

Denver Health and Hospital Authority

Independent Auditor's Reports and Financial Statements

December 31, 2021 and 2020

Denver Health and Hospital Authority

December 31, 2021 and 2020

Contents

Independent Auditor's Report	1
Management's Discussion and Analysis (Unaudited).....	5
Financial Statements	
Statements of Net Position.....	18
Balance Sheets – Denver Health Medical Plan, Inc.....	20
Balance Sheets – DHHA Southwest Clinic, Inc.	21
Balance Sheets – DHHA OMC QALICB, Inc.....	22
Statements of Revenues, Expenses and Changes in Net Position.....	23
Statements of Operations and Changes in Net Assets – Denver Health Medical Plan, Inc.	24
Statements of Operations and Changes in Net Assets (Deficit)– DHHA Southwest Clinic, Inc.	25
Statements of Operations and Changes in Net Assets – DHHA OMC QALICB, Inc.	26
Statements of Cash Flows.....	28
Statements of Fiduciary Net Position – Fiduciary Funds.....	30
Statements of Changes in Fiduciary Net Position – Fiduciary Funds.....	31
Notes to Financial Statements.....	33
Required Supplementary Information	
Schedule of the Authority's Proportionate Share of the Net Pension Liability – DERP	101
Schedule of the Authority's Pension Contributions – DERP	102
Schedule of the Authority's Proportionate Share of the Net OPEB Liability – DERP	105
Schedule of the Authority's OPEB Contributions – DERP	106
Schedule of Changes in the Authority's Total OPEB Liability and Related Ratios – The Supplement Plan.....	107
Schedule of Changes in the Authority's Qualified Replacement Benefit Plan and Related Ratios – DERP	108
Supplementary Information	
Consolidating Schedule – Statement of Net Position Information	112
Consolidating Schedule – Revenue and Expense Information	116
Supplementary Budget to Actual Information – Year Ended December 31, 2021	118
Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with Government Auditing Standards	
	119

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Independent Auditor's Report

Board of Directors
Denver Health and Hospital Authority
Denver, Colorado

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the Denver Health and Hospital Authority (the Authority), its aggregate discretely presented component units, and the fiduciary activities, as of and for the years ended December 31, 2021 and 2020, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the Authority and of its discretely presented component units as of December 31, 2021 and 2020, and the respective changes in financial position and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of the Authority, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Authority's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Authority's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Authority's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, pension and other postemployment benefits information be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who 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 supplementary 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.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Authority's basic financial statements. The consolidating statements of net position, consolidating revenue and expenses information and the budget to actual information as listed in the table of contents are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating statements of net position, consolidating revenue and expenses information and the budget to actual information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Board of Directors
Denver Health and Hospital Authority

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated March 31, 2022, on our consideration of the Authority's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is solely 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 effectiveness of the Authority's 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 the Authority's internal control over financial reporting and compliance.

BKD, LLP

Denver, Colorado
March 31, 2022

Denver Health and Hospital Authority

Management's Discussion and Analysis (Unaudited)

December 31, 2021 and 2020

This discussion and analysis of the financial performance of Denver Health and Hospital Authority (the Authority) provides an overall review of the Authority's financial activities and balances as of and for the years ended December 31, 2021 and 2020.

Management's Discussion and Analysis is designed to provide a comparative discussion on significant activities, resulting changes, and currently known facts; therefore, this discussion should be read in conjunction with the Authority's financial statements.

2021 Highlights

In 2021, the Authority continued to face unprecedented challenges while responding to the COVID-19 pandemic. Both inpatient and outpatient volumes started to recover compared to the peak of the pandemic in 2020, but the pandemic continued to impact operations and resulted in rising personnel and supplies expenses. In 2020, the Authority recognized approximately \$87.0 million in CARES Act Provider Relief Funds (CARES) and FEMA funds. Both funding sources were used to respond to the COVID-19 pandemic, however the Authority recognized approximately \$66.6 million less CARES and FEMA revenue in 2021 compared to 2020.

The Outpatient Medical Center (OMC) opened in February of 2021, centralizing 50 outpatient services in one convenient location in downtown Denver. The new, state-of-the-art facility increased capacity to provide advanced outpatient care and meet the needs of the growing city. The OMC includes a day surgery center, new space for the Adult Urgent Care Center, and expanded pharmacy, lab and radiology services.

Volumes recovered in 2021 compared to the peak of the pandemic in 2020. The following table summarizes key metrics:

Volume Metrics	Variance				2021 Var to			
	2021	2020	2020 /2021 I/(D)	%	2021 Actual	2021 Budget	Budget I/(D)	%
Admissions	21,579	20,680	899	4.35%	21,579	22,354	(775)	-3.47%
Discharges	21,558	20,670	888	4.30%	21,558	22,148	(590)	-2.66%
Adjusted Discharges	53,705	49,374	4,331	8.77%	53,705	57,726	(4,021)	-6.97%
Patient Days	134,692	120,076	14,616	12.17%	134,692	132,557	2,135	1.61%
ADC	369	328	41	12.50%	369	363	6	1.65%
Discharged ALOS	6.7	6.3	0.4	6.35%	6.7	6.1	0.6	9.84%
ED Visits	91,773	70,788	20,985	29.64%	91,773	97,132	(5,359)	-5.52%
Outpatient Clinic Visits	751,300	696,844	54,456	7.81%	751,300	790,865	(39,565)	-5.00%
IP Surgeries	4,615	4,056	559	13.78%	4,615	4,543	72	1.58%
OP Surgeries	8,992	7,773	1,219	15.68%	8,992	9,974	(982)	-9.85%
Total Surgeries	13,607	11,829	1,778	15.03%	13,607	14,517	(910)	-6.27%
Deliveries	3,430	3,399	31	0.91%	3,430	3,500	(70)	-2.00%
ACUTE Census Days	8,874	7,819	1,055	13.49%	8,874	7,905	969	12.26%

The extent of the COVID-19 pandemic's (and subsequent surges of variants) adverse effect on the Authority's operating results and financial condition has been and will continue to be driven by many factors, most of which are beyond the Authority's control and ability to forecast. Such factors include, but are not limited to, the scope and duration of stay-at-home practices and business closures and restrictions, government-imposed or recommended suspensions of elective procedures, potential declines in patient volumes, increases in the number of uninsured and underinsured patients as a result of higher sustained rates of unemployment, higher contract labor rates for all medical personnel, incremental expenses required for supplies and personal protective equipment, and changes in professional and general liability exposure.

Denver Health and Hospital Authority

Management's Discussion and Analysis (Unaudited)

December 31, 2021 and 2020

Overview of the Basic Financial Statements

This discussion and analysis is intended to serve as an introduction to the Authority's basic financial statements, which consist of business-type activities, discretely presented component units and fiduciary fund statements, and notes to the basic financial statements. This report also contains other supplementary information in addition to the basic financial statements. The business-type activities of the Authority include the following basic financial statements:

The *statement of net position* presents information on the Authority's assets, deferred outflows of resources, liabilities and deferred inflows of resources, with the difference between these items as net position. Over time, increases or decreases in net position may indicate whether the financial position of the Authority is improving or deteriorating.

The *statement of revenues, expenses and changes in net position* presents both the operating revenues and expenses and nonoperating revenues and expenses along with other changes in net position for the year. This statement is an indication of the success of the Authority's operations over the past year.

The *statement of cash flows* presents the change in cash and cash equivalents for the year resulting from operating activities, capital and related financing activities and investing activities. The primary purpose of this statement is to provide information about the Authority's cash receipts and cash payments during the year.

Financial Analysis and Results of Operations

Changes to net position over time may serve as a useful indicator of the Authority's financial position. At December 31, 2021, the Authority's total net position increased by approximately \$14.7 million from 2020, or 2.3%. The following table summarizes total assets, deferred outflows of resources, total liabilities, deferred inflows of resources and net position at December 31.

Denver Health and Hospital Authority
Management's Discussion and Analysis (Unaudited)
December 31, 2021 and 2020

	Net Position		
	2021	2020	2019
Current and noncurrent assets	\$ 620,994,041	\$ 654,141,156	\$ 607,851,166
Capital assets	<u>657,233,365</u>	<u>648,251,923</u>	<u>608,215,355</u>
Total assets	1,278,227,406	1,302,393,079	1,216,066,521
Deferred outflows of resources	<u>25,833,140</u>	<u>26,479,179</u>	<u>42,897,168</u>
Total assets and deferred outflows of resources	<u>\$ 1,304,060,546</u>	<u>\$ 1,328,872,258</u>	<u>\$ 1,258,963,689</u>
Current liabilities	\$ 185,918,388	\$ 193,605,993	\$ 184,331,393
Other long-term liabilities	109,037,494	112,704,840	155,428,456
Long-term debt outstanding	<u>326,751,899</u>	<u>341,905,599</u>	<u>354,747,723</u>
Total liabilities	621,707,781	648,216,432	694,507,572
Deferred inflows of resources	<u>20,275,739</u>	<u>33,242,552</u>	<u>16,249,326</u>
Net investment in capital assets	328,335,937	302,722,723	253,282,408
Unrestricted	<u>333,741,089</u>	<u>344,690,551</u>	<u>294,924,383</u>
Total net position	<u>662,077,026</u>	<u>647,413,274</u>	<u>548,206,791</u>
Total liabilities, deferred inflows of resources and net position	<u>\$ 1,304,060,546</u>	<u>\$ 1,328,872,258</u>	<u>\$ 1,258,963,689</u>

Current and Noncurrent Assets

Current and noncurrent assets decreased by approximately \$33.1 million, or 5.1%, compared to 2020. Cash and investments decreased approximately \$60.7 million compared to 2020 due to higher labor costs and an increase in cash used to respond to COVID-19. Patient receivable and other receivables increased \$35.8 million. Notes receivable decreased by approximately \$15.4 million due to dissolution of Southwest Clinic Inc.

Capital Assets

Capital assets, net of accumulated depreciation, increased approximately \$9.0 million over the prior year. Additions totaled approximately \$70.8 million, compared to approximately \$91.4 million in 2020, excluding additions from construction in progress. Significant changes include:

- Land increased \$4.8 million due to the dissolution of Southwest Clinic Inc. and the transfer of the land asset to DHHA.
- Buildings and improvement increased \$140.7 million mainly driven by the addition of OMC building which was a closeout from construction in progress and the dissolution of Southwest Clinic Inc. and the transfer of the building to DHHA of \$17.2 million.
- Equipment purchases totaled approximately \$12.1 million.

Denver Health and Hospital Authority

Management's Discussion and Analysis (Unaudited)

December 31, 2021 and 2020

- The largest reduction of the construction in process was due to the completion of the OMC building. The building opening was delayed due to COVID-19 and opened in February of 2021.

Depreciation expense for the year was approximately \$60.4 million. Listed below is a summary of capital assets, net of accumulated depreciation at December 31, 2021 and 2020:

	December 31,	
	2021	2020
Land	\$ 43,324,527	\$ 38,574,189
Buildings and improvements	511,546,738	370,813,323
Equipment and software	88,646,509	76,725,653
Construction in process	<u>13,715,591</u>	<u>162,138,758</u>
Total	<u><u>\$ 657,233,365</u></u>	<u><u>\$ 648,251,923</u></u>

Current Liabilities

Current liabilities decreased by approximately \$7.7 million driven by a decrease in unearned revenue of \$12.5 million. This decrease is driven by \$10.9 million in CARES and \$4.3 million in FEMA unearned revenue and an increase in the current portion of the accelerated Medicare payments of \$4.0 million.

Other Liabilities

The long-term portion of liability for estimated third-party settlements increased approximately \$13.1 million. The increase is primarily due to an increase in the accrual for estimated hospital specific DSH audit repayment of \$8.4 million, increased RAC liability of \$6.3 million, and the estimated payback of Medicare and Medicaid cost reports of \$2.1 million.

Net pension liability represents the actuarially estimated cost of the Authority's pension plan, the Denver Employees Retirement Plan (DERP) and the replacement benefits agreement (RBA). The net liability is the amount owed for the pension benefit above the currently invested assets. This liability decreased approximately \$2.0 million, or 2.7%, mainly driven by a decrease in proportionate share of the liability.

Debt

Bonds and notes payable, program support payable, and capital leases payable (current and long-term), excluding the deferred loss on refunding, decreased by approximately \$15.1 million due to principal payments of approximately \$18.9 million.

Long-term Debt

Long-term debt at December 31, 2021, net of current portion and excluding deferred loss on bond refunding, is approximately \$326.8 million compared to \$341.9 million and \$366.6 million for 2020 and 2019, respectively. The decrease of \$15.1 million is primarily due to principal payments of \$11.8 million.

Denver Health and Hospital Authority
Management's Discussion and Analysis (Unaudited)
December 31, 2021 and 2020

Below is a listing of the Authority's outstanding long-term debt, net of current portion at December 31, 2021, 2020 and 2019:

	2021	2020	2019
2014 Revenue Bonds	\$ 74,375,891	\$ 75,822,178	\$ 77,228,466
2017 A Revenue Bonds	80,587,376	85,353,868	89,915,358
2019 A and B Bonds	128,147,038	134,632,935	140,998,831
Program support payable	-	-	11,823,587
550 Acoma Inc. notes payable	38,821,479	39,615,793	40,375,108
Other notes payable	3,021,938	4,381,921	6,229,960
Capital lease obligation	1,798,177	2,098,904	-
	<u>\$ 326,751,899</u>	<u>\$ 341,905,599</u>	<u>\$ 366,571,310</u>

In 2020, long-term debt decreased \$24.7 million related primarily to principal payments of \$25.4 million. Other notes payable includes a Housing and Urban Development (HUD) loan of approximately \$1.4 million, the proceeds of which were utilized to build the Park Hill Family Health Center. Also included in other notes payable is a Community Development Block Grant (CDBG) loan of \$1.2 million. Both loans are between the Authority and the City.

The Authority's 2019A, 2019B, 2017A, 2014A, and 2014B bond series ratings are BBB by Standard and Poor's and by Fitch for December 31, 2021 and 2020.

Revenue and Expenses

The following table compares 2021, 2020 and 2019 revenues and expenses and shows the resulting changes in net position:

Denver Health and Hospital Authority
Management's Discussion and Analysis (Unaudited)
December 31, 2021 and 2020

	Changes in Net Position		
	2021	2020	2019
Operating revenues			
Net patient service revenue	\$ 866,349,897	\$ 769,673,893	\$ 775,098,368
Capitation earned net of reinsurance	10,600,000	(12,600,000)	14,150,174
Medicaid disproportionate share and other safety net reimbursement	123,810,297	131,245,683	125,955,648
City and County of Denver payment for patient care services	27,700,002	27,773,299	30,777,300
Federal, state and other grants	87,345,995	77,222,260	68,170,544
City and County of Denver purchased services	27,158,245	25,373,371	29,985,490
Poison and drug center contracts	20,009,515	24,303,056	23,587,670
Other operating revenue	56,898,400	44,328,770	44,163,185
Total operating revenues	1,219,872,351	1,087,320,332	1,111,888,379
Operating expenses			
Salaries and benefits	746,896,687	685,809,148	681,038,029
Contracted services and nonmedical supplies	245,875,899	203,654,814	197,282,805
Medical supplies and pharmaceuticals	175,826,200	148,260,160	133,164,071
Managed care outside provider claims	-	(1,361,653)	(425,033)
Depreciation and amortization	60,435,376	51,622,108	47,045,062
Total operating expenses	1,229,034,162	1,087,984,577	1,058,104,934
Operating income (loss)	(9,161,811)	(664,245)	53,783,445
Nonoperating revenues (expenses)			
Increase (decrease) in equity in joint venture	(955,533)	(306,600)	20,000
Nonoperating grant revenue (CARES/FEMA)	20,408,273	86,998,388	-
Bond issuance costs	-	-	(1,372,732)
Interest income	15,570,917	12,352,582	12,831,539
Interest expense	(13,548,736)	(15,523,703)	(15,829,395)
Gain on early extinguishment of debt	4,982,853	-	-
Net increase (decrease) in fair value of investments	(7,016,141)	7,495,684	18,688,943
Gain (loss) on disposition of capital assets	(4,166)	5,444,447	-
Total nonoperating revenues (expenses)	19,437,467	96,460,798	14,338,355
Income before capital contributions	10,275,656	95,796,553	68,121,800
Contributions restricted for capital assets	4,388,096	3,409,930	59,044,434
Increase in net position	14,663,752	99,206,483	127,166,234
Net position, at beginning of year	647,413,274	548,206,791	421,040,557
Net position, at end of year	\$ 662,077,026	\$ 647,413,274	\$ 548,206,791

Denver Health and Hospital Authority

Management's Discussion and Analysis (Unaudited)

December 31, 2021 and 2020

Gross Patient Service Revenue

Gross patient service revenue increased approximately \$388.5 million, or 15.5%, for the year ended December 31, 2021, compared with the year ended December 31, 2020, as shown in the following table:

	Gross Patient Revenue		Dollar	Percentage
	2021	2020	Change	Change
Inpatient revenue	\$ 1,149,463,393	\$ 1,046,021,850	\$ 103,441,543	9.9%
Outpatient revenue	1,498,644,928	1,263,952,063	234,692,865	18.6%
Physician billing	341,933,347	288,140,736	53,792,611	18.7%
Ambulance	120,355,440	108,419,979	11,935,461	11.0%
Total	3,110,397,108	2,706,534,628	403,862,480	14.9%
Charges forgone for charity care	(213,024,583)	(197,638,593)	(15,385,990)	7.8%
Total gross patient revenue	\$ 2,897,372,525	\$ 2,508,896,035	\$ 388,476,490	15.5%

The inpatient gross revenue increased notably in the areas of Surgery, Medicine, and Emergency Medicine. Inpatient equivalent census days were 12.5% above the prior year and inpatient admissions were 4.4% above the prior year.

The outpatient gross revenue increased in the areas of Emergency Medicine, Surgery, and Ambulatory Care Services (ACS). Total outpatient clinic visits increased 7.8% over prior year. Outpatient pharmacy increased \$17.8 million, or 6.6%.

The physician billing increased in the areas of Emergency Medicine, Surgery, and Ambulatory Care Services (ACS).

Ambulance revenue increased primarily due to higher transport volume.

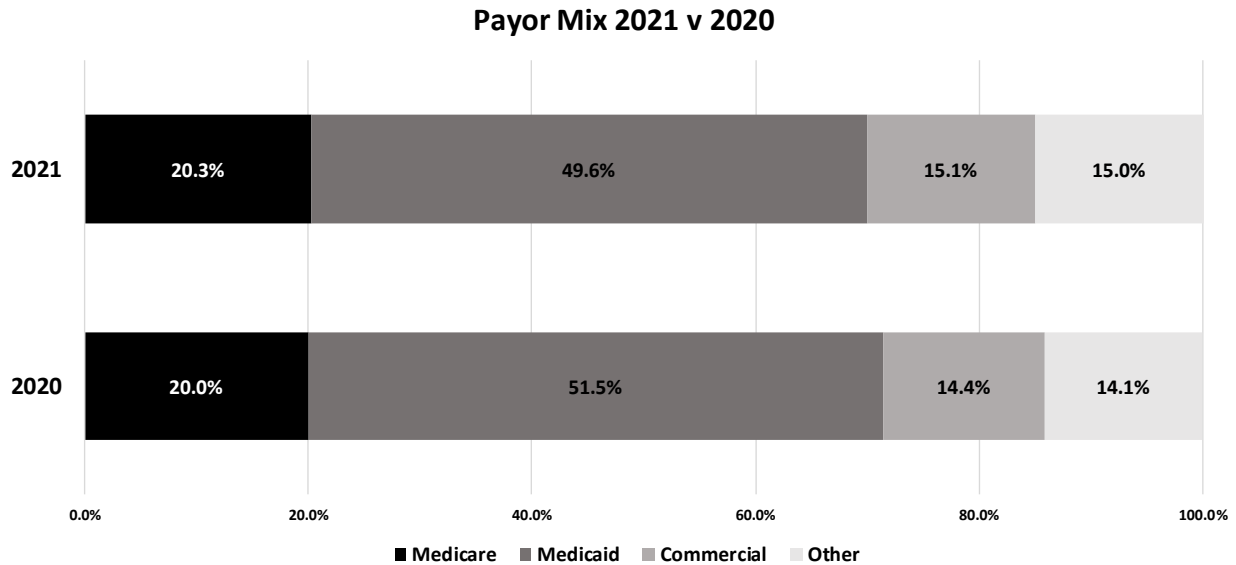
Payor Mix

The Authority's Medicare and Commercial payor mix as a percent of gross charges increased in 2021 over 2020.

Denver Health and Hospital Authority

Management's Discussion and Analysis (Unaudited)

December 31, 2021 and 2020



Indigent Care, Charity Care and Community Service

The Authority, as part of its mission, provides healthcare services to the City's residents, regardless of ability to pay. Many of the Authority's patients are unable to obtain benefits from insurance companies or do not have personal resources to cover costs. The financial burden; however, is in part offset by various federal, state, local and private programs in which such patients are enrolled. Foregone charges for charity care provided under the Authority's charity care policy were approximately \$213.0 million and \$197.6 million, for the years ended December 31, 2021 and 2020, respectively.

Records are maintained to identify and monitor the level of charity care the Authority provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy. This policy directly relates to that of the state Colorado Indigent Care Program (CICP) and an internal charity program which provides a sliding fee scale based on the patient's percentage of Federal Poverty Level (FPL) as required by the federal Bureau of Primary Health Care Section 330 Grant. The level of uncompensated care provided during the years ended December 31, 2021 and 2020 is as follows:

	2021	2020
Uncompensated care		
Contractual adjustments	\$ 1,917,835,125	\$ 1,664,292,692
Provision for bad debts	102,587,503	87,529,450
Charity care	213,024,583	197,638,593
	<u>\$ 2,233,447,211</u>	<u>\$ 1,949,460,735</u>

Net Patient Service Revenue

For the year ended December 31, 2021, net patient service revenue increased from 2020 by approximately \$96.7 million, or 12.6%. This was a 0.4% reduction in the overall realization rate (net patient service revenue including capitation divided by gross patient revenue). DH Medicaid Choice increased in membership in 2021 to 110,428, a 9.8% increase compared to 2020. The increased membership was due to the state increasing DHMP's membership cap and the federal requirement to delay dis-enrolling Medicaid

Denver Health and Hospital Authority
Management's Discussion and Analysis (Unaudited)
December 31, 2021 and 2020

members through emergency declaration in response to COVID-19. The increased membership resulted in an increase in Medicaid Choice capitation revenue of \$19.4 million, or 14.0%.

For the year ended December 31, 2020, net patient service revenue decreased from 2019 by approximately \$5.4 million, or 0.7%. This was a 0.6% reduction in the overall realization rate. DH Medicaid Choice increased in membership in 2020 to 100,543, a 17.7% increase compared to 2019. The increased membership resulted in an increase in Medicaid Choice capitation revenue of \$14.7 million, or 11.9%.

Capitation Earned Net of Reinsurance

For the year ended December 31, 2021, capitation earned net of reinsurance for DH Medicaid Choice was an increase in revenue of \$10.6 million. This represents a change of a Medical Loss Ratio (MLR) reserve related to a liability established prior to September 1, 2018.

For the year ended December 31, 2020, capitation earned net of reinsurance for DH Medicaid Choice was a reduction in revenue of \$12.6 million. This represents a change of a Medical Loss Ratio (MLR) reserve related to a liability established prior to September 1, 2018.

Medicaid Disproportionate Share Hospital (DSH) and Other Safety Net Reimbursement

Medicaid disproportionate share (DSH) revenue and other safety net reimbursement decreased approximately \$7.5 million, or 5.7%, compared to 2020.

DSH revenue, and another supplemental payment source, Upper Payment Limit (UPL) are paid to the Authority through the State of Colorado Hospital Provider Fee program (HPF). Hospitals pay the fee to the state, and the fee revenue is matched with federal funding related to the DSH and UPL sources. Calculations of fees and payments in the HPF program are based on prior year data.

The Authority had an increase in net HPF revenue of \$4.1 million compared to 2020. In 2021, the Authority reevaluated its open Hospital Specific DSH Cap (HSDC) reserve and increased its reserve by \$3.2 million compared to a decrease of \$5.7 million in 2020. This reserve is for the audits of the HSDC calculations under which the DSH payment cannot exceed the cost of uninsured care plus Medicaid shortfall or surplus.

There was a decrease in outstationing revenue of \$5.6 million compared to 2020 because of additional revenue being recorded in 2020 due to a change in prior year reporting. Additional changes in the Medicaid DSH and other safety net reimbursement line included an increase of \$2.3 million in Primary care funds, a \$1.1 million increase in Ambulance UPL, and a \$426,000 decrease in Physician certification revenue.

Medicaid DSH, other safety net revenue and expense, and primary care funds for 2021 and 2020 are as follows:

Denver Health and Hospital Authority
Management's Discussion and Analysis (Unaudited)
December 31, 2021 and 2020

	2021	2020
Colorado Indigent Care Program revenue	\$ 80,421,196	\$ 101,372,109
Supplemental Medicaid base rate revenue	13,729,682	690,588
Supplemental Medicaid outpatient hospital revenue	7,802,829	3,537,080
Ambulance upper payment limit revenue	2,913,113	1,407,681
Hospital quality incentive payment	5,648,437	7,820,487
Outstationing revenue	2,099,998	7,683,142
Primary care funds	7,370,842	4,484,664
Physician certification revenue	3,824,200	4,249,932
	<hr/>	<hr/>
Total Hospital provider fee revenue	<u>\$ 123,810,297</u>	<u>\$ 131,245,683</u>

City and County of Denver Payment for Patient Care Services

For the years ended December 31, 2021, 2020 and 2019, as part of the Operating Agreement between the Authority and the City (Note 1 to the basic financial statements), the City paid approximately \$27.7, \$27.8, and \$30.8 million, respectively, to the Authority to cover a portion of the cost of treating the medically indigent. The decrease in 2020 was due to the City budget cuts in response to COVID-19.

Grant Revenue

In 2021, federal, state and other grant revenue increased by approximately \$10.1 million, or 13.1%, primarily due to five COVID-19 related grants including \$3.2M in American Rescue Plan funding. The remaining increase is comprised of smaller grant awards.

In 2020, federal, state and other grant revenue increased by approximately \$9.1 million, or 13.3%, primarily due to 34 new COVID-19 grant awards that incurred \$7.4 million in expenditures. The remaining increase is comprised of smaller grant awards.

City and County of Denver Purchased Services

As part of the Operating Agreement between the Authority and the City (Note 1 to the basic financial statements), the Authority, under a purchased services agreement, receives payments from the City to provide services, including, but not limited to: medical care for the City inmates, public health, and operation of Denver Community Addictions Rehabilitation and Evaluation Services (Denver CARES), which is a 100-bed nonmedical detoxification center. Payment for costs of providing these services totaled approximately \$27.2 million in 2021, which is approximately \$1.8 million, or 7.0%, higher than 2020 driven by increased volumes. Payment for costs of providing these services were lower than budget by \$2.3 million or 7.7%. Payments were primarily based on reimbursement of direct cost, which is driven by volumes in Denver CARES and the health care provided at Denver County Jail and Downtown Detention Center.

In 2020, City payments for reimbursement of these costs totaled approximately \$25.4 million, which is approximately \$4.6 million, or 15.4%, lower than 2019 driven by lower volumes due to COVID-19.

Denver Health and Hospital Authority

Management's Discussion and Analysis (Unaudited)

December 31, 2021 and 2020

Poison and Drug Center Contracts

The Rocky Mountain Poison and Drug Safety (RMPDS) is a certified regional poison center, recognized by the American Association of Poison Control Centers and serves as a regional drug information center. The RMPDS includes RADARS® System, which collects, compiles, analyzes and maintains certain de-identified health care and other information in proprietary databases containing data from several signal detection system networks. The program provides expert analysis and interpretation of data and includes a Scientific Advisory Board. Subscribing organizations are provided with timely geographic-specific surveillance and monitoring reports to detect and characterize prescription drug abuse, misuse, and diversion. Typical organizations using such information include the pharmaceutical industry, regulatory agencies, policymakers, and medical/public health officials to aid in understanding trends in the abuse, misuse, and diversion of prescription drugs in the United States. Poison and Drug Center contract revenue for 2021 was approximately \$20.0 million, a 17.7% decrease from the prior year. Poison and Drug Center contract revenue for 2020 was approximately \$24.3 million, a \$715,000, or 3.0%, increase over the prior year.

Other Operating Revenue

For 2021, other operating revenue increased by \$12.6 million, or 28.4%, over 2020 driven by increases in federal Electronic Health Record (EHR) “Meaningful Use” (Promoting Interoperability Program) revenue for demonstration of use of DHHA’s electronic health record, Regional Accountable Entity (RAE) delegated care coordination revenue, additional psychiatric bed contract revenue, and enrollment services contract revenue.

For 2020, other operating revenue increased by \$166,000, or 0.4%, over 2019. Decreases in federal Electronic Health Record (EHR) “Meaningful Use” revenue, were offset by increases in 340B contract pharmacy revenue, (RAE) delegated care coordination revenue, and enrollment services contract revenue.

Operating Expenses

Year ended December 31, 2021 compared with year ended December 31, 2020

Operating expenses increased approximately \$142.0 million, or 13.1%, for the year ended December 31, 2020, compared with the prior year.

- Salary and benefit expense increased approximately \$61.1 million, or 8.9%, from 2020. Normal wage increases for merit and market adjustments, continued increased personnel costs related to COVID-19, and increased inpatient volumes contributed to the overall salary and benefits increase.
- Contracted services and nonmedical supplies increased approximately \$42.2 million, or 20.7%, from 2020. The increase in expense is primarily driven by higher use of contract labor, the continued increase in contract labor rates, and increased repairs and maintenance expenses. With healthcare workers leaving the workforce due to the pandemic, the Authority had to utilize an unprecedented amount of contract clinical labor at higher than historical rates to meet the medical needs of its patients.
- Medical supplies and pharmaceuticals increased approximately \$27.6 million, or 18.6%, from 2020. This increase is related to higher inpatient volumes, surgeries, prescriptions and inpatient and outpatient pharmaceutical usage. The Authority participates in the Federal Health Services and Resources Administration 340b program which results in significant pharmaceutical savings for

Denver Health and Hospital Authority

Management's Discussion and Analysis (Unaudited)

December 31, 2021 and 2020

patients treated in the Federally Qualified Health Centers (FQHC) and other Hospital outpatient sites.

- Depreciation and amortization expense increased \$8.8 million, or 17.1%, from 2020, driven by the completion of the OMC, equipment replacement, building upgrades and replacement of interventional radiology equipment, Adult Urgent Care move to OMC, creation of an ED Observation unit, remodel of CCMF and implementation of Infor 11 software.

Nonoperating Revenues (Expenses)

Nonoperating revenues and expenses consist primarily of income from the Authority's cash, short- and long-term investments, interest expense, the change in the fair value of investments, the increase in equity investment in joint venture, grant revenue for CARES/FEMA, and the gain or loss on disposal of capital assets.

Net nonoperating revenue in 2021 was approximately \$19.4 million, compared to net nonoperating income of \$96.5 million in 2019. The largest driver for this decrease was \$66.6 million less CARES and FEMA revenue recognized in 2021 compared to 2020.

Net nonoperating revenue in 2020 was approximately \$96.5 million, compared to net nonoperating expense of \$14.3 million in 2019. The largest driver for the increase was the addition of CARES and FEMA revenue of approximately \$87.0 million.

CARES revenue was derived from a calculation of lost revenue compared to budget, and expenses (indirect and direct) associated with the response to COVID-19. FEMA revenue was calculated based on eligible expenses as outlined in the Authority's FEMA grant application.

Capital Contributions

Capital contributions in 2021 totaled \$4.4 million, compared to \$3.4 million in 2020, and were received primarily from the City.

Capital contributions in 2020 totaled \$3.4 million, compared to \$59.0 million in 2019, and were received primarily from the City.

Budgetary Highlights

For the year ended December 31, 2021, the Authority's total income before contributions was \$10.3 million, \$1.3 million higher than budget despite higher contract labor usage and lower CARES and FEMA funds received than budgeted.

