

Financial Assistance Policy

Introduction

UCHealth is committed to providing access to quality healthcare for the Residents of the State of Colorado including patients in difficult financial circumstances, and offers Financial Assistance to those with an established need to receive emergency medical care and Medically Necessary hospital services. This policy serves to establish and ensure a fair and consistent method for Uninsured and Under-insured Patients to apply and be considered for Financial Assistance.

Please note that not all medical services at UCHealth facilities qualify for assistance under this Policy (as further outlined below).

Scope

View the Applicability to see where this policy applies.

This policy refers to any hospital or healthcare facility covered by this policy as "Hospital."

Policy Details

A. General Information

1. Colorado Hospital Discounted Care law (HDC), and UCHealth's Financial Assistance Program (Financial Assistance) are not insurance programs, but do offer discounted, medically necessary care for those who are Uninsured, or Under-insured and have demonstrated financial need.
2. All Uninsured patients will be screened for HDC and UCHealth Financial Assistance in accordance with Colorado law.
3. For patients being screened for HDC, UCHealth does not deny discounted care on the basis the patient has not applied for any public benefits program or deny an admission or treatment because the patient may qualify for discounted care.
4. UCHealth will not participate in or support any activities (including facilitating media access) related to fundraising efforts intended to pay for a specific patient's care.
5. UCHealth's Financial Assistance Program is not responsible for providing housing, food, transportation, immigration status, or continuity of care to any individual.
6. UCHealth is available to help identify community-based resources, facilitate services, and provide appropriate referral assistance.
7. UCHealth acts in accordance with the Federal Consolidated Appropriations Act of 2021 No Surprises Act under title I and Transparency under title II as well as the Code of Federal Regulations Internal Revenue Service Exempt Organizations rules 26 CFR 1.501(r)-0 through 26 CFR 1.501(r)-7.
8. Services provided at UCHealth clinics outside of Colorado are eligible for UCHealth Financial Assistance.
9. UCHealth employees residing outside the State of Colorado, but who receive services at a UCHealth facility do not have to meet residency requirements for financial assistance applications they may request.

B. Eligibility Criteria for Financial Assistance

1. The granting of Financial Assistance shall be based on an individualized determination of financial need and shall not take into account age, gender, race, social or immigrant status, sexual orientation, gender identity, or religious affiliation.
2. An individual must be a Resident of Colorado in order to qualify for Financial Assistance. Lawful presence status does not factor in qualifying for Financial Assistance. For unscheduled emergency services, UCHealth may, at its sole discretion, make an exception to the residency requirement.
3. An individual may qualify for Financial Assistance pursuant to this policy if they meet either of the following eligibility criteria:
 - a. Financial Assistance Based on Family Income (Regardless of Balance):

- i. The Patient is Uninsured or Under-insured; and
- ii. Guarantor's annual Family Income ("Family Income") is not more than four hundred percent (400%) of the current federal poverty level (FPL) guidelines.
- b. Catastrophic Balance Financial Assistance:
 - i. The Patient's outstanding single account balance due after all insurance or third-party payments and/or discounts (including the application of Financial Assistance based on family income alone) is greater than 50% of the Patient's total annual Family Income and Financial Resources combined.
- c. Presumptive Eligibility for Financial Assistance:
 - i. Presumptive eligibility for Financial Assistance may be granted for circumstances outlined in the Presumptive Eligibility section of this policy.

C. Covered and Non-Covered Providers and Services

1. Some services provided by physicians at UCHHealth facilities **may or may not** be covered by the UCHHealth Financial Assistance Policy (FAP).
 - a. UCHHealth maintains a document separate from the FAP that lists the physicians working at each facility who **are** and who are **not** covered by UCHHealth's FAP. The Provider List is updated quarterly and is available online at: <https://www.uchealth.org/billing-and-pricing/financial-assistance>.
 - b. This list of providers is available free of charge in paper format in all UCHHealth Emergency Departments and admissions areas, and upon request by calling UCHHealth's Financial Counseling Team at 855.843.3547.
2. Care and expenses not covered by the FAP:
 - a. Health care services that are not emergent or Medically Necessary ("Medically Necessary"), including elective or cosmetic surgery; and
 - b. Health care services related to a transplant procedure, self-pay package, single case agreement, grants & research, or when there is a legal obligation for a third party (i.e. certain individuals, entities, insurers or programs) to pay a claim.

