952	(12,409)	450	1,811,923	-	(6,213)	1,506	1,807,216
Distributions to minority interest in component unit	-	(11,799)	-	-	-	(11,799)	-	(144)	-	(11,943)
Contributions (to) from affiliates	-	-	-	831	-	831	-	(831)	-	-
Contributions restricted for capital assets	183	267	-	1,082	-	1,532	-	601	(1,349)	784
Contributions restricted, other	375	-	1,909	-	(450)	1,834	-	9,588	(267)	11,155
Change in net position	<u>980,039</u>	<u>705,917</u>	<u>128,861</u>	<u>(10,496)</u>	<u>-</u>	<u>1,804,321</u>	<u>-</u>	<u>3,001</u>	<u>(110)</u>	<u>1,807,212</u>
Net position, beginning of year	<u>3,435,142</u>	<u>2,400,035</u>	<u>233,659</u>	<u>(409,831)</u>	<u>(1,519)</u>	<u>5,657,486</u>	<u>367</u>	<u>109,437</u>	<u>(52,271)</u>	<u>5,715,019</u>
Net position, end of year	<u>\$ 4,415,181</u>	<u>\$ 3,105,952</u>	<u>\$ 362,520</u>	<u>\$ (420,327)</u>	<u>\$ (1,519)</u>	<u>\$ 7,461,807</u>	<u>\$ 367</u>	<u>\$ 112,438</u>	<u>\$ (52,381)</u>	<u>\$ 7,522,231</u>

Additional schedules are not GAAP basis for GASB, but are for comparative purposes to hospital industry practices for not-for-profit healthcare providers.

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Independent Auditor's Report

To the Board of Directors
University of Colorado Health

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities and fiduciary funds of University of Colorado Health (UCHealth) as of and for the year ended June 30, 2021 and the related notes to the financial statements, which collectively comprise UCHealth's basic financial statements, and have issued our report thereon dated September 28, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered UCHealth's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the basic financial statements, but not for the purpose of expressing an opinion on the effectiveness of UCHealth's internal control. Accordingly, we do not express an opinion on the effectiveness of UCHealth's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of UCHealth's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether UCHealth's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

To Management and the Board of Directors
University of Colorado Health

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of UCHealth's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering UCHealth's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Plante & Moran, PLLC

September 28, 2021