Denver Health and Hospital Authority
Management's Discussion and Analysis (Unaudited)
December 31, 2021 and 2020

	2021 Actual	2021 Budget	Dollar Change	Percentage Change
Total Gross Patient Revenue	\$ 3,110,397,108	\$ 3,085,113,502	\$ 25,283,606	0.82%
Total Operating Revenue	1,219,872,351	1,165,645,135	54,227,216	4.65%
Salaries and Benefits	746,896,687	753,878,959	(6,982,272)	-0.93%
Contract Labor	61,586,074	41,023,693	20,562,381	50.12%
Total Operating Expenses	1,229,034,162	1,183,686,880	45,347,282	3.83%
Total Nonoperating Income (Expense)	19,437,467	26,985,346	(7,547,879)	-27.97%
Income Before Capital Contributions	10,275,656	8,943,601	1,332,055	14.89%

Economic Factors and Next Year's Budget

The Authority's budget for 2022 reflects the results of the organization's strategic planning process, which identified, operational efficiency goals and cost savings. The Executive Staff and Physician Directors of Service teams, and the Authority Board, have determined the highest priority areas for the organization to target improvement in financial and clinical performance. There are specific budgetary and operational performance goals and metrics for each.

The Authority's 2022 budget targets a \$44.7 million net revenue increase compared to 2021. This increase is driven by initiatives targeted at increasing patient care service volumes, access to care, and revenue cycle initiatives. Total operating expenses are budgeted to increase \$23.1 million driven primarily by labor expense increases.

Salary and benefit costs are budgeted to increase 3.6% over the 2021 actual personnel cost. This is driven primarily by merit and market increases to address the challenging labor market and to retain employees. Contract labor is budgeted to decrease 15.5% with expectation of filling open positions to help control the cost of human capital. In 2022, 65.9% of the Authority's budgeted cost is personnel-related and drives most of the overall increase in budgeted 2021 expense. The Authority has implemented budget controls around labor productivity and hiring, and goals for growth initiatives.

After substantial CARES and FEMA funding in 2020 and 2021, the Authority's budgeted FEMA funding in 2022 is only \$2.0 million (and CARES funding in exhausted). The 2022 budget reflects a decrease in net position of \$0.8 million compared to 2021.

Requests for Information

This financial report is designed to provide a general overview of the Authority's financial results for all those with an interest in the Authority's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to Chief Financial Officer, 601 Broadway, MC 0278, Denver, CO 80203.

Denver Health and Hospital Authority
Statements of Net Position
December 31, 2021 and 2020

Assets and Deferred Outflows of Resources

	2021	2020
Current Assets		
Cash and cash equivalents	\$ 34,764,152	\$ 71,240,026
Patient accounts receivable, net of estimated uncollectibles of approximately \$58,300,000 and \$38,092,000 in 2021 and 2020, respectively	85,793,299	73,056,520
Due from other governmental entities	39,338,502	22,203,862
Due from City and County of Denver	10,566,148	6,944,837
Other receivables	14,646,851	16,534,171
Interest receivable	1,467,962	1,717,635
Due from and investment in discretely presented component units	7,312,026	2,862,537
Inventories	16,672,270	16,423,825
Prepaid expenses and other assets	18,813,488	14,999,777
Total current assets	<u>229,374,698</u>	<u>225,983,190</u>
Noncurrent Assets		
Notes receivable	14,957,348	30,389,348
Estimated third-party payor settlements receivable	5,339,026	5,200,003
Equity interest in joint venture	1,269,500	2,015,033
Restricted investments	19,299,010	19,051,732
Capital assets, net of accumulated depreciation	657,233,365	648,251,923
Long-term investments	335,726,635	363,186,193
Board-designated investments	10,200,000	7,000,000
Other long-term assets	4,827,824	1,315,657
Total noncurrent assets	<u>1,048,852,708</u>	<u>1,076,409,889</u>
Total assets	<u>1,278,227,406</u>	<u>1,302,393,079</u>
Deferred Outflows of Resources		
Deferred outflows of resources related to pension benefits	10,799,589	9,984,737
Deferred outflows of resources related to other postemployment benefits	462,225	491,682
Deferred outflow - acquisitions	-	71,667
Loss on refunding of debt	14,571,326	15,931,093
Total deferred outflows of resources	<u>25,833,140</u>	<u>26,479,179</u>
Total assets and deferred outflows of resources	<u>\$ 1,304,060,546</u>	<u>\$ 1,328,872,258</u>

Denver Health and Hospital Authority

Statements of Net Position December 31, 2021 and 2020

Liabilities, Deferred Inflows of Resources and Net Position

	2021	2020
Current Liabilities		
Current maturities of bonds payable	\$ 12,483,132	\$ 11,825,000
Current maturities of capital leases	300,728	353,434
Current maturities of notes payable	1,848,036	1,848,036
Current maturities of program support liability	-	5,588,981
Medical malpractice liability	7,459,198	7,360,716
Accounts payable and accrued expenses	44,089,411	54,988,685
Accrued salaries, wages and employee benefits	39,546,269	30,475,826
Accrued compensated absences	40,578,869	33,041,927
Accelerated Medicare payments	12,881,163	8,919,516
Unearned revenue	26,731,582	39,203,872
Total current liabilities	185,918,388	193,605,993
Long-term Liabilities		
Long-term portion of liability for estimated third-party settlements	23,752,700	10,650,855
Long-term portion of compensated absences	116,076	116,076
Long-term portion of accelerated Medicare payments	4,743,748	19,031,874
Bonds payable, less current maturities	283,110,305	295,808,980
Capital lease obligations, less current maturities	1,798,177	2,098,905
Notes payable, less current maturities	41,843,417	43,997,714
Net pension liability	76,277,183	78,365,464
Postemployment benefits	4,147,787	4,540,571
Total long-term liabilities	435,789,393	454,610,439
Total liabilities	621,707,781	648,216,432
Deferred Inflows of Resources		
Deferred inflows of resources related to pension benefits	19,350,058	32,019,253
Deferred inflows of resources related to other postemployment benefits	925,681	1,223,299
Total deferred inflows of resources	20,275,739	33,242,552
Total liabilities and deferred inflows of resources	641,983,520	681,458,984
Net Position		
Net investment in capital assets	328,335,937	302,722,723
Unrestricted	333,741,089	344,690,551
Total net position	662,077,026	647,413,274
Total liabilities, deferred inflows of resources and net position	\$ 1,304,060,546	\$ 1,328,872,258

Denver Health Medical Plan, Inc.
(A Component Unit of Denver Health and Hospital Authority)
Balance Sheets
December 31, 2021 and 2020

Assets

	2021	2020
Current Assets		
Cash and cash equivalents	\$ 8,246,731	\$ 139,010
Reinsurance recoverable on paid losses	5,746,521	6,474,724
Interest receivable	293,303	340,779
Premiums and other receivables	22,494,068	18,526,332
Contract receivables	4,576,832	3,986,163
Prepaid expenses	1,413,072	992,733
	<hr/>	<hr/>
Total current assets	42,770,527	30,459,741
	<hr/>	<hr/>
Noncurrent Assets		
Restricted investments	1,145,968	1,154,789
Intangible assets	1,700,201	2,133,843
Unrestricted investments	37,714,413	55,284,760
	<hr/>	<hr/>
Total noncurrent assets	40,560,582	58,573,392
	<hr/>	<hr/>
Total assets	<u><u>\$ 83,331,109</u></u>	<u><u>\$ 89,033,133</u></u>

Liabilities and Net Assets

Current Liabilities		
Accounts payable and accrued expenses	\$ 4,083,345	\$ 5,426,649
Aggregate health policy reserves	-	3,722,330
Due to Denver Health and Hospital Authority	2,690,580	2,342,362
Unearned premiums	1,528,636	5,180,475
Liability for amounts held under uninsured plans	959,293	782,338
Accrued claims and loss adjustment expenses	32,447,261	22,623,494
Other current liabilities	44,451	-
	<hr/>	<hr/>
Total current liabilities	41,753,566	40,077,648
	<hr/>	<hr/>
Total liabilities	41,753,566	40,077,648
	<hr/>	<hr/>
Net Assets		
Net assets without donor restriction	41,577,543	48,955,485
	<hr/>	<hr/>
Total net assets	41,577,543	48,955,485
	<hr/>	<hr/>
Total liabilities and net assets	<u><u>\$ 83,331,109</u></u>	<u><u>\$ 89,033,133</u></u>

DHHA Southwest Clinic, Inc.
(A Component Unit of Denver Health and Hospital Authority)
Balance Sheets
December 31, 2021 and 2020

Assets

	2021	2020
Current Assets		
Restricted cash and cash equivalents	\$ -	\$ 340,229
Noncurrent Assets		
Land	-	4,809,588
Building	-	17,761,703
Total property	-	22,571,291
Accumulated depreciation	-	(2,110,459)
Net property and equipment	-	20,460,832
Total noncurrent assets	-	20,460,832
Total assets	\$ -	\$ 20,801,061

Liabilities and Net Assets (Deficit)

Current Liabilities		
Due to Denver Health and Hospital Authority	\$ -	\$ 22,822
Total current liabilities	-	22,822
Notes Payable	-	21,506,004
Total liabilities	-	21,528,826
Net Assets (Deficit)		
Without donor restrictions	-	(727,765)
Total net assets (deficit)	-	(727,765)
Total liabilities and net assets (deficit)	\$ -	\$ 20,801,061

DHHA OMC QALICB, Inc.
(A Component Unit of Denver Health and Hospital Authority)
Balance Sheets
December 31, 2021 and 2020

Assets

	2021	2020
Current Assets		
Restricted cash and cash equivalents	\$ 771,718	\$ 7,897,956
Noncurrent Assets		
Equipment	23,093,561	11,431,512
Accumulated depreciation	<u>(2,932,994)</u>	<u>-</u>
Net property and equipment	<u>20,160,567</u>	<u>11,431,512</u>
Total noncurrent assets	<u>20,160,567</u>	<u>11,431,512</u>
Total assets	<u><u>\$ 20,932,285</u></u>	<u><u>\$ 19,329,468</u></u>

Liabilities and Net Assets (Deficit)

Current Liabilities		
Due to Denver Health and Hospital Authority	\$ -	\$ 77,265
Note payable, short-term	<u>2,110,760</u>	<u>-</u>
Total current liabilities	<u>2,110,760</u>	<u>77,265</u>
Notes Payable	<u>19,306,052</u>	<u>18,705,848</u>
Total liabilities	<u>21,416,812</u>	<u>18,783,113</u>
Net Assets (Deficit)		
Without donor restrictions	<u>(484,527)</u>	<u>546,355</u>
Total net assets (deficit)	<u>(484,527)</u>	<u>546,355</u>
Total liabilities and net assets (deficit)	<u><u>\$ 20,932,285</u></u>	<u><u>\$ 19,329,468</u></u>

Denver Health and Hospital Authority
Statements of Revenues, Expenses and Changes in Net Position
Years Ended December 31, 2021 and 2020

	2021	2020
Operating Revenues		
Net patient service revenue	\$ 866,349,897	\$ 769,673,893
Capitation earned net of reinsurance expense	10,600,000	(12,600,000)
Medicaid disproportionate share and other safety net reimbursement	123,810,297	131,245,683
City and County of Denver payment for patient care services	27,700,002	27,773,299
Federal, state and other grants	87,345,995	77,222,260
City and County of Denver purchased services	27,158,245	25,373,371
Poison and drug center contracts	20,009,515	24,303,056
Other operating revenue	56,898,400	44,328,770
Total operating revenues	<u>1,219,872,351</u>	<u>1,087,320,332</u>
Operating Expenses		
Salaries and benefits	746,896,687	685,809,148
Contracted services and nonmedical supplies	245,875,899	203,654,814
Medical supplies and pharmaceuticals	175,826,200	148,260,160
Managed care outside provider claims	-	(1,361,653)
Depreciation and amortization	60,435,376	51,622,108
Total operating expenses	<u>1,229,034,162</u>	<u>1,087,984,577</u>
Operating loss	<u>(9,161,811)</u>	<u>(664,245)</u>
Nonoperating Revenues (Expenses)		
Decrease in equity in joint venture	(955,533)	(306,600)
Nonoperating grant revenue (CARES Act/FEMA)	20,408,273	86,998,388
Interest income	15,570,917	12,352,582
Interest expense	(13,548,736)	(15,523,703)
Gain on dissolution of Southwest, Inc.	4,982,853	-
Net increase (decrease) in fair value of investments	(7,016,141)	7,495,684
Gain (loss) on disposition of capital assets	(4,166)	5,444,447
Total nonoperating revenues (expenses)	<u>19,437,467</u>	<u>96,460,798</u>
Income before capital contributions	10,275,656	95,796,553
Contributions Restricted for Capital Assets	<u>4,388,096</u>	<u>3,409,930</u>
Increase in net position	<u>14,663,752</u>	<u>99,206,483</u>
Total Net Position, Beginning of Year	<u>647,413,274</u>	<u>548,206,791</u>
Total Net Position, End of Year	<u><u>\$ 662,077,026</u></u>	<u><u>\$ 647,413,274</u></u>

Denver Health Medical Plan, Inc.
(A Component Unit of Denver Health and Hospital Authority)
Statements of Operations and Changes in Net Assets
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Operating Revenues		
Premiums earned, net of reinsurance, including \$83 million received from Denver Health and Hospital Authority in both 2021 and 2020	\$ 472,478,471	\$ 425,939,327
Total operating revenues	<u>472,478,471</u>	<u>425,939,327</u>
Operating Expenses		
Leased employee services from Denver Health and Hospital Authority	18,175,870	15,352,662
Rent and other administrative expenses paid to Denver Health and Hospital Authority	1,770,753	1,982,341
Contracted services and nonmedical supplies	23,176,374	20,782,141
Medical claims and capitation paid to Denver Health and Hospital Authority	250,918,351	222,260,358
Medical and pharmacy claims incurred	189,261,856	155,365,618
Other Expenses	<u>857,214</u>	<u>-</u>
Total operating expenses	<u>484,160,418</u>	<u>415,743,120</u>
Operating income (loss)	(11,681,947)	10,196,207
Nonoperating Revenues		
Investment income	1,335,093	1,266,077
Net increase (decrease) in fair value of investments	(1,143,231)	1,423,432
Transfer from affiliate	<u>4,112,143</u>	<u>-</u>
Total nonoperating revenues	4,304,005	2,689,509
Net increase (decrease) in net assets	(7,377,942)	12,885,716
Total Net Assets, Beginning of Year	<u>48,955,485</u>	<u>36,069,769</u>
Total Net Assets, End of Year	<u>\$ 41,577,543</u>	<u>\$ 48,955,485</u>

DHHA Southwest Clinic, Inc.
(A Component Unit of Denver Health and Hospital Authority)
Statements of Operations and Changes in Net Assets (Deficit)
Years Ended December 31, 2021 and 2020

	2021	2020
Revenues, Gains and Other Support Without Donor Restrictions		
Contributed management services	\$ 44,667	\$ 88,136
Facility rental from Denver Health and Hospital Authority	365,000	365,000
Interest income	23	273
	<hr/>	<hr/>
Total revenues, gains and other support without donor restrictions	409,690	453,409
	<hr/>	<hr/>
Operating Expenses		
Contributed management services	44,667	88,136
Other operating expenses	75,247	60,360
Depreciation expense	370,335	444,402
Interest expense, including amortization of loan costs of \$133,992 in 2021 and \$159,288 in 2020	454,204	538,975
	<hr/>	<hr/>
Total operating expenses	944,453	1,131,873
	<hr/>	<hr/>
Change in Net Assets Before Nonoperating Activities	(534,763)	(678,464)
	<hr/>	<hr/>
Nonoperating Activities		
Transfer of net assets to affiliate	(286,971)	-
Gain on forgiveness of debt	1,549,499	-
	<hr/>	<hr/>
Change in Net Assets After Nonoperating Activities	727,765	(678,464)
	<hr/>	<hr/>
Net Deficit Without Donor Restrictions, Beginning of Year	(727,765)	(49,301)
	<hr/>	<hr/>
Net Deficit Without Donor Restrictions, End of Year	<u>\$ -</u>	<u>\$ (727,765)</u>

DHHA OMC QALICB, Inc.
(A Component Unit of Denver Health and Hospital Authority)
Statement of Operations and Changes in Net Assets
Year Ended December 31, 2021

	2021	2020
Revenues, Gains and Other Support Without Donor Restrictions		
Contributed management services	\$ -	\$ 119,832
Equipment rental from Denver Health and Hospital Authority	2,388,091	205,283
Interest income	440	38,271
	<hr/>	<hr/>
Total revenues, gains and other support without donor restrictions	2,388,531	363,386
	<hr/>	<hr/>
Operating Expenses		
Contributed management services	-	119,832
Other operating expenses	215,371	278,666
Depreciation expense	2,932,994	-
Interest expense, including amortization of loan costs of \$79,236 for both years	271,048	256,130
	<hr/>	<hr/>
Total operating expenses	3,419,413	654,628
	<hr/>	<hr/>
Operating Loss	(1,030,882)	(291,242)
	<hr/>	<hr/>
Capital Contribution	-	837,597
	<hr/>	<hr/>
Change in Net Assets (Deficit) Without Donor Restrictions	(1,030,882)	546,355
	<hr/>	<hr/>
Net Assets Without Donor Restrictions, Beginning of Year	546,355	-
	<hr/>	<hr/>
Net Assets (Deficit) Without Donor Restrictions, End of Year	<u>\$ (484,527)</u>	<u>\$ 546,355</u>

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Denver Health and Hospital Authority
Statements of Cash Flows
Years Ended December 31, 2021 and 2020

	2021	2020
Cash Flows from Operating Activities		
Collections from patient services	\$ 862,254,499	\$ 782,922,550
Medicaid disproportionate share reimbursement and upper payment limit reimbursement	120,428,242	130,967,703
City and County of Denver payment for hospital services	24,129,943	34,215,431
Collections from poison and drug center contracts	20,803,311	24,828,549
Collections from federal, state and other grants	77,634,150	76,009,973
City and County of Denver purchased services	27,063,694	26,669,798
Other operating receipts	57,507,957	44,648,131
Payments for salaries and benefits	(746,622,137)	(706,304,938)
Payments to suppliers	(439,943,551)	(349,066,407)
Payments for managed care outside provider claims	-	1,358,653
	<u>3,256,108</u>	<u>66,249,443</u>
Net cash provided by operating activities		
Cash Flows from Noncapital Financing Activities		
Proceeds from CARES Act/FEMA	-	100,174,874
	<u>-</u>	<u>100,174,874</u>
Net cash provided by noncapital financing activities		
Cash Flows from Capital and Related Financing Activities		
Purchases of capital assets	(48,954,804)	(88,915,400)
Receipt of capital contributions	4,297,581	3,111,130
Purchase of Joint Venture Ownership	(210,000)	(360,000)
Repayments of bonds payable and other long-term debt	(13,886,413)	(32,971,198)
Proceeds from CARES Act	-	2,039,080
Issuance of note receivable	-	(14,957,348)
Proceeds from the sale of capital assets	(4,166)	5,592,950
Cash paid for interest	(13,790,908)	(14,456,547)
	<u>(72,548,710)</u>	<u>(140,917,333)</u>
Net cash used in capital and related financing activities		
Cash Flows from Investing Activities		
Proceeds from sale and maturities of investments	110,278,443	278,432,292
Purchases of investments	(83,585,605)	(308,659,763)
Interest income	6,123,890	12,666,674
	<u>32,816,728</u>	<u>(17,560,797)</u>
Net cash provided by (used in) investing activities		
Net increase (decrease) in cash and cash equivalents	(36,475,874)	7,946,187
Cash and Cash Equivalents, Beginning of Year	<u>71,240,026</u>	<u>63,293,839</u>
Cash and Cash Equivalents, End of Year	<u>\$ 34,764,152</u>	<u>\$ 71,240,026</u>

Denver Health and Hospital Authority
Statements of Cash Flows (continued)
Years Ended December 31, 2021 and 2020

	2021	2020
Reconciliation of Cash and Cash Equivalents to the Statements of Net Position		
Cash and cash equivalents	\$ 34,764,152	\$ 71,240,026
Total cash and cash equivalents	<u>\$ 34,764,152</u>	<u>\$ 71,240,026</u>
Reconciliation of Operating Income to Net Cash Provided by Operating Activities		
Operating loss	<u>\$ (9,161,811)</u>	<u>\$ (664,245)</u>
Adjustments to reconcile operating income to net cash provided by operating activities		
Depreciation and amortization	60,435,376	51,622,108
Gain on dissolution of Southwest Clinic, Inc.	(4,658,497)	-
Provision for bad debts	102,587,503	87,529,450
Changes in assets, liabilities, deferred outflows and deferred inflows of resources		
Patient accounts receivable, net	(115,324,282)	(88,426,587)
Due from other governmental entities	(17,134,680)	2,070,124
Due from discretely presented component unit	(4,449,489)	11,044,516
Due from City and County of Denver	(3,530,796)	7,607,511
Other receivables	1,887,359	298,145
Inventories	(248,445)	(3,803,721)
Prepaid expenses and other assets	(7,226,314)	1,191,858
Accounts payable and accrued expenses	(10,865,175)	4,690,993
Accrued salaries, wages and employee benefits	8,970,881	1,362,353
Deferred outflows - pension and other postemployment benefits	(785,395)	13,938,034
Deferred inflows - pension and other postemployment benefits	(12,966,813)	16,993,226
Net pension and other postemployment benefits liability	(2,481,065)	(56,370,981)
Accrued compensated absences	7,536,943	3,581,578
Estimated third-party payor settlements	12,962,822	(13,581,461)
Medical malpractice liability	98,482	769,437
Accelerated Medicare payments	(10,326,479)	27,951,390
Unearned revenue	7,935,983	(1,551,285)
Accrued claims	<u>-</u>	<u>(3,000)</u>
Total adjustments	<u>12,417,919</u>	<u>66,913,688</u>
Net cash provided by operating activities	<u>\$ 3,256,108</u>	<u>\$ 66,249,443</u>
Noncash Investing, Capital and Financing Activities		
Capital asset acquisitions included in accounts payable	<u>\$ 4,972,172</u>	<u>\$ 3,102,406</u>
Capital asset acquired under capital lease	<u>\$ -</u>	<u>\$ 2,505,936</u>
Capital asset acquired from payment of notes receivable	<u>\$ 20,090,501</u>	<u>\$ -</u>

Denver Health and Hospital Authority

Statements of Fiduciary Net Position

Fiduciary Funds

December 31, 2021 and 2020

	Pension and Other Employee Benefit Trust Funds	
	2021	2020
Assets		
Investments, at fair value	\$ 1,486,438,794	\$ 1,270,179,953
Participant loans	19,465,267	18,269,498
Total assets	1,505,904,061	1,288,449,451
Net Position		
Restricted for:		
Pensions (401(a) Plan)	1,145,649,203	989,353,782
Postemployment benefits other than pensions (457(b) Plan)	360,254,858	299,095,669
Total net position	\$ 1,505,904,061	\$ 1,288,449,451

Denver Health and Hospital Authority
Statements of Changes in Fiduciary Net Position
Fiduciary Funds
Years Ended December 31, 2021 and 2020

		Pension and Other Employee Benefit Trust Funds	
		2021	2020
Additions			
Contributions			
Participant	\$	79,224,853	\$ 73,228,173
Employer		49,500,950	47,787,831
Rollover		10,564,218	3,921,861
Total contributions		139,290,021	124,937,865
Investment earnings			
Net increase in fair value of investments		155,299,798	169,895,717
Interest, dividends and other		29,416,695	19,604,407
Total investment earnings		184,716,493	189,500,124
Total additions		324,006,514	314,437,989
Deductions			
Benefits paid to participants		105,408,965	75,857,749
Administrative expense		1,142,939	847,113
Total deductions		106,551,904	76,704,862
Net Increase in Fiduciary Net Position		217,454,610	237,733,127
Net Position, Beginning of Year		1,288,449,451	1,050,716,324
Net Position, End of Year	\$	1,505,904,061	\$ 1,288,449,451

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Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Organization

The Denver Health and Hospital Authority (the Authority) was created in 1994 by the state of Colorado (the state) as a political subdivision of the state pursuant to Article 29 of Title 25, Colorado Revised Statutes, as amended (the Act). As contemplated in the Act, on January 1, 1997, substantially all of the programs, services, and facilities of the City and County of Denver's (the City) Department of Health and Hospitals Enterprise Fund were transferred to the Authority pursuant to the Transfer Agreement between the Authority and the City.

Definition of Reporting Entity

The Authority follows Governmental Accounting Standards Board (GASB) accounting pronouncements, which provide guidance for determining which activities, organizations, and functions are included within the financial reporting entity. GASB pronouncements set forth the financial accountability of an organization's elected governing body as the basic criterion for including a possible component organization in the primary government's legal entity. Financial accountability includes, but is not limited to, appointment of a voting majority of the organization's governing body, ability to impose its will on the organization, a potential for the organization to provide specific financial benefits or burdens, and fiscal dependency.

The Authority is financially accountable for Rocky Mountain Drug Safety Inc., Canadian Consumer Product and Pharmaceutical Safety Inc., and 550 Acoma Inc., each a blended component unit. Denver Health Medical Plan, Inc., DHHA Southwest Clinic, Inc., and DHHA OMC QALICB, Inc. are presented as discretely presented component units in the Authority's financial statements. Additionally, the Authority's 401(a) and 457(b) plans are considered fiduciary activity and is reported in accordance with GASB 84. The Authority is not a component unit of any other primary governmental entity.

The Authority

The Authority is a fully integrated healthcare delivery system, which employs a single physician group and operates four divisions: the Denver Health Medical Center, the City Fund, the Rocky Mountain Poison and Drug Safety (RMPDS), and what is referred to by the Authority as the Restricted Fund.

The Denver Health Medical Center is an acute care hospital licensed for 555 total beds, including 89 intensive care beds, that provides inpatient medical and mental health services, an ambulatory care center, emergency medical services including Level 1 Trauma, 13 federally qualified community health centers in Denver that provide outpatient services, as well as a federally qualified Women's Mobile Clinic. The Authority also operates 18 school-based clinics in Denver that provide outpatient services to students.

The City Fund is 100% funded by the City (except for depreciation expense) in accordance with an operating agreement between the Authority and the City, which is amended each year. Operations included in the City Fund are the Public Health Department, which provides public health

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

informatics, epidemiology, administration, preparedness and response services in addition to disease control outbreak investigation. Public Health Clinics and Vital Records are also Public Health functions provided to the City in the operating agreement but are funded from revenues and fees collected. Also included in the City Fund is prisoner care at the Denver Justice Center and Denver County Jail and Denver C.A.R.E.S., which is a 100-bed non-medical withdrawal management center, including limited services for residential treatment.

The RMPDS is a certified regional poison center as recognized by the American Association of Poison Control Centers and serves as a regional drug information center. It also provides poison and drug information services to medical professionals and consumers in other states through contractual agreements.

The Restricted Fund consists primarily of grants the Authority has been awarded that are used as directed by the grantor. The grants are awarded from multiple sources including federal, state, and industry agencies. Annually, the Authority also conducts a single audit under Uniform Guidance to comply with federally awarded grant requirements.

Rocky Mountain Drug Safety Inc. and Canadian Consumer Product and Pharmaceutical Safety Inc.

In September 2015, the Authority created a Colorado not-for-profit corporation Rocky Mountain Drug Safety Inc. (RMDS), of which it is the sole member. Three Authority employees comprise the Board of Directors. The purpose of RMDS is to be the sole member of a Canadian not-for-profit corporation Canadian Consumer Product and Pharmaceutical Safety Inc. (CCPPS). The CCPPS Board of Directors is comprised of two Authority employees and one independent director. CCPPS will perform collection and analysis of drug and pharmaceutical data, to enhance treatment, prevention and mitigation of drug abuse and adverse drug events. CCPPS is presented as a blended component unit because the Authority has the ability to exert its will on CCPPS and the exclusion of CCPPS's financial statements would cause the Authority's financial statements to be misleading. All significant balances and transactions between CCPPS and the Authority have been eliminated in the basic financial statements.

550 Acoma Inc.

550 Acoma Inc. (550 Acoma) is a Colorado nonprofit organization formed by the Authority in September 2018 to construct a parking garage on the hospital campus, in the City and County of Denver, Colorado. The Authority created 550 Acoma for the sole purpose of financing construction through a public issuance of a note payable. 550 Acoma is exempt from taxes under Section 501(c)(3) of the Internal Revenue Code.

The construction project was a parking garage for Authority employees. The cost of the garage was approximately \$38,000,000 and was completed in July of 2020. The Authority will pay 550 Acoma rent to cover the interest and principal payments for the life of the debt. The land occupied by the parking garage is leased to 550 Acoma by the Authority. The Authority is the sole member of 550 Acoma. The 550 Acoma Board of Directors consists of three Authority employees. 550 Acoma is presented as a blended component unit because it provides services entirely to the Authority and exclusion of 550 Acoma's financial statements would cause the Authority's financial statements to

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

be misleading. All significant balances and transactions between 550 Acoma and the Authority have been eliminated in the basic financial statements.

Denver Health Medical Plan, Inc.

Denver Health Medical Plan, Inc. (the Plan) is a Colorado nonprofit organization formed by the Authority in 1997 as a health maintenance organization to provide comprehensive healthcare services on a prepaid basis to its members. The Plan is governed by a nine-member Board of Directors, which is appointed by the Authority. The majority of the Plan's Board of Directors consists of board members and executive staff of the Authority. The Plan's members consist of current and former employees of the Authority and their dependents, the City, the Denver Employee Retirement Plan, Child Health Plan Plus participants, Medicare Choice (dual eligibles) and Medicare Select Low Income Plan. In 2014, the Plan began offering individual commercial coverage through Connect for Health Colorado, the Colorado insurance marketplace developed as a result of the Affordable Care Act. The Authority contributed \$4,112,143 as an additional paid-in capital contribution during 2021 to the Plan and \$0 during 2020.

The Authority is able to impose its will on the Plan and is financially accountable for the Plan. Accordingly, the Plan is presented as a discretely presented component unit.

Financial statements for the Plan, prepared on a statutory basis of accounting, can be obtained from the Authority at 303.602.0462, or by writing to the Denver Health and Hospital Authority, Division of Finance, MC 1925, 601 Broadway, Denver, Colorado 80203.

DHHA OMC QALICB, Inc.

DHHA OMC QALICB Inc. (OMC Inc.), a discretely presented component unit of the Authority, was formed in January 2020 to purchase equipment primarily used in the outpatient medical center. The members of OMC Inc. are the Authority and Denver Community Health Service Inc., (DCHS) a Colorado nonprofit corporation. The Board of Directors of OMC Inc. consists of one member who is an Authority employee, and two members who are DCHS Board Directors. Two Authority employees and one DCHS Board Director act as non-voting officers of OMC Inc.

In January of 2020, the Authority invested \$14.9 million with an equity investor in the form of a note receivable. The equity investor contributed \$6.9 million and the total was loaned to three Community Development Entities (CDEs). OMC Inc. received the proceeds of six note payables to these CDEs related to New Market Tax Credit (NMTC) financing. The proceeds of this financing were used to acquire medical equipment to be used primarily in the new outpatient medical center on the Authority's main campus. The OMC, Inc. building was opened in February 2021. The Authority began leasing the equipment from OMC Inc. during 2020.

DHHA Southwest Clinic, Inc.

DHHA Southwest Clinic, Inc. (Southwest Clinic) was a Colorado nonprofit organization formed by the Authority in September 2014 to purchase land and construct, finance and own an outpatient and urgent care clinic in Southwest Denver, which began providing outpatient medical services associated with the Authority's operations in April 2016. The Authority created Southwest Clinic

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

for the sole purpose of financing and constructing the facility. By structuring the arrangements for owning and financing the facility to take advantage of New Market Tax Credits, the Authority significantly reduced the net funding that it must provide to construct the facility. Southwest Clinic was exempt from taxes under Section 501(c)(3) of the Internal Revenue Code.

The members of Southwest Clinic were the Authority and DCHS, a Colorado nonprofit corporation. The Board of Directors of Southwest Clinic consisted of one member who was an Authority Board Director, and two members who were DCHS Board Directors. Two Authority employees and one DCHS Board Director acted as non-voting officers of Southwest Clinic. The Authority was financially accountable for Southwest Clinic, and therefore it was a discretely presented component unit.