D. Financial Assistance Policy and Application Availability

1. Financial Assistance policies are transparent and available to the individuals served by UCHHealth at any point in the care continuum.
2. This Financial Assistance Policy, as well as the FAP Plain Language Summary ("FAP Plain Language Summary") and the FAP Application ("Application") are available through the following:
 - a. Online
 - i. At the following website: <https://www.uchealth.org/billing-and-pricing/financial-assistance>. Click on "Financial Assistance" to download a copy of this Financial Assistance Policy and Application in English or Spanish.
 - b. Telephone
 - i. Financial Counseling is available by phone at 855-843-3547 Monday through Friday 8:00 a.m. to 4:00 p.m. (MST) to answer questions and mail hard copies of the Application, upon request and without charge.
 - c. In Person
 - i. Upon request and without charge, at each UCHHealth Hospital: complete and current versions of the FAP, Application, and FAP Plain Language Summary may be requested at each Hospital Emergency Department, at all Admissions areas, and at each UCHHealth Financial Counseling office.
3. Copies of the policy, Application and FAP Plain Language Summary are available in English and Spanish.
4. UCHHealth will notify and inform members of the community served by the Hospital about the Financial Assistance policy in a manner reasonably calculated to reach those members who are most likely to require Financial Assistance from the Hospital.
5. Each Hospital will notify and inform the Hospital's Patients about the Financial Assistance policy by:
 - a. Offering a paper copy of the FAP Plain Language Summary to Patients as part of the intake or discharge process; and
 - b. Including a conspicuous written notice on Billing Statements ("Billing Statement") that notifies recipients about the availability of Financial Assistance under this policy, and includes the direct web address for accessing the policy, FAP Plain Language Summary and Application, and includes the telephone number of the Financial Counseling department, which can provide information about this policy, Financial Assistance available and the application process.
 - c. Setting up conspicuous public displays that notify and inform patients about the availability

of Financial Assistance under this policy in public locations in the hospital facility, including, at a minimum, the emergency room and admissions areas.

E. Documentation Requirements

1. To expedite processing of the application, individuals must submit a complete application form with all required attachments, including the Family Income verification documents and Residency documentation outlined below. Failure to do so may result in a delayed determination or denied application.
2. UCHHealth requires an applicant to submit at least one of the following acceptable forms of Family Income verification:
 - a. Most recent month's paycheck stubs, wage record, or letter from their employer stating their salary or hourly wage and usual number of hours worked per pay period.
 - b. Most recent bank statement from all banking or credit union institutions
 - c. The previous year's tax return
 - d. Current W-2 form
 - e. Unemployment benefit letter
 - f. Social Security letter or self-attested amount
 - g. Educational assistance (grant letter)
 - h. Official documentation of spousal maintenance
3. Family Income
 - a. Income documentation must be provided for each Family ("Family") member listed on the application.
 - b. Any applicant seeking to qualify for Catastrophic Balance Financial Assistance must also supply evidence of Financial Resources as requested in the application.
4. Family expenses
 - a. Monthly expenses (e.g. mortgage, utility, etc.) are not considered in the Financial Assistance Application. The application has a section that requires expense disclosure, which is intended for governmental program eligibility screening only.
5. Residency documentation
 - a. UCHHealth requires applicants to submit at least one of the following acceptable forms of residency documentation:
 - i. Colorado ID
 - ii. Pay stub with Colorado home address listed
 - iii. Rental agreement or mortgage statement for a Colorado address listing the applicant(s)
 - iv. Bank statement or utility bill mailed to a Colorado address for the applicant(s)
 - v. Any other official current document that displays the applicants name and a Colorado address
 - vi. Written attestation may be accepted if the applicant(s) is a resident and does not have access to any of the listed forms of residency documentation above.

