

HOSPITALS SUING PATIENTS:

The Rise of Stealth Intermediaries

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EXECUTIVE SUMMARY

Starting in 2020, the University of Colorado Health system (UCHealth), the state's largest nonprofit hospital system, began relying heavily on third-party debt collectors to engineer lawsuits against its own patients.¹ Though UCHealth had consistently brought lawsuits against patients through 2019, UCHealth sharply decreased its own debt collection actions against its patients the following year.² At the same time, total debt collection actions brought by CollectionCenter Inc (CCI), a collection agency owned by a revenue cycle management company, more than doubled.³ A sample of court records indicates that the majority of CCI's actions were brought on behalf of UCHealth.⁴

UCHealth and CCI initiated a total of 12,722 debt collection lawsuits from 2019-2023. These actions generated 8,987 judgments, 98.8% (8,883) of which were default judgments, that totaled \$33.5 million and averaged \$3,675 per judgment.⁵ More than a third (37.2%) of these lawsuits sought garnishments against 4,730 defendants, primarily targeting defendants' bank accounts.⁶ Two attorneys represented 96.8% of these cases, which assessed defendants an additional \$2.8 million in attorneys fees and \$1.3 million in court costs.⁷

A second collection intermediary, Credit Service Company (CSC), which media reports indicated was also retained by UCHealth to initiate collection lawsuits against patients, filed 12,121 debt collection lawsuits and was awarded \$34.3 million in principal amounts over that same time period.⁸ Similar to the other two plaintiffs, CSC won a majority of its actions through default judgments, requested garnishments in 4,683 cases, and assessed defendants \$2.2 million in attorneys fees and \$1.1 million in court costs.⁹ CSC, however, took advantage of state courts' policy of sealing court documents surrounding medical debt collection, often showing less documentation than actions filed by CCI. Our public records search thus cannot confirm on whose behalf CSC initiated debt collection actions, which reflects the broader lack of transparency in medical billing and debt collection.

A supplemental gathering of courthouse records and patient interviews discloses that many of these medical debt collection lawsuits were products of an opaque and error-prone medical billing system. Almost 450 patients filed answers that contested the legitimacy of the claims, and many indicated that the lawsuits were derived from medical bills that contained errors, were incomprehensible, and reflected hidden and inflated prices.¹⁰ Hospital price transparency files show that prices for common procedures varied by as much as 247 times across UCHealth hospitals.¹¹ Moreover, the lawsuits themselves inflicted mental and financial distress on UCHealth patients, exacerbating struggles to make rent, afford prescriptions, pay other bills, and missing work for court hearings. One patient sued by UCHealth through one of its intermediaries called the experience a "nightmare" and said the collection efforts put his family through "hell."¹²

I. INTRODUCTION

UCHealth and The Rise of Debt Collection Middlemen

Medical debt is a national crisis largely driven by hidden hospital prices, insurance coverage gaps, opaque billing, and ever-rising health care prices.¹³ Approximately one hundred million Americans currently hold medical debt, causing such debt to constitute a public health crisis of its own.¹⁴ Medical debt is responsible for almost 60% of bankruptcies,¹⁵ and more than one in three adults have delayed care out of fear of financial ruin due to unknown prices.¹⁶ When hospitals and other medical providers file debt collection lawsuits against their patients, they cause patients to forgo future medical treatment, endure food scarcity, and experience severe financial stress.¹⁷

Some hospitals, despite owning debt from patients, avoid pursuing extraordinary collection practices because they perceive such actions to be contrary to their commitment to the health of their community and neighbors, but many others opt not to sue patients simply to avoid public scrutiny.¹⁸ Many other hospitals and healthcare providers, however, have pursued extraordinary collection practices to collect medical debt,¹⁹ including suing patients and their families, garnishing wages, and obtaining liens on homes.²⁰ When it becomes known that certain hospitals do engage in such aggressive efforts, the embarrassment from the publicity is often enough to compel them to discontinue those collection policies.²¹