In May 2014, the Authority issued bonds which were subsequently invested with an equity investor in the form of a note receivable. The equity investor contributed \$7,300,000 and the total was invested in three CDEs. Southwest Clinic was loaned the proceeds of these funds in six note payables to these CDEs related to New Market Tax Credit financing. The proceeds of this financing were used to purchase land and was used to construct the facility. The Authority leased the building from Southwest Clinic starting in April 2016 for 20 years. Lease payments were made of \$365,000 during 2021 and 2020.

As of November 30, 2021, the Authority became the sole owner of the equity investment entity and the notes payable to Southwest Clinic were forgiven. Additionally, the Authority forgave its notes receivable of \$15,432,000. Southwest Clinic was officially dissolved on December 31, 2021. The land, building and other assets of \$20,377,000 were transferred to Denver Health Medical Center.

Denver Health and Hospitals Foundation

The Denver Health and Hospitals Foundation (the Foundation) is a not-for-profit charity formed for the benefit of the Authority. The Foundation's mission is to support the Authority in its mission to provide quality patient care. Significant areas of support include, but are not limited to, maternal and child health, community health, volunteer functions, trauma prevention and care, among others. Fund-raising efforts for the benefit of the Authority are undertaken by the Foundation, and the Authority is entitled to and has the ability to access resources held by the Foundation to fund its programs; however, the assets held by the Foundation and the annual funding are not significant to the Authority's operations as a whole and the Authority does not appoint a voting majority of the Foundation's Board. Therefore, the Foundation is not presented as a component unit of the Authority.

The Authority does provide certain accounting and administrative functions for the Foundation at no cost. During 2021 and 2020, the Foundation paid the Authority approximately \$4,600,000 and \$3,800,000, respectively, in pass through grants and donations.

HSS, Inc.

The Authority is an equity owner of HSS, Inc. (HSS). HSS services customers in the healthcare industry, as well as other organizations and governmental agencies. Services provided by HSS include security services and courier services, which are utilized by the Authority. In 2009, the Authority was granted 9.5% of the outstanding shares of stock in HSS at no cost. The Authority has recorded this as an investment in equity of a joint venture. The change in the value of the Authority's

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

share of net equity has been recorded as nonoperating income. The Authority paid HSS approximately \$5,300,000 and \$5,100,000 in 2021 and 2020, respectively, for services rendered for security and transportation.

Fresenius Joint Venture

In February 2019, the Authority entered into a Limited Liability Company agreement with Fresenius Medical Care – Sloan’s Lake. The Authority made a capital contribution of approximately \$713,000 for 30% ownership or “units” in this joint venture. In 2021 and 2020, the Authority contributed an additional \$210,000 and \$360,000, respectively, for ongoing support. There are two members in this venture – the Authority and Fresenius Medical Care Venture, LLC. This contribution is reflected in the statements of net position as equity interest in joint venture.

Relationship with the City and County of Denver

The Act states that the City shall have no control over the operations of the Authority. Principal agreements between the Authority and the City dated January 1, 1997 include the Operating Agreement and the Personnel Services Agreement. The Operating Agreement is amended annually.

The Operating Agreement provides for and defines the services the Authority will provide to the City and be provided by the City to the Authority as well as the basis for determining compensation for such services. The agreement was entered into in order to ensure the citizens of the City would have access to quality preventative, acute, and chronic healthcare regardless of their ability to pay. The Authority and the City intend to continue to be collaborative and supportive in carrying out the objectives through annual City payments to the Authority.

The Personnel Services Agreement provides for the lease of City employees to the Authority and the Authority’s payment obligations with respect to such employees.

For the years ended December 31, 2021 and 2020, the Authority recognized revenue from the City for Authority services of approximately \$27,700,000 and \$27,773,000, respectively, as compensation for costs incurred for treatment of medically indigent Denver residents.

The City purchased services revenue includes amounts relating to support services and expenses incurred by the Authority for other City agencies. These costs are reimbursed by the City and amounted to approximately \$27,158,000 and \$25,373,000 in 2021 and 2020, respectively. Revenue is recognized as services are provided. As of December 31, 2021, the City has an outstanding commitment to provide funding to the Authority not to exceed \$13,900,000 for debt financed clinic construction within the city limits of Denver, Colorado.

Basis of Presentation

The Authority prepares its financial statements in conformity with applicable pronouncements of GASB.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Use of Estimates

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 and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

The Authority considers all liquid investments with original maturities of three months or less to be cash equivalents. At December 31, 2021 and 2020, cash equivalents consisted primarily of operational depository accounts, checking accounts and repurchase agreements.

Investments, Restricted and Board-designated Investments

Investments consist of U.S. treasuries and government obligations, asset-backed securities, corporate notes and bonds, mutual funds, and certificates of deposit. Investments are carried at fair value, which is based upon quoted market prices, except the bond reserve funds invested in guaranteed investment contracts, which are carried at cost. Money market accounts, local government investment pools, and investments whose maturities at the time of acquisition are one year or less are classified as short-term investments. All other investments are classified as long-term.

Restricted investments include assets held in investment accounts restricted for future debt service as specified in the related bond agreement.

Board-designated investments include assets held in investment accounts set aside by the Board of Directors for future capital projects, over which the board retains control and at its discretion subsequently use for other purposes.

Interest, dividends, and realized and unrealized gains and losses, based on the specific-identification method, are included in nonoperating revenue and expenses when earned or realized.

Patient Accounts Receivable

The Authority reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Authority provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions.

Inventories

Inventories consist principally of medical and surgical supplies, pharmaceuticals, and food products and are stated at the lower of cost or market, with cost determined on an average-cost basis.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Capital Assets

Capital assets are recorded at cost at the date of acquisition or, fair value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. The Authority uses the estimated useful lives recommended by the American Hospital Association. Useful lives for building and improvements are 15 to 40 years and equipment and software are 3 to 20 years. The Authority's capitalization threshold for capital purchases is \$5,000.

Capital Asset Impairment

The Authority evaluates capital assets for impairment whenever events or circumstances indicate a significant, unexpected decline in the service utility of a capital asset has occurred. If a capital asset is tested for impairment and the magnitude of the decline in service utility is significant and unexpected, capital asset historical cost and related accumulated depreciation are decreased proportionately such that the net decrease equals the impairment loss.

No asset impairment was recognized during the years ended December 31, 2021 and 2020.

Accrued Compensated Absences

The Authority has vacation and sick leave policies covering substantially all of its employees. Employees may accumulate earned but unused benefits up to a specified maximum. The Authority has recorded the accrued liability for these compensated absences in the basic financial statements. The Authority has recorded a long-term liability for supplemental sick leave benefits for certain employees that were eligible for this benefit as of January 1, 1997, at the time the Department of Health and Hospital's Enterprise Fund was transferred to the Authority.

Unearned Revenue

Unearned revenue consists primarily of certain grant receipts received in advance of the applicable expenditures including CARES Act and FEMA funds, advance payments received for the Disproportionate Share Hospital (DSH) Program and Upper Payment Limit (UPL) Programs, as well as RMPDS contract revenue received in advance of performing contract services.

Accelerated Medicare Payments

During the year ended December 2020, the Authority requested accelerated Medicare payments as provided for in the CARES Act, which allowed for eligible health care facilities to request advance Medicare payments in response to the COVID-19 pandemic. These amounts are being repaid to the Centers for Medicare Services (CMS) according to the payback provisions.

Accrued Claims

Claim liabilities are based on estimates of the ultimate cost of claims that have been reported but not settled, and of claims that have been incurred but not reported. Claim liabilities are recomputed using

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

a variety of actuarial and statistical techniques to produce current estimates that reflect recent settlements, claim frequency, and other economic and social factors. Adjustments to claim liabilities are charged or credited to expense in the periods in which they are made.

Cost-sharing Defined Benefit Pension Plan

The Authority participates in a cost-sharing multiple-employer defined benefit pension plan, Denver Employees Retirement Plan (DERP). 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 DERP and additions to/deductions from DERP's fiduciary net position have been determined on the same basis as they are reported by DERP. 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.

Cost-sharing Defined Benefit Other Postemployment Benefit Plan

The Authority participates in a cost-sharing multiple-employer defined benefit other postemployment benefit plan, OPEB DERP, (the OPEB DERP Plan). For purposes of measuring the net OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEB, and OPEB expense, information about the fiduciary net position of the OPEB DERP Plan and additions to/deductions from the OPEB DERP Plan's fiduciary net position have been determined on the same basis as they are reported by the OPEB DERP Plan. For this purpose, benefit payments are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Defined Benefit Other Postemployment Benefit Plan

The Authority has a single-employer defined benefit other postemployment benefit (OPEB) plan, Healthcare Premium Supplement Plan, (the Supplement Plan) that was retired as of January 1, 2020. For purposes of measuring the total OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEB, and OPEB expense have been determined on the same basis as they are reported by the Supplement Plan. For this purpose, benefit payments are recognized when due and payable in accordance with the benefit terms.

Deferred Outflows of Resources and Deferred Inflows of Resources

The Authority reports in a separate section of its statements of net position the consumption of net position that is applicable to a future reporting period as deferred outflows of resources and reports the acquisition of net position that is applicable to a future reporting period as deferred inflows of resources.

The Authority reports deferred outflows of resources for pension benefits, other postemployment benefits, acquisitions, and loss on refunding of debt. The Authority reports deferred inflows of resources for pension benefits and other postemployment benefits.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Deferred Loss on Refunding – The cost of debt refunding is deferred and amortized using the straight-line method over the remaining life of the old debt or the life of the new debt, whichever is shorter, and reported as deferred outflows of resources on the Authority's statements of net position.

Net Position

The Authority's net position is classified as follows:

Net Investment in Capital Assets – consists of capital assets net of accumulated depreciation and reduced by the outstanding balances of borrowings used to finance the purchase, construction or improvement of those assets. Any significant unspent related debt proceeds and the corresponding portion of the debt would be included in either restricted or unrestricted net position.

Unrestricted – consists of the remaining net position that does not meet the definition of net investment in capital assets or restricted net position.

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

Revenues and Expenses

The Authority's statements of revenues, expenses and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing healthcare services and include patient service and other revenue. Nonoperating revenues include investment income and unrealized gains/losses on investments, change in equity in joint venture, grant revenue, and gain on disposition of capital assets and gain on dissolution of Southwest Clinic. Nonoperating expenses include interest expense on outstanding debt. Operating expenses are all expenses incurred to provide healthcare services, excluding financing costs.

Net Patient Service Revenue

The Authority has agreements with third-party payers that provide for payments to the Authority at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments and a provision for uncollectible accounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Capitation Earned

Capitation revenue was earned based on the month in which members are entitled to healthcare services. Excess of loss reinsurance expense is deducted from gross capitation revenue.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Federal, State and Other Grants

Grants and contracts consist primarily of contractual agreements with governments and private entities for the Authority to conduct research and education and to provide healthcare services. These agreements represent exchange transactions between the Authority and the grantors and, accordingly, are included in operating activities. Revenue is recognized under these agreements as related expenses are incurred.

Poison and Drug Safety Contracts

Poison and Drug Safety contract revenue is derived primarily from contractual agreements with public and private entities for the provision of a medical call center and other consultative services. Revenue is recognized based on the performance of contract deliverables or as related (cost-reimbursable) expenses are incurred.

Income Taxes

The income generated by the Authority, as an instrumentality of the state, is excluded from federal income taxes under Section 115 of the Internal Revenue Code (the Code). However, taxes will be assessed on income derived from business activities not substantially related to the Authority's, CCPPS, or 550 Acoma's Inc. exempt function (unrelated business income).

Electronic Health Records Incentive Program

The Electronic Health Records Incentive Program, which is now known as the Promoting Interoperability Program, enacted as part of the *American Recovery and Reinvestment Act of 2009*, provides for one-time incentive payments under both the Medicare and Medicaid programs to eligible hospitals that demonstrate Meaningful Use of certified electronic health records technology (EHR). Payments under the Medicare program are generally made for up to four years based on a statutory formula. Payments under the Medicaid program are generally made for up to four years based upon a statutory formula, as determined by the state, which is approved by the Centers for Medicare and Medicaid Services (CMS). Payment under both programs are contingent on meeting specific requirements that are applicable for the reporting period. The final amount for any payment year is determined based upon an audit by the fiscal intermediary. Events could occur that would cause the final amounts to differ materially from the initial payments under the program.

The Authority recognizes revenue at the end of the reporting period starting when management is reasonably assured it will meet all of the Promoting Interoperability Program objectives and all other contingencies have been met.

Regarding the Promoting Interoperability Program for eligible hospitals, in 2020, the Authority attested that it met all applicable program year 2019 Modified Stage 3 objectives for the Medicare EHR Incentive Programs during the reporting period January 1 through December 31, 2020. EHR incentive payments are no longer available to the Authority after 2017.

Regarding the Promoting Interoperability Program for eligible providers, in 2021, the Authority attested on behalf of 188 eligible providers for program year 2021 and 335 eligible providers for

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

program year 2020 that they met all applicable Medicaid EHR Incentive Program objectives. EHR incentive payments will no longer be available to the Authority after 2021. In 2021, the Authority recorded approximately \$4,500,000 of Promoting Interoperability Program revenue for eligible providers, compared to \$2,900,000 in 2020.

COVID-19 Pandemic Funding

Provider Relief Fund

During the year ended December 31, 2020, the Authority received \$92.8 million of distributions from the CARES Act Provider Relief Fund. These distributions from the Provider Relief Fund are not subject to repayment, provided the Authority is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for qualifying expenses or lost revenue attributable to COVID-19, as defined by the Department of Health and Human Services.

The Authority is accounting for such payments as conditional contributions. Payments are recognized as contribution revenue once the applicable terms and conditions required to retain the funds have been met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and the effect of the pandemic on the Authority's operating revenues and expenses through December 31, 2021 and 2020, the Authority recognized \$10.9 million and \$81.9 million, respectively, related to the Provider Relief Fund, and these payments are recorded as nonoperating grant revenue – CARES Act/FEMA in the statements of revenues, expenses and changes in net position. The unrecognized amount of the 2020 Provider Relief Fund distributions was recorded as part of unearned revenue in the accompanying statements of net position. In 2021, all revenue had been recognized.

The Authority will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and the effect of the pandemic on the Authority's revenues and expenses. The terms and conditions governing the Provider Relief Funds are complex and subject to interpretation and change. If the Authority is unable to attest to or comply with current or future terms and conditions the Authority's ability to retain some or all of the distributions received may be affected. Additionally, the amounts recorded in the financial statements compared to the Authority's Provider Relief Fund reporting could differ. Provider Relief Fund payments are subject to government oversight, including potential audits.

Medicare Accelerated and Advanced Payment Program

During the year ended December 31, 2020, the Authority requested accelerated Medicare payments as provided for in the CARES Act, which allows for eligible health care 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 health care providers. These amounts are expected to be recaptured by CMS according to the payback provisions.

Effective September 30, 2020, the payback provisions were revised and the payback period was extended to begin one year after the issuance of the advance payment through a phased payback period approach. The first 11 months of the payback period will be at 25% of the remittance advice payment followed by a six-month payback period at 50% of the remittance advice payment. After

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

29 months, CMS expects any amount not paid back through the withhold amounts to be paid back in a lump-sum or interest will begin to accrue subsequent to the 29th month at a rate of 4%.

During the year ended December 31, 2020, the Authority received approximately \$28.0 million from these accelerated Medicare payment requests. During the year ended December 30, 2021, Medicare has applied approximately \$10.4 million, from these accelerated Medicare payment requests against filed claims. As of December 31, 2021, approximately \$12.9 million and \$4.7 million, respectively, of accelerated Medicare payment requests are recorded as current liabilities under the caption accelerated Medicare payments and long-term liabilities under the caption long-term portion of accelerated Medicare payments in the accompanying statements of net position. As of December 31, 2020, approximately \$8.9 million and \$19 million, respectively, of accelerated Medicare payment requests are recorded as current liabilities under the caption accelerated Medicare payments and long-term liabilities under the caption long-term portion of accelerated Medicare payments in the accompanying statements of net position.

FEMA Funding

During the years ended December 31, 2021 and 2020, the Authority received approximately \$7.5 million and \$9.5 million from FEMA, respectively, in a joint application with the City and County of Denver for FEMA funding to support Denver Health's COVID-19 emergency response. The Authority is accounting for such payments as conditional contributions. Payments are recognized as contribution revenue once the applicable terms and conditions required to retain the funds have been met. Based on an analysis of the compliance and reporting requirements of FEMA, the Authority recognized approximately \$11.9 million and \$5.1 million, respectively, during December 31, 2021 and 2020. These payments are recorded as nonoperating grant revenue – CARES Act/FEMA in the statements of revenues, expenses and changes in net position.

Note 2: Net Patient Service Revenue

The Authority has agreements with third-party payors that provide for payments to the Authority at amounts different from its established rates. A summary of the payment arrangements with major third-party payors is as follows:

Medicare. Inpatient acute care services and rehabilitation services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Hospital outpatient services are reimbursed on a prospective payment system. Outpatient services and procedures that are clinically comparable and use similar resources are grouped into Ambulatory Payment Classifications. Federally Qualified Healthcare (FQHC) services rendered to Medicare program beneficiaries are paid under a prospective payment system (PPS). Medicare payment, including patient coinsurance, is paid based on the lesser of the Authorities' actual charge or the applicable PPS rate. The Authority is also reimbursed for certain capital and medical education costs and allowable bad debts at a tentative rate with final settlement determined after submission of annual cost reports by the Authority and audits thereof by the Medicare Administrative Contractor. The Authority's classification of patients under the Medicare program and the appropriateness of the admissions are subject to an

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

independent audit by a peer review organization under contract with the Authority. The Authority's Medicare cost reports have been audited by the Medicare Administrative Contractor through December 31, 2017.

Medicaid. Inpatient services rendered to Medicaid program beneficiaries are reimbursed under a prospectively determined system similar to Medicare. Outpatient services rendered are paid prospectively under the Enhanced Ambulatory Patient Grouping (EAPG) System, a patient classification system that is based on clinical, diagnostic, and other factors. Federally Qualified Healthcare (FQHC) services rendered to Medicaid program beneficiaries are paid at the higher of prospective payment system (PPS) rates or alternative payment rates, which are calculated based on an inflated cost per visit. The Authority's Medicaid cost reports have been audited by the Colorado Department of Health Care Policy and Financing through the year ended December 31, 2016.

Subcapitation: The Authority also provides services under a Medicaid prepaid health plan referred to as the Denver Health Medicaid Choice (DH Medicaid Choice) program for which it receives capitation for services. The Authority receives subcapitation revenue from the Plan for DH Medicaid Choice members. The Plan receives the capitation premium directly from the state. Subcapitation revenue reported as a component of net patient service revenue was approximately \$158,270,000 and \$138,886,000 in 2021 and 2020, respectively.

Other Payors. The Authority has also entered into payment agreements with commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Authority under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined rates per day or visit.

Indigent Care, Charity Care and Community Service. The Authority, as part of its mission, provides healthcare services to city residents, regardless of ability to pay. Many of the Authority's patients are unable to obtain benefits from insurance companies or do not have personal resources to cover costs. The financial burden, however, is in part offset by various federal, state, local, and private programs in which such patients are enrolled. The costs of charity care provided under the Authority's charity care policy was approximately \$69,713,000 and \$65,306,000 for the years ended December 31, 2021 and 2020, respectively.

Records are maintained to identify and monitor the level of charity care the Authority provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy. This policy directly relates to that of the Colorado Disproportionate Share Hospital Program (DSH Program).

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Gross patient service revenue and the level of uncompensated care provided, based on the Authority's established rates, during the years ended December 31, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Gross charges, including charges forgone for charity	\$ 3,110,397,108	\$ 2,706,534,628
Charges forgone for charity care	<u>(213,024,583)</u>	<u>(197,638,593)</u>
Gross patient service revenue	2,897,372,525	2,508,896,035
Capitation earned under prepaid health plans	(10,600,000)	12,600,000
Contractual adjustments	(1,917,835,125)	(1,664,292,692)
Provision for bad debts	<u>(102,587,503)</u>	<u>(87,529,450)</u>
Net patient service revenue	<u><u>\$ 866,349,897</u></u>	<u><u>\$ 769,673,893</u></u>
Uncompensated care		
Contractual adjustments	\$ 1,917,835,125	\$ 1,664,292,692
Provision for bad debts	102,587,503	87,529,450
Charity care	<u>213,024,583</u>	<u>197,638,593</u>
	<u><u>\$ 2,233,447,211</u></u>	<u><u>\$ 1,949,460,735</u></u>

The Authority receives partial reimbursement for uncompensated care from the DSH Program, provider fee payments and the City. The Authority estimates the level of uncompensated care by payor classification based on established rates.

Note 3: Disproportionate Share Hospital (DSH) Program and Upper Payment Limit (UPL) Programs

The Authority participates in the DSH Program. The Authority qualifies as a DSH as it serves a high proportion of medically indigent and uninsured patients. The DSH Program was created in 1991 through an amendment to the Colorado State Medicaid Program and was approved by the Centers for Medicare and Medicaid (CMS).

Under the DSH Program, the state utilizes a provider fee as the local match for federal funding. The state pays the Authority two months in advance at the end of the year. This results in unearned revenue included in the statements of net position. The state has paid the Authority approximately \$18,302,000 and \$17,640,000 in advance for the years ended December 31, 2021 and 2020, respectively. The payments received through the DSH Program are based on the cost of uncompensated charity care. Laws and regulations governing the DSH programs are complex and subject to interpretation and change. The Authority has ongoing communications with the state regarding annual settlements. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

In addition, the Authority receives UPL reimbursements, which is designed to increase the Medicaid reimbursement rate up to the Authority's Medicaid cost not to exceed the Medicare reimbursement rate.

The provider fee serves as the state match for federal DSH and UPL funds which are drawn by the state and paid to the Authority using the provider fee methodology developed as part of the Colorado Healthcare Affordability Act. The Authority recognizes revenue to align with the current state fiscal year that the award relates to. The revenue is based off of the initial award amount communicated and adjusted when it's approved by the state of Colorado. The Authority recognizes revenue in the year in which notification of the award amount has been received and ratably over the state fiscal year. The Authority recorded safety net reimbursements (net of provider fee expense paid) totaling approximately \$88,596,000 and \$96,289,000 for the years ended December 31, 2021 and 2020, respectively. The Authority records as expense the corresponding provider fee assessment due the state and the Colorado Hospital Association.

The Colorado Healthcare Affordability Act, designated as House Bill 1293 (HB 1293), was passed during 2009 implementing a fee on hospitals to generate matching funds to the state from federal sources. Implementation of this act occurred during April of 2010. The resulting safety net revenue and expense for 2021 and 2020 had the following effect on the financial statements:

	2021	2020
Colorado Indigent Care Program revenue	\$ 80,421,196	\$ 101,372,109
Supplemental Medicaid base rate revenue	13,729,682	690,588
Supplemental Medicaid outpatient hospital revenue	7,802,829	3,537,080
Hospital quality incentive payment	5,648,437	7,820,487
Total hospital provider fee revenue	107,602,144	113,420,264
Provider fee expense (included in contracted services and non-medical supplies)	(35,159,507)	(34,956,785)
Total net hospital provider fee	<u>\$ 72,442,637</u>	<u>\$ 78,463,479</u>
	2021	2020
Total hospital provider fee revenue	\$ 107,602,144	\$ 113,420,264
Ambulance Upper Payment Limit revenue	2,913,113	1,407,681
Outstationing revenue	2,099,998	7,683,142
Primary care funds	7,370,842	4,484,664
Physician certification revenue	3,824,200	4,249,932
Total other safety net	16,208,153	17,825,419
Total safety net revenue	<u>\$ 123,810,297</u>	<u>\$ 131,245,683</u>

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

At December 31, 2021 and 2020, the Authority had a prepaid for provider fee expense which is recorded on the statements of net position in the amounts of approximately \$6,274,000 and \$6,059,000, respectively.

Note 4: Investments and Restricted Investments (Excluding Fiduciary Funds)

Colorado Statutes require that the Authority use eligible depositories for all cash deposits, as defined by the Public Deposit Protection Act (PDPA). Under 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 (FDIC).

The Authority uses eligible depositories for all its deposits and investments. Remaining cash balances are swept daily to a Class I money market account or AAAM rated local government investment pool. Any cash balances in other bank accounts are negligible and covered by FDIC insurance.

Cash, cash equivalents and investments at December 31, 2021 and 2020 are as follows:

	2021	2020
Cash and cash equivalents	\$ 34,764,152	\$ 71,240,026
Long-term and board-designated investments		
Mortgage-backed securities	13,381,439	12,900,595
U.S. government agency notes	2,020,351	2,967,023
Corporate bonds	145,684,039	150,944,518
Corporate asset-backed bonds	5,573,073	4,861,258
Municipal bonds	12,390,305	10,003,142
U.S. government treasury bills	8,065,703	6,667,875
Mutual funds		
Global equity fund	9,820,485	4,797,132
Commodity and commodity futures fund	3,210,320	3,443,766
Debt fund	104,994,892	135,457,182
Domestic equity fund	23,684,885	20,848,586
International equity fund	3,445,522	3,486,733
Emerging markets fund	1,542,976	1,975,749
Alternative funds	12,112,645	11,832,634
Total long-term investments and board-designated investments	345,926,635	370,186,193
Total cash, cash equivalents and investments, excluding restricted investments	\$ 380,690,787	\$ 441,426,219

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Restricted investments at December 31, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Bond proceeds restricted as		
provided in bond agreements		
Cash equivalents	\$ 4,328,323	\$ 4,081,045
Guaranteed investment contract	<u>14,970,687</u>	<u>14,970,687</u>
	<u>\$ 19,299,010</u>	<u>\$ 19,051,732</u>

Credit Risk

The Authority's investment policy applies the prudent person standard and is applied in the context of managing an overall portfolio. 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."

The Authority's investments are restricted to the following Standard & Poor's (S&P) or equivalent investment quality ratings or higher.

Straight-debt securities – BBB- and up to 10% of the portfolio may be rated below investment grade

Asset-backed securities – A-

Money market mutual funds – AAA

Local government investment pools – AAAm-G or AAAm

U.S. treasuries and U.S. government agencies – AA+

The Authority or its managers may purchase bonds of state governments, local governments, or corporations. New purchases will primarily be rated at a minimum Baa3/BBB- by any of the rating agencies, however, up to 10% of the combined portfolio may be rated below investment grade.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

The following is a summary of the Authority's investments at December 31, 2021 and 2020 with average credit ratings based on S&P ratings or equivalent:

	2021		2020	
	Investments	S & P Rating	Investments	S & P Rating
Cash and cash equivalents				
Cash and cash equivalents	\$ 33,561,217		\$ 69,632,029	
Class I or government money market fund	1,202,935	AAA	1,607,997	AAA
Total cash and cash equivalents	<u>34,764,152</u>		<u>71,240,026</u>	
Long-term and board-designated investments				
Mortgage-backed securities	990,657	AAA	1,908,906	AAA
Mortgage-backed securities	5,915,772	AA+	6,472,052	AA+
Mortgage-backed securities	6,475,010	N/A	4,495,788	N/A
Mortgage-backed securities	-		23,849	N/R
U.S. government agency notes	2,020,351	AA+	2,967,023	AA+
Corporate bonds	2,052,867	AAA	2,152,038	AAA
Corporate bonds	1,085,601	AA+	1,137,904	AA+
Corporate bonds	3,178,389	AA	2,800,558	AA
Corporate bonds	5,308,922	AA-	4,821,279	AA-
Corporate bonds	3,757,014	A+	5,059,605	A+
Corporate bonds	22,475,862	A	15,490,900	A
Corporate bonds	21,326,519	A-	23,990,810	A-
Corporate bonds	51,455,712	BBB+	46,745,976	BBB+
Corporate bonds	25,013,322	BBB	22,122,648	BBB
Corporate bonds	5,033,867	BBB-	19,650,223	BBB-
Corporate bonds	-		1,669,843	BB+
Corporate bonds	-		499,375	BB-
Corporate bonds	604,375	BB	-	
Corporate bonds	4,391,589	N/A	1,892,021	N/A
Corporate bonds	-		2,911,337	N/R
Corporate asset backed bonds	1,623,596	AAA	1,025,882	AAA
Corporate asset backed bonds	1,887,924	A	1,001,580	A
Corporate asset backed bonds	983,173	A-	-	
Corporate asset backed bonds	1,078,380	N/A	2,833,796	N/A
Corporate asset backed bonds	3,108,155	AA+	3,214,700	AA+
Municipal bonds	2,800,473	AA	637,774	AA
Municipal bonds	2,678,526	AA-	3,677,062	AA-
Municipal bonds	893,826	A+	925,761	A+
Municipal bonds	1,027,990	A	1,035,510	A
Municipal bonds	1,881,335	N/A	512,335	N/A
U.S. government treasury bills	8,065,703	AA+	6,667,875	AA+
Open end mutual funds	158,811,725	N/A	181,841,783	N/A
Total long-term and board-designated investments	<u>345,926,635</u>		<u>370,186,193</u>	
Total cash, cash equivalents and investments, excluding restricted investments	<u>\$ 380,690,787</u>		<u>\$ 441,426,219</u>	

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

The following is a summary of the Authority's restricted investments at December 31, 2021 and 2020 with average credit ratings based on S&P ratings or equivalent:

	2021		2020	
	Investments	S & P Rating	Investments	S & P Rating
Bond proceeds restricted as provided in bond agreements				
Cash equivalents	\$ 4,328,323	N/A	\$ 4,081,045	N/A
Guaranteed investment contract	14,970,687	AA-	14,970,687	AA-
	<u>\$ 19,299,010</u>		<u>\$ 19,051,732</u>	

Foreign Currency Risk

The Authority's investment policy permits up to a 10% investment in foreign currency. As of December 31, 2021 and 2020, the Authority does not hold foreign currencies.

Interest Rate Risk

The Authority's investment policy manages exposure to market value losses arising from rising interest rates in several ways. The duration of total assets must be less than six years. As of December 31, 2021, approximately \$18,955,000, or 5.48%, of total long-term investments were in corporate asset-backed bonds and government mortgage-backed securities. As of December 31, 2020, approximately \$17,762,000, or 4.80%, of total long-term investments were in these types of securities. The following is a summary of the duration, average weighted maturity of the portfolio, and average weighted effective maturity as of December 31, 2021 and 2020:

Portfolio Component	Par Value	Duration	Average Weighted Maturity (Years)	Average Weighted Effective Maturity (Years)
December 31, 2021				
Working capital account	\$115,945,362	2.85	4.72	4.25
Commerce intermediate	95,609,949	5.99	11.38	7.87
Other reserve account	358,338	3.38	3.66	3.66
Medical malpractice reserve account	5,564,299	2.93	4.52	3.07
Total components	<u>\$ 217,477,948</u>	<u>4.26</u>	<u>7.74</u>	<u>5.86</u>

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Portfolio Component	Par Value	Duration	Average Weighted Maturity (Years)	Average Weighted Effective Maturity (Years)
December 31, 2020				
Working capital account	\$ 131,977,319	1.21	2.88	1.86
Commerce intermediate	92,939,009	6.00	11.15	7.70
Investment account	17,659,308	1.66	2.31	2.25
Other reserve account	343,959	4.34	4.78	4.78
Medical malpractice reserve account	5,430,728	2.29	2.65	2.43
Total components	<u>\$ 248,350,323</u>	<u>3.14</u>	<u>6.1</u>	<u>4.2</u>

Concentration of Credit Risk

The Authority's investment policy requires diversification of the portfolio to limit credit risk and states as follows:

Diversification: The investments shall be diversified by:

- i) Limiting investments to avoid over concentration in securities from a specific issuer or business.
- ii) Limiting investments in securities that have higher credit risks.
- iii) Investing in securities with varying maturities.
- iv) Continuously investing a portion of the portfolio in readily available funds, such as money market accounts, repurchase agreements, local government investment pools, and bank account sweep programs, to ensure that appropriate liquidity is maintained in order to meet ongoing obligations.
- v) No single financial institution will hold more than 5% of the Authority's portfolio value, excluding U.S. government or U.S. government agency securities. As of December 31, 2021, the Authority owned \$7.8 million (2.02% of the portfolio) of Nomura Holdings bonds, \$6.5 million (1.68% of the portfolio) of Citigroup bonds, \$5.7 million (1.48% of the portfolio) of JP Morgan Chase & Co. bonds, \$5.5 million (1.43% of the portfolio) of Jeffries Financial Group bonds, and \$5.4 million (1.38% of the portfolio) of Capital Impact Partner bonds.
- vi) The following maximum limits, by investment type, are established for the Authority's total investments portfolio, including cash and cash equivalents. The investment policy statement limits outlined below take into consideration the Plan investments. It is the intent of the Authority to invest in the following investment categories. The percentage stated is a "not to exceed" limitation. Investments are not required in every investment type. For example, it is permitted to own 80% in agency securities and 20% in repurchase agreements and own no other securities.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Investment Type	Maximum Percentage of Portfolio
Repurchase agreements	25%
Collateralized certificates of deposit	25%
U.S. Treasury notes and bills	100%
U.S. government agency securities	90%
U.S. government CMOs	20%
Bankers acceptances	10%
Commercial paper	50%
Money market funds/Local Government Investment Pools	30%
State and local government bonds	50%
Corporate bonds	75%
Commercial asset-backed securities	25%
Plus Sector Funds	5%
Long Term Growth Portfolio (Mutual Funds)	25%

- vii) Additional investments established for bond proceeds include the above investment contracts, and flexible repurchase agreements (Flex Repos), which can be up to 100% of bond proceeds.