F. Application Guidelines and Process

1. Applicants for Financial Assistance can contact the UCHHealth Financial Counseling Department at 855.843.3547 or visit financial counseling offices located at the following UCHHealth Hospital locations to receive assistance with the application or to receive more information about this Policy: Greeley Hospital; Highlands Ranch Hospital; Longs Peak Hospital; Medical Center of the Rockies Hospital; Memorial Central Hospital; Memorial North Hospital; Parkview Hospital; Poudre Valley Hospital; University of Colorado Hospital; and Yampa Valley Hospital.
2. Applicants may request a copy of this policy, the Financial Assistance Application, and the FAP Plain Language Summary free of charge, by using one of the methods outlined in the above Section titled Financial Assistance Policy and Application Availability.
3. Patients and Guarantors must submit a complete application along with all required income documentation attachments, as described in the above Section titled Documentation Requirements. Completed applications shall be submitted to the UCHHealth Financial Counseling Department in person, online or by mail at the locations described in this Section.
4. Applicants have the later of (a) 365 days from the date of the first post-discharge Billing Statement, or (b) 30 days after notice of the initiation of one or more Extraordinary Collection Actions ("ECA") has been provided, to submit an application or to request a reconsideration of an incomplete and denied application (upon promptly furnishing all required information) This is known as the Application Period.
5. UCHHealth will process completed applications within 14 days of UCHHealth's receipt, and will provide a written notice of determination to the applicant. This written notification will also detail the level of assistance for which the Patient is eligible, if applicable.

6. If Family Income is at or below 250% of FPL, Financial Assistance is valid for 365 days from the date of the last signed and dated Financial Assistance Application. Patients must re-submit an application for Financial Assistance if more than 365 days has passed from the last signed and dated Financial Assistance Application.
7. If Family Income is between 251-400% of FPL, eligibility for Financial Assistance is valid for 180 days from the date of the last signed and dated Financial Assistance Application. Patients must re-submit an application for Financial Assistance if more than 180 days has passed from the last signed and dated Financial Assistance Application.
8. If an applicant submits an incomplete application within the application period, UCHealth will deny the application and notify the applicant in writing. In such case, UCHealth will not initiate extraordinary collection actions (ECAs) and will ensure that no further action is taken on previously initiated ECAs until UCHealth has provided the applicant with a written notice that describes the missing information required under the FAP, how the individual can obtain assistance in completing the application, and a reasonable opportunity to submit the required information. If the applicant subsequently completes the application during the application period or within 30 days of receiving the above notice, UCHealth will process the application as outlined in this policy.
9. If UCHealth determines that an individual is approved for Financial Assistance following UCHealth's review of a complete application, UCHealth will reverse ECAs (if any) and will refund amounts previously paid for care covered by this policy in excess of the amount owed, except overpayments that are \$1 or less. If the Guarantor still owes any amount, UCHealth will provide an updated Billing Statement showing how the adjusted amount was determined.

G. Presumptive Eligibility

1. Presumptive eligibility for Financial Assistance may be determined for patients who are unable to complete or who do not respond to the screening and application process if the hospital has proof or verification of the following:
 - a. A patient is deceased with no estate on file;
 - b. A patient is documented as homeless; or
 - c. At the time of screening, a patient qualifies for public health programs including, but not limited to:
 - i. Social Security
 - ii. Unemployment benefits
 - iii. Food stamps
 - iv. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 - v. Other means-tested social services programs
2. For patients who are non-responsive to the screening and/or application process, UCHealth may utilize a third-party financial screening tool to assess the financial need of a patient or Guarantor and determine whether they would otherwise qualify for Financial Assistance. This assessment is completed using a health care industry-recognized predictive model that is based on public record databases. The model incorporates public record data to calculate an estimated household FPL.
3. Information from the predictive model may be used to determine presumptive eligibility for Financial Assistance when the estimated household FPL is reported to be 250% or less.
4. Presumptive eligibility for Financial Assistance will only apply to current services and past accounts. Presumptive eligibility does not extend to future services.