Public scrutiny of hospital collection practices emerged in force in 2019, when several media reports began disclosing the frequency of hospital lawsuits against patients and the harm that those lawsuits were causing. Investigations by the Washington Post,²² New York Times,²³ ProPublica,²⁴ Wall Street Journal,²⁵ and others²⁶ triggered many public relations backlashes against hospitals once their aggressive collection practices became known. Since then, hospitals recognize they may jeopardize their community standing when they engage in aggressive collection actions.²⁷

Among those institutions that both pursued aggressive tactics while showing sensitivity to public backlash is the nonprofit University of Colorado's health system, known as UCHealth. UCHealth was founded in 2012 with the merger of the University of Colorado Hospital and the Poudre Valley Health System, expanded rapidly in the following decade, and currently is a \$6 billion network of hospitals, clinics and practices across northern Colorado with \$9.98 billion in net assets.²⁸ UCHealth was infamous in the Denver region for initiating extraordinary actions to collect medical debt, having reportedly sued over 5,500 of its patients in just 2018 and 2019.²⁹

In February 2024, however, a joint investigation by the Colorado Sun and 9NEWS revealed that UCHealth discontinued suing patients and instead began relying on intermediaries. According to the report:

UCHealth's aggressive bill collection efforts have quietly continued under the banner of what amounts to a debt-seeking middleman. ... Instead of using its name as the plaintiff in debt collection lawsuits, our investigation discovered UCHealth now almost exclusively sues, on average, roughly 3,000 patients a year under the name of one of the two debt

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“I had to take some time to wrap my head around the fact the hospital was suing me. The amount that they say they are charging me is out of this world. I have not seen a detailed list of what they are charging me and if it [the bill] is even correct.”

Filed Patient Answer, UCHealth v. XX. Larimer County, 2019.

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collectors it utilizes. While it might seem trivial, the move has allowed the medical provider to largely escape the legislative and public scrutiny that often accompanies aggressive bill collection tactics. It has also left many of its own cash-strapped patients confused as to who is suing them.³⁰

The report added that a UCHealth employee, when asked during a deposition in an ongoing lawsuit, explained that “[i]t would be optically bad” for UCHealth to be listed as a plaintiff in the lawsuits. “‘It would look like UCHealth was filing these suits,’ the employee said.”³¹

The widespread use of intermediaries in medical debt collection is part of a national trend. “Profit-enhancing middlemen” have entered multiple layers of the “revenue cycle management” process, including many backed by private equity.³² Credit card companies and other holders of debt have long outsourced collection efforts to third parties, but the outsourcing of medical debt poses unique dangers.

Medical bills are often unintelligible, untimely, and simply inaccurate.³³ Without access to actual prices upfront, patients are unable to verify the accuracy of their bills or compare the prices charged to prevailing market rates. Hospitals, which charge widely varying prices, are thus unaccountable both when they charge excessively high (and legally unenforceable) prices and when they later sue patients in court.³⁴

However difficult it might be for a patient to either obtain a reasonable explanation about a bill from a provider or to have a provider correct an error, these intermediaries have less ability and no incentive to do either. Delegating collection authority for medical bills to faceless and unaccountable intermediaries magnifies both the harms and the injustices from our medical debt system.

This report offers a window into the use of collection intermediaries by thoroughly reviewing medical debt collection lawsuits in Colorado from 2019-2023. It confirms the findings of the Colorado Sun and 9NEWS investigation that, first, UCHealth is the state’s largest initiator of debt collection lawsuits against former patients, and, second, in and around 2020 UCHealth began increasingly relying on CollectionCenter, Inc (CCI) to execute its legal collection efforts.³⁵ It reveals the pervasiveness and costs that these assorted lawsuits imposed on UCHealth’s former patients, and it then documents concerns regarding the validity and accuracy of the debts claimed and collected.