In the event that an allocation percentage is exceeded, such event is disclosed to the Finance Committee of the Board of Directors and corrected as soon as possible. The portfolio was in compliance with the allocation percentages as of December 31, 2021 and 2020.

Note 5: Disclosures About Fair Value of Assets and Liabilities (Excluding Fiduciary Funds)

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 measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Recurring Measurements

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying financial statements measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2021 and 2020:

	Fair Value Measurements Using			
	Fair Value	Quoted Prices in	Significant	Significant
		Active Markets	Other	Significant
		for Identical	Observable	Unobservable
		Assets	Inputs	Inputs
		(Level 1)	(Level 2)	(Level 3)
December 31, 2021				
Long-term investments				
Mortgage-backed securities	\$ 13,381,439	\$ -	\$ 13,381,439	\$ -
U.S. government agency notes	2,020,351	-	2,020,351	-
Corporate bonds	145,684,039	-	145,684,039	-
Corporate asset-backed bonds	5,573,073	-	5,573,073	-
Municipal bonds	12,390,305	-	12,390,305	-
U.S. government treasury bills	8,065,703	8,065,703	-	-
Mutual funds				
Global equity fund	9,820,485	9,820,485	-	-
Commodity and commodity futures fund	3,210,320	3,210,320	-	-
Debt fund	104,994,892	104,994,892	-	-
Domestic equity fund	23,684,885	23,684,885	-	-
International equity fund	3,445,522	3,445,522	-	-
Emerging markets fund	1,542,976	1,542,976	-	-
Alternative funds	12,112,645	12,112,645	-	-
	\$ 345,926,635	\$ 166,877,428	\$ 179,049,207	\$ -

	Fair Value Measurements Using			
	Fair Value	Quoted Prices in	Significant	Significant
		Active Markets	Other	Significant
		for Identical	Observable	Unobservable
		Assets	Inputs	Inputs
		(Level 1)	(Level 2)	(Level 3)
December 31, 2020				
Long-term investments				
Mortgage-backed securities	\$ 12,900,595	\$ -	\$ 12,900,595	-
U.S. government agency notes	2,967,023	-	2,967,023	-
Corporate bonds	150,944,518	-	150,944,518	-
Corporate asset-backed bonds	4,861,258	-	4,861,258	-
Municipal bonds	10,003,142	-	10,003,142	-
U.S. government treasury bills	6,667,875	6,667,875	-	-
Mutual funds				
Global equity fund	4,797,132	4,797,132	-	-
Commodity and commodity futures fund	3,443,766	3,443,766	-	-
Debt fund	135,457,182	135,457,182	-	-
Domestic equity fund	20,848,586	20,848,586	-	-
International equity fund	3,486,733	3,486,733	-	-
Emerging markets fund	1,975,749	1,975,749	-	-
Alternative funds	11,832,634	11,832,634	-	-
	\$ 370,186,193	\$ 188,509,657	\$ 181,676,536	\$ -

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Authority does not carry any Level 3 investments.

Note 6: Capital Assets

Capital assets, by major category, at December 31, 2021 and 2020 are as follows:

December 31, 2021	Beginning Balance	Increases	Decreases	Ending Balance
Capital assets, not being depreciated				
Land	\$ 38,574,189	\$ 4,809,588	\$ (59,250)	\$ 43,324,527
Construction in progress	162,138,758	33,719,374	(182,142,541)	13,715,591
Total capital assets, not being depreciated	200,712,947	38,528,962	(182,201,791)	57,040,118
Capital assets, being depreciated				
Buildings and improvements	721,857,723	174,576,679	-	896,434,402
Equipment and software	376,360,952	40,590,096	(416,590)	416,534,458
Total capital assets, being depreciated	1,098,218,675	215,166,775	(416,590)	1,312,968,860
Less accumulated depreciation				
Buildings and improvements	351,044,400	33,843,262	-	384,887,662
Equipment and software	299,635,299	28,669,242	(416,590)	327,887,951
Total accumulated depreciation	650,679,699	62,512,504	(416,590)	712,775,613
Total capital assets, being depreciated, net	447,538,976	152,654,271	-	600,193,247
Capital assets, net	\$ 648,251,923	\$ 191,183,233	\$ (182,201,791)	\$ 657,233,365

Denver Health and Hospital Authority
Notes to Financial Statements
December 31, 2021 and 2020

December 31, 2020	Beginning Balance	Increases	Decreases	Ending Balance
Capital assets, not being depreciated				
Land	\$ 34,345,787	\$ 4,304,717	\$ (76,315)	\$ 38,574,189
Construction in progress	<u>154,935,872</u>	<u>65,310,268</u>	<u>(58,107,382)</u>	<u>162,138,758</u>
Total capital assets, not being depreciated	<u>189,281,659</u>	<u>69,614,985</u>	<u>(58,183,697)</u>	<u>200,712,947</u>
Capital assets, being depreciated				
Buildings and improvements	679,623,603	50,487,481	(8,253,361)	721,857,723
Equipment and software	<u>347,737,229</u>	<u>29,450,969</u>	<u>(827,246)</u>	<u>376,360,952</u>
Total capital assets, being depreciated	<u>1,027,360,832</u>	<u>79,938,450</u>	<u>(9,080,607)</u>	<u>1,098,218,675</u>
Less accumulated depreciation				
Buildings and improvements	332,133,347	27,155,960	(8,244,907)	351,044,400
Equipment and software	<u>276,293,789</u>	<u>24,105,021</u>	<u>(763,511)</u>	<u>299,635,299</u>
Total accumulated depreciation	<u>608,427,136</u>	<u>51,260,981</u>	<u>(9,008,418)</u>	<u>650,679,699</u>
Total capital assets, being depreciated, net	<u>418,933,696</u>	<u>28,677,469</u>	<u>(72,188)</u>	<u>447,538,976</u>
Capital assets, net	<u>\$ 608,215,355</u>	<u>\$ 98,292,454</u>	<u>\$ (58,255,885)</u>	<u>\$ 648,251,923</u>

Note 7: Concentrations of Credit Risk – Patient Accounts Receivable and Due from Other Governmental Entities

The Authority grants credit without collateral to its patients, most of whom are residents of the City and, except for the patient self-pay category, are generally insured under third-party payor agreements. Expected credit losses are provided for in the allowance for estimated uncollectibles. Net patient accounts receivable by payor category at December 31, 2021 and 2020 are as follows:

	2021	2020
Medicare	\$ 22,087,865	\$ 18,739,851
Medicaid	16,218,838	13,911,624
Commercial insurance carriers	41,580,931	33,420,148
Patient self-pay	<u>5,905,665</u>	<u>6,984,897</u>
Total	<u>\$ 85,793,299</u>	<u>\$ 73,056,520</u>

Receivables from the Medicare and Medicaid programs represent a concentrated credit risk for the Authority. Management does not believe that there is a significant risk of loss associated with these programs. Management believes various other payors, subject to differing economic conditions, do not represent significant concentrated credit risks to the Authority.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Note 8: Long-term Debt and Other Long-term Liabilities

2017 and 2019 Revenue Bonds

In August 2017, the Authority issued \$93,435,000 of Healthcare Revenue Bonds Series 2017A bearing interest from 4.0% to 5.0%. The net proceeds of the bonds were used by the Authority to purchase and cancel \$104,700,000 of the Authority's Healthcare Revenue Bonds, 2007A Bonds, and to pay the costs of issuance. This purchase and cancel included \$2,741,000 of principal payments related to the 2007A Bonds. Principal payments on the 2017A Bonds began in 2018 and continue through 2038 in amounts ranging from \$3,550,000 to \$12,305,000. For the years ended 2021 and 2020, principal payments were made of \$4,110,000 and \$3,915,000, respectively. Interest is payable semiannually and payments were approximately \$3,871,000 and \$4,066,000 for the years ended December 31, 2021 and 2020, respectively.

The 2017 defeasance resulted in a difference between the reacquisition price and the carrying value (\$101,959,000) of the defeased debt of \$167,000, which was expensed. The difference between the present value of the old debt service on the debt refunded in 2017 and the new debt service resulted in an economic gain of approximately \$10,300,000.

In September 2019, the Authority refunded the Series 2007B Bonds (including termination of the related swap agreement), 2009A Bonds, and 2015 COP with the net proceeds of the Series 2019A and 2019B Bonds. The 2019A Healthcare Revenue Bonds Series was issued for \$83,280,000 with a premium of \$14,525,798 and the 2019B privately placed series for \$48,995,000. The 2019A Bonds bear interest of 4.00% to 5.00% and the 2019B Bonds bear interest of 1.99%. The net proceeds were used by the Authority to purchase and cancel the above mentioned debt and provide funding of \$24,000,000 for construction projects on campus.

The advanced refunding resulted in a difference between the reacquisition prices and the net carrying amount of the old debt of approximately \$14,132,000. This difference is reported in the accompanying financial statements as a deferred outflow of resources and is amortized through December 2033. The Authority completed the refinancing to restructure its overall debt portfolio to create a lower maximum annual debt service beginning in 2023 and to reduce its overall principal and interest payments. The difference between the present value of the old debt service and the new debt service resulted in an economic gain of approximately \$4,800,000. Principal payments on the 2019A Bonds will begin in 2030 and continue through 2040 in amounts ranging from \$190,000 to \$12,885,000. During 2021 and 2020, the Authority made interest payments of approximately \$3,671,000. Principal payments on the 2019B Bonds began in 2020 and will continue through 2029 in amounts ranging from \$2,810,000 to \$7,645,000. Principal payments were approximately \$5,685,000 and \$5,575,000 for the years ended December 31, 2021 and 2020, respectively. Interest is payable semiannually and payments were approximately \$864,000 and \$975,000 for the years ended December 31, 2021 and 2020, respectively. At December 31, 2021 and 2020, the unamortized net deferred loss, which includes the 2007 deferred loss and 2009 deferred gain noted above, was approximately \$14,571,000 and \$15,931,000, respectively.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

2014 Revenue Bonds

In May 2014, the Authority issued \$67,870,000 of Healthcare Revenue Bonds Series 2014A. These bonds had a net premium of approximately \$1,146,000 which will be amortized over the life of the debt. The net proceeds of the bonds were used to renovate the Authority's inpatient care areas and improve and construct facilities at the main healthcare campus in accordance with master facilities planning. The 2014A Bonds bear interest rates from 4.00% to 5.25%, with principal payments beginning in 2027 through 2045 ranging from \$2,000,000 to \$5,470,000. During 2021 and 2020, the Authority made interest payments of approximately \$3,334,000.

In May 2014, the Authority issued \$16,945,000 of Healthcare Revenue Bonds Taxable Services 2014B Bonds. The net proceeds of the bonds were used by the Authority to make a loan to an investment fund created by a tax credit investor. The investor used the proceeds of the loan, and also contributed \$7,300,000, in order to facilitate the financing of the construction of an outpatient and urgent care clinic in Southwest Denver. The 2014B Bonds bear interest from 1.70% to 5.15%, with principal payments beginning in 2016 and continuing through 2026 in amounts ranging from \$845,000 to \$2,255,000. For the years ended 2021 and 2020, principal payments were made of \$1,370,000 and \$1,300,000, respectively. During 2021 and 2020, the Authority made interest payments of approximately \$396,000 and \$449,000, respectively.

Notes from Direct Borrowings and Direct Placements

The Authority's outstanding notes from direct borrowings and direct placements as of December 31, 2021 and 2020 include series 2017A bonds, Series 2019B bonds, the program support liability, and other long-term debt totaling approximately \$120,250,000 and \$137,160,000, respectively. These items contain provisions that in an event of default, outstanding amounts become immediately due if the Authority is unable to make payment and the Authority had pledged its revenue as part of its master trust indenture agreement. No other assets are assigned as collateral.

Debt Covenants

Per the Master Trust Indentures, the Authority's long-term debt service coverage ratio, calculated at the end of each fiscal year, cannot be less than 1.15 for the 2014, 2017 and 2019 Bonds. The Authority believes it is in compliance with these requirements.

Other Long-term Debt

In September 2007, the Authority entered into an agreement with the City to enable its acquisition of property for use in the construction and operation of a clinic providing healthcare services. The amount of the loan is \$1,200,000 due in one payment on January 1, 2026 and does not bear interest.

On February 8, 2008, the Authority signed a promissory note with the City's Office of Economic Development, as the borrower of \$4,300,000, advanced by the City, pursuant to a Loan Agreement between the Authority and the City dated December 18, 2007, in which the City received funds from the Housing and Urban Development (HUD) in connection with the Northeast Park Hill Urban Redevelopment Plan. Interest is paid quarterly at a variable interest rate on the unpaid principal balance on the first day of January, April, July and October. Beginning July 1, 2009, and on each

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

July 1 thereafter, the Authority will make, in addition to quarterly payments of interest, payments of principal sufficient to repay amounts due under the Section 108 note. The entire unpaid balance of the principal and accrued interest will be due and payable on or before July 1, 2025. As of December 31, 2021 and 2020, the Authority has received \$4,070,181 from the City under this loan. During 2021 and 2020, the Authority paid \$305,000 and \$290,000, respectively, in principal payments to HUD. Interest and HUD fees paid on this loan for 2021 and 2020 totaled \$5,228 and \$30,295, respectively. During 2021 and 2020, \$77,314 and \$37,542, respectively, was reimbursed as a capital contribution by the City.

In 2017, the Authority joined the Upper Midwest Consolidated Services Center by buying four shares of Class A-1 stock for \$300,000. The agreement limits the Authority's ability to redeem the stock for current book value, thus the stock is not considered an investment. Additionally, the agreement specifies a participation agreement of \$1,100,000. The payments are due in equal installments annually for five years. The Authority's first installment was due in 2018. This liability bears no interest.

In 2017, the Authority received \$40,000,000 as part of a program support agreement. The monthly repayment schedule is determined based on the program's earnings before interest, depreciation and amortization (EBIDA). In 2021 and 2020, the Authority paid approximately \$5,589,000 and \$14,827,000, respectively. This liability bears no interest and has been paid in full as of December 31, 2021.

In September 2018, the Authority received a \$5,000,000 loan. The loan proceeds were used to renovate the Eastside clinic. The loan bears interest of 3.0% with monthly principal payments beginning December 1, 2018 through November 1, 2023 ranging from \$64,000 to \$90,000. During 2021 and 2020, the Authority made principal payments of approximately \$1,004,000 and \$974,000, respectively. During 2021 and 2020, the Authority made interest payments of approximately \$78,000 and \$108,000, respectively.

In September 2018, the Authority created a Colorado nonprofit corporation, 550 Acoma Inc. in order to obtain financing for a parking garage adjacent to the Authority's main campus. 550 Acoma Inc. issued \$37,815,000 in a public offering. This financing was issued as a certificate of participation (COP). These COPs had a net premium of \$3,012,526 which will be amortized over the life of the debt. The COPs bear interest from 4.00% to 5.00% with principal payments beginning December 1, 2010 through December 1, 2048 ranging from \$320,000 to \$2,350,000. Interest costs were capitalized as a component of construction in progress, based on interest costs of borrowing specifically used for construction of the building. During 2021 and 2020, the Authority made interest payments of approximately \$1,807,000 and \$1,823,000, respectively.

Denver Health and Hospital Authority
Notes to Financial Statements
December 31, 2021 and 2020

Year-end Debt Balances

Long-term debt (including capital leases) at December 31 consisted of the following:

	December 31,	
	2021	2020
Revenue Bonds, Series 2014, due in increasing annual installments beginning 2016 through 2045 (net of unamortized bond premium of \$870,891 and \$907,178 at December 31, 2021 and 2020, respectively)	\$ 75,785,891	\$ 77,192,178
Revenue Bonds Series 2017A, due in increasing annual installments beginning 2018 through 2036 (net of unamortized bond premium of \$6,772,376 and \$7,223,868 as of December 31, 2021 and 2020, respectively).	84,902,376	89,463,868
Revenue Bonds, Series 2019A and Series 2019B, due in increasing annual installments beginning 2020 through 2040 (net of unamortized bond premium of \$12,9370,38 and \$13,617,935 as of December 31, 2021 and 2020, respectively).	133,952,038	140,317,935
550 Acoma Inc. notes payable, net of unamortized bond premium of \$2,681,479 and \$2,780,793 as of December 31, 2021 and 2020, respectively)	39,516,479	40,275,793
Program support liability	-	5,588,981
Other long-term debt	5,128,106	6,229,957
Capital lease obligations	<u>2,098,905</u>	<u>2,452,338</u>
Total current and long-term debt	341,383,795	361,521,050
Less current portion	<u>(14,631,896)</u>	<u>(19,615,451)</u>
Total long-term debt	<u><u>\$ 326,751,899</u></u>	<u><u>\$ 341,905,599</u></u>

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Changes in Long-term Debt and Other Long-term Liabilities

Changes in long-term debt and other long-term liabilities for the years ended December 31 are as follows:

December 31, 2021	Date of Issuance	Beginning Balance	Additions and Premium Amortization	Principal Payments or Reductions	Ending Balance	Due Within One Year
Series 2014A and B, net of premium	May, 2014	\$ 77,192,178	\$ (36,287)	\$ (1,370,000)	\$ 75,785,891	\$ 1,410,000
Series 2017A, net of premium	August 2017	89,463,868	(451,492)	(4,110,000)	84,902,376	4,315,000
Series 2019A and B net of premium	September 2019	140,317,935	(680,897)	(5,685,000)	133,952,038	5,805,000
550 Acoma Inc. notes payable, net of premium	September 2019	40,275,793	(99,314)	(660,000)	39,516,479	695,000
Program support liability	May 2017	5,588,981	-	(5,588,981)	-	-
Other long-term debt	Various	6,229,957	-	(1,101,851)	5,128,106	2,106,168
Capital leases	Various	2,452,338	-	(353,433)	2,098,905	300,728
Compensated absences liability		33,158,003	7,536,942	-	40,694,945	40,578,869
Postemployment benefits		4,540,571	-	(392,784)	4,147,787	-
Total		\$ 399,219,624	\$ 6,268,952	\$ (19,262,049)	\$ 386,226,527	\$ 55,210,765

December 31, 2020	Date of Issuance	Beginning Balance	Additions and Premium Amortization	Principal Payments or Reductions	Ending Balance	Due Within One Year
Series 2014A and B, net of premium	May 2014	\$ 78,558,466	\$ (36,288)	\$ (1,330,000)	\$ 77,192,178	\$ 1,370,000
Series 2017A, net of premium	August 2017	93,830,358	(451,490)	(3,915,000)	89,463,868	4,110,000
Series 2019A and B net of premium	September 2019	146,573,831	(680,896)	(5,575,000)	140,317,935	5,685,000
550 Acoma Inc. notes payable, net of premium	September 2019	40,695,108	(99,315)	(320,000)	40,275,793	660,000
Program support liability	May 2017	20,415,587	-	(14,826,606)	5,588,981	5,588,981
Other long-term debt	Various	12,792,496	213,896	(6,776,435)	6,229,957	1,848,036
Capital leases	Various	174,564	2,505,935	(228,161)	2,452,338	353,434
Compensated absences liability		29,576,425	3,581,578	-	33,158,003	33,041,927
Postemployment benefits		23,559,511	-	(19,018,940)	4,540,571	-
Total		\$ 446,176,346	\$ 5,033,420	\$ (51,990,142)	\$ 399,219,624	\$ 52,657,378

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Debt Service Requirements

Annual debt service requirements to maturity for the healthcare revenue bonds, capital leases and other long-term debt are as follows at December 31:

Year Ending December 31,	Principal	Interest	Total
2022	\$ 14,631,896	\$ 11,764,587	\$ 26,396,483
2023	14,258,584	11,369,730	25,628,314
2024	13,426,828	10,956,025	24,382,853
2025	10,867,009	10,528,852	21,395,861
2026	12,371,828	10,131,621	22,503,449
2027-2031	61,705,864	44,605,648	106,311,512
2032-2036	76,230,000	30,782,125	107,012,125
2037-2041	80,055,000	13,983,588	94,038,588
2042-2046	29,985,000	2,731,838	32,716,838
2047-2050	<u>4,590,000</u>	<u>-</u>	<u>4,590,000</u>
Total long-term debt payments	318,122,009	<u>\$ 146,854,014</u>	<u>\$ 464,976,023</u>
Unamortized premium on 2014 A Bonds, 2017A Bonds, 2019A Bonds and 550 Acoma notes payable	<u>23,261,786</u>		
Total carrying amount of long-term debt	<u>\$ 341,383,795</u>		

Note 9: Managed Care Initiatives

DH Medicaid Choice

Effective May 1, 2004, the Authority entered into a prepaid provider contract with state of Colorado HCPF, to provide healthcare to Medicaid members enrolled in the state's Primary Care Provider (PCP) program, and formerly capitated with the Authority through Rocky Mountain Health Maintenance Organization (HMO). This program is known as Denver Health Medicaid Choice (DHMC) and started in 2004. This program is a prepaid provider contract, not an HMO. Effective September 1, 2018, the responsibility of the DHMC contract shifted from the Authority to the Plan. As of December 31, 2021, there was no liability recorded for unpaid claims and claim adjustment expenses.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Denver Health Medical Plan, Inc. – Discretely Presented Component Unit

The Plan is a Colorado HMO whose enrollment includes employees of the Authority, the City, retirees enrolled with the Denver Employees Retirement Plan (DERP), and Child Health Plan Plus participants. In 2006, the Plan became licensed as a Special Needs Medicare Advantage Prescription Drug Plan provided to residents of Denver County, Colorado. On September 1, 2018, the DH Medicaid Choice Plan was moved to the Plan. At December 31, 2021 and 2020, there were 133,570 and 124,752 members enrolled in the Plan, respectively. Approximately 9% of Plan enrollment originated through Authority employee enrollment in 2021 and 10% in 2020. The Plan is presented as a discretely presented component unit. There have been no eliminations of 2021 and 2020 financial transactions between the Plan and the Authority on either the Authority's statements of net position or the Authority's statements of revenues, expenses and changes in net position.

The Plan recognizes premiums from subscribing groups as revenue in the period to which healthcare coverage relates. Premiums earned include premiums from the Authority for the years ended December 31, 2021 and 2020 of approximately \$83,380,000 and \$83,047,000, respectively. Such premiums are included in the accompanying statements of operations and changes in net assets as premiums earned. Excess risk insurance is maintained by the Plan for inpatient claims in excess of \$250,000 for Medicaid, \$300,000 for Medicare and CHP, \$350,000 for commercial capitated and non-capitated, and \$400,000 for exchange in 2021. In 2020, the thresholds were \$300,000 for Medicare and Child Health Plan Plus, \$350,000 per patient per year on commercial lines, and \$250,000 per patient per year on the Medicaid line subject to certain per diem limits.

A significant portion of healthcare services are provided by the Authority, for which the Authority is reimbursed on a capitated or fee-for-service basis, depending on the healthcare network chosen by the member. For the years ended December 31, 2021 and 2020, respectively, the Plan incurred capitation expense to the Authority totaling approximately \$204,390,000 and \$177,101,000, and fee-for-service claims of approximately \$46,000,000 and \$44,750,000.

At December 31, 2021 and 2020, the Plan has an original capital contribution from the Authority of \$500,000, which was restricted and invested in a long-term investment held jointly by the Plan and the Colorado Division of Insurance. This contribution is included in the Authority's receivable from the Plan, which when combined with other amounts due, totals approximately \$2,700,000 and \$2,300,000 as of December 31, 2021 and 2020, respectively. The Plan has no employees and is managed by employees leased from the Authority. In addition, the Plan pays the Authority certain other administrative expenses. The amounts paid by the Plan to the Authority for management services and other expenses totaled approximately \$20,191,400 for 2021 and \$17,032,000 for 2020.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

The Plan establishes liabilities for both reported and unreported medical and Authority expenses, which includes estimates of both future payments of claims and related claim adjustment expenses. Changes in the aggregate liability during the years ended December 31, 2021 and 2020 are as follows:

	2021	2020
Unpaid claims and claim adjustment expenses, net of reinsurance, beginning of year	<u>\$ 23,831,440</u>	<u>\$ 36,635,308</u>
Incurred claims and claim adjustment expenses, net of reinsurance recoveries		
Provision for insured events of the current year	436,235,373	377,753,081
Increase (decrease) in provision for insured events of prior years	<u>3,944,830</u>	<u>(127,105)</u>
Total incurred claims and claim adjustment expenses, net of reinsurance recoveries	<u>440,180,203</u>	<u>377,625,976</u>
Payments, net of reinsurance recoveries		
Claims and claim adjustment expenses attributable to insured events of the current year	464,174,594	426,179,744
Claims and claim adjustment expenses attributable to insured events of prior year	<u>(32,722,028)</u>	<u>(35,749,900)</u>
Total payments, net of reinsurance recoveries	<u>431,452,566</u>	<u>390,429,844</u>
Unpaid claims and claim adjustment expenses, net of reinsurance, end of year	<u><u>\$ 32,559,077</u></u>	<u><u>\$ 23,831,440</u></u>

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Note 10: Operating Lease Commitments

The Authority leases certain property and equipment under noncancelable operating leases that expire in various years through 2028. Future minimum lease payments under noncancelable operating leases as of December 31, 2021 are as follows:

Year Ending December 31,	Minimum Operating Lease Payments
2022	\$ 5,423,031
2023	5,318,593
2024	4,126,659
2025	3,728,758
2026	3,618,958
2027-2028	6,154,452
	<u>\$ 28,370,451</u>

Rental expense under noncancelable operating leases totaled approximately \$8,067,000 and \$4,367,000 for the years ended December 31, 2021 and 2020, respectively.

Note 11: Pension Plan

The Authority participates in two pension plans: DERP and DERP RBA (see Note 12). A summary of the pension items as of and for years ended December 31, 2021 and 2020 are as follows:

Year Ended December 31, 2021	DERP	DERP RBA	Total
Pension liability	\$ 68,575,108	\$ 7,702,075	\$ 76,277,183
Deferred outflows of resources	8,988,659	1,810,930	10,799,589
Deferred inflows of resources	19,350,058	-	19,350,058
Expense (contra-expense)	(11,512,817)	559,072	(10,953,745)
Year Ended December 31, 2020	DERP	DERP RBA	Total
Pension liability	\$ 71,839,623	\$ 6,525,841	\$ 78,365,464
Deferred outflows of resources	9,207,893	776,844	9,984,737
Deferred inflows of resources	32,019,253	-	32,019,253
Expense (contra-expense)	(8,427,000)	3,440,000	(4,987,000)

DERP Plan Description

Certain employees of the Authority as well as other nonuniformed employees of the City and certain related agencies, including employees leased to the Authority, participate in DERP. DERP is a cost-sharing multiple-employer defined benefit pension plan established by the City to provide pension benefits for its employees. DERP is no longer available to Authority employees hired January 1, 2001 or later. As a result, the Authority established an Enhanced Defined Contribution Plan.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Authority employees hired prior to January 1, 2001 have the option to elect to drop their DERP participation and join the Enhanced Defined Contribution Plan, which is described in Note 15. Sections 18.401 through 18.430.7 of the City's Revised Municipal Code establish the plan and provide complete information on DERP. DERP issues a publicly available financial report that includes financial statements and required supplementary information. That report is available by either contacting DERP at 777 Pearl Street, Denver, Colorado 80203 or on the Internet at www.derp.org.

Benefits Provided

DERP provides retirement benefits plus death and disability benefits for its members and their beneficiaries. Participants who retire at or after age 65 or age 55 if the sum of age plus credited service is 75 or more (rule of 75) are entitled to an annual retirement benefit, payable monthly for life, in an amount equal to as much as 2% of their final average salary, for each year of credited service. Final average salary is the average salary based on the employee's highest salary in a 36-consecutive month period of credited service. Employees with five years of credited service may retire at or after age 55 and receive a reduced retirement benefit. Benefit and contribution provisions are determined annually by an independent actuary, recommended by DERP's board, and enacted into ordinance by the Denver City Council.

Contributions

During 2021, combined employer and employees' contributions to DERP were 25.0% (15.75% employer and 9.25% employees) of applicable salaries, of which 23.75% was for pension benefits and 1.25% was for health benefits. During 2020, combined employer and employees' contributions to DERP were 25.0% (15.75% employer and 9.25% employees) of applicable salaries, of which 23.70% was for pension benefits and 1.30% was for health benefits.

Effective January 1, 2001 and until October 1, 2003, active members of DERP who were eligible for a normal or rule of 75 retirement could choose to enter the Deferred Retirement Option Plan (DROP) for a maximum of four years. While participating in DROP, the member continues to work for the employer, earning a regular salary. The member's monthly retirement benefits are deposited into a DROP account maintained by DERP. The balance in a member's DROP account earns interest at a rate equal to the actuarial assumed rate of return. Sections 18-422 through 18-429 of the Revised Municipal Code of the City and County of Denver should be referred to for more complete information on DROP. Upon retirement, members have access to the funds accumulated during their participation in DROP.

Employer-made Contributions Based on the Legally Required Rates

Total annual employee and employer contributions to DERP by the Authority in 2021 and 2020 were approximately \$6,464,000 and \$7,547,000, respectively, covering both pension and OPEB (Note 13). This represents 1.03% in 2021 and 1.29% in 2020 of the Authority's total payroll of all employees. Authority contributions (employer only) to DERP for the years ended December 31, 2021 and 2020 were approximately \$4,498,000 and \$4,958,000, respectively. Allocation ratio between Pension and DERP for 2021 and 2020 approximates 95:5 and 94:6, respectively. The Authority's total payroll

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

for all employees was approximately \$629,129,000 and \$583,058,000 for 2021 and 2020, respectively.

Pension Liabilities, Pension Expense, Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

At December 31, 2021 and 2020, the Authority reported a liability of \$68,575,000 and \$71,840,000, respectively, for its proportionate share of the net pension liability. The net pension liability was measured as of December 31, 2020 and 2019 and the total pension liability used to calculate the net pension liability was determined by actuarial valuations as of December 31, 2019 and 2018, respectively, rolled forward to December 31, 2020 and 2019, respectively. The Authority's proportion of the net pension liability was based on actual contributions of the Authority to the pension plan relative to the actual contributions of all participating employers for the measurement period. At December 31, 2020, the Authority's proportion was 4.41%, which was a decrease of 0.53% from its proportion measured as of December 31, 2019. At December 31, 2019, the Authority's proportion was 4.94%, which was a decrease of 2.73% from its proportion measured as of December 31, 2018.