H. Discounts

1. Patients approved for Financial Assistance with an annual Family Income of 250% of FPL guidelines or less will receive a 100% discount on gross charges for care covered by this policy.
2. Patients granted Presumptive Eligibility for Financial Assistance will receive a 100% discount on gross charges for care covered by this policy.
3. Patients approved for Financial Assistance with an annual Family Income between 251% and 400% of FPL guidelines will receive a discount on gross charges as outlined in Appendix A. If, following the application of such discount, the patient qualifies for Catastrophic Financial Balance Assistance, the Catastrophic Financial Balance Assistance discount will be applied.
4. Patients approved for Catastrophic Balance Financial Assistance will receive a discount on gross charges as outlined in Appendix A or 50% of their total annual Family Income, whichever results in the lesser outstanding balance due.
5. UCHealth will not charge Patients approved for Financial Assistance more than the amount generally billed (AGB) by UCHealth to insured Patients for emergency or Medically Necessary care covered by this policy. As used in this policy, AGB has the meaning set forth at 26 CFR § 1.501(r)-1 and any other guidance issued by the United States Department of Treasury or the

- Internal Revenue Service. See Appendix A for a detailed explanation of how AGB is calculated.
6. If the self-pay discount for a hospital facility is greater than AGB, a discount equal to the self-pay discount will be applied to gross charges to a Patient approved for Financial Assistance.

I. Billing and Collections

1. UCHealth will seek payment on accounts with balances in self-pay (i.e., Patient liability). UCHealth does not initiate ECAs prior to (a) 182 days from the date UCHealth provides the first post-discharge Billing Statement to the Patient; and (b) reasonable efforts have been made to determine whether a Guarantor is approved for Financial Assistance under this policy, as described in this section.
2. UCHealth will provide any itemized statement requested by a Guarantor, in compliance with Colorado law, either within: 10 business days of the request; 30 days after discharge for inpatients; or 30 days after the service is rendered for outpatients, whichever is later.
3. UCHealth will make reasonable efforts to determine whether an individual is FAP-eligible for care provided by UCHealth by:
 - a. Making a reasonable effort to provide oral notification to individuals, at least 30 days prior to initiating an ECA, about the FAP and how to obtain assistance with the application process;
 - b. Providing a written notice to Patients at least 30 days prior to initiating an ECA indicating that Financial Assistance is available to eligible Patients, identifying the ECAs that UCHealth intends to initiate, and stating a deadline after which ECAs may be initiated that is no sooner than 30 days after the date the written notice is provided; and
 - c. Including a FAP Plain Language Summary with the notice described above in the above Section titled Financial Assistance Policy and Application Availability.
4. UCHealth will send at least four (4) monthly Billing Statements, mailed every thirty (30) days, to the Guarantor of an account informing of a balance due.
 - a. Billing Statements will include information about UCHealth's FAP and how a Patient or Guarantor can obtain an application and assistance in completing the application.
 - b. During this timeline, the Guarantor may either pay the account in full, set up a payment plan, seek financial counseling, provide additional insurance information, or submit a completed Financial Assistance application.
5. After UCHealth has sent four (4) Billing Statements and received no payment and no application within thirty days of the final Billing Statement, UCHealth may refer the account to collections.
 - a. UCHealth will refer accounts to collections when Patient balances have not been paid for 182 days or more.
 - b. If no action is taken by the Guarantor to resolve the balance sixty (60) days after UCHealth refers an account to collections, either by making a payment, submitting additional information or a completed application, or setting up a payment plan, the collections agency may initiate ECAs, such as initiating legal action and wage garnishment.
 - c. UCHealth will refrain from initiating ECAs for at least 182 days from the date the Hospital mails the first post-discharge Billing Statement to the Guarantor for the care, and will make reasonable efforts as described above and as required by law, at least 30 days in advance of initiating ECAs, to determine if the Patient is eligible for Financial Assistance.
6. All parties engaged in collection actions on behalf of UCHealth will be required to follow this policy, including contracted collection agencies.
7. The UCHealth Financial Counseling department will have final authority to decide whether UCHealth has made reasonable efforts to determine whether a Patient is eligible for Financial Assistance under this policy, and therefore whether UCHealth may engage in ECAs against the Guarantor.