Specifically, our review of Colorado court records reveals that UCHealth and CCI collectively filed approximately 12,722 lawsuits from 2019 to 2023 that collectively awarded \$33.5 million in principal amounts.³⁶ Furthermore, while UCHealth’s lawsuits dropped after 2019, the volume of litigation filed by CCI substantially increased. A subsample of court records indicates that a significant majority of CCI’s actions were brought on behalf of UCHealth.³⁷

Additional media reports, along with allegations made in legal filings, indicated that UCHHealth was also relying on a second financial intermediary, Credit Service Company (CSC), to sue patients for medical debt.³⁸ We therefore gathered debt collection lawsuits initiated by CSC for the same time period and learned that company brought a total of 12,121 actions, more than both UCHHealth and CCI. We were unable to learn more about these actions, however, due to Colorado's practice of sealing court records from public view.³⁹

The voluminous lawsuits filed by CSC, combined with the obfuscation surrounding its lawsuits, indicate that our examination of UCHHealth and CCI lawsuits do not capture the entirety of debt collections against UCHHealth patients.

Lastly, we examine the circumstances and consequences of these collection actions against patients. We find that 69.8% of the cases brought by UCHHealth and CCI resulted in default judgments, which are typically judgments issued even though patients did not appear in court or respond to court summons.⁴⁰ More than a third (37.2%) of the actions requested garnishments, which can seize up to 20% of defendants' wages or the entirety of their bank accounts, with the exception of \$2,500 or other protected funds.⁴¹

An examination of court documents in which patients contested these lawsuits suggest that many of the collection efforts were based on unsubstantiated and inaccurate billing records.⁴² These court materials suggest that many patients continue to be harmed from errors, fraud, and overcharges, and then doubly harmed by aggressive collection tactics. Furthermore, patients' complaints about egregious bills were corroborated by a review of hospital price transparency files. Many patients did not understand their bills and were confused by the bill itself, and others remarked that they did not know who was suing them. Confusion over bills can be attributed, in part, by wide-ranging and nontransparent prices charged even within a common hospital, determined not by complications but on patients' insurance coverage. For example, UCHHealth hospitals charged insured patients \$4 to \$1,072 for a common blood test.⁴³

Reliance on financial intermediaries allows this destructive system of medical debt to proceed on autopilot, without accountability from the public and unencumbered by the broader errors of medical billing. It additionally allows healthcare providers to maintain an unintelligible and exploitative pricing system. Though most kinds of debt can be avoided with prudent shopping and careful budgeting, most patients cannot find any price – let alone a fair price – before seeking medical care, and thus both medical debt and subsequent debt collection actions are direct products of an unjust healthcare pricing system.⁴⁴ Middlemen that file lawsuits constitute another layer of obfuscation.

Though collection intermediaries may merely be the most recent incarnation of a deeply dysfunctional medical billing ecosystem, they put the system's lawlessness and lack of transparency on steroids.

II. METHODOLOGY

To identify the recent incidence of medical debt lawsuits in Colorado, we used LexisNexis Courtlink to manually collect filings for all debt collection lawsuits brought by Colorado hospitals across 2019-2023. LexisNexis Courtlink provides information on plaintiffs, defendants, attorneys, principal amounts, court or attorney fees, garnishments, bankruptcies, and case status. Further information about interest rates, garnishees, defendant answers, and original creditors was drawn from court records accessed through the Colorado Courts Public Access Terminal.

Using LexisNexis Courtlink's name search, we searched for all Colorado hospitals and hospital systems listed and spelled in Medicare Cost Reports, the American Hospital Directory, and the Electronic Municipal Market Access system. We additionally searched for debt collection lawsuits brought by CollectionCenter, Inc (CCI) and the Credit Service Company (CSC) since those two companies were identified in the February 2024 Colorado Sun and 9NEWS investigation as collection intermediaries employed by UCHealth. It was during this investigation that UCHealth admitted to pursuing a total of 15,710 lawsuits against patients in conjunction with these two intermediaries from 2019-2023.⁴⁵

Courtlink covers 63 of Colorado's 64 counties – all except Denver County, which operates a separate online court system through LexisNexis Risk Solutions and Colorado Court Records Search. This second system offers similar case information but with more limited search capabilities. For example, the Denver County database has inflexible search parameters and limits search results. For these reasons, obtaining Denver County results required different and inferior search methods, and the 190 cases we gathered from 2019-2023 likely undercount the actual case volume.