For the years ended December 31, 2021 and 2020, the Authority recognized pension contra-expense of approximately \$11,513,000 and \$8,427,000, respectively. At December 31, 2021 and 2020, the Authority reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

Year Ended December 31, 2021	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ 1,476,110	\$ -
Changes of assumptions	3,236,636	-
Net difference between projected and actual earnings on pension plan investments	-	1,192,970
Changes in proportion and differences between the Authority's contributions and the proportionate share of contributions	-	18,157,088
Authority's contributions made subsequent to the measurement date	4,275,913	-
Total	<u>\$ 8,988,659</u>	<u>\$ 19,350,058</u>

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Year Ended December 31, 2020	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ 2,260,440	\$ -
Changes of assumptions	2,245,513	-
Net difference between projected and actual earnings on pension plan investments	-	1,315,479
Changes in proportion and differences between the Authority's contributions and the proportionate share of contributions	-	30,703,774
Authority's contributions made subsequent to the measurement date	4,701,940	-
Total	<u>\$ 9,207,893</u>	<u>\$ 32,019,253</u>

At December 31, 2021 and 2020, the Authority reported approximately \$4,276,000 and \$4,700,000, as deferred outflows of resources related to pensions resulting from Authority contributions subsequent to the measurement date that will be recognized as a reduction of the net pension liability in the years ending December 31, 2022 and 2021. Other amounts reported as deferred outflows of resources and deferred inflows of resources at December 31, 2021, related to pensions will be recognized in pension expense as follows:

Year Ended	
2022	\$ (13,278,963)
2023	51,812
2024	(1,289,531)
2025	(120,630)
	<u>\$ (14,637,312)</u>

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Actuarial Assumptions

The total pension liability in the December 31, 2019 and 2018, actuarial valuations was determined using the following actuarial assumptions, applied to all periods included in the measurement:

2019		
Inflation	2.50%	
Salary increases	3.00%	Plus merit component based on years of service
Investment rate of return	7.25%	Net of pension plan investment expense, including inflation
2018		
Inflation	2.50%	
Salary increases	3.00%	Plus merit component based on years of service
Investment rate of return	7.50%	Net of pension plan investment expense, including inflation

Mortality rates used in the December 31, 2019 valuation were based on the RP-2014 Combined Mortality Table for Males and Females projected with the Ultimate MP Scale with a multiplier of 110% male and 105% female. The disabled mortality tables were based on the RP-2014 Disabled Life Mortality Table for Males and Females projected with the Ultimate MP Scale.

Mortality rates used in the December 31, 2018 valuation were based on the RP-2014 Combined Mortality Table for Males and Females projected with the Ultimate MP Scale with a multiplier of 110% male and 105% female. The disabled mortality tables were based on the RP-2014 Disabled Life Mortality Table for Males and Females projected with the Ultimate MP Scale.

The actuarial assumptions used in the December 31, 2019 valuations were based on the results of an actuarial experience study in 2018 covering the 5-year period of January 1, 2013 to December 31, 2017.

The actuarial assumptions used in the December 31, 2018 valuations were based on the results of an actuarial experience study in 2018 covering the 5-year period of January 1, 2013 to December 31, 2017.

The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Asset Class	Target Allocation	Long-term Expected Real Rate of Return
Public Equity	44.00%	
U.S. equity		
U.S. Large Cap	18.00%	7.20%
U.S. Small Cap	4.00%	7.90%
International Equity		
Developed Markets	14.00%	7.90%
Emerging Markets	8.00%	9.10%
Fixed Income	25.50%	
Core Fixed Income	17.00%	2.60%
Private Debt		
Private Debt	4.00%	6.20%
Distress Debt	2.50%	7.00%
Emerging Market Debt	2.00%	4.80%
Real Estate	8.00%	7.50%
Absolute Return	5.00%	4.90%
MLPs	5.00%	8.50%
Alternatives	12.50%	
Private Equity	7.00%	9.40%
Natural Resources	5.50%	8.80%
Total	<u>100.00%</u>	

Discount Rate

The discount rate used to measure the total pension liability was 7.25% and 7.50%, respectively, for the years ended December 31, 2021 and 2020. The projection of cash flows used to determine the discount rate assumed that employee contributions will be made at the current contribution rate and that participating employer contributions will be made at contractually required rates, actuarially determined. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Sensitivity of the Authority's Proportionate Share of the Net Pension Liability to Changes in the Discount Rate

The Authority's proportionate share of the net pension liability at December 31, 2021 has been calculated using a discount rate of 7.25%. The following presents the Authority's proportionate share of the net pension liability calculated using a discount rate 1% higher and 1% lower than the current rate.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

December 31, 2021	1% Decrease	Current Discount Rate	1% Increase
Authorities proportionate share of the net pension liability	\$ 87,579,186	\$ 68,575,108	\$ 52,630,834

The Authority's proportionate share of the net pension liability at December 31, 2020 has been calculated using a discount rate of 7.5%. The following presents the Authority's proportionate share of the net pension liability calculated using a discount rate 1% higher and 1% lower than the current rate.

December 31, 2020	1% Decrease	Current Discount Rate	1% Increase
Authorities proportionate share of the net pension liability	\$ 91,725,549	\$ 71,839,623	\$ 55,120,903

Pension Plan Fiduciary Net Position

Detailed information about the pension plan's fiduciary net position is available in the separately issued DERP financial report.

Note 12: DERP RBA Pension Liability

Plan Description

A Qualified Replacement Benefit Arrangement (RBA) was established for DERP members to receive benefits in excess of certain IRS benefit payment limits. The RBA was established in 2006 but was not administratively enacted until 2020. Eligibility for the RBA occurs when the calculated benefit payments at the time of retirement exceeds the maximum benefit payable under the pension plan. The difference between calculated benefit payments and maximum benefit payable under the pension is paid from the RBA.

Prior to 2020 this plan was not administered by DERP in accordance with the plan documents. Thus 2020 is the first year the Authority is recording the liability and making contributions.

In 2021 and 2020 there are a total of 10 inactive employees currently receiving benefit payments.

Contributions

During 2021 and 2020, the Authority contributed approximately \$417,000 based on amounts determined by the board to be necessary to pay benefits and reasonable and necessary expenses.

For contributions related to prior years, the Authority is working with DERP to fund.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Employer-made Contributions Based on the Legally Required Rates

Total annual employer contributions to DERP by the Authority in 2021 and 2020 were approximately \$417,000. This represents 0.07% in 2021 and 2020 of the Authority's total payroll of all employees.

Pension Liabilities, Pension Expense, Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

At December 31, 2021 and 2020, the Authority reported a liability of \$7,702,000 and \$6,525,000, respectively. The net pension liability was measured as of December 31, 2020 and 2019 and the total pension liability used to calculate the net pension liability was determined by actuarial valuations as of January 1, 2020 and December 31, 2018 rolled forward to December 31, 2020 and 2019.

For the years ended December 31, 2021 and 2020, the Authority recognized pension expense of approximately \$559,000 and \$3,440,000, respectively. At December 31, 2021 and 2020, the Authority reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

Year Ended December 31, 2021	Deferred Outflows of Resources	Deferred Inflows of Resources
Changes between expected and actual experience	\$ 893,197	\$ -
Assumption changes	500,810	-
Authority's contributions subsequent to the measurement date	416,923	-
Total	<u>\$ 1,810,930</u>	<u>\$ -</u>
Year Ended December 31, 2020	Deferred Outflows of Resources	Deferred Inflows of Resources
Changes between expected and actual experience	\$ 76,009	\$ -
Assumption changes	283,911	-
Authority's contributions subsequent to the measurement date	416,924	-
Total	<u>\$ 776,844</u>	<u>\$ -</u>

At December 31, 2021 and 2020, the Authority reported approximately \$417,000, as deferred outflows of resources related to pensions resulting from Authority contributions subsequent to the measurement date that will be recognized as a reduction of the net pension liability in the years ending December 31, 2022 and 2021, respectively. Other amounts reported as deferred outflows of

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

resources and deferred inflows of resources at December 31, 2021, related to pensions will be recognized in pension expense as follows:

Year Ended		
2022	\$	336,998
2023		336,998
2024		336,998
2025		383,013
		<hr/>
	\$	1,394,007
		<hr/>

Actuarial Assumptions

The total pension liability in the January 1, 2020 actuarial valuations was determined using the following actuarial assumptions, applied to all periods included in the measurement:

2020		
Inflation	2.50%	
Salary Increases	3.00%	Average, including inflation
Investment Rate of return	2.12%	Net of pension plan investment expense, including inflation

The total pension liability in the December 31, 2018 actuarial valuations was determined using the following actuarial assumptions, applied to all periods included in the measurement:

2018		
Inflation	2.50%	
Salary Increases	3.00% - 7.00%	Average, including inflation
Investment Rate of return	2.74%	Net of pension plan investment expense, including inflation

Mortality rates used in the January 1, 2020 valuation were based on the RP-2014 Combined Mortality Table for Males and Females projected with the Ultimate MP Scale with a multiplier of 110% male and 105% female. The disabled mortality tables were based on the RP-2014 Disabled Life Mortality Table for Males and Females projected with the Ultimate MP Scale.

Mortality rates used in the December 31, 2018 valuation were based on the RP-2014 Combined Mortality Table for Males and Females projected with the Ultimate MP Scale with a multiplier of 110% male and 105% female. The disabled mortality tables were based on the RP-2014 Disabled Life Mortality Table for Males and Females projected with the Ultimate MP Scale.

The actuarial assumptions used in the January 1, 2020 valuations were based on the results of an actuarial experience study in 2018 covering the 5-year period of January 1, 2013 to December 31, 2017.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

The actuarial assumptions used in the December 31, 2018 valuations were based on the results of an actuarial experience study in 2018 covering the 5-year period of January 1, 2013 to December 31, 2017.

The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Asset Class	Target Allocation	Long-term Expected Real Rate of Return
Public Equity	44.00%	
U.S. equity		
U.S. Large Cap	18.00%	7.20%
U.S. Small Cap	4.00%	7.90%
International Equity		
Developed Markets	14.00%	7.90%
Emerging Markets	8.00%	9.10%
Fixed Income	25.50%	
Core Fixed Income	17.00%	2.60%
Private Debt		
Private Debt	4.00%	6.20%
Distress Debt	2.50%	7.00%
Emerging Market Debt	2.00%	4.80%
Real Estate	8.00%	7.50%
Absolute Return	5.00%	4.90%
MLPs	5.00%	8.50%
Alternatives	12.50%	
Private Equity	7.00%	9.40%
Natural Resources	5.50%	8.80%
Total	100.00%	

Discount Rate

The discount rate used to measure the total pension liability was 2.12% and 2.74%, respectively, for the years ended December 31, 2021 and 2020. The projection of cash flows used to determine the discount rate assumed that employee contributions will be made at the current contribution rate and that participating employer contributions will be made at contractually required rates, actuarially determined. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Sensitivity of the Authority's Proportionate Share of the Net Pension Liability to Changes in the Discount Rate

The Authority's proportionate share of the net pension liability at December 31, 2021 has been calculated using a discount rate of 2.12%. The following presents the Authority's proportionate share of the net pension liability calculated using a discount rate 1% higher and 1% lower than the current rate.

December 31, 2021	1% Decrease	Current Discount Rate	1% Increase
Total RBA Pension Liability	\$ 8,276,491	\$ 7,702,075	\$ 7,177,810

The Authority's proportionate share of the net pension liability at December 31, 2020 has been calculated using a discount rate of 2.74%. The following presents the Authority's proportionate share of the net pension liability calculated using a discount rate 1% higher and 1% lower than the current rate.

December 31, 2020	1% Decrease	Current Discount Rate	1% Increase
Total RBA Pension Liability	\$ 6,983,578	\$ 6,525,841	\$ 6,106,564

Pension Plan Fiduciary Net Position

Detailed information about the pension plan's fiduciary net position is available in the separately issued DERP financial report.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Note 13: Postemployment Benefits Other Than Pensions

The Authority participates in two defined benefit other postemployment benefits plans: OPEB benefits under DERP and the Healthcare Premium Supplement Plan (see Note 14).

A summary of the OPEB items as of and for the years ended December 31, 2021 and 2020 are as follows:

December 31, 2021	DERP	Healthcare Premium Supplement Plan	Total
OPEB liability	\$ 4,147,787	\$ -	\$ 4,147,787
Deferred outflows of resources	462,225	-	462,225
Deferred inflows of resources	925,681	-	925,681
Expense (contra-expense)	(476,015)	-	(476,015)

December 31, 2020	DERP	Healthcare Premium Supplement Plan	Total
OPEB liability	\$ 4,540,571	\$ -	\$ 4,540,571
Deferred outflows of resources	491,682	-	491,682
Deferred inflows of resources	1,223,299	-	1,223,299
Expense (contra-expense)	(374,000)	-	(374,000)

OPEB Benefits Under DERP

Plan Description

Certain employees of the Authority as well as other nonuniformed employees of the City and certain related agencies, including employees leased to the Authority, participate in DERP. DERP is a cost-sharing multiple-employer defined benefit pension plan established by the City to provide pension benefits for its employees. These benefits include health benefits and are considered an OPEB benefit. DERP is no longer available to Authority employees hired January 1, 2001 or later. As a result, the Authority established the Healthcare Premium Supplement Plan (see Note 14). Authority employees hired prior to January 1, 2001 have the option to elect to drop their DERP participation and join the Enhanced Defined Contribution Plan, which is described in Note 16. Sections 18.401 through 18.430.7 of the City's Revised Municipal Code establish the plan and provide complete information on DERP. DERP issues a publicly available financial report that includes financial statements and required supplementary information. That report is available by either contacting DERP at 777 Pearl Street, Denver, Colorado 80203 or on the Internet at www.derp.org.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Benefits Provided

The health benefits' account was established by City Ordinance in 1991 to provide, beginning January 1, 1992, postemployment healthcare benefits in the form of a premium supplement to retired members, their spouses and dependents, spouses and dependents of deceased active and retired members, and members of the Plan awaiting approval of retirement applications. During 2021 and 2020, the monthly health insurance premium supplement was \$12.50 per year of service for retired participants under the age of 65, and \$6.25 per year of service for retirees aged 65 and older. The health insurance premium supplement can be applied to the payment of medical, dental, and/or vision insurance premiums. The benefit recipient pays any remaining portion of the premiums.

Before consideration of the premium supplement or premiums paid by the employer, the premiums charged to retirees are the same as charged to active employees for the same coverage. This results in an implicit rate subsidy, which is considered another postemployment benefit (OPEB).

Employer-made Contributions Based on the Legally Required Rates

Total annual contributions to DERP by the Authority for postemployment healthcare benefits were approximately \$223,000 and \$293,000 for 2021 and 2020, respectively. This represents 0.04% and 0.05% of the Authority's total payroll for 2021 and 2020, respectively.

OPEB Liabilities, OPEB Expense, Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

At December 31, 2021 and 2020, the Authority reported a liability of approximately \$4,148,000 and \$4,541,000, respectively, for its proportionate share of the net OPEB liability. The net OPEB liability was measured as of December 31, 2020 and the total OPEB liability used to calculate the net OPEB liability was determined by an actuarial valuation as of December 31, 2019, rolled forward to December 31, 2020. The Authority's proportion of the net OPEB liability was based on actual contributions of the Authority to the OPEB plan relative to the actual contributions of all participating employers for the measurement period. At December 31, 2020, the Authority's proportion was 4.3%, which was a decrease of 0.3% from its proportion measured as of December 31, 2019. At December 31, 2019, the Authority's proportion was 4.6%, which was a decrease of 1.1% from its proportion measured as of December 31, 2018.

For the years ended December 31, 2021 and 2020, the Authority recognized OPEB contra-expense of approximately \$476,000 and \$374,000, respectively. At December 31, 2021 and 2020, the Authority reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Year Ended December 31, 2021	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ -	\$ 172,109
Changes of assumptions	231,192	-
Net difference between projected and actual earnings on OPEB plan investments	8,476	37,319
Changes in proportion and differences between the Authority's contributions and the proportionate share of contributions	-	716,253
Authority's contributions made subsequent to the measurement date	<u>222,557</u>	<u>-</u>
Total	<u>\$ 462,225</u>	<u>\$ 925,681</u>
Year Ended December 31, 2020	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ -	\$ 100,332
Changes of assumptions	198,491	-
Net difference between projected and actual earnings on OPEB plan investments	-	43,522
Changes in proportion and differences between the Authority's contributions and the proportionate share of contributions	-	1,079,445
Authority's contributions made subsequent to the measurement date	<u>293,191</u>	<u>-</u>
Total	<u>\$ 491,682</u>	<u>\$1,223,299</u>

At December 31, 2021 and 2020, the Authority reported approximately \$223,000 and \$293,000, respectively, as deferred outflows of resources related to the DERP OPEB resulting from Authority contributions subsequent to the measurement date that will be recognized as a reduction of the net OPEB liability in the years ending December 31, 2022 and 2021, respectively. Other amounts reported as deferred outflows of resources and deferred inflows of resources at December 31, 2021, related to the DERP OPEB will be recognized in expense as follows:

Year Ended	
2022	\$ (495,258)
2023	(62,202)
2024	(125,152)
2025	<u>(3,401)</u>
	<u>\$ (686,013)</u>

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

OPEB Plan Fiduciary Net Position

Detailed information about the OPEB plan's fiduciary net position is available in the separately issued DERP financial report.

Actuarial Assumptions

The total OPEB liability in the December 31, 2019 and 2018, actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

2019

Inflation	2.50%	
Salary increases	3.00%	Plus merit component based on years of service
Investment rate of return	7.25%	Net of OPEB plan investment expense, including inflation
Experience study		Conducted in 2018 covering the 5-year period of January 1, 2013 to December 31, 2017

2018

Inflation	2.50%	
Salary increases	3.00%	Plus merit component based on years of service
Investment rate of return	7.50%	Net of OPEB plan investment expense, including inflation
Experience study		Conducted in 2018 covering the 5-year period of January 1, 2013 to December 31, 2017

Mortality rates used in the December 31, 2019 and 2018 valuation were based on the RP-2014 Combined Mortality Table for Males and Females projected with the Ultimate MP Scale with a multiplier of 110% male and 105% female.

The long-term expected rate of return on OPEB plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Asset Class	Target Allocation	Long-term Expected Real Rate of Return
Public Equity	44.00%	
U.S. equity		
U.S. Large Cap	18.00%	7.20%
U.S. Small Cap	4.00%	7.90%
International Equity		
Developed Markets	14.00%	7.90%
Emerging Markets	8.00%	9.10%
Fixed Income	25.50%	
Core Fixed Income	17.00%	2.60%
Private Debt		
Private Debt	4.00%	6.20%
Distress Debt	2.50%	7.00%
Emerging Market Debt	2.00%	4.80%
Real Estate	8.00%	7.50%
Absolute Return	5.00%	4.90%
MLPs	5.00%	8.50%
Alternatives	12.50%	
Private Equity	7.00%	9.40%
Natural Resources	5.50%	8.80%
Total	100.00%	

Discount Rate

The discount rate used to measure the total net OPEB liability was 7.25% and 7.50%, respectively, for the years ended December 31, 2021 and 2020. The projection of cash flows used to determine the discount rate assumed that employee contributions will be made at the current contribution rate and that participating employer contributions will be made at contractually required rates, actuarially determined. Based on those assumptions, the OPEB plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on OPEB plan investments was applied to all periods of projected benefit payments to determine the total OPEB liability.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Sensitivity of the Authority's Proportionate Share of the Net OPEB Liability to Changes in the Discount Rate

The Authority's proportionate share of the net OPEB liability at December 31, 2021 has been calculated using a discount rate of 7.25%. The following presents the Authority's proportionate share of the net OPEB liability calculated using a discount rate 1% higher and 1% lower than the current rate.

December 31, 2021	1% Decrease	Current Discount Rate	1% Increase
Authorities proportionate share of the net OPEB liability	\$ 4,884,765	\$ 4,147,787	\$ 3,522,408

The Authority's proportionate share of the net OPEB liability at December 31, 2020 has been calculated using a discount rate of 7.50%. The following presents the Authority's proportionate share of the net OPEB liability calculated using a discount rate 1% higher and 1% lower than the current rate.

December 31, 2020	1% Decrease	Current Discount Rate	1% Increase
Authorities proportionate share of the net OPEB liability	\$ 5,313,861	\$ 4,540,571	\$ 3,882,932

As this plan is paid at a fixed dollar value, there is not an actuarially adjusted value for healthcare costs and thus Healthcare Cost Trend Rates are not applicable to this plan.

Note 14: OPEB – Healthcare Premium Supplement Plan

The Denver Health and Hospital Authority Healthcare Premium Supplement Plan (the Supplement Plan) was established in January 1, 2001 and is administered by the Authority as a single-employer defined benefit OPEB plan. Any employee of the Authority is eligible for healthcare premium supplement payments if the employee: (1) has attained the age of at least 55; (2) retires and commences benefits under the Enhanced Defined Contribution Plan (see Note 15) after completing at least 10 years of service; and (3) has been eligible to receive enhanced benefits under the Enhanced Defined Contribution Plan for at least 10 full years beginning on or after January 1, 2001.

The Plan was amended effective January 1, 2011, so that the benefits provided can be used for any allowable healthcare expense or premium. Benefit provisions are contained in the plan document and were established and can be amended by action of the Authority's governing body. The Supplemental Plan does not issue a separate report that includes financial statements and required supplementary information for the OPEB Plan. No assets are accumulated in a trust that meets the criteria in paragraph 4 of GASB Statement No. 75.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

The Plan was amended to freeze and close to new participants effective January 1, 2020. Additionally, participants in this plan (those who retired and were eligible as of December 31, 2019) have until December 31, 2020 to expend their benefit and have 90 days after December 31, 2020 to file a claim.

The total lifetime benefit paid by the Supplement Plan is based on years of service as follows:

Years of Services	Total Benefit
10 - 14	\$ 14,400
15 - 19	21,600
20 - 24	28,800
25 - 29	36,000
30 - 34	43,200

Each additional five-year increment above year 34 results in an additional \$7,200 benefit.

Under GASB 75, unfunded plans must use a discount rate that reflects a 20-year tax-exempt municipal bond yield or index rate. The Authority used the Bond Buyer 20-year General Obligation Bond Index. The discount rate was 4.10% in prior year.

For the years ended December 31, 2021 and 2020, the Authority did not fund to a third-party beneficiary for retirees qualified for the benefit and retiring after 2010.

OPEB Liabilities, OPEB Expense, Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

At December 31, 2021 and 2020, the Authority did not report a liability for its total OPEB Supplement liability. The total OPEB Supplement liability was measured as of December 31, 2018 and was determined by an actuarial valuation as of that date. Changes in the total OPEB liability for the years ended December 31, 2021 and 2020 are as follows:

Total OPEB Liability	2021	2020
Balance at beginning of year	\$ -	\$ 17,599,733
Changes for the year		
Service cost	-	-
Interest on total OPEB liability	-	-
Changes of assumptions or other inputs	-	(16,958,933)
Benefit payments	-	(640,800)
Balance at end of year	<u>\$ -</u>	<u>\$ -</u>

For the years ended December 31, 2021 and 2020, the Authority did not recognize any of OPEB expense. At December 31, 2021 and 2020, the Authority reported \$0 as deferred outflows of resources and deferred inflows of resources related to the Supplement Plan.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Note 15: Deferred Compensation Plan

The Authority offers their employees deferred compensation plans created in accordance with Code Section 457. The plans are available to all Authority employees and permit employees to defer a portion of their salary until future years. The deferred compensation is not available to employees or their beneficiaries until termination, retirement, death, or approval for hardship cases.

The Authority's plan is administered and operated by the Authority through a Board Retirement Plan Committee. An agreement was established between the Authority and a third party to invest the plan assets and for assistance in administering the plan.

Under the provisions of GASB 84, the Authority has determined that its 457(b) plan meets the criteria for inclusion in its financial statements as an other fiduciary activity because, among other required characteristics, it controls the assets of the plan and it is the trustee of the plan's assets.

Note 16: Defined Contribution Plan and Enhanced Defined Contribution Plan

The Denver Health and Hospital Authority 401(a) Defined Contribution Plan (Defined Contribution Plan) was established to extend benefits to employees in lieu of those benefits provided by the Social Security Act, as allowed by Colorado Revised Statutes Section 24-54-101. The plan was created in accordance with Code Sections 401 and 501. Benefits are not available to employees or their beneficiaries until retirement or death. Employees are required to contribute 6.2% of base compensation to the Defined Contribution Plan. The Authority has elected to contribute 3% of base compensation as a matching contribution. The contributions are not to exceed the maximum permissible amounts of the social security tax.

Because employees hired subsequent to January 1, 2001 are not eligible to participate in DERP, the Enhanced Defined Contribution Plan was established as a benefit to these Authority employees. Authority employees hired prior to January 1, 2001 may exercise an option to drop DERP participation and join the Enhanced Defined Contribution Plan.

Through August 23, 2015, the Authority elected to contribute 6.0% of eligible compensation up to the maximum compensation allowable by the Internal Revenue Service as an enhanced additional contribution. Effective August 23, 2015, the Authority amended the Enhanced Defined Contribution Plan to change the 6.0% enhanced contribution as follows:

- For employees hired after August 23, 2015, to contribute a 3.0% enhanced contribution that is subject to a three year vesting period.
- To contribute up to an additional 3.5% enhanced contribution, also subject to a three year vesting period, that is matched 100% to the percent of eligible wages the employee voluntarily defers and contributes to the Authority's 457 Deferred Compensation Plan.
- Employees hired on or before August 23, 2015 continue to be immediately vested in all employee and employer contributed balances.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Total annual contributions to the Defined Contribution Plan and the Enhanced Defined Contribution Plan by the Authority in 2021, 2020 and 2019 were approximately \$51,572,000, \$47,295,000 and \$44,518,000, respectively. Employee contributions in 2021, 2020 and 2019 were approximately \$34,883,000, \$34,893,000 and \$33,124,000, respectively.

An agreement was established between the Authority and a third party to invest plan assets and to assist in administering the plans.

Under the provisions of GASB 84, the Authority has determined that its 401(a) plan meets the criteria for inclusion in its financial statements as an other fiduciary activity because, among other required characteristics, it controls the assets of the plan and it is the trustee of the plan's assets.

Note 17: Supplemental Executive Retirement Plan

In 2014, the Authority created a Supplemental Executive Retirement Plan (SERP Plan) for the purpose of providing deferred compensation for a select group of executive managers. The SERP Plan is an unfunded, non-qualified deferred compensation arrangement under Section 457(f) of the Internal Revenue Code. The effective date of the SERP Plan was January 1, 2014. Participants become vested to the contribution three calendar years after the contribution, or the year in which they turn 65 years of age, whichever is sooner. Distributions are made annually in February of each year to vested participants. Executive managers participating in DERP are not eligible to be included in the SERP Plan.

Note 18: Risk Management

The Authority is exposed to various risks and losses related to torts, theft, damage or destruction of assets, errors and omissions, natural disasters, property damage, workers' compensation, auto liability and unemployment.

The Authority is covered under the limits of the Colorado Governmental Immunity Act. For 2021, in tort litigation covered by the Colorado Governmental Immunity Act, injury to one person in any single occurrence is limited to the amount of \$387,000, and for injury to two or more persons in a single occurrence, the limitation is \$1,093,000 with the stated limitation that no person may recover in excess of \$387,000. With respect to malpractice liability, the Authority carries excess healthcare professional and general liability coverage with limits of \$1,000,000 per occurrence and \$3,000,000 in the aggregate with a self-insured retention amount of \$250,000. In addition, the Authority carries an umbrella policy with limits of \$5,000,000 per occurrence and \$5,000,000 in the aggregate. The Authority carries a separate professional liability policy to cover physicians who provide services under contract with the Authority. This policy provides coverage with limits of \$1,000,000 per occurrence and \$3,000,000 in the aggregate.

The estimated amount of medical malpractice and other liability was \$7,209,198 and \$7,360,716 for the years ended December 31, 2021 and 2020, respectively. The Authority relied upon an actuarial estimate of the medical malpractice to record IBNR losses and loss adjustment expenses. A discount rate of 3.0% was applied to the actuarially determined liability as of December 31, 2021 and 2020.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Changes in the reported liability for the years ended December 31, 2021 and 2020 are as follows:

	Beginning Balance	Provision and Changes in Estimates	Claims Paid/ Refunded	Ending Balance
2020	\$ 6,591,279	\$ 1,041,589	\$ (272,152)	\$ 7,360,716
2021	\$ 7,360,716	\$ 1,822,234	\$ (1,973,752)	\$ 7,209,198

The Authority carries a separate healthcare professional and general liability policy to cover the Authority's healthcare services provided in the City's jail medical facilities. This policy provides coverage in the amount of \$1,000,000 per occurrence and \$3,000,000 in the aggregate with a self-insured retention of \$250,000.

For other types of risk, the Authority generally carries commercial policies with deductibles ranging from \$50,000 to \$600,000 and limits of \$1,000,000 to \$10,000,000.

On January 1, 2002, the Authority was issued a "self-insurance permit" by the Colorado Department of Labor and Employment, Division of Workers' Compensation, which allows the Authority to be its own insurance carrier for workers' compensation risk. The Authority carries an excess workers' compensation insurance policy with a self-insured retention limit of \$600,000. At December 31, 2021 and 2020, the estimated amount of workers' compensation liability was \$4,187,835 and \$4,075,211, respectively. This liability is based on actuarial estimates of the workers' compensation to record IBNR losses and loss adjustment expenses. Changes in the reported liability for the years ended December 31, 2021 and 2020 are as follows:

	Beginning Balance	Provision and Changes in Estimates	Claims Paid/ Refunded	Ending Balance
2020	\$ 3,766,682	\$ 1,958,363	\$ (1,649,834)	\$ 4,075,211
2021	\$ 4,075,211	\$ 2,035,213	\$ (1,922,589)	\$ 4,187,835

There were no significant reductions in insurance coverage from the prior year. There have been no claim settlements in excess of insurance coverage in the last three years. In the opinion of the Authority's legal counsel and management, resolution of actions relating to the Authority will not have a material effect on the Authority's financial position or results of operations.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Note 19: Contingencies

Cost Report

Under the terms of federal and state grants, periodic audits are required and certain costs may be questioned as not being appropriate expenditures. Such audits could lead to reimbursement to the grantor agencies. The Authority has recorded all known and estimable liabilities related to such issues. Management believes unrecorded disallowances, if any, will not be significant.

Taxpayer Bill of Rights

The Authority believes it is exempt from the provisions of Article X, Section 20 of the Colorado Constitution Taxpayer Bill of Rights (TABOR) because the Authority is not a “district” within the meaning of Section 2(b) of TABOR. In addition, the Authority believes it is exempt from TABOR because the Authority meets the definition of an “enterprise,” as defined by Section 2(d) of TABOR.

Litigation

In the normal course of operations, the Authority is at times involved in litigation related to claims made under insurance contracts, employee liability, and general liability. In the opinion of management, all known material liabilities have been recorded, and the resolution of these matters is not expected to have a material effect on the Authority’s financial position, results of operations, or liquidity.

Investments

The Authority invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying statements of net position.