J. Relationship to Other Policies

1. UCHealth Emergency Medical Treatment and Labor Act Policy
 - a. As described by UCHealth's Emergency Medical Treatment and Labor Act (EMTALA) policy, the Hospital will not delay examination or treatment of individuals to inquire about the method of payment or insurance status. Hospital will provide a medical screening exam (MSE) and, when appropriate, stabilizing treatment without regard to age, race, color, sex, gender identity, economic status, ability to pay, or insurance status. The Hospital will not seek, or direct a patient to seek, authorization from an individual's insurance company for screening and stabilization services until after the MSE and treatment and exams necessary to stabilize the emergency medical condition have been completed.
2. UCHealth Uninsured and Self-Pay Discount Policy

- a. Self-pay Guarantors automatically receive a discount on total billed charges at time of billing. When a Patient's application for Financial Assistance is approved, the self-pay discount will be reversed and the Patients will receive a discount on gross charges as outlined in the above Section titled Discounts and Appendix A of this policy. On a Billing Statement, Guarantors will see the gross (full) charges, less the applicable discount, and the remaining balance owed.

K. Confidentiality

1. UCHHealth staff will uphold the confidentiality and individual dignity of each Patient.
2. UCHHealth will comply with the Health Insurance Portability and Accountability Act (HIPAA) and all relevant state and federal laws in its treatment of protected health information (PHI) in relation to determining eligibility for Financial Assistance.

Related Policy(ies)

None

Definition(s)

Billing Statement: The statement which sets forth charges, payments, and discounts (adjustments).

Extraordinary Collection Actions (ECA): ECAs are actions taken by UCHHealth or a third party against an individual related to obtaining payment of a bill for care provided by UCHHealth that require a legal or judicial process (except certain liens or bankruptcy claims).

Family: The United States Census Bureau defines a Family as a group of two or more people who reside together and who are related by birth, marriage or adoption. Family members are not responsible for services rendered to Patients ages 18 and older.

Family Income: Aggregate income of all Family members of Guarantor. Income is determined on a before-tax basis and excludes capital gains or losses. Financial Assistance Applications consider various sources of income as listed below:

- Wages, unemployment compensation, worker's compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
- Non-cash benefits (such as food stamps and housing subsidies) are excluded.
- Includes spousal income generated from any of the above sources.

Financial Assistance: The cost of providing free or discounted care to individuals who cannot afford to pay all or a portion of their medical bills based on the eligibility rules identified in this policy. UCHHealth may determine inability to pay before or after Medically Necessary services are provided.

Financial Resources: Cash, bank deposits, or assets in any account from which money can be easily withdrawn without a penalty. Account types may include, but are not limited to, checking, savings, trusts, and certificates of deposits (CDs).

Guarantor: An individual who is ultimately financially responsible for healthcare services and who is typically 18 years of age and older. In some instances, minors are legally capable of consenting to certain treatment (e.g., pregnancy), in which case the minor is responsible for paying for his/her health care bills. A Patient may be his/her own Guarantor.

Medically Necessary: Healthcare services or products that a prudent physician would provide to a Patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is:

- In accordance with generally accepted standards of medical practice;
- Clinically appropriate in terms of type, frequency, extent, site and duration; and
- Not primarily for the economic benefit of the health plans and purchasers or for the convenience of the Patient, treating physician, or other healthcare provider.
- Emergent services are deemed to be Medically Necessary.
- See Code of Colorado Regulations 10 CCR 2505-10 8.076.1.8 for further details

Patient: An individual who receives medical care.

Residency/Resident of Colorado: A Colorado resident is a person who currently lives in Colorado and intends to live in the state. Migrant workers and all dependent family members must meet the following criteria to comply with residency requirements:

- Maintains a temporary home in Colorado for employment reasons;
- Employed in Colorado

The following individuals do not qualify as a Colorado resident:

- Visitors from other states or countries temporarily visiting Colorado who have primary residences outside of Colorado.

- Students whose primary residence is outside Colorado that are in Colorado for the purpose of higher education.

Under-insured: The Guarantor has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her ability to pay.

Uninsured: The Guarantor has no insurance or third party assistance to assist with meeting his/her payment obligations.