To examine both the originating details and the subsequent effects of lawsuits filed by UCHealth and the two intermediaries, we gathered additional information through three supplemental mechanisms.

First, we acquired the entirety of the court records associated with 308 randomly selected cases across the three plaintiffs. These records included the original complaint, an Affidavit of Indebtedness, and other materials that can reveal the nature and context of the action, court costs, interest fees assessed, and any actions to garnish the wages of the patient-debtors. Colorado courts during this period, however, encouraged court clerks to seal any records that contained certain personal information, which prevented access to the court records for many of these 308 cases.⁴⁶ When case materials were under seal for actions initiated by CCI and CSC, the available documents often did not identify the original creditor on whose behalf they filed suit.⁴⁷ Some case files were more revealing either because not all documents were under seal or because more detail was offered in the Affidavit of Indebtedness or in patient answers.

Second, we gathered the answers filed by the few patient-defendants who challenged the debt collection actions brought against them by UCHealth, CCI, and CSC. These answers contained additional information about patients' finances, the origins of their medical bills, and the identity of the creditor. When answers themselves did not disclose the original plaintiff, we obtained the name of the original creditor and other materials (when disclosed) from the proceeding's other documents.

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If I were to make this payment, it could potentially lead me to financial ruin. I am pregnant and trying to ensure that I can provide for my first child, as well as cover the upcoming medical costs for childbirth. ... It is the hospital's moral obligation to not deny anyone in need of medical attention, but it seems paradoxical that they can later potentially destroy your life by forcing these egregious bills on you.

Filed Patient Answer, CollectionCenter Inc & UCHealth v. XX. Arapahoe County, 2022.

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Third, we sought oral reports from patients sued by these three plaintiffs, both to verify the information in the public records and to understand the impact of the medical debt on their lives. Obtaining phone numbers from people finder sites, including the WhitePages, and court records, PatientRightsAdvocate.org researchers called roughly 750 defendants to learn more about the lawsuit filed against them. The vast majority of patients did not answer calls, and many of those who did feared hospital retaliation, but we ultimately communicated with eight patients who agreed to share their stories.

The remainder of our data was gathered from publicly available sources. Information on individual hospitals was obtained from Medicare Cost Reports accessed through the Hospital Cost Tool developed by the National Academy for State Health Policy, Rice University's Baker Institute, and Mathematica. Hospital price variation data was gathered from the Colorado Hospital Price Finder, a consumer pricing tool that shows publicly available price transparency data aggregated by PatientRightsAdvocate.org.⁴⁸ Information on CSC and CCI were gathered from assorted websearch sources.

RESULTS

Our main findings are as follows: First, after initiating lawsuits against patients primarily in its own name, UCHealth in 2020 began to increasingly rely on CCI to bring lawsuits on its behalf. This collection intermediary sued 8,649 defendants from 2020-2023.⁴⁹ A subsample of court records indicate that the majority of CCI's lawsuits were brought on behalf of UCHealth. Second, UCHealth and CCI's lawsuits led to default judgments across 69.8% of cases and garnishments across 37.2% of cases, as well as generating \$2.8 million in attorney fees and \$1.3 million in court fees.⁵⁰ Third, CSC initiated 7,889 debt collection lawsuits from 2020-2023, but in examining a sample of CSC actions, 95.6% were under seal such that the identity of the original debtor was unidentifiable, demonstrating how debt collection intermediaries can operate beyond public view.⁵¹ Fourth, an examination of patient answers and patient interviews reveals that many of the incident lawsuits relied on errant information, were filed improperly, or reveal other shortcomings of medical billing.⁵²

A. WHO IS SUING PATIENTS?

Our comprehensive search for medical debt collection lawsuits filed against patients in Colorado from 2019-2023, including all lawsuits filed by CSC and CCI, uncovered a total of 29,122 court actions.⁵³ Of this total, Centura Health, HCA Health, and SCL Health filed a combined total of 4,279 lawsuits under their own name, with none filed in 2023. The remaining 85.3% lawsuits were filed by UCHealth and the two collection intermediaries.⁵⁴

Our database likely underestimates the actual debt that was subject to collection efforts. LexusNex-is Courtlink builds its database from judgment amounts, which do not include either payments that patients made or amounts creditors forgave (because of billing errors, for example) before a judgment was entered against them. Judgments for small amounts were especially likely to have been subsequent to a claim for a greater amount. For this reason, we pulled the original complaints for the 144 judgments lower than \$150. We determined that these 144 cases originated in claims totaling \$221,440, or \$212,770 more than the judgment amounts. Thus, the total judgment amounts in the gathered cases represent a fraction of the amounts for which patients were originally sued.

The pattern of collection actions initiated over the four years in question exhibited a significant change after 2019. UCHealth filed a total of 3,481 medical debt collection lawsuits under its own name from 2019-2023, with 2,558 (73.5%) issued in 2019. Meanwhile, CollectionCenter, Inc. filed 9,241 debt collection lawsuits from 2019-2023, but only 592 (6.4%) in 2019. Comparing UCHealth and CCI lawsuits suggest almost a one-for-one tradeoff.⁵⁵

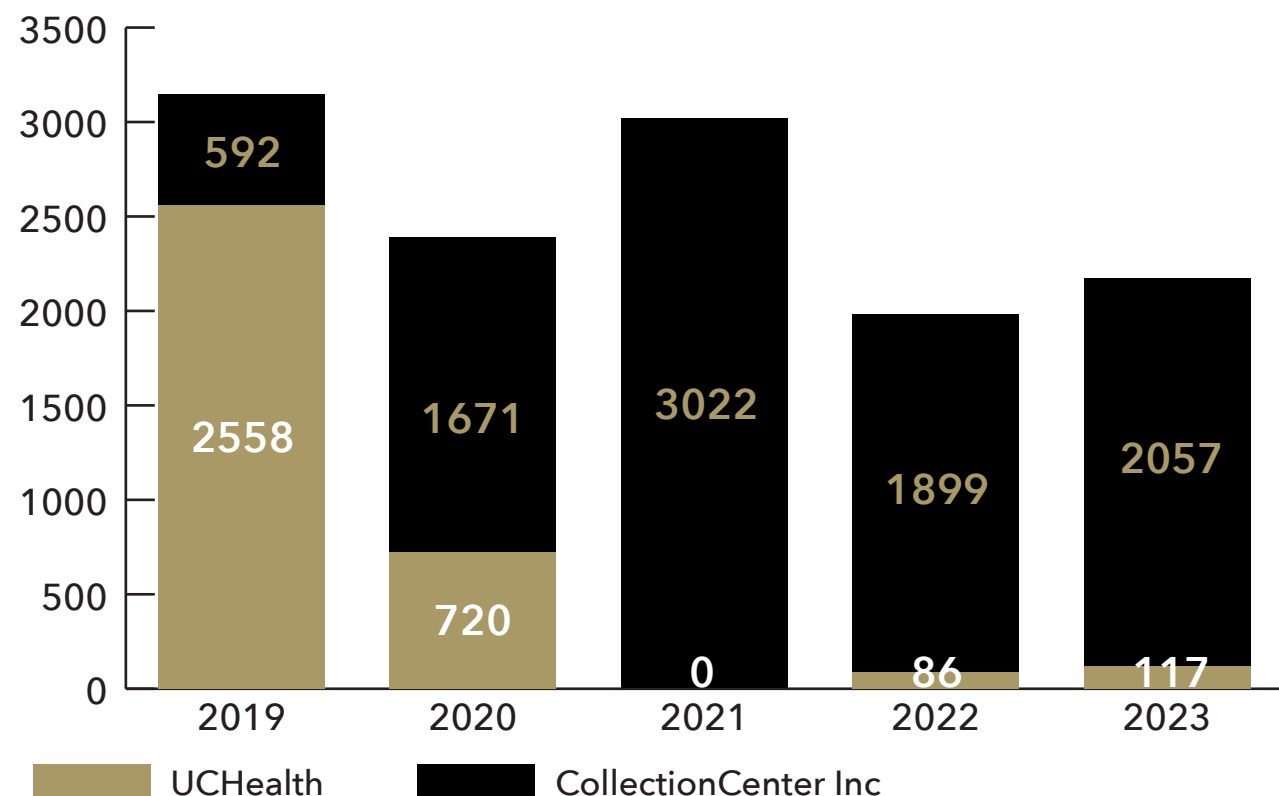
COLORADO DEBT COLLECTION LAWSUITS BY PLAINTIFF (2019-2023)⁵⁶

Cases by Plaintiff	2019	2020	2021	2022	2023	Total
UCHealth	2,558	720	0	86	117	3,481
SCL Health	1,142	837	1,132	810	0	3,921
HCA Health	312	0	0	0	0	312
Centura Health	13	33	0	0	0	46
CollectionCenter Inc	592	1,671	3,022	1,899	2,057	9,241
Credit Service Company Inc	4,232	1,691	2,875	1,784	1,539	12,121
Total	8,849	4,952	7,029	4,579	3,713	29,122

JUDGMENT AMOUNTS FOR DEBT COLLECTION LAWSUITS (2019-2023)⁵⁷

Plaintiff	Mean Principal Amount	Total Principal Awarded	Total Attorney Fees	Total Court Fees
UCHealth	\$3,416	\$8,500,000	\$855,000	\$338,000
Collection Center Inc	\$3,873	\$25,000,000	\$1,917,000	\$944,000
Credit Service Company Inc	\$3,853	\$34,300,000	\$2,185,000	\$1,120,000

COLORADO DEBT COLLECTION LAWSUITS OVER TIME (2019-2023)⁵⁸



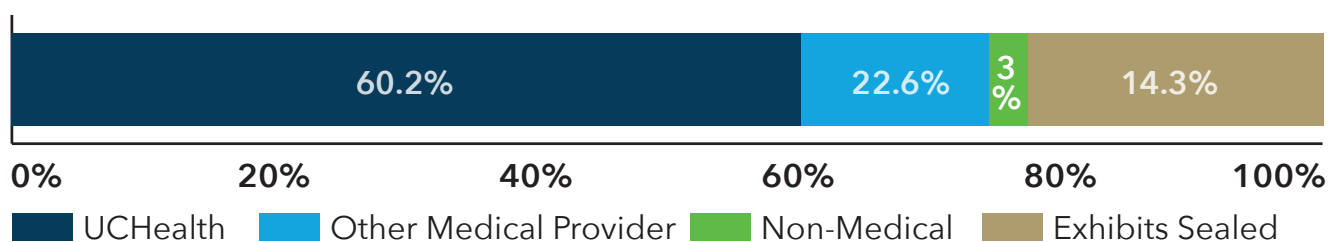
We additionally gathered a random subsample of 308 cases to determine on whose behalf the intermediary collectors sued. Of the 133 sampled cases brought by CCI, 80 (60.2%) lawsuits were filed on behalf of UCHealth, with sealed documents hiding the original plaintiff across another 30 (22.6%) of its cases.⁵⁹ This subsample additionally reveals that UCHealth was employing CCI to collect debts as early as 2019, when the hospital system was also actively suing patients under its own name.

Finally, we observed that UCHealth and CCI relied heavily on the same two attorneys. These two attorneys, who were responsible for filing 96.8% of the combined 12,722 lawsuits brought by UCHealth and CCI, filed 93.9% of UCHealth’s debt collection lawsuits and 97.9% of CCI’s.⁶⁰

RANDOM SAMPLE OF SEALED COURT RECORDS (2019-2023)⁶¹

Plaintiff Bringing the Suit	Original Plaintiff					Total
	UCHealth	UCHealth and CCI	Other Medical Provider	Non-Medical	Exhibits Sealed	
UCHealth	0	15	0	0	1	16
CollectionCenter Inc	80	0	19	4	30	133
Credit Service Company Inc	7	0	0	0	152	159
Total	87	15	19	4	183	308

COLLECTIONCENTER INC SUITS BY ORIGINAL PLAINTIFF (2019-2023)⁶²



B. COURT PROCESSES & CONSEQUENCES

Debt collection lawsuits that target patients for medical debt are known to cause collateral harm on patients.⁶³ Our examination of collection actions by UCHHealth and CCI reveals that the debt collection process itself resulted in garnishments, bankruptcies, assessed interest, and substantial court and attorney fees on UCHHealth patients.

UCHHealth and CCI sought garnishments across 37.2% of their lawsuits (4,730 of 12,722) during 2019-2023, and at least 38 defendants filed for bankruptcy (14 sued by UCHHealth and 24 sued by CollectionCenter Inc).⁶⁴ We examined the subsample of 308 cases to learn more about the targets of the garnishments, and of the 149 cases that were filed by UCHHealth or CCI, 69 (46.3%) sought garnishments. Of these, 40 targeted defendants' bank accounts⁶⁵ while 19 targeted defendant-patients' wages (and 10 were unidentified). Because court records often (but not always) name the employers targeted in garnishment actions, we were able to identify the defendant's employers and could thus use industry standards to estimate patients' incomes. Ten of the 19 identified garnish-ees, or 52.6%, worked in retail, transportation, senior care, and manufacturing. According to the Bureau of Labor Statistics, retail occupations in Colorado pay average wages of \$19.57 per hour or \$40,710 per year, and wages for the other occupations are only slightly higher.⁶⁶

It is notable that nonprofit hospitals were responsible for bringing the majority of debt collection lawsuits. Under federal and state laws, nonprofit hospitals enjoy tax exemptions in exchange for providing community benefits and charity care to patients otherwise unable to afford treatment. Nationally, nonprofit hospitals received an estimated \$37.4 billion total tax benefit in 2021,⁶⁷ and studies estimate that an individual nonprofit hospital's tax exemption equals 5.9% of expenses.⁶⁸ UCHHealth underperformed on measures used to evaluate a nonprofit hospital's commitment to its charitable mission. Across the majority of UCHHealth's Colorado hospitals, charity care spending was less than 2% of expenses from 2019 to 2022.⁶⁹ Only one hospital spent enough on charity care to exceed the value of its tax exemption in 2019, and none did in the next three years, according to Medicare Care Cost Reports.⁷⁰ Meanwhile, Colorado hospitals are required to offer charity care for patients who make less than 250% of the federal poverty level,⁷¹ or \$75,000 for a family of four in 2023.⁷²

Lawsuits brought by UCHHealth and CCI also resulted in additional fees for patients. More than half (57.5%) of the cases brought by the two plaintiffs resulted in attorneys fees that added a total of \$2.8 million to defendants' debt, and 61.8% of the cases assessed court fees, imposing a total of \$1.3 million additional debt onto patients.⁷³

We also discovered many court records suggesting that hospitals entered judgments against patients despite the presence of a \$0 principal, perhaps in instances where patients had paid off their original debt but not attorney or court fees. Additionally, in our subsample of pulled UCHHealth and CCI lawsuits, nearly one in five defendants (29 of 149) were charged 8% interest.⁷⁴ Colorado banned charging interest higher than 3% on medical debt in May 2023.⁷⁵

CHARACTERISTICS OF DEBT COLLECTION LAWSUITS (2019-2023)⁷⁶

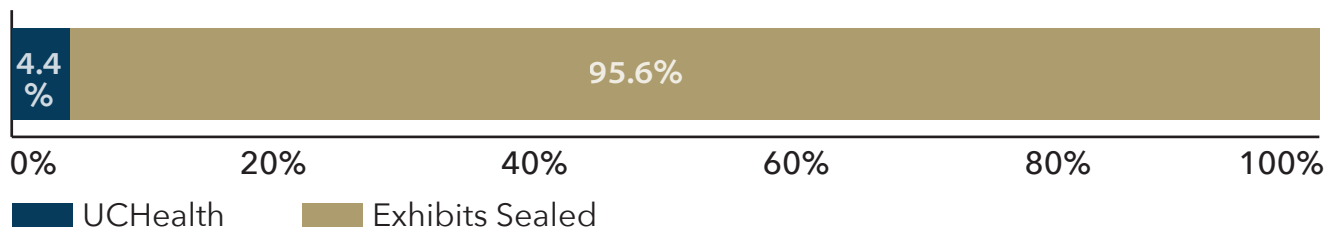
Plaintiff	Cases	Judgments	Judgments (% Default)	Cases With Attorney Fees	Garnishments	Bankruptcies
UCHHealth	3,481	2,494	99.1%	2,113	1,483	14
CollectionCenter Inc	9,241	6,493	98.8%	5,202	3,247	24
Credit Service Company Inc	12,121	8,992	93.8%	7,135	4,683	44

C. CREDIT SERVICE COMPANY AND FAILURES IN TRANSPARENCY

CSC was an active debt collector during 2019-2023. CSC filed a total of 12,121 debt collection lawsuits and was awarded \$34.3 million in principal amounts from 2019-2023.⁷⁷ As we noted above, most of CSC's filings were sealed by the court, and CSC (much more frequently than CCI) often did not include an Affidavit of Indebtedness or an Affidavit of Proper Party on the state court portal that would identify the creditor on whose behalf CSC is suing. Instead, CSC's filing made reference to an "Exhibit A," a record that was always sealed. This prevented identifying of the original plaintiff in 95.6% (152 of 159) of our sampled CSC cases. The remaining 4.4% of CSC's cases were brought on behalf of UHealth.⁷⁸

Thus, little is disclosed about CSC and its actions in court. Its website states that "Our dedicated health care collections team specializes in debt collections for all types of medical facilities, including hospitals, doctors' offices and clinics, EMT services, chiropractors and dentists."⁷⁹ A legal filing alleges that UHealth is among CSC's largest clients, more than 95% of CSC's clients are medical providers, and the company "operates on a commission model [and] with little exception, CSC does not receive any remuneration unless and until it has collected money from the debtor."⁸⁰ Even if CSC complies with Colorado's new disclosure requirements,⁸¹ little will be known about its profit incentives, familiarity with the medical billing process, and responsiveness to consumer complaints.

CREDIT SERVICE COMPANY SUITS BY ORIGINAL PLAINTIFF (2019-2023)⁸²



CSC's lack of disclosure made it the target of legal action by a consumer rights organization. Under Colorado law, a debt buyer must serve the defendant with a complaint that names the original creditor, provide a copy of the contract in which the consumer agreed to the debt, and include a redacted itemization of charges incurred.⁸³ According to a lawsuit filed against CSC by the legal nonprofit Towards Justice, CSC failed to supply any of these required disclosures when it filed lawsuits against UHealth patients.⁸⁴ In a reply brief, CSC admitted it was assigned debt by UHealth, but it denied that it was a purchaser of debt and therefore was "not required to comply with the debt buyer disclosure requirements."⁸⁵