Note 20: Commitments

The Authority entered into multiple construction contracts to remodel existing buildings and to construct new buildings during 2021 and prior. Under these contracts, the Authority has committed to pay contractors approximately \$14,715,000 in future periods.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Note 21: Fiduciary Funds

The Authority has two plans making up the Fiduciary Funds. One is the Deferred Compensation Plan created under Code Section 457 (see Note 15). The second is the Defined Contribution Plan and Enhanced Defined Contribution Plan created in accordance with section 401 (see Note 16). The combining fiduciary net position as of December 31, 2021 and 2020 are as follows:

December 31, 2021			
	401(a)	457(b)	Total
Assets			
Investments, at fair value	\$ 1,130,118,675	\$ 356,320,119	\$ 1,486,438,794
Participant loans	15,530,528	3,934,739	19,465,267
Total assets	1,145,649,203	360,254,858	1,505,904,061
Plan net position	<u>\$ 1,145,649,203</u>	<u>\$ 360,254,858</u>	<u>\$ 1,505,904,061</u>
December 31, 2020			
	401(a)	457(b)	Total
Assets			
Investments, at fair value	\$ 974,074,791	\$ 296,105,162	\$ 1,270,179,953
Participant loans	15,278,991	2,990,507	18,269,498
Total assets	989,353,782	\$299,095,669	1,288,449,451
Plan net position	<u>\$ 989,353,782</u>	<u>\$ 299,095,669</u>	<u>\$ 1,288,449,451</u>

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

The combining statements of changes in fiduciary net position for years ended December 31, 2021 and 2020 are as follows:

	Year Ended December 31, 2021		
	401(a)	457(b)	Total
Additions			
Contributions			
Participant	\$ 42,752,268	\$ 36,472,585	\$ 79,224,853
Employer	49,500,950	-	49,500,950
Rollover	2,188,160	8,376,058	10,564,218
Total contributions	94,441,378	44,848,643	139,290,021
Investment earnings			
Net increase in fair value of investments	120,289,169	35,010,629	155,299,798
Interest, dividends and other	20,274,528	9,142,167	29,416,695
Total investment earnings	140,563,697	44,152,796	184,716,493
Total additions	235,005,075	89,001,439	324,006,514
Deductions			
Benefits paid to participants	77,746,941	27,662,024	105,408,965
Administrative income	962,712	180,227	1,142,939
Total deductions	78,709,653	27,842,251	106,551,904
Net Increase in Fiduciary Net Position	156,295,422	61,159,188	217,454,610
Net Position, Beginning of Year	989,353,782	299,095,669	1,288,449,451
Net Position, End of Year	\$ 1,145,649,204	\$ 360,254,857	\$ 1,505,904,061

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

	Year Ended December 31, 2020		
	401(a)	457(b)	Total
Additions			
Contributions			
Participant	\$ 39,249,925	\$ 33,978,248	\$ 73,228,173
Employer	47,787,831	-	47,787,831
Rollover	1,724,361	2,197,500	3,921,861
Total contributions	88,762,117	36,175,748	124,937,865
Investment earnings			
Net increase in fair value of investments	130,585,386	39,310,331	169,895,717
Interest, dividends and other	13,185,776	6,418,631	19,604,407
Total investment earnings	143,771,162	45,728,962	189,500,124
Total additions	232,533,279	81,904,710	314,437,989
Deductions			
Benefits paid to participants	55,043,248	20,814,501	75,857,749
Administrative income	652,672	194,441	847,113
Total deductions	55,695,920	21,008,942	76,704,862
Net Increase in Fiduciary Net Position	176,837,359	60,895,768	237,733,127
Net Position, Beginning of Year	812,516,423	238,199,901	1,050,716,324
Net Position, End of Year	\$ 989,353,782	\$ 299,095,669	\$ 1,288,449,451

Investments

The Plans may legally invest in direct obligations of and other obligations guaranteed as to principal by the U.S. Treasury and U.S. agencies and instrumentalities and in bank repurchase agreements. It may also invest to a limited extent in corporate bonds and equity securities.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

At December 31, 2021 and 2020, the Plans had the following investments and maturities:

December 31, 2021					
Investment Type	Fair Value	Less than 1 year	1 - 5 years	6 - 10 years	10 + years
Fixed Income Mutual Funds					
Fidelity Spartan U.S. Bond Index	\$ 13,653,910	\$ 416,444	\$ 5,991,336	\$ 4,584,983	\$ 2,661,147
MetWest Total Return	36,884,034	(2,072,883)	19,345,676	14,159,781	5,451,460
Wells Fargo Stable Return	18,750,289	3,523,179	10,714,478	4,422,818	89,814
Money market mutual funds	25,792,942	25,792,942	-	-	-
Other	28,706,211	28,706,211	-	-	-
		<u>\$ 56,365,893</u>	<u>\$ 36,051,490</u>	<u>\$ 23,167,582</u>	<u>\$ 8,202,421</u>
Real estate funds	9,675,486				
Target date portfolios	970,230,799				
Mutual funds	406,145,126				
	<u>\$ 1,509,838,797</u>				
December 31, 2020					
Investment Type	Fair Value	Less than 1 year	1 - 5 years	6 - 10 years	10 + years
Fixed Income Mutual Funds					
Fidelity Spartan U.S. Bond Index	\$ 20,273,499	\$ 877,843	\$ 11,349,105	\$ 4,131,739	\$ 3,914,813
MetWest Total Return	33,955,933	(2,736,848)	22,438,080	8,217,336	6,037,365
Wells Fargo Stable Return	19,493,636	3,276,880	13,733,267	2,434,755	48,734
Money market mutual funds	28,660,812	28,660,812	-	-	-
Other	25,868,660	25,868,660	-	-	-
		<u>\$ 55,947,347</u>	<u>\$ 47,520,452</u>	<u>\$ 14,783,830</u>	<u>\$ 10,000,912</u>
Real estate funds	6,250,374				
Target date portfolios	819,874,658				
Mutual funds	334,071,879				
	<u>\$ 1,288,449,451</u>				

Interest Rate Risk

As a means of limiting its exposure to fair value losses arising from rising interest rates, the Plans investment policy limits duration of total assets to be less than six years. As of December 31, 2021, approximately \$31,370,000, or 2.08%, of total assets were in U.S. Treasury obligations, corporate bonds and other types with maturity dates six years or longer. As of December 31, 2020, approximately \$24,784,000, or 1.92%, of total assets were in fixed income obligations with maturity dates six years or longer. The money market mutual funds are presented as an investment with a maturity of less than one year because the average maturity of the funds is less than one year.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Credit Risk

Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. The Plans investment policy applies the prudent person standard and is applied in the context of managing an overall portfolio. Each participant is responsible for determining the risks and commensurate returns of his or her portfolio. The Plans fixed income investments were rated based on the average quality of the fixed income investments as noted below:

December 31, 2021							
	MetWest Total Return		Wells Fargo Stable Return		Fidelity Spartan U.S. Bond Index		Total Investments
AAA	71.95%	\$ 26,534,374	72.17%	\$ 13,532,084	60.58%	\$ 8,272,904	\$ 48,339,362
AA	4.34%	1,600,767	4.72%	885,014	7.72%	1,054,082	3,539,863
A	10.45%	3,854,382	11.44%	2,145,033	13.88%	1,895,163	7,894,578
BBB	14.52%	5,355,562	10.52%	1,972,530	10.25%	1,399,526	8,727,618
BB / B	3.37%	1,242,992	0.09%	16,875	0.18%	24,577	1,284,444
Below B	3.20%	1,180,289	0.00%	-	0.00%	-	1,180,289
Cash and other	-7.83%	(2,884,332)	1.06%	198,753	7.39%	1,007,658	(1,677,921)
Total	100.00%	\$ 36,884,034	100.00%	\$ 18,750,289	100.00%	\$ 13,653,910	\$ 69,288,233

December 31, 2020							
	MetWest Total Return		Wells Fargo Stable Return		Fidelity Spartan U.S. Bond Index		Total Investments
AAA	78.96%	\$ 26,811,604	63.33%	\$ 12,345,320	71.40%	\$ 14,475,278	\$ 53,632,202
AA	2.87%	974,535	6.86%	1,337,263	4.37%	885,952	3,197,750
A	6.60%	2,241,092	14.31%	2,789,539	12.41%	2,515,941	7,546,572
BBB	15.26%	5,181,675	8.95%	1,744,681	10.32%	2,092,225	9,018,581
BB / B	3.55%	1,205,436	0.33%	64,329	0.17%	34,465	1,304,230
Below B	2.59%	879,459	0.00%	-	0.00%	-	879,459
Cash and other	-9.83%	(3,337,868)	6.22%	1,212,504	1.33%	269,638	(1,855,726)
Total	100.00%	\$ 33,955,933	100.00%	\$ 19,493,636	100.00%	\$ 20,273,499	\$ 73,723,068

Custodial Credit Risk

For an investment, custodial credit risk is the risk that, in the event of the failure of the counterparty, the Plan will not be able to recover the value of its investment or collateral securities that are in the possession of an outside party. All of the Plans deposits are fully insured by FDIC insurance or collateralized with securities held by the Plan or the Plans agent in the Plans name. Therefore the Plan is not exposed to custodial credit risk.

Concentration of Credit Risk

The Plans investment options are all mutual funds; thus, no concentration risk exists at December 31, 2021 and 2020.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Foreign Currency Risk

This risk relates to adverse effects on the fair value of an investment from changes in exchange rates. Foreign currency risk is the risk that changes in exchange rates will adversely affect the fair value of an investment or a deposit. The Plans diversified selection of mutual funds encourages the investment advisors to employ diversification, asset allocation, and quality strategies to minimize risks. Each participant is responsible for determining the risks and commensurate returns of his or her portfolio.

The Plans exposure to foreign currency risk is limited to three mutual funds that invest in international equities for a total of approximately \$61,625,000, or 4.08%, of total assets at December 31, 2021, and \$59,831,000, or 4.64%, of total assets at December 31, 2020.

Disclosures About Fair Value of Assets and Liabilities

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying statements of financial position measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2021 and 2020:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		Fair Value		
December 31, 2021				
Investments				
Mutual funds		\$ 1,486,438,794	\$ 1,486,438,794	\$ -
Total investments		\$ 1,486,438,794	\$ 1,486,438,794	\$ -

		Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		Fair Value		
December 31, 2020				
Investments				
Mutual funds		\$ 1,270,179,953	\$ 1,270,179,953	\$ -
Total investments		\$ 1,270,179,953	\$ 1,270,179,953	\$ -

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

Note 22: Condensed Combining Financial Information

The following tables include condensed combining statements of net position information for the Authority and its blended component units as of December 31, 2021 and 2020.

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

	December 31, 2021			
	Total Authority	CCPPS	550 Acoma Inc.	Total
Condensed Statement of Net Position				
Current assets	\$ 227,642,824	\$ (1,124,313)	\$ 2,856,187	\$ 229,374,698
Noncurrent Assets				
Capital assets, net of accumulated depreciation	629,988,386	-	27,244,979	657,233,365
Other long-term assets	391,616,273	-	3,070	391,619,343
Total noncurrent assets	1,021,604,659	-	27,248,049	1,048,852,708
Total assets	1,249,247,483	(1,124,313)	30,104,236	1,278,227,406
Deferred Outflows of Resources	25,833,140	-	-	25,833,140
Total assets and deferred outflows of resources	<u>\$ 1,275,080,623</u>	<u>\$ (1,124,313)</u>	<u>\$ 30,104,236</u>	<u>\$ 1,304,060,546</u>
Liabilities				
Current liabilities	\$ 184,941,411	\$ 134,114	\$ 842,863	\$ 185,918,388
Long-term liabilities	396,967,914	-	38,821,479	435,789,393
Total liabilities	581,909,325	134,114	39,664,342	621,707,781
Deferred Inflows of Resources	20,275,739	-	-	20,275,739
Total liabilities and deferred inflows of resources	602,185,064	134,114	39,664,342	641,983,520
Net Position				
Net investment in capital assets	328,335,937	-	-	328,335,937
Unrestricted	344,559,622	(1,258,427)	(9,560,106)	333,741,089
Total net position	672,895,559	(1,258,427)	(9,560,106)	662,077,026
Total liabilities and net position	<u>\$ 1,275,080,623</u>	<u>\$ (1,124,313)</u>	<u>\$ 30,104,236</u>	<u>\$ 1,304,060,546</u>

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

	December 31, 2020			
	Total Authority	CCPPS	550 Acoma Inc.	Total
Condensed Statement of Net Position				
Current assets	\$ 223,979,207	\$ (1,008,834)	\$ 3,012,817	\$ 225,983,190
Noncurrent Assets				
Capital assets, net of accumulated depreciation	620,001,657	-	28,250,266	648,251,923
Other long-term assets	428,154,803	-	3,163	428,157,966
Total noncurrent assets	1,048,156,460	-	28,253,429	1,076,409,889
Total assets	1,272,135,667	(1,008,834)	31,266,246	1,302,393,079
Deferred Outflows of Resources	26,479,179	-	-	26,479,179
Total assets and deferred outflows of resources	<u>\$ 1,298,614,846</u>	<u>\$ (1,008,834)</u>	<u>\$ 31,266,246</u>	<u>\$ 1,328,872,258</u>
Liabilities				
Current liabilities	\$ 193,129,813	\$ (334,432)	\$ 810,612	\$ 193,605,993
Long-term liabilities	414,994,646	-	39,615,793	454,610,439
Total liabilities	608,124,459	(334,432)	40,426,405	648,216,432
Deferred Inflows of Resources	33,242,552	-	-	33,242,552
Total liabilities and deferred inflows of resources	641,367,011	(334,432)	40,426,405	681,458,984
Net Position				
Net investment in capital assets	302,722,723	-	-	302,722,723
Unrestricted	354,525,112	(674,402)	(9,160,159)	344,690,551
Total net position	657,247,835	(674,402)	(9,160,159)	647,413,274
Total liabilities and net position	<u>\$ 1,298,614,846</u>	<u>\$ (1,008,834)</u>	<u>\$ 31,266,246</u>	<u>\$ 1,328,872,258</u>

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

The following tables include condensed combining statements of revenues, expenses and changes in net position information for the Authority and its blended component units for the years ended December 31, 2021 and 2020.

	Year Ended December 31, 2021			
	Total Authority	CCPPS	550 Acoma Inc.	Total
Operating Revenues				
Net patient service revenue	\$ 866,349,897	\$ -	\$ -	\$ 866,349,897
Capitation earned net of reinsurance expense	10,600,000	-	-	10,600,000
Medicaid disproportionate share and other safety net reimbursement	123,810,297	-	-	123,810,297
City and County of Denver payment for patient care services	27,700,002	-	-	27,700,002
Federal, state and other grants	87,345,995	-	-	87,345,995
City and County of Denver purchased services	27,158,245	-	-	27,158,245
Poison and drug center contracts	20,009,515	-	-	20,009,515
Other operating revenue	56,898,400	-	-	56,898,400
Total operating revenues	1,219,872,351	-	-	1,219,872,351
Operating Expenses				
Salaries and benefits	746,896,687	-	-	746,896,687
Contracted services and nonmedical supplies	247,759,219	584,025	(2,467,345)	245,875,899
Medical supplies and pharmaceuticals	175,826,200	-	-	175,826,200
Depreciation and amortization	59,273,193	-	1,162,183	60,435,376
Total operating expenses	1,229,755,299	584,025	(1,305,162)	1,229,034,162
Operating income (loss)	(9,882,948)	(584,025)	1,305,162	(9,161,811)
Nonoperating Revenues (Expenses)				
Decrease in equity in joint venture	(955,533)	-	-	(955,533)
Nonoperating grant revenue (CARES Act/FEMA)	20,408,273	-	-	20,408,273
Interest income	15,570,744	-	173	15,570,917
Interest expense	(11,843,454)	-	(1,705,282)	(13,548,736)
Gain on dissolution of Southwest, Inc.	4,982,853	-	-	4,982,853
Net decrease in fair value of investments	(7,016,141)	-	-	(7,016,141)
Loss on disposition of capital assets	(4,166)	-	-	(4,166)
Total nonoperating revenues (expenses)	21,142,576	-	(1,705,109)	19,437,467
Income (loss) before capital contributions	11,259,628	(584,025)	(399,947)	10,275,656
Contributions Restricted for Capital Assets	4,388,096	-	-	4,388,096
Increase (decrease) in net position	15,647,724	(584,025)	(399,947)	14,663,752
Total Net Position, Beginning of Year	657,247,835	(674,402)	(9,160,159)	647,413,274
Total Net Position, End of Year	<u>\$ 672,895,559</u>	<u>\$ (1,258,427)</u>	<u>\$ (9,560,106)</u>	<u>\$ 662,077,026</u>

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

	Year Ended December 31, 2020			
	Total Authority	CCPPS	550 Acoma Inc.	Total
Operating Revenues				
Net patient service revenue	\$ 769,673,893	\$ -	\$ -	\$ 769,673,893
Capitation earned net of reinsurance expense	(12,600,000)	-	-	(12,600,000)
Medicaid disproportionate share and other safety net reimbursement	131,245,683	-	-	131,245,683
City and County of Denver payment for patient care services	27,773,299	-	-	27,773,299
Federal, state and other grants	77,222,260	-	-	77,222,260
City and County of Denver purchased services	25,373,371	-	-	25,373,371
Poison and drug center contracts	24,303,056	-	-	24,303,056
Other operating revenue	44,293,579	35,191	-	44,328,770
Total operating revenues	1,087,285,141	35,191	-	1,087,320,332
Operating Expenses				
Salaries and benefits	685,809,148	-	-	685,809,148
Contracted services and nonmedical supplies	204,953,792	(227,300)	(1,071,678)	203,654,814
Medical supplies and pharmaceuticals	148,260,160	-	-	148,260,160
Managed care outside provider claims	(1,361,653)	-	-	(1,361,653)
Depreciation and amortization	51,429,930	-	192,178	51,622,108
Total operating expenses	1,089,091,377	(227,300)	(879,500)	1,087,984,577
Operating income (loss)	(1,806,236)	262,491	879,500	(664,245)
Nonoperating Revenues (Expenses)				
Decrease in equity in joint venture	(306,600)	-	-	(306,600)
Nonoperating grant revenue (CARES Act/FEMA)	86,998,388	-	-	86,998,388
Interest income	12,337,138	-	15,444	12,352,582
Interest expense	(13,800,998)	-	(1,722,705)	(15,523,703)
Net increase in fair value of investments	7,495,684	-	-	7,495,684
Gain on disposition of capital assets	5,444,447	-	-	5,444,447
Total nonoperating revenues (expenses)	98,168,059	-	(1,707,261)	96,460,798
Income (loss) before capital contributions	96,361,823	262,491	(827,761)	95,796,553
Contributions Restricted for Capital Assets	2,336,602	-	1,073,328	3,409,930
Increase in net position	98,698,425	262,491	245,567	99,206,483
Total Net Position, Beginning of Year	558,549,410	(936,893)	(9,405,726)	548,206,791
Total Net Position, End of Year	\$ 657,247,835	\$ (674,402)	\$ (9,160,159)	\$ 647,413,274

Denver Health and Hospital Authority

Notes to Financial Statements

December 31, 2021 and 2020

The following tables include condensed combining statements of cash flows information for the Authority and its blended component units for the years ended December 31, 2021 and 2020.

Year Ended December 31, 2021				
	Total Authority	CCPPS	550 Acoma Inc.	Total
Condensed Statement of Cash Flows				
Net cash provided by (used in) operating activities	\$ 3,371,588	\$ (115,480)	\$ -	\$ 3,256,108
Net cash provided by noncapital financing activities	-	-	-	-
Net cash used in capital and related financing activities	(72,548,710)	-	-	(72,548,710)
Net cash used in investing activities	32,816,728	-	-	32,816,728
Net increase (decrease) in cash and cash equivalents	(36,360,394)	(115,480)	-	(36,475,874)
Cash and Cash Equivalents, Beginning of Year	<u>70,633,144</u>	<u>606,882</u>	<u>-</u>	<u>71,240,026</u>
Cash and Cash Equivalents, End of Year	<u>\$ 34,272,750</u>	<u>\$ 491,402</u>	<u>\$ -</u>	<u>\$ 34,764,152</u>

Year Ended December 31, 2020				
	Total Authority	CCPPS	550 Acoma Inc.	Total
Condensed Statement of Cash Flows				
Net cash provided by (used in) operating activities	\$ 66,370,868	\$ (121,425)	\$ -	\$ 66,249,443
Net cash provided by noncapital financing activities	100,174,874	-	-	100,174,874
Net cash used in capital and related financing activities	(140,917,333)	-	-	(140,917,333)
Net cash used in investing activities	(17,560,797)	-	-	(17,560,797)
Net increase (decrease) in cash and cash equivalents	8,067,612	(121,425)	-	7,946,187
Cash and Cash Equivalents, Beginning of Year	<u>62,565,532</u>	<u>728,307</u>	<u>-</u>	<u>63,293,839</u>
Cash and Cash Equivalents, End of Year	<u>\$ 70,633,144</u>	<u>\$ 606,882</u>	<u>\$ -</u>	<u>\$ 71,240,026</u>

Note 23: Subsequent Events

Subsequent events have been evaluated through March 31, 2022, which is the date the financial statements were available to be issued.

Required Supplementary Information

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Denver Health and Hospital Authority
Schedules of Required Supplementary Information
Schedule of the Authority's Proportionate Share of the
Net Pension Liability – DERP
Last Ten Fiscal Years

	2020	2019	2018	2017	2016	2015	2014
Authority's proportion of the net pension liability	4.41%	4.94%	7.67%	9.00%	9.84%	10.17%	10.79%
Authority's proportionate share of the net pension liability	\$ 68,575,108	\$ 71,839,623	\$ 115,717,505	\$ 105,588,100	\$ 120,035,324	\$ 119,914,669	\$ 94,527,507
Authority's covered payroll	23,713,746	29,664,541	31,969,649	34,303,697	38,910,745	40,906,565	42,015,157
Authority's proportionate share of the net pension liability as a percentage of its covered payroll	289.18%	242.17%	361.96%	307.80%	308.49%	224.98%	224.98%
Plan fiduciary net position as a percentage of the total pension liability	60.32%	60.82%	57.76%	65.49%	62.26%	62.26%	70.12%

Note: This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Authority will present information for only those years for which information is available. Information presented in this schedule has been determined as of the Authority's measurement date (December 31 immediately preceding the Authority's most recent fiscal year-end) of the collective net pension liability in accordance with GASB 68.

The discount rate used was 7.25% for 2020, 7.50% for 2019 through 2017, 7.75% for 2016 and 2015, and 8.00% for 2014.

Denver Health and Hospital Authority

Schedules of Required Supplementary Information

Schedule of the Authority's Pension Contributions – DERP

	2021	2020	2019	2018	2017	2016	2015
Contractually required contribution	\$ 4,275,913	\$ 4,663,901	\$ 4,318,106	\$ 6,392,749	\$ 6,482,903	\$ 6,778,008	\$ 6,471,773
Contributions in relation to the contractually required contribution	4,275,913	4,701,940	4,318,106	6,392,749	6,482,903	6,778,008	6,471,773
Contribution deficiency (excess)	-	(38,039)	-	-	-	-	-
Authority's covered-employee payroll	23,106,406	23,713,746	29,664,541	31,969,649	34,303,697	38,910,745	40,906,565
Contributions as a percentage of covered-employee payroll	18.51%	19.83%	14.56%	20.00%	18.90%	17.42%	15.82%

Note: This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Authority will present information for only those years for which information is available. Information presented in this schedule has been determined as of the Authority's most recent fiscal year-end (December 31, 2021) in accordance with GASB 68.

Funding Valuation Date	January 1, 2020	January 1, 2019
Notes	Actuarially determined contribution rates are calculated as of December 31 of each year and are applicable for the follow calendar (fiscal) year.	Actuarially determined contribution rates are calculated as of December 31 of each year and are applicable for the follow calendar (fiscal) year.
Methods and Assumptions		
Actuarial Cost Method	Entry Age Normal	Entry Age Normal
Amortization Method	UAL amortized over a closed 20- year period	UAL amortized over a closed 20- year period
Remaining Amortization Period	20 years	20 years
Asset Valuation Method	Market Value of asset less unrecognized investment gains or losses from the prior five years	Market Value of asset less unrecognized investment gains or losses from the prior five years
Inflation	2.50%	2.50%
Salary Increase	3.00% plus merit component based on years of service.	3.00% plus merit component based on years of service.
Investment Rate of Return	7.25%	7.50%
Retirement Age	Experience-based table of rate that are specific to the type of eligibility condition last updated for the 2018 valuation pursuant to an experience study of the period 2013-2017.	Experience-based table of rate that are specific to the type of eligibility condition last updated for the 2018 valuation pursuant to an experience study of the period 2013-2017.
Mortality	RP-2014 Combined Mortality Table (gener-specific) projected with the Ultimate MP Scale with a multiplicate of 110% male and 105% female.	RP-2014 Combined Mortality Table (gener-specific) projected with the Ultimate MP Scale with a multiplicate of 110% male and 105% female.
Other information		
Notes	There were no benefit changes during the year. Discount Rate was lowered from 7.5% to 7.25% The latest experience study was conducted in 2018 covering the 5-year period of January 1, 2013 to December 31, 2017. At that time, the recommended mortality table was expected to product a margin of 10% on the retired male mortality experience and 5% on the retired female experience [Denver Employees Retirement Plan 2018 Actuarial Experience Study for the year ended December 31, 2017 see Page 15].	There were no benefit changes during the year. As of October, 1, 2017, the valuation interest rate was lowered from 7.75% to 7.50%. The latest experience study was conducted in 2018 covering the 5-year period of January 1, 2013 to December 31, 2017. At that time, the recommended mortality table was expected to product a margin of 10% on the retired male mortality experience and 5% on the retired female experience [Denver Employees Retirement Plan 2018 Actuarial Experience Study for the year ended December 31, 2017 see Page 15].

Denver Health and Hospital Authority

Schedules of Required Supplementary Information

Schedule of the Authority's Pension Contributions – DERP

Funding Valuation Date	January 1, 2018	January 1, 2017
Notes	Actuarially determined contribution rates are calculated as of December 31 of each year and are applicable for the follow calendar (fiscal) year.	Actuarially determined contribution rates are calculated as of December 31 of each year and are applicable for the follow calendar (fiscal) year.
Methods and Assumptions		
Actuarial Cost Method	Entry Age Normal	Entry Age Normal
Amortization Method	Level Percentage of Payroll, Annually Established 30-Year Close Basis	Level Percentage of Payroll, Annually Established 30-Year Close Basis
Remaining Amortization Period	Approximately 27 years	Approximately 27 years
Asset Valuation Method	Smoothed market	Smoothed market
Inflation	2.50%	2.50%
Salary Increase	3.00% to 7.25%	3.00% to 7.25%
Investment Rate of Return	7.50%	7.50%
Retirement Age	Experience-based table of rate that are specific to the type of eligibility condition last updated for the 2013 valuation pursuant to an experience study of the period 2008-2012.	Experience-based table of rate that are specific to the type of eligibility condition last updated for the 2013 valuation pursuant to an experience study of the period 2008-2012.
Mortality	RP-2000 Combined Mortality Table Projected Via Scale AA to 2020. With Multiplies Specific to General and Payment Status of Employee.	RP-2000 Combined Mortality Table Projected Via Scale AA to 2020. With Multiplies Specific to General and Payment Status of Employee.
Other information		
Notes	There were no benefit changes during the year. As of October, 1, 2017, the valuation interest rate was lowered from 7.75% to 7.50%. The latest experience study was conducted in 2018 covering the 5-year period of January 1, 2013 to December 31, 2017. At that time, the recommended mortality table was expected to product a margin of 10% on the retired male mortality experience and 5% on the retired female experience [Denver Employees Retirement Plan 2018 Actuarial Experience Study for the year ended December 31, 2017 see Page 15].	There were no benefit changes during the year. As of October, 1, 2017, the valuation interest rate was lowered from 7.75% to 7.50%. The latest experience study was conducted in 2013 covering the 5-year period of January 1, 2008 to December 31, 2012. At that time, the recommended mortality table was expected to product a margin of 8% on the retired male mortality experience and 7% on the retired female experience [Denver Employees Retirement Plan 2013 Actuarial Experience Study for the year ended December 31, 2012 Page 24, 25].
Funding Valuation Date	January 1, 2016	January 1, 2015
Notes	Actuarially determined contribution rates are calculated as of December 31 of each year and are applicable for the follow calendar (fiscal) year.	Actuarially determined contribution rates are calculated as of December 31 of each year and are applicable for the follow calendar (fiscal) year.
Methods and Assumptions		
Actuarial Cost Method	Entry Age Normal	Entry Age Normal
Amortization Method	Level Percentage of Payroll, Annually Established 30-Year Close Basis	Level Percentage of Payroll, Annually Established 30-Year Close Basis
Remaining Amortization Period	Approximately 27 years	Approximately 28 years
Asset Valuation Method	Smoothed market	Smoothed market
Inflation	2.50%	2.75%
Salary Increase	3.25% to 7.25%	3.25% to 7.25%
Investment Rate of Return	7.75%	7.75%
Retirement Age	Experience-based table of rate that are specific to the type of eligibility condition last updated for the 2013 valuation pursuant to an experience study of the period 2008-2012.	Experience-based table of rate that are specific to the type of eligibility condition last updated for the 2013 valuation pursuant to an experience study of the period 2008-2012.
Mortality	RP-2000 Combined Mortality Table Projected Via Scale AA to 2020. With Multiplies Specific to General and Payment Status of Employee.	RP-2000 Combined Mortality Table Projected Via Scale AA to 2020. With Multiplies Specific to General and Payment Status of Employee.
Other information		
Notes	There were no benefit changes during the year. As of October, 1, 2015, the valuation interest rate was lowered from 8.00% to 7.75% The latest experience study was conducted in 2013 covering the 5-year period of January 1, 2008 to December 31, 2012. At that time, the recommended mortality table was expected to product a margin of 8% on the retired male mortality experience and 7% on the retired female experience [Denver Employees Retirement Plan 2013 Actuarial Experience Study for the period ended December 31, 2012 Page 24, 25].	There were no benefit changes during the year. As of October, 1, 2015, the valuation interest rate was lowered from 8.00% to 7.75% The latest experience study was conducted in 2013 covering the 5-year period of January 1, 2008 to December 31, 2012. At that time, the recommended mortality table was expected to product a margin of 8% on the retired male mortality experience and 7% on the retired female experience [Denver Employees Retirement Plan 2013 Actuarial Experience Study for the period ended December 31, 2012 Page 24, 25].

Denver Health and Hospital Authority

Schedules of Required Supplementary Information

Schedule of the Authority's Pension Contributions – DERP

Funding Valuation Date	January 1, 2014
Notes	Actuarially determined contribution rates are calculated as of December 31 of each year and are applicable for the follow calendar (fiscal) year.
Methods and Assumptions	
Actuarial Cost Method	Entry Age Normal
Amortization Method	Level Percentage of Payroll, Annually Established 30-Year Close Basis
Remaining Amortization Period	Approximately 29 years
Asset Valuation Method	Smoothed market
Inflation	2.75%
Salary Increase	3.25% to 7.25%
Investment Rate of Return	8.00%
Retirement Age	Experience-based table of rate that are specific to the type of eligibility condition last updated for the 2013 valuation pursuant to an experience study of the period 2008-2012.
Mortality	RP-2000 Combined Mortality Table Projected Via Scale AA to 2020. With Multiplies Specific to General and Payment Status of Employee.
Other information	
Notes	There were no benefit changes during the year.

The latest experience study was conducted in 2013 covering the 5-year period of January 1, 2008 to December 31, 2012. At that time, the recommended mortality table was expected to product a margin of 8% on the retired male mortality experience and 7% on the retired female experience [Denver Employees Retirement Plan 2013 Actuarial Experience Study for the period ended December 31, 2012 Page 24, 25].

Denver Health and Hospital Authority
Schedules of Required Supplementary Information
Schedule of the Authority's Proportionate Share of the Net OPEB Liability – DERP
Last Ten Fiscal Years

	2020	2019	2018	2017
Authority's proportion of the net OPEB liability	4.30%	4.62%	5.70%	6.33%
Authority's proportionate share of the net OPEB liability	\$ 4,147,787	\$ 4,540,571	\$ 5,959,778	\$ 5,816,322
Authority's covered payroll	\$ 23,713,746	\$ 29,664,541	\$ 31,969,649	\$ 34,303,697
Authority's proportionate share of the net OPEB liability as a percentage of its covered payroll	17.49%	15.31%	18.64%	16.95%
Plan fiduciary net position as a percentage of the total OPEB liability	43.59%	42.16%	39.18%	45.98%

This schedule is presented as of the measurement date for the fiscal year.

Note: This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Authority will present information for only those years for which information is available. Information presented in this schedule has been determined as of the Authority's most recent fiscal year-end (December 31, 2021) in accordance with GASB 75.

Denver Health and Hospital Authority

Schedules of Required Supplementary Information

Schedule of the Authority's OPEB Contributions – DERP

Last Ten Fiscal Years

	2021	2020	2019	2018
Statutorily required contribution	\$ 222,557	\$ 293,191	\$ 234,744	\$ 289,933
Contributions in relation to the statutorily required contribution	222,557	255,563	234,744	289,933
Contribution deficiency (excess)		37,628	-	-
Authority's covered payroll	\$ 23,106,406	\$ 23,713,746	\$ 29,664,541	\$ 31,969,649
Contributions as a percentage of covered payroll	0.96%	1.08%	0.79%	0.91%

Note: This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Authority will present information for only those years for which information is available. Information presented in this schedule has been determined as of the Authority's most recent fiscal year-end (December 31, 2021) in accordance with GASB 75.

Funding Valuation Date	January 1, 2020	January 1, 2019
Notes	Actuarially determined contribution rates are calculated as of December 31 of each year and are applicable for the follow calendar (fiscal) year.	Actuarially determined contribution rates are calculated as of December 31 of each year and are applicable for the follow calendar (fiscal) year.
Methods and Assumptions		
Actuarial Cost Method	Entry Age Normal	Entry Age Normal
Asset Valuation Method	The market value of assets less any unrecognized investment gains or losses from the prior five years (with 20% of each year's gains/losses recognized annually). In the initial year, only the unrecognized loss from the prior year (2018) is reflected. In prior years, the asset valuation method was a smoothed market value. As of the 2019 actuarial valuation, the UAL as of January 1, 2019 is amortized over a closed 20-year period as a level percentage of payroll, with future changes in the UAL amortized over a new closed 20-year layers. In prior years, the ADC was determined using fixed 30-year layers.	In the 2019 actuarial valuation, the asset valuation method was changed to the market value of assets less any unrecognized investment gains or losses from the prior five years (with 20% of each year's gains/losses recognized annually). In the initial year, only the unrecognized loss from the prior year (2018) is reflected. In prior years, the asset valuation method was a smoothed market value. As of the 2019 actuarial valuation, the UAL as of January 1, 2019 is amortized over a closed 20-year period as a level percentage of payroll, with future changes in the UAL amortized over a new closed 20-year layers. In prior years, the ADC was determined using fixed 30-year layers.
Amortization Method	7.25%	7.50%
Investment Rate of Return	3.00%	3.00%
Amortization Growth Rate	2.50%	2.50%
Inflation	3.00% plus merit component based on years of service.	3.00% plus merit component based on years of service.
Salary Increase	Adjusted RP-2014 Mortality Tables, with generational projections using Ultimate MP Scale (changed in 2018 from RP-2000 Combined Mortality Projected with Scale AA to 2020).	Adjusted RP-2014 Mortality Tables, with generational projections using Ultimate MP Scale (changed in 2018 from RP-2000 Combined Mortality Projected with Scale AA to 2020).
Mortality		
Funding Valuation Date	January 1, 2018	January 1, 2017
Notes	Actuarially determined contribution rates are calculated as of December 31 of each year and are applicable for the follow calendar (fiscal) year.	Actuarially determined contribution rates are calculated as of December 31 of each year and are applicable for the follow calendar (fiscal) year.
Methods and Assumptions		
Actuarial Cost Method	Entry Age Normal	Entry Age Normal
Asset Valuation Method	Smoothed market value	Smoothed market value
	Fixed 30-Year closed periods as of January 1, 2013; level percentage of payroll	Fixed 30-Year closed periods as of January 1, 2013; level percentage of payroll
Amortization Method	7.50%	7.50%
Investment Rate of Return	3.00%	3.00%
Amortization Growth Rate	2.50%	2.50%
Inflation	3.00% plus merit component based on years of service.	3.00% plus merit component based on years of service.
Salary Increase	RP-2014 Combined Mortality Table (gender specific) projected with the Ultimate MP Scale with a multiplier of 110% male and 105% female.	RP-2000 Combined Healthy Mortality Projected with Scale AA to 2020
Mortality		

Denver Health and Hospital Authority
Schedules of Required Supplementary Information
Schedule of Changes in the Authority's Total OPEB Liability and Related Ratios –
The Supplement Plan
Last Ten Fiscal Years

	2020	2019	2018	2017
Total OPEB Liability				
Service cost	\$ -	\$ -	\$ 1,346,584	\$ 1,249,750
Interest	-	-	636,399	621,845
Differences between expected and actual experience	-	-	-	53,559
Changes of assumptions or other inputs	-	(16,958,933)	(1,206,268)	591,705
Benefit payments	-	(640,800)	(655,200)	(475,200)
Net Change in Total OPEB Liability	-	(17,599,733)	121,515	2,041,659
Authority's Total OPEB Liability - Beginning	-	17,599,733	17,478,218	15,436,559
Authority's Total OPEB Liability - Ending	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 17,599,733</u>	<u>\$ 17,478,218</u>
Covered Payroll	\$ -	\$ 583,057,561	\$ 522,346,421	\$ 501,011,664
Authority's Total OPEB Liability as a Percentage of Covered Payroll	0.00%	0.00%	3.37%	3.49%

This schedule is presented as of the measurement date for the fiscal year.

The discount rate was changed from 3.78% for 2017, to 3.44% for 2018, to 4.10% for 2019.

Note: This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Authority will present information for only those years for which information is available. Information presented in this schedule has been determined as of the Authority's most recent fiscal year-end (December 31, 2021) in accordance with GASB 75.

No assets are accumulated in a trust that meets the criteria in paragraph 4 of GASB Statement No. 75 to pay related benefits.

This OPEB plan was amended to freeze and close to new participants effective January 1, 2020. Additionally, participants had until December 31, 2020 to expend their benefits and 90 days after that date to file a claim. The Authority does not anticipate any further liability in regard to this OPEB plan after December 31, 2020.

Denver Health and Hospital Authority
Schedules of Required Supplementary Information
Schedule of Changes in the Authority's Qualified Replacement
Benefit Plan and Related Ratios – DERP RBA
Last Ten Fiscal Years

	2020	2019	2018 *
Total Pension Liability			
Service cost	\$ 48,281	\$ 24,466	\$ 35,474
Interest	173,792	240,039	219,101
Differences between expected and actual experience	1,040,488	91,211	-
Changes of assumptions or other inputs	330,597	561,579	(276,108)
Benefit payments	<u>(416,924)</u>	<u>(463,231)</u>	<u>(512,312)</u>
Net Change in Total Pension Liability	1,176,234	454,064	(533,845)
Authority's Total Pension Liability - Beginning	<u>6,525,841</u>	<u>6,071,777</u>	<u>6,605,622</u>
Authority's Total Pension Liability - Ending	<u><u>\$ 7,702,075</u></u>	<u><u>\$ 6,525,841</u></u>	<u><u>\$ 6,071,777</u></u>
Covered Payroll	\$ 33,055,269	\$ 38,231,689	\$ 57,501,912
Authority's Total Pension Liability as a Percentage of Covered Payroll	23.30%	17.07%	10.56%

This schedule is presented as of the measurement date for the fiscal year.

The discount rate was changed from 4.10% for 2018 to 2.74% for 2019 and 2.12% for 2020.

Note: This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Authority will present information for only those years for which information is available. Information presented in this schedule has been determined as of the Authority's most recent fiscal year-end (December 31, 2021) in accordance with GASB 73.

* 2018 information is for informational purposes only. Prior to December 31, 2020, this plan was not administered in accordance with plan documents, therefore the Authority recorded the liability and contribution in the current year.

Supplementary Information

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Denver Health and Hospital Authority
Consolidating Schedule – Statement of Net Position Information
December 31, 2021

	The Authority							Total
	Denver Health Medical Center	City Fund	RMPDS	Restricted Fund	Total Authority	CCPPS	550 Acoma Inc.	
Assets and Deferred Outflows of Resources								
Current Assets								
Cash and cash equivalents	\$ 34,273,812	\$ -	\$ -	\$ (1,062)	\$ 34,272,750	\$ 491,402	\$ -	\$ 34,764,152
Patient accounts receivable, net	85,793,299	-	-	-	85,793,299	-	-	85,793,299
Due from other governmental entities	16,050,070	-	-	23,288,432	39,338,502	-	-	39,338,502
Due from City and County of Denver	8,796,480	1,761,593	8,075	-	10,566,148	-	-	10,566,148
Other receivables	6,199,633	42,312	4,576,339	3,828,567	14,646,851	-	-	14,646,851
Interest receivable	1,467,962	-	-	-	1,467,962	-	-	1,467,962
Due from (to) and investment in discretely presented component units	(2,695,303)	(1,498,074)	26,215,940	(15,951,009)	6,071,554	(1,615,715)	2,856,187	7,312,026
Inventories	16,672,270	-	-	-	16,672,270	-	-	16,672,270
Prepaid expenses and other assets	18,373,281	-	403,449	36,758	18,813,488	-	-	18,813,488
Total current assets	184,931,504	305,831	31,203,803	11,201,686	227,642,824	(1,124,313)	2,856,187	229,374,698
Noncurrent Assets								
Notes receivable	14,957,348	-	-	-	14,957,348	-	-	14,957,348
Estimated third-party payor settlements receivable	5,339,026	-	-	-	5,339,026	-	-	5,339,026
Equity interest in joint venture	1,269,500	-	-	-	1,269,500	-	-	1,269,500
Restricted investments	19,295,940	-	-	-	19,295,940	-	3,070	19,299,010
Capital assets, net of accumulated depreciation	629,472,213	516,173	-	-	629,988,386	-	27,244,979	657,233,365
Long-term investments	335,726,635	-	-	-	335,726,635	-	-	335,726,635
Board-designated investments	10,200,000	-	-	-	10,200,000	-	-	10,200,000
Other long-term assets	3,620,013	1,207,811	-	-	4,827,824	-	-	4,827,824
Total noncurrent assets	1,019,880,675	1,723,984	-	-	1,021,604,659	-	27,248,049	1,048,852,708
Total assets	1,204,812,179	2,029,815	31,203,803	11,201,686	1,249,247,483	(1,124,313)	30,104,236	1,278,227,406
Deferred Outflows of Resources								
Deferred outflows of resources related to pension benefits	10,799,589	-	-	-	10,799,589	-	-	10,799,589
Deferred outflows of resources related to other postemployment benefits	462,225	-	-	-	462,225	-	-	462,225
Loss on refunding of debt	14,571,326	-	-	-	14,571,326	-	-	14,571,326
Total deferred outflows of resources	25,833,140	-	-	-	25,833,140	-	-	25,833,140
Total assets and deferred outflows of resources	<u>\$ 1,230,645,319</u>	<u>\$ 2,029,815</u>	<u>\$ 31,203,803</u>	<u>\$ 11,201,686</u>	<u>\$ 1,275,080,623</u>	<u>\$ (1,124,313)</u>	<u>\$ 30,104,236</u>	<u>\$ 1,304,060,546</u>

Denver Health and Hospital Authority

Consolidating Schedule – Statement of Net Position Information

December 31, 2021

	The Authority							Total
	Denver Health Medical Center	City Fund	RMPDS	Restricted Fund	Total Authority	CCPPS	550 Acoma Inc.	
Liabilities, Deferred Inflows of Resources and Net Position								
Current Liabilities								
Current maturities of bonds payable	\$ 11,788,132	\$ -	\$ -	\$ -	\$ 11,788,132	\$ -	\$ 695,000	\$ 12,483,132
Current maturities of capital leases	300,728	-	-	-	300,728	-	-	300,728
Current maturities of notes payable	1,848,036	-	-	-	1,848,036	-	-	1,848,036
Medical malpractice liability	7,459,198	-	-	-	7,459,198	-	-	7,459,198
Accounts payable and accrued expenses	42,026,228	-	1,763,446	17,760	43,807,434	134,114	147,863	44,089,411
Accrued salaries, wages and employee benefits	39,546,269	-	-	-	39,546,269	-	-	39,546,269
Accrued compensated absences	40,578,869	-	-	-	40,578,869	-	-	40,578,869
Accelerated Medicare payments	12,881,163	-	-	-	12,881,163	-	-	12,881,163
Unearned revenue	18,603,748	-	1,246,323	6,881,511	26,731,582	-	-	26,731,582
Total current liabilities	175,032,371	-	3,009,769	6,899,271	184,941,411	134,114	842,863	185,918,388
Long-term Liabilities								
Long-term portion of liability for estimated third-party settlements	23,752,700	-	-	-	23,752,700	-	-	23,752,700
Long-term portion of compensated absences	116,076	-	-	-	116,076	-	-	116,076
Long-term portion of accelerated Medicare payments	4,743,748	-	-	-	4,743,748	-	-	4,743,748
Bonds payable, less current maturities	283,110,305	-	-	-	283,110,305	-	-	283,110,305
Capital lease obligations, less current maturities	1,798,177	-	-	-	1,798,177	-	-	1,798,177
Notes payable, less current maturities	3,021,938	-	-	-	3,021,938	-	38,821,479	41,843,417
Net pension liability	76,277,183	-	-	-	76,277,183	-	-	76,277,183
Postemployment benefits	4,147,787	-	-	-	4,147,787	-	-	4,147,787
Total long-term liabilities	396,967,914	-	-	-	396,967,914	-	38,821,479	435,789,393
Total liabilities	572,000,285	-	3,009,769	6,899,271	581,909,325	134,114	39,664,342	621,707,781
Deferred Inflows of Resources								
Deferred inflows of resources related to pension benefits	19,350,058	-	-	-	19,350,058	-	-	19,350,058
Deferred inflows of resources related to other postemployment benefits	925,681	-	-	-	925,681	-	-	925,681
Total deferred inflows of resources	20,275,739	-	-	-	20,275,739	-	-	20,275,739
Total liabilities and deferred inflows of resources	592,276,024	-	3,009,769	6,899,271	602,185,064	134,114	39,664,342	641,983,520
Net Position								
Net investment in capital assets	327,819,764	516,173	-	-	328,335,937	-	-	328,335,937
Unrestricted	310,549,531	1,513,642	28,194,034	4,302,415	344,559,622	(1,258,427)	(9,560,106)	333,741,089
Total net position	638,369,295	2,029,815	28,194,034	4,302,415	672,895,559	(1,258,427)	(9,560,106)	662,077,026
Total liabilities, deferred inflows of resources and net position	<u>\$ 1,230,645,319</u>	<u>\$ 2,029,815</u>	<u>\$ 31,203,803</u>	<u>\$ 11,201,686</u>	<u>\$ 1,275,080,623</u>	<u>\$ (1,124,313)</u>	<u>\$ 30,104,236</u>	<u>\$ 1,304,060,546</u>

Denver Health and Hospital Authority

Consolidating Schedule – Statement of Net Position Information

December 31, 2020

	The Authority							Total
	Denver Health Medical Center	City Fund	RMPDS	Restricted Fund	Total Authority	CCPPS	550 Acoma Inc.	
Assets and Deferred Outflows of Resources								
Current Assets								
Cash and cash equivalents	\$ 70,634,206	\$ -	\$ -	\$ (1,062)	\$ 70,633,144	\$ 606,882	\$ -	\$ 71,240,026
Patient accounts receivable, net	73,056,520	-	-	-	73,056,520	-	-	73,056,520
Due from other governmental entities	11,868,794	-	-	10,335,068	22,203,862	-	-	22,203,862
Due from City and County of Denver	5,240,995	1,710,217	8,075	(14,450)	6,944,837	-	-	6,944,837
Other receivables	6,174,845	(865)	4,337,135	6,023,056	16,534,171	-	-	16,534,171
Interest receivable	1,717,635	-	-	-	1,717,635	-	-	1,717,635
Due from (to) and investment in discretely presented component units	(15,814,834)	(1,494,419)	24,952,434	(6,177,745)	1,465,436	(1,615,716)	3,012,817	2,862,537
Inventories	16,423,825	-	-	-	16,423,825	-	-	16,423,825
Prepaid expenses and other assets	14,681,713	-	277,912	40,152	14,999,777	-	-	14,999,777
Total current assets	183,983,699	214,933	29,575,556	10,205,019	223,979,207	(1,008,834)	3,012,817	225,983,190
Noncurrent Assets								
Notes receivable	30,389,348	-	-	-	30,389,348	-	-	30,389,348
Estimated third-party payor settlements receivable	5,200,003	-	-	-	5,200,003	-	-	5,200,003
Equity interest in joint venture	2,015,033	-	-	-	2,015,033	-	-	2,015,033
Restricted investments	19,048,569	-	-	-	19,048,569	-	3,163	19,051,732
Capital assets, net of accumulated depreciation	619,267,740	733,917	-	-	620,001,657	-	28,250,266	648,251,923
Long-term investments	363,186,193	-	-	-	363,186,193	-	-	363,186,193
Board-designated investments	7,000,000	-	-	-	7,000,000	-	-	7,000,000
Other long-term assets	8,284	1,307,373	-	-	1,315,657	-	-	1,315,657
Total noncurrent assets	1,046,115,170	2,041,290	-	-	1,048,156,460	-	28,253,429	1,076,409,889
Total assets	1,230,098,869	2,256,223	29,575,556	10,205,019	1,272,135,667	(1,008,834)	31,266,246	1,302,393,079
Deferred Outflows of Resources								
Deferred outflows of resources related to pension benefits	9,984,737	-	-	-	9,984,737	-	-	9,984,737
Deferred outflows of resources related to other postemployment benefits	491,682	-	-	-	491,682	-	-	491,682
Deferred outflow - acquisitions	71,667	-	-	-	71,667	-	-	71,667
Loss on refunding of debt	15,931,093	-	-	-	15,931,093	-	-	15,931,093
Total deferred outflows of resources	26,479,179	-	-	-	26,479,179	-	-	26,479,179
Total assets and deferred outflows of resources	\$ 1,256,578,048	\$ 2,256,223	\$ 29,575,556	\$ 10,205,019	\$ 1,298,614,846	\$ (1,008,834)	\$ 31,266,246	\$ 1,328,872,258

Denver Health and Hospital Authority

Consolidating Schedule – Statement of Net Position Information

December 31, 2020

	The Authority							
	Denver Health Medical Center	City Fund	RMPDS	Restricted Fund	Total Authority	CCPPS	550 Acoma Inc.	Total
Liabilities, Deferred Inflows of Resources and Net Position								
Current Liabilities								
Current maturities of bonds payable	\$ 11,165,000	\$ -	\$ -	\$ -	\$ 11,165,000	\$ -	\$ 660,000	\$ 11,825,000
Current maturities of capital leases	353,434	-	-	-	353,434	-	-	353,434
Current maturities of notes payable	1,848,036	-	-	-	1,848,036	-	-	1,848,036
Current maturities of program support liability	5,588,981	-	-	-	5,588,981	-	-	5,588,981
Medical malpractice liability	7,360,716	-	-	-	7,360,716	-	-	7,360,716
Accounts payable and accrued expenses	53,208,485	-	1,946,260	17,760	55,172,505	(334,432)	150,612	54,988,685
Accrued salaries, wages and employee benefits	30,475,826	-	-	-	30,475,826	-	-	30,475,826
Accrued compensated absences	33,041,927	-	-	-	33,041,927	-	-	33,041,927
Accelerated Medicare payments	8,919,516	-	-	-	8,919,516	-	-	8,919,516
Accrued claims	33,156,068	-	213,323	5,834,481	39,203,872	-	-	39,203,872
Total current liabilities	185,117,989	-	2,159,583	5,852,241	193,129,813	(334,432)	810,612	193,605,993
Long-term Liabilities								
Long-term portion of liability for estimated third-party settlements	10,650,855	-	-	-	10,650,855	-	-	10,650,855
Long-term portion of compensated absences	116,076	-	-	-	116,076	-	-	116,076
Long-term portion of accelerated Medicare payments	19,031,874	-	-	-	19,031,874	-	-	19,031,874
Bonds payable, less current maturities	295,808,980	-	-	-	295,808,980	-	-	295,808,980
Capital lease obligations, less current maturities	2,098,905	-	-	-	2,098,905	-	-	2,098,905
Notes payable, less current maturities	4,381,921	-	-	-	4,381,921	-	39,615,793	43,997,714
Net pension liability	78,365,464	-	-	-	78,365,464	-	-	78,365,464
Postemployment benefits	4,540,571	-	-	-	4,540,571	-	-	4,540,571
Total long-term liabilities	414,994,646	-	-	-	414,994,646	-	39,615,793	454,610,439
Total liabilities	600,112,635	-	2,159,583	5,852,241	608,124,459	(334,432)	40,426,405	648,216,432
Deferred Inflows of Resources								
Deferred inflows of resources related to pension benefits	32,019,253	-	-	-	32,019,253	-	-	32,019,253
Deferred inflows of resources related to other postemployment benefits	1,223,299	-	-	-	1,223,299	-	-	1,223,299
Total deferred inflows of resources	33,242,552	-	-	-	33,242,552	-	-	33,242,552
Total liabilities and deferred inflows of resources	633,355,187	-	2,159,583	5,852,241	641,367,011	(334,432)	40,426,405	681,458,984
Net Position								
Net investment in capital assets	301,988,806	733,917	-	-	302,722,723	-	-	302,722,723
Unrestricted	321,234,055	1,522,306	27,415,973	4,352,778	354,525,112	(674,402)	(9,160,159)	344,690,551
Total net position	623,222,861	2,256,223	27,415,973	4,352,778	657,247,835	(674,402)	(9,160,159)	647,413,274
Total liabilities, deferred inflows of resources and net position	\$ 1,256,578,048	\$ 2,256,223	\$ 29,575,556	\$ 10,205,019	\$ 1,298,614,846	\$ (1,008,834)	\$ 31,266,246	\$ 1,328,872,258

Denver Health and Hospital Authority

Consolidating Schedule – Revenue and Expenses Information

Year Ended December 31, 2021

	The Authority							
	Denver Health Medical Center	City Fund	RMPDS	Restricted Fund	Total Authority	CCPPS	550 Acoma Inc.	Total
Operating Revenues								
Net patient service revenue	\$ 862,754,869	\$ 3,457,814	\$ 137,214	\$ -	\$ 866,349,897	\$ -	\$ -	\$ 866,349,897
Capitation earned net of reinsurance expense	10,600,000	-	-	-	10,600,000	-	-	10,600,000
Medicaid disproportionate share and other safety net reimbursement	123,810,297	-	-	-	123,810,297	-	-	123,810,297
City and County of Denver payment for patient care services	27,700,002	-	-	-	27,700,002	-	-	27,700,002
Federal, state and other grants	793,645	-	-	86,552,350	87,345,995	-	-	87,345,995
City and County of Denver purchased services	7,452,142	19,601,128	104,975	-	27,158,245	-	-	27,158,245
Poison and drug center contracts	-	-	20,009,515	-	20,009,515	-	-	20,009,515
Other operating revenue	58,104,508	(1,424,384)	-	218,276	56,898,400	-	-	56,898,400
Total operating revenues	1,091,215,463	21,634,558	20,251,704	86,770,626	1,219,872,351	-	-	1,219,872,351
Operating Expenses								
Salaries and benefits	653,643,161	19,705,490	11,397,652	62,150,384	746,896,687	-	-	746,896,687
Contracted services and nonmedical supplies	210,802,272	1,393,766	8,077,816	27,485,365	247,759,219	584,025	(2,467,345)	245,875,899
Medical supplies and pharmaceuticals	169,931,497	634,484	361	5,259,858	175,826,200	-	-	175,826,200
Depreciation and amortization	59,055,453	217,740	-	-	59,273,193	-	1,162,183	60,435,376
Total operating expenses	1,093,432,383	21,951,480	19,475,829	94,895,607	1,229,755,299	584,025	(1,305,162)	1,229,034,162
Operating income (loss)	(2,216,920)	(316,922)	775,875	(8,124,981)	(9,882,948)	(584,025)	1,305,162	(9,161,811)
Nonoperating Revenues (Expenses)								
Decrease in equity in joint venture	(955,533)				(955,533)	-	-	(955,533)
Nonoperating grant revenue (CARES Act/FEMA)	10,893,121			9,515,152	20,408,273	-	-	20,408,273
Interdepartmental transfers	(351,329)		2,186	349,143	-	-	-	-
Gain on dissolution of Southwest Clinic, Inc.	4,982,853	-	-	-	4,982,853	-	-	4,982,853
Grant funded capital expenditures	1,789,677	-	-	(1,789,677)	-	-	-	-
Interest income	15,570,744	-	-	-	15,570,744	-	173	15,570,917
Interest expense	(11,843,454)	-	-	-	(11,843,454)	-	(1,705,282)	(13,548,736)
Net decrease in fair value of investments	(7,016,141)	-	-	-	(7,016,141)	-	-	(7,016,141)
Loss on disposition of capital assets	(4,166)	-	-	-	(4,166)	-	-	(4,166)
Total nonoperating revenues (expenses)	13,065,772	-	2,186	8,074,618	21,142,576	-	(1,705,109)	19,437,467
Income (loss) before capital contributions	10,848,852	(316,922)	778,061	(50,363)	11,259,628	(584,025)	(399,947)	10,275,656
Contributions Restricted for Capital Assets	4,297,582	90,514	-	-	4,388,096	-	-	4,388,096
Increase (decrease) in net position	\$ 15,146,434	\$ (226,408)	\$ 778,061	\$ (50,363)	\$ 15,647,724	\$ (584,025)	\$ (399,947)	\$ 14,663,752

Denver Health and Hospital Authority

Consolidating Schedule – Revenue and Expenses Information

Year Ended December 31, 2020

	The Authority							
	Denver Health Medical Center	City Fund	RMPDS	Restricted Fund	Total Authority	CCPPS	550 Acoma Inc.	Total
Operating Revenues								
Net patient service revenue	\$ 767,741,397	\$ 1,744,499	\$ 187,997	\$ -	\$ 769,673,893	\$ -	\$ -	\$ 769,673,893
Capitation earned net of reinsurance expense	(12,600,000)	-	-	-	(12,600,000)	-	-	(12,600,000)
Medicaid disproportionate share and other safety net reimbursement	131,245,683	-	-	-	131,245,683	-	-	131,245,683
City and County of Denver payment for patient care services	27,773,299	-	-	-	27,773,299	-	-	27,773,299
Federal, state and other grants	355,331	-	-	76,866,929	77,222,260	-	-	77,222,260
City and County of Denver purchased services	7,319,617	17,956,786	96,900	68	25,373,371	-	-	25,373,371
Poison and drug center contracts	-	-	24,303,056	-	24,303,056	-	-	24,303,056
Other operating revenue	44,665,364	(334,530)	-	(37,255)	44,293,579	35,191	-	44,328,770
Total operating revenues	966,500,691	19,366,755	24,587,953	76,829,742	1,087,285,141	35,191	-	1,087,320,332
Operating Expenses								
Salaries and benefits	595,739,634	17,751,994	13,873,481	58,444,039	685,809,148	-	-	685,809,148
Contracted services and nonmedical supplies	174,482,787	902,619	9,758,731	19,809,655	204,953,792	(227,300)	(1,071,678)	203,654,814
Medical supplies and pharmaceuticals	144,920,475	712,616	436	2,626,633	148,260,160	-	-	148,260,160
Managed care outside provider claims	(1,361,653)	-	-	-	(1,361,653)	-	-	(1,361,653)
Depreciation and amortization	51,201,960	227,970	-	-	51,429,930	-	192,178	51,622,108
Total operating expenses	964,983,203	19,595,199	23,632,648	80,880,327	1,089,091,377	(227,300)	(879,500)	1,087,984,577
Operating income (loss)	1,517,488	(228,444)	955,305	(4,050,585)	(1,806,236)	262,491	879,500	(664,245)
Nonoperating Revenues (Expenses)								
Decrease in equity in joint venture	(306,600)	-	-	-	(306,600)	-	-	(306,600)
Nonoperating grant revenue (CARES Act/FEMA)	81,864,433	-	-	5,133,955	86,998,388	-	-	86,998,388
Interdepartmental transfers	(307,711)	-	10,163	297,548	-	-	-	-
Grant funded capital expenditures	1,380,918	-	-	(1,380,918)	-	-	-	-
Interest income	12,337,138	-	-	-	12,337,138	-	15,444	12,352,582
Interest expense	(13,800,998)	-	-	-	(13,800,998)	-	(1,722,705)	(15,523,703)
Net increase in fair value of investments	7,495,684	-	-	-	7,495,684	-	-	7,495,684
Gain on disposition of capital assets	5,444,447	-	-	-	5,444,447	-	-	5,444,447
Total nonoperating revenues (expenses)	94,107,311	-	10,163	4,050,585	98,168,059	-	(1,707,261)	96,460,798
Income (loss) before capital contributions	95,624,799	(228,444)	965,468	-	96,361,823	262,491	(827,761)	95,796,553
Contributions Restricted for Capital Assets	2,283,462	53,140	-	-	2,336,602	-	1,073,328	3,409,930
Increase (decrease) in net position	\$ 97,908,261	\$ (175,304)	\$ 965,468	\$ -	\$ 98,698,425	\$ 262,491	\$ 245,567	\$ 99,206,483

Denver Health and Hospital Authority
Supplementary Budget to Actual Information
Year Ended December 31, 2021

	Actual	Budget	Variance- Favorable (Unfavorable)
Operating Revenues			
Net patient service revenue	\$ 866,349,897	\$ 844,389,899	\$ 21,959,998
Capitation earned net of reinsurance expense	10,600,000	-	10,600,000
Medicaid disproportionate share and other safety net reimbursement	123,810,297	119,940,143	3,870,154
City and County of Denver payment for patient care services	27,700,002	27,777,300	(77,298)
Federal, state and other grants	87,345,995	76,988,305	10,357,690
City and County of Denver purchased services	27,158,245	29,432,531	(2,274,286)
Poison and drug center contracts	20,009,515	20,062,414	(52,899)
Other operating revenue	56,898,400	47,054,543	9,843,857
Total operating revenues	<u>1,219,872,351</u>	<u>1,165,645,135</u>	<u>54,227,216</u>
Operating Expenses			
Salaries and benefits	746,896,687	753,878,959	6,982,272
Contracted services and nonmedical supplies	245,875,899	211,841,029	(34,034,870)
Medical supplies and pharmaceuticals	175,826,200	155,953,178	(19,873,022)
Depreciation and amortization	60,435,376	62,013,714	1,578,338
Total operating expenses	<u>1,229,034,162</u>	<u>1,183,686,880</u>	<u>(45,347,282)</u>
Operating income (loss)	<u>(9,161,811)</u>	<u>(18,041,745)</u>	<u>8,879,934</u>
Nonoperating Revenues (Expenses)			
Decrease in equity in joint venture	(955,533)	-	(955,533)
Nonoperating grant revenue (CARES Act/FEMA)	20,408,273	32,200,000	(11,791,727)
Gain on dissolution of Southwest Clinic, Inc.	4,982,853	-	4,982,853
Interest income	15,570,917	8,696,564	6,874,353
Interest expense	(13,548,736)	(13,911,218)	362,482
Total nonoperating revenues (expenses)	26,457,774	26,985,346	(527,572)
Reconciliation to Income Before Capital Contributions			
Add:			
Net decrease in fair value of investments	(7,016,141)	-	(7,016,141)
Loss on disposition of capital assets	(4,166)	-	(4,166)
Total reconciling items	<u>(7,020,307)</u>	<u>-</u>	<u>(7,020,307)</u>
Income Before Capital Contributions	<u><u>\$ 10,275,656</u></u>	<u><u>\$ 8,943,601</u></u>	<u><u>\$ 1,332,055</u></u>

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

Independent Auditor's Report

Board of Directors
Denver Health and Hospital Authority
Denver, Colorado

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, the aggregate discretely presented component units, and the aggregate remaining fund information of Denver Health and Hospital Authority (the Authority), as of and for the year ended December 31, 2021, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements, and have issued our report thereon dated March 31, 2022. The financial statements of Denver Health Medical Plan, Inc. DHHA Southwest Clinic, Inc. and DHHA OMC QALICB Inc., are discretely presented component units and Canadian Consumer Product and Pharmaceutical Safety, Inc. and 550 Acoma Inc., were not audited in accordance with *Government Auditing Standards*, and accordingly, this report does not include reporting on internal control over financial reporting or instances of reportable noncompliance associated with Denver Health Medical Plan, Inc. DHHA Southwest Clinic, Inc. and DHHA OMC QALICB Inc., Canadian Consumer Product and Pharmaceutical Safety, Inc. and 550 Acoma Inc.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Authority'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 opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority'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 the entity'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.

Board of Directors
Denver Health and Hospital Authority

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 or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Authority'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*.

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 the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

BKD, LLP

Denver, Colorado
March 31, 2022

Denver Health and Hospital Authority

Single Audit Report

December 31, 2021

Denver Health and Hospital Authority
December 31, 2021

Contents

Schedule of Expenditures of Federal Awards	1
Notes to Schedule of Expenditures of Federal Awards	11
Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i> – Independent Auditor’s Report.....	12
Report on Compliance for Each Major Federal Program, Report on Internal Control Over Compliance, and Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance – Independent Auditor’s Report	14
Schedule of Findings and Questioned Costs	17
Summary Schedule of Prior Audit Findings	20

Denver Health and Hospital Authority - Single Audit

Schedule of Expenditures of Federal Awards

Year Ended December 31, 2021

Federal Grantor/Program or Cluster Title	Pass-through Grantor	Pass-through Identifying Number, If Applicable	Assistance Listing Number	Federal Expenditures	Passed-through To Subrecipients
Department of Agriculture					
WIC Special Supplemental Nutrition Program for Women, Infants, and Children	State of Colorado Department of Public Health and Environment	17 FHIA 93370, 20 FHIA 140868, 2021*2065 AMENDMENT #1 2021*2569 OPTION LETTER #2, 2022*2088 Option Letter 3, 2022*2344 Option Letter #3	10.557	\$ 9,817,080	\$ -
Total Department of Agriculture				<u>9,817,080</u>	<u>-</u>
Department of Justice					
Crime Victim Assistance	State of Colorado Department of Public Safety	2018-VA-19-066-02, 2020-VA-21-482-02, 2020-VA-21-511-02 2020-VA-21-517-02	16.575	303,588	124,920
Crime Victim Assistance	University of Colorado Denver	FY22.812.001	16.575	50,605	-
Total - Crime Victim Assistance				<u>354,193</u>	<u>-</u>
Crime Victim Assistance/Discretionary Grants	N/A	N/A	16.582	406,558	406,124
Crime Victim Assistance/Discretionary Grants	State of Colorado Department of Human Services	PO IHGA 202100007604	16.582	47,861	-
Total - Crime Victim Assistance/Discretionary Grants				<u>454,419</u>	<u>-</u>
Total Department of Justice				<u>808,612</u>	<u>531,044</u>
Department of Labor					
H-1B Job Training Grants	Community College of Denver	21-168	17.268	4,024	-
Total Department of Labor				<u>4,024</u>	<u>-</u>
Department of The Treasury					
COVID-19 Coronavirus Relief Fund	City & County of Denver Department of Public Health and Environment	ENVHL-202056318-00	21.019	272,083	-
COVID-19 Coronavirus Relief Fund	State of Colorado Department of Public Health and Environment	2017*0015 AMENDMENT #1	21.019	75,067	-
Total - Coronavirus Relief Fund				<u>347,150</u>	<u>-</u>
Total Department of The Treasury				<u>347,150</u>	<u>-</u>
Department of Homeland Security					
COVID-19 Disaster Grants - Public Assistance (Presidentially Declared Disasters)	City & County of Denver	FINAN-202054689-00	97.036	9,769,034	-
Total Department of Homeland Security				<u>9,769,034</u>	<u>-</u>

The accompanying notes are an integral part of this schedule.

Denver Health and Hospital Authority - Single Audit

Schedule of Expenditures of Federal Awards (continued)

Year Ended December 31, 2021

Federal Grantor/Program or Cluster Title	Pass-through Grantor	Pass-through Identifying Number, If Applicable	Assistance Listing Number	Federal Expenditures	Passed-through To Subrecipients
Department of Health and Human Services					
COVID-19 Public Health Emergency Preparedness	City & County of Denver Department of Public Health and Environment	ENVHL-202056318-00	93.069	63,417	-
Public Health Emergency Preparedness	City & County of Denver Department of Public Health and Environment	ENVHL-202056318-00	93.069	120,125	-
Public Health Emergency Preparedness	Southern Nevada Health District	SNHD-6-PHEP-SA-15-108	93.069	18,866	-
Total - Public Health Emergency Preparedness				202,408	-
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	State of Colorado Department of Public Health and Environment	2020*0589 AMD #1, 2022*0583 Amendment #3	93.074	178,432	-
Maternal and Child Health Federal Consolidated Programs	N/A	N/A	93.110	973,849	672,203
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	State of Colorado Department of Public Health and Environment	19 FHHA 122063, 2021*2956 AMENDMENT #2	93.116	77,998	-
Preventive Medicine Residency	University of Colorado Denver	FY20.1009.001, FY21.1009.001, FY21.1009.002 FY21.1009.002_AMD1, FY21.1009.003_AMD2	93.117	39,452	-
Injury Prevention and Control Research and State and Community Based Programs	City & County of Denver Department of Public Health and Environment	PO-00094399	93.136	9,926	-
Health Program for Toxic Substances and Disease Registry	American College of Medical Toxicology	U61TS000238-R8-03, U61TS000238-R8-04, U61TS000238	93.161	(5,954)	-
COVID-19 Health Program for Toxic Substances and Disease Registry	American Academy of Pediatrics	1012132-DHHA, 100276	93.161	71,450	-
Health Program for Toxic Substances and Disease Registry	American Academy of Pediatrics	771120_DHHA, 1012032_DHHA, 100771	93.161	218,638	38,252
Total - Health Program for Toxic Substances and Disease Registry				284,134	38,252
Graduate Psychology Education	N/A	N/A	93.191	374,856	-
Graduate Psychology Education	University of Denver	SC37922-01 P0165926	93.191	8,107	-
Total - Graduate Psychology Education				382,963	-
Family Planning Services	State of Colorado Department of Public Health and Environment	2017*0039 AMENDMENT #4, 2017*0039 OPTION LETTER #7 2021*0271, 2021*0271 OPTION LETTER #3	93.217	911,566	-

The accompanying notes are an integral part of this schedule.

Denver Health and Hospital Authority - Single Audit

Schedule of Expenditures of Federal Awards (continued)

Year Ended December 31, 2021

Federal Grantor/Program or Cluster Title	Pass-through Grantor	Pass-through Identifying Number, If Applicable	Assistance Listing Number	Federal Expenditures	Passed-through To Subrecipients
Health Centers Cluster					
COVID-19 Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	N/A	N/A	93.224	6,657,714	7,360
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	N/A	N/A	93.224	2,856,801	-
Total - Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)				9,514,515	7,360
Grants for New and Expanded Services under the Health Center Program	N/A	N/A	93.527	14,253,148	-
Total Health Centers Cluster				23,767,663	7,360
Substance Abuse and Mental Health Services Projects of Regional and National Significance	N/A	N/A	93.243	560,948	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	State of Colorado Department of Human Services	20 IHJA 134711	93.243	(6,594)	(6,594)
Substance Abuse and Mental Health Services Projects of Regional and National Significance	State of Colorado Department of Public Health and Environment	2020*0760 Option Letter #2, 2020*0760 Option Letter #4	93.243	15,620	-
Total - Substance Abuse and Mental Health Services Projects of Regional and National Significance				569,974	(6,594)
COVID-19 Poison Center Support and Enhancement Grant	N/A	N/A	93.253	22,673	-
Poison Center Support and Enhancement Grant	N/A	N/A	93.253	672,616	-
Total - Poison Center Support and Enhancement Grant				695,289	-
COVID-19 Immunization Cooperative Agreements	City & County of Denver Department of Public Health and Environment	PO-00100489, ENVHL-202056318-00	93.268	517,404	-
Immunization Cooperative Agreements	State of Colorado Department of Public Health and Environment	17 FHHA 94981, 2020*3395 AMENDMENT #4, 2020*3395 OPTION LETTER #4 2020*3395 OPTION LETTER #5, PO FHJA 202100006274, 2021*3485	93.268	531,865	-
Total - Immunization Cooperative Agreements				1,049,269	-
Emerging Infections Programs	Minnesota Department of Health	193115, 193115 Amendment 1	93.317	31,502	-
COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	City & County of Denver Department of Public Health and Environment	ENVHL-202056318-00	93.323	723,191	-
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	State of Colorado Department of Public Health and Environment	18 FHHA 108204, 2021*2221 OPTION LETTER #1, 2022*2444	93.323	348,650	-
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	Tri-County Health Department	ELC0001	93.323	69,258	-
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	University of Colorado Denver	FY22.641.009	93.323	6,427	-
Total - Epidemiology and Laboratory Capacity for Infectious				1,147,526	-

The accompanying notes are an integral part of this schedule.

Denver Health and Hospital Authority - Single Audit

Schedule of Expenditures of Federal Awards (continued)

Year Ended December 31, 2021

Federal Grantor/Program or Cluster Title	Pass-through Grantor	Pass-through Identifying Number, If Applicable	Assistance Listing Number	Federal Expenditures	Passed-through To Subrecipients
COVID-19 Activities to Support State, Tribal, Local and Territorial (STL) City & County of Denver Department of Health Department Response to Public Health or Healthcare Crises	Public Health and Environment	ENVHL-202160257-00	93.391	135,655	-
Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	National Association of Community Health Centers	854-02, 862-03	93.421	62,045	-
Innovative State and Local Public Health Strategies to prevent Manage Diabetes and Heart Disease and Stroke-	State of Colorado Department of Public Health and Environment	2019*3286 OPTION LETTER #1, 2019*3286 Amendment #2 2019*3456 AMENDMENT #2	93.435	284,208	-
Well-Integrated Screening And Evaluation For Women Across The Nation (WiseWoman)	State of Colorado Department of Public Health and Environment	2019*3456 AMENDMENT #2, 2019*3456 Option Letter #2	93.436	8,242	-
COVID-19 HRSA COVID-19 Claims Reimbursement for the Uninsured Program and the COVID-19 Coverage Assistance Fund	N/A	N/A	93.461	3,537,139	-
COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution	N/A	N/A	93.498	94,451,297	-
Teaching Health Center Graduate Medical Education Payment	N/A	N/A	93.530	784	-
MaryLee Allen Promoting Safe and Stable Families Program	State of Colorado Department of Public Health and Environment	18 FHHA 104068, 2020*2540, 2021*2849 2022*2326 Amendment #2	93.556	2,451	-
Refugee and Entrant Assistance State/Replacement Designee Administered Programs	State of Colorado Department of Human Services	19 IHGA 140746, 21 IHGA 163607, 22 IHGA 170736	93.566	121,517	-
COVID-19 Child Care and Development Block Grant	State of Colorado Department of Human Services	17 IHIA 96670	93.575	56,941	-
Child Care and Development Block Grant	State of Colorado Department of Human Services	21 IHIA 149609, 21 IHIA 163841	93.575	125,862	-
Total - Child Care and Development Block Grant				182,803	-
COVID-19 Head Start	City and County of Denver	MOEAI-202056350-02	93.600	65,000	-
Head Start	City and County of Denver	MOEAI-202056350-02, MOEAI-202158542	93.600	547,961	-
Head Start	Clayton Family Futures	None Provided	93.600	27,934	-
Total - Head Start				640,895	-
Mental and Behavioral Health Education and Training Grants	N/A	N/A	93.732	226,217	-
Mental and Behavioral Health Education and Training Grants	Metropolitan State University of Denver	C-20-M01HP3127-DC, C-20-M01HP3127-DC AMD 1	93.732	15,570	-
Total - Mental and Behavioral Health Education and Training Grants				241,787	-
Surveillance for Diseases Among Immigrants and Refugees financed in part by Prevention and Public Health Funds (PPHF)	State of Colorado Department of Public Health and Environment	18 FHHA 104068	93.755	(139)	-
Surveillance for Diseases Among Immigrants and Refugees financed in part by Prevention and Public Health Funds (PPHF)	Minnesota Department of Health	118489 AMD1	93.755	42,778	-
Total - Surveillance for Diseases Among Immigrants and Refugees financed in part by Prevention and Public Health Funds (PPHF)				42,639	-
Children's Health Insurance Program	State of Colorado Department of Health Care Policy and Financing	20160000000000000009	93.767	725	-

The accompanying notes are an integral part of this schedule.

Denver Health and Hospital Authority - Single Audit

Schedule of Expenditures of Federal Awards (continued)

Year Ended December 31, 2021

Federal Grantor/Program or Cluster Title	Pass-through Grantor	Pass-through Identifying Number, If Applicable	Assistance Listing Number	Federal Expenditures	Passed-through To Subrecipients
Medicaid Cluster					
Medical Assistance Program	State of Colorado Department of Health Care Policy and Financing	2016000000000000009A4	93.778	(1,114)	-
Total Medicaid Cluster				(1,114)	-
Opioid STR	State of Colorado Department of Human Services	19 IHIA 121433 AMD#1	93.788	120,556	
Opioid STR	Signal Behavioral Health Network	SIGNAL 18-19, SIGNAL 19-20	93.788	399,298	
Total - Opioid STR				519,854	-
Organized Approaches to Increase Colorectal Cancer Screening	State of Colorado Department of Public Health and Environment	18 FHIA 104206, 18 FHIA 110267	93.800	147,739	-
Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	N/A	N/A	93.817	1,729,509	123,268
COVID-19 Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	State of Colorado Department of Public Health and Environment	PO FHJA 20200011512, 2021*2722, 2022*2617	93.817	449,849	-
Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	State of Colorado Department of Public Health and Environment	2021*3228, 2022*0828, PO FHJA 202100003365	93.817	144,349	-
Total - Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities				2,323,707	123,268
National Ebola Training and Education Center (NETEC)	Emory University	A281289, A419644	93.825	179,877	-
Capacity Building Assistance (CBA) for High-Impact HIV Prevention	N/A	N/A	93.834	793,511	-
Capacity Building Assistance (CBA) for High-Impact HIV Prevention	Cicatelli Associates, Inc.	CAI HIP	93.834	128,965	-
Total - Capacity Building Assistance (CBA) for High-Impact HIV Prevention				922,476	-
COVID-19 Emerging Infections Sentinel Networks	UCLA Education & Research Institute	19-17	93.860	(3,408)	-
Maternal, Infant and Early Childhood Home Visiting Grant	State of Colorado Department of Human Services	21 IHIA 163316, 22 IHIA 171823, Holdover Letter	93.870	468,439	-
Primary Care Training and Enhancement	N/A	N/A	93.884	174,935	22,687
COVID-19 National Bioterrorism Hospital Preparedness Program	State of Colorado Department of Public Health and Environment	PO FHJA 20200013784	93.889	43,842	-
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	State of Colorado Department of Public Health and Environment	18 FHIA 104206, 2018*1756 OL#2, 2018*1756 AMENDMENT #4	93.898	369,367	-
COVID-19 HIV Emergency Relief Project Grants	City & County of Denver Department of Public Health and Environment	ENVHL202054733-02/201843491-02	93.914	30,703	-
HIV Emergency Relief Project Grants	City & County of Denver Department of Public Health and Environment	ENVHL202054733-02/201843491-02, ENVHL-202159168-00	93.914	1,026,207	-

The accompanying notes are an integral part of this schedule.

Denver Health and Hospital Authority - Single Audit

Schedule of Expenditures of Federal Awards (continued)

Year Ended December 31, 2021

Federal Grantor/Program or Cluster Title	Pass-through Grantor	Pass-through Identifying Number, If Applicable	Assistance Listing Number	Federal Expenditures	Passed-through To Subrecipients
HIV Emergency Relief Project Grants	La Clinica Tepeyac	None Provided	93.914	21,476	-
HIV Emergency Relief Project Grants	Colorado Nonprofit Development Center	ENVHL-201843491-00	93.914	(39)	-
Total - HIV Emergency Relief Project Grants				1,078,347	-
HIV Care Formula Grants	State of Colorado Department of Public Health and Environment	2021*2936 AMENDMENT #2, 2021*2947 OPTION LETTER #1	93.917	35,530	-
COVID-19 Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	N/A	N/A	93.918	74,894	-
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	N/A	N/A	93.918	703,626	-
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	Western Community Health Resources	None provided	93.918	29,165	-
Total - Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease				807,685	-
HIV Prevention Activities Health Department Based	State of Colorado Department of Public Health and Environment	2020*3051 OPTION LETTER #1, 2020*3051 AMD #5, 2020*3051 AMENDMENT #6 2020*3054 AMNDMENT #1, 2020*3054 AMENDMENT #4	93.940	565,143	-
Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	State of Colorado Department of Public Health and Environment	2020*3013 OPTION LETTER #1, 2020*3013 OPTION LETTER #2	93.944	422,603	-
Block Grants for Prevention and Treatment of Substance Abuse	Signal Behavioral Health Network	SIGNAL 15-16, SIGNAL 19-20, SIGNAL 20-21 SIGNAL 20-21 EXHIBIT G, SIGNAL 21-22	93.959	3,614,172	-
Block Grants for Prevention and Treatment of Substance Abuse	Colorado Association of SBHC	OBH2017-1, OBH2018-1	93.959	8,019	-
Total - Block Grants for Prevention and Treatment of Substance Abuse				3,622,191	-
Sexually Transmitted Diseases (STD) Prevention and Control Grants	State of Colorado Department of Public Health and Environment	2020*3004 AMENDMENT #1, 2020*3004 AMENDMENT #2	93.977	124,475	-
COVID-19 Sexually Transmitted Diseases (STD) Provider Education Grants	N/A	N/A	93.978	589,350	-
Sexually Transmitted Diseases (STD) Provider Education Grants	N/A	N/A	93.978	1,338,335	-
Total - Sexually Transmitted Diseases (STD) Provider Education Grants				1,927,685	-
Preventive Health and Health Services Block Grant	State of Colorado Department of Public Health and Environment	2021*2943, 2021*2943 Amendment #1	93.991	143,148	45,843
Maternal and Child Health Services Block Grant to the States	State of Colorado Department of Public Health and Environment	15 FHLA 72146, 18 FHLA 103620, 19 FHLA 112033 2019*2281 AMENDMENT #4	93.994	470,184	-
Maternal and Child Health Services Block Grant to the States	City & County of Denver Department of Public Health and Environment	ENVHL-202159553-00	93.994	76,448	-
Total - Maternal and Child Health Services Block Grant to the States				546,632	-
Total Department of Health and Human Services				144,453,291	903,019

The accompanying notes are an integral part of this schedule.

Denver Health and Hospital Authority - Single Audit

Schedule of Expenditures of Federal Awards (continued)

Year Ended December 31, 2021

Federal Grantor/Program or Cluster Title	Pass-through Grantor	Pass-through Identifying Number, If Applicable	Assistance Listing Number	Federal Expenditures	Passed-through To Subrecipients
Research and Development Cluster					
Department of Defense (Research and Development Cluster)					
Military Medical Research and Development	Johns Hopkins University	W81XWH-15-2-0074	12.420	277	-
Military Medical Research and Development	National Trauma Institute	NTI-CLOTT17-02	12.420	1,967	-
Military Medical Research and Development	University of Colorado Denver	FY20.891.010, FY20.902.002, FY21.575.005_AMD2, FY21.645.003 FY22.645.002_AMD1, FY21.902.002, FY22.902.003_AMD1	12.420	151,118	-
Total - Military Medical Research and Development				153,362	-
Total Department of Defense (Research and Development Cluster)				153,362	-
Department of Health and Human Services (Research and Development Cluster)					
Healthy Marriage Promotion and Responsible Fatherhood Grants	University of Denver	SC37380-01-04 P0165795, SC38071-01 P0170205, SC38071-01 P0173522	93.086	167,813	-
Centers for Research and Demonstration for Health Promotion and Disease Prevention	University of Colorado Denver	FY21.291.008, FY22.291.002_AMD1	93.135	55,402	-
Injury Prevention and Control Research and State and Community Based Programs	N/A	N/A	93.136	704,041	-
Injury Prevention and Control Research and State and Community Based Programs	University of Colorado Denver	FY21.693.001_AMD4	93.136	25,486	-
Total - Injury Prevention and Control Research and State and Community Based Programs				729,527	-
Human Genome Research	Kaiser Permanente	OOS030229-DHHA	93.172	152,373	-
National Research Service Award in Primary Care Medicine	University of Colorado Denver	FY22.206.001	93.186	16,131	-
Research on Healthcare Costs, Quality and Outcomes	N/A	N/A	93.226	620,058	27,748
Research on Healthcare Costs, Quality and Outcomes	University of California - San Francisco	12411SC	93.226	19,419	-
Research on Healthcare Costs, Quality and Outcomes	University of Colorado Denver	FY21.1073.001	93.226	22,156	-
Total - Research on Healthcare Costs, Quality and Outcomes				661,633	27,748
Mental Health Research Grants	Research Foundation of CUNY	CM00004687-00, CM00004687-01	93.242	24,647	-
Mental Health Research Grants	University of Denver	SC37573-04 P0154429	93.242	20,227	-
Total - Mental Health Research Grants				44,874	-

The accompanying notes are an integral part of this schedule.

Denver Health and Hospital Authority - Single Audit

Schedule of Expenditures of Federal Awards (continued)

Year Ended December 31, 2021

Federal Grantor/Program or Cluster Title	Pass-through Grantor	Pass-through Identifying Number, If Applicable	Assistance Listing Number	Federal Expenditures	Passed-through To Subrecipients
Drug Abuse and Addiction Research Programs	N/A	N/A	93.279	733,571	412,127
Drug Abuse and Addiction Research Programs	University of Colorado Denver	FY19.621.002_AMD4, FY21.872.003, FY22.872.003_AMD2	93.279	106,260	-
Drug Abuse and Addiction Research Programs	University of Denver	SC37730-03 P0160519	93.279	3,527	-
Drug Abuse and Addiction Research Programs	University of Maryland	87437-Z0288203	93.279	24,715	14,711
Drug Abuse and Addiction Research Programs	Kaiser Permanente	RNG200598DHHA-01, RNG210100DHHA-01, RNG211136-DHHA-01	93.279	122,650	-
Total - Drug Abuse and Addiction Research Programs				990,723	426,838
Trans-NIH Research Support	Scripps Research Translational Institute	5-54460 AMENDMENT 1	93.310	241,017	-
COVID-19 National Center for Advancing Translational Sciences	University of Colorado Denver	FY21.220.008	93.350	87,429	-
National Center for Advancing Translational Sciences	University of Colorado Denver	FY18.220.016, CE-JP-21-7, FY21.220.010_AMD4, FY21.1045.002	93.350	111,713	-
Total - National Center for Advancing Translational Sciences				199,142	-
Nursing Research	University of Colorado Denver	FY21.961.003_AMD2, FY21.1079.002, FY22.961.002_AMD4 FY22.1079.002_AMD1	93.361	134,026	-
Nursing Research	University of North Carolina	5106246	93.361	48,590	-
Total - Nursing Research				182,616	-
Cancer Cause and Prevention Research	University of Connecticut	UCHC7-109971036-A1, UCHC7-109971036-A2, UCHC7-109971036-A4	93.393	4,579	-
Cancer Treatment Research	Emmes Corporation	A20-0102-001, 13765	93.395	361,725	-
Cardiovascular Diseases Research	N/A	N/A	93.837	125,309	-
Cardiovascular Diseases Research	Massachusetts General	FY2015	93.837	40,592	-
Cardiovascular Diseases Research	New England Research Institute	None Provided	93.837	(2,167)	-
Cardiovascular Diseases Research	University of Alabama at Birmingham	000503570-035 A04	93.837	8,733	5,193
Cardiovascular Diseases Research	University of Buffalo	R1175013	93.837	29,969	-
Cardiovascular Diseases Research	University of Colorado Boulder	1553768, 1554902	93.837	43,643	-
Cardiovascular Diseases Research	University of Colorado Denver	FY20.840.004_AMD3, FY20.891.014, FY21.647.001 FY21.891.003_AMD1, FY21.948.001_AMD4, FY22.948.001_AMD5	93.837	144,141	-
Total - Cardiovascular Diseases Research				390,220	5,193

The accompanying notes are an integral part of this schedule.

Denver Health and Hospital Authority - Single Audit

Schedule of Expenditures of Federal Awards (continued)

Year Ended December 31, 2021

Federal Grantor/Program or Cluster Title	Pass-through Grantor	Pass-through Identifying Number, If Applicable	Assistance Listing Number	Federal Expenditures	Passed-through To Subrecipients
Lung Diseases Research	N/A	N/A	93.838	130,003	13,664
COVID-19 Lung Diseases Research	National Jewish Health	20114693_DH SUB	93.838	9,270	-
COVID-19 Lung Diseases Research	NYU Grossman School of Medicine	None Provided	93.838	19,083	-
COVID-19 Lung Diseases Research	Paraxel International Inc	None Provided	93.838	9,181	-
COVID-19 Lung Diseases Research	University of Colorado Denver	FY21.342.001, FY21.342.002, FY21.342.008	93.838	52,764	-
Lung Diseases Research	University of Colorado Denver	FY16.342.001, FY20.249.001_AMD3, FY20.880.002, FY20.891.001_AMD2 FY21.249.001_AMD4, FY21.575.002_AMD3, FY21.575.006_AMD1 FY22.575.001_AMD2, FY23.891.003, FY21.891.006, FY21.891.008_AMD4	93.838	126,219	-
Total - Lung Diseases Research				346,520	13,664
Blood Diseases and Resources Research	University of Colorado Denver	FY20.645.003, FY21.645.002_AMD1, FY22.645.001_AMD3	93.839	2,956	-
Translation and Implementation Science Research for Heart, Lung, Blood Diseases, and Sleep Disorders	N/A	N/A	93.840	561,167	97,584
COVID-19 Translation and Implementation Science Research for Heart, Lung, Blood Diseases, and Sleep Disorders	Vanderbilt University Medical Center	VUMC92068	93.840	39,085	-
Translation and Implementation Science Research for Heart, Lung, Blood Diseases, and Sleep Disorders	University of Colorado Denver	FY20.635.005_AMD4, FY21.635.005_AMD5, FY21.904.007_AMD4 FY21.904.009_AMD1, FY22.904.002_AMD5, FY22.904.007_AMD3	93.840	119,076	-
Total - Translation and Implementation Science Research for Heart, Lung, Blood Diseases, and Sleep Disorders				719,328	97,584
Diabetes, Digestive, and Kidney Diseases Extramural Research	N/A	N/A	93.847	750,696	120,626
Diabetes, Digestive, and Kidney Diseases Extramural Research	University of Colorado Denver	FY22.232.001	93.847	840	-
Total - Allergy and Infectious Diseases Research				751,536	120,626
Allergy and Infectious Diseases Research	N/A	N/A	93.855	291,314	161,835
Allergy and Infectious Diseases Research	Institute for Clinical Research	M03-DN-017-0704-2	93.855	13,724	-
Allergy and Infectious Diseases Research	University of California - Los Angeles	1560 G YC239	93.855	6,790	-
Total - Allergy and Infectious Diseases Research				311,828	161,835

The accompanying notes are an integral part of this schedule.

Denver Health and Hospital Authority - Single Audit

Schedule of Expenditures of Federal Awards (continued)

Year Ended December 31, 2021

Federal Grantor/Program or Cluster Title	Pass-through Grantor	Pass-through Identifying Number, If Applicable	Assistance Listing Number	Federal Expenditures	Passed-through To Subrecipients
Biomedical Research and Research Training	University of Colorado Denver	FY20.952.001, FY21.575.003_AMD3, FY21.952.008_AMD2	93.859	115,744	-
Child Health and Human Development Extramural Research	N/A	N/A	93.865	143,250	810
Child Health and Human Development Extramural Research	University of Denver	SC38008-01 P0169550, SC37547-05 P0171697	93.865	4,242	-
Total - Child Health and Human Development Extramural Research				147,492	810
Aging Research	University of Colorado Denver	FY20.798.001, FY22.932.001	93.866	33,144	-
Vision Research	Jaeb Center for Health Research	None Provided	93.867	542	-
Vision Research	University of Colorado Denver	FY22.1031.003	93.867	1,433	-
Total - Vision Research				1,975	-
Family Planning Service Delivery Improvement Research Grants	N/A	N/A	93.974	452,418	-
International Research and Research Training	University of Zimbabwe	None Provided	93.989	4,273	-
Total Department of Health and Human Services (Research and Development Cluster)				7,084,989	854,298
Total Research and Development Cluster				7,238,351	854,298
Total Federal Expenditures in 2021				\$ 172,437,542	\$ 2,288,361

See accompanying notes to schedule of expenditures of federal awards.

Denver Health and Hospital Authority - Single Audit

Notes to Schedule of Expenditures of Federal Awards

Year Ended December 31, 2021

Note 1: Basis of Presentation

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of Denver Health and Hospital Authority (the Authority) under programs of the federal government for the year ended December 31, 2021. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Authority, it is not intended to and does not present the financial position, changes in net assets or cash flows of the Authority.

Note 2: Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

Note 3: Indirect Cost Rate

The Authority has a Hospital Rate Agreement with the federal government for approved indirect rates. Due to this agreement, the Authority has elected not to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance.

Note 4: Noncash Assistance

The Authority received noncash assistance of \$7,306,818 in the form of food instruments Catalog of Federal Domestic Assistance (CFDA) (CFDA No. 10.557) during the year ended December 31, 2021, which were passed through from the Colorado Department of Public Health and Environment. Distribution of the food instruments is reflected in the Schedule of Federal Expenditures.

**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

Board of Directors
Denver Health and Hospital Authority
Denver, Colorado

We have audited, in accordance with the 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, the aggregate discretely presented component units, and the aggregate remaining fund information of Denver Health and Hospital Authority, as of and for the year ended December 31, 2021, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements, and have issued our report thereon dated March 31, 2022. The financial statements of Denver Health Medical Plan, Inc. DHHA Southwest Clinic, Inc., and DHHA OMC QALICB, Inc., which are discretely presented component units, and Canadian Consumer Product and Pharmaceutical Safety, Inc. and 550 Acoma Inc., which are blended component units, were not audited in accordance with *Government Auditing Standards*, and accordingly, this report does not include reporting on internal control over financial reporting or instances of reportable noncompliance associated with those component units.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Authority'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 opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority'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 the entity's consolidated 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.

Board of Directors
Denver Health and Hospital Authority

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 or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Authority'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*.

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 the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

BKD, LLP

Denver, Colorado
March 31, 2022



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Report on Compliance for Each Major Federal Program, Report on Internal Control Over Compliance, and Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

Independent Auditor's Report

Board of Directors
Denver Health and Hospital Authority
Denver, Colorado

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Denver Health and Hospital Authority's (the Authority) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Authority's major federal programs for the year ended December 31, 2021. The Authority's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Authority complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2021.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the "Auditor's Responsibilities for the Audit of Compliance" section of our report.

We are required to be independent of the Authority and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Authority's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Authority's federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Authority's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Authority's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Authority's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Authority's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

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

Board of Directors
Denver Health and Hospital Authority

Our consideration of internal control over compliance was for the limited purpose described in the “Auditor’s Responsibilities for the Audit of Compliance” section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of the business-type activities, the aggregate discretely presented component units, and the aggregate remaining fund information of the Authority, as of and for the year ended December 31, 2021, and the related notes to the financial statements, which collectively comprise the Authority’s basic financial statements. We have issued our report thereon dated March 31, 2022, which contained an unmodified opinion on those financial statements. Our audit was performed for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the basic financial statements as a whole.

FORVIS, LLP

Denver, Colorado
September 30, 2022

Denver Health and Hospital Authority - Single Audit

Schedule of Findings and Questioned Costs

Year Ended December 31, 2021

Section I – Summary of Auditor’s Results

Financial Statements

1. Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:
(Check each description that applies)
☒ Unmodified ☐ Qualified ☐ Adverse ☐ Disclaimer
2. Internal control over financial reporting:
 Significant deficiency(ies) identified? ☐ Yes ☒ None reported
 Material weakness(es) identified? ☐ Yes ☒ No
3. Noncompliance considered material to the financial statements noted? ☐ Yes ☒ No

Federal Awards

4. Internal control over major federal awards programs:
 Significant deficiency(ies) identified? ☐ Yes ☒ None reported
 Material weakness(es) identified? ☐ Yes ☒ No
5. Type of auditor’s report issued on compliance for major federal program(s):
☒ Unmodified ☐ Qualified ☐ Adverse ☐ Disclaimer
6. The audit findings disclosed that are required to be reported by 2 CFR 200.516(a)? ☐ Yes ☒ No
7. Identification of major federal programs:

Assistance Listing Number(s)	Name of Federal Program or Cluster
10.557	WIC Special Supplemental Nutrition Program for Women, Infants, and Children
93.461	COVID-19 HRSA COVID-19 Claims Reimbursement for the Uninsured Program and the COVID-19 Coverage Assistance Fund
93.498	COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution

8. Dollar threshold used to distinguish between type A and type B programs was: \$3,000,000.

Denver Health and Hospital Authority - Single Audit
Schedule of Findings and Questioned Costs
Year Ended December 31, 2021

9. Auditee qualified as low risk auditee?

☒ Yes

☐ No

Denver Health and Hospital Authority - Single Audit
Schedule of Findings and Questioned Costs
Year Ended December 31, 2021

Section II – Financial Statement Findings

Reference Number	Finding
	No matters are reportable

Section III – Federal Award Findings and Questioned Costs

Reference Number	Finding
	No matters are reportable

Denver Health and Hospital Authority - Single Audit
Summary Schedule of Prior Audit Findings
Year Ended December 31, 2021

Reference Number	Summary of Finding	Status
No matters are reportable		