Reference(s)

Code of Federal Regulations: Exempt Organizations. (2026, January 28). *Code of Federal Regulations*. Retrieved January 30, 2026, from [https://www.ecfr.gov/current/title-26/chapter-I/subchapter-A/part-1/subject-group-ECFR062882ac6495890/section-1.501\(r\)-0](https://www.ecfr.gov/current/title-26/chapter-I/subchapter-A/part-1/subject-group-ECFR062882ac6495890/section-1.501(r)-0)

Colorado Department of Health Care Policy & Financing. (2026). *Colorado hospital discounted care*. Retrieved January 30, 2026, from <https://hcpf.colorado.gov/colorado-hospital-discounted-care>

Colorado Secretary of State. (2025). *Code of Colorado Regulations*. Retrieved January 30, 2026, from <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=11313&fileName=10%20CCR%202505-10%20208.000>

Replaced Policy(ies)

None

Appendices

Appendix A: Basis for Calculating Amount Generally Billed & Discounts Applicable to Patients Approved for Financial Assistance

UCHealth utilizes the "look-back" method to determine the "amount generally billed" (AGB) to individuals who have insurance covering emergency or other Medically Necessary care. The percentages were calculated using all claims allowed by both private pay insurers (including Medicare Advantage), Medicare (traditional), and Medicaid for both inpatient and outpatient services having discharge dates from November 16, 2024 to November 15, 2025. Expected or actual payment from allowed claims was divided by total billed charges for such claims for all facilities where this data was available. AGB was calculated using this private pay plus Medicare and Medicaid approach for each of the UCHealth hospital facilities.

The AGB percentage applicable as of 2/1/26 at each of our facilities is:

| Facility | Amount Generally Billed (AGB) | Discount Applied to Gross Charges for Patients Approved for Financial Assistance | | | |
|---|-------------------------------|--|----------|----------|--------------|
| | | Federal Poverty Level | | | Catastrophic |
| | | 251-300% | 301-350% | 351-400% | |
| Broomfield Hospital | 19% | 94% | 87% | 81% | 81% |
| Cherry Creek Surgery Center | 22% | 93% | 85% | 78% | 78% |
| Eastview Ambulatory Surgery Center | 16% | 95% | 89% | 84% | 84% |
| Estes Valley Medical Center (effective 12/01/2025) | 51% | 83% | 66% | 49% | 49% |
| Grandview Hospital | 16% | 95% | 89% | 84% | 84% |
| Greeley Hospital | 26% | 91% | 83% | 74% | 74% |
| Highlands Ranch Hospital | 18% | 94% | 88% | 82% | 82% |
| Inverness Ambulatory Surgery Center | 24% | 92% | 84% | 76% | 76% |
| Longs Peak Hospital | 19% | 94% | 87% | 81% | 81% |
| Longs Peak Ambulatory Surgery Center | 16% | 95% | 89% | 84% | 84% |
| Medical Center of the Rockies | 27% | 91% | 82% | 73% | 73% |
| Memorial Hospital – Central and North | 18% | 94% | 88% | 82% | 82% |
| Pikes Peak Regional Hospital | 33% | 89% | 78% | 67% | 67% |
| Poudre Valley Hospital | 28% | 91% | 81% | 72% | 72% |
| Parkview Medical Center Inc. | 14% | 95% | 91% | 86% | 86% |

| | | | | | |
|---|-----|-----|-----|-----|-----|
| Parkview Pueblo West | 13% | 96% | 91% | 87% | 87% |
| University of Colorado Hospital | 20% | 93% | 87% | 80% | 80% |
| Yampa Valley Medical Center | 51% | 83% | 66% | 49% | 49% |
| Professional Services (UCHealth Medical Group, UCHealth Emergency Physician Services, UCHealth Imaging Services, Poudre Valley Hospital Providers, Yampa Valley Medical Center, Parkview Medical Group, Estes Valley Medical Center)* | 36% | 88% | 76% | 64% | 64% |

Patients approved for Financial Assistance with an annual Family Income of 250% of FPL guidelines (or less) will receive a 100% discount on gross charges for care covered by this policy.

Patients approved for Financial Assistance with an annual Family Income between 251% and 400% of FPL guidelines will receive a discount on gross charges as outlined in the table above.

Patients approved for Catastrophic Balance Financial Assistance will receive a discount on gross charges as outlined in the table above or 50% of their total annual Family Income, whichever results in the lesser outstanding balance due. The Catastrophic Balance discount mirrors the discount for those with annual Family Income between 351% and 400% of FPL guidelines.

* The AGB calculation for professional services utilizes all claims for both private pay insurers (including Medicare Advantage) and Medicare (traditional) and Medicaid. UCHealth has elected to discount professional services at the highest/best AGB-calculated discount amongst all the professional services entities required to comply with 501(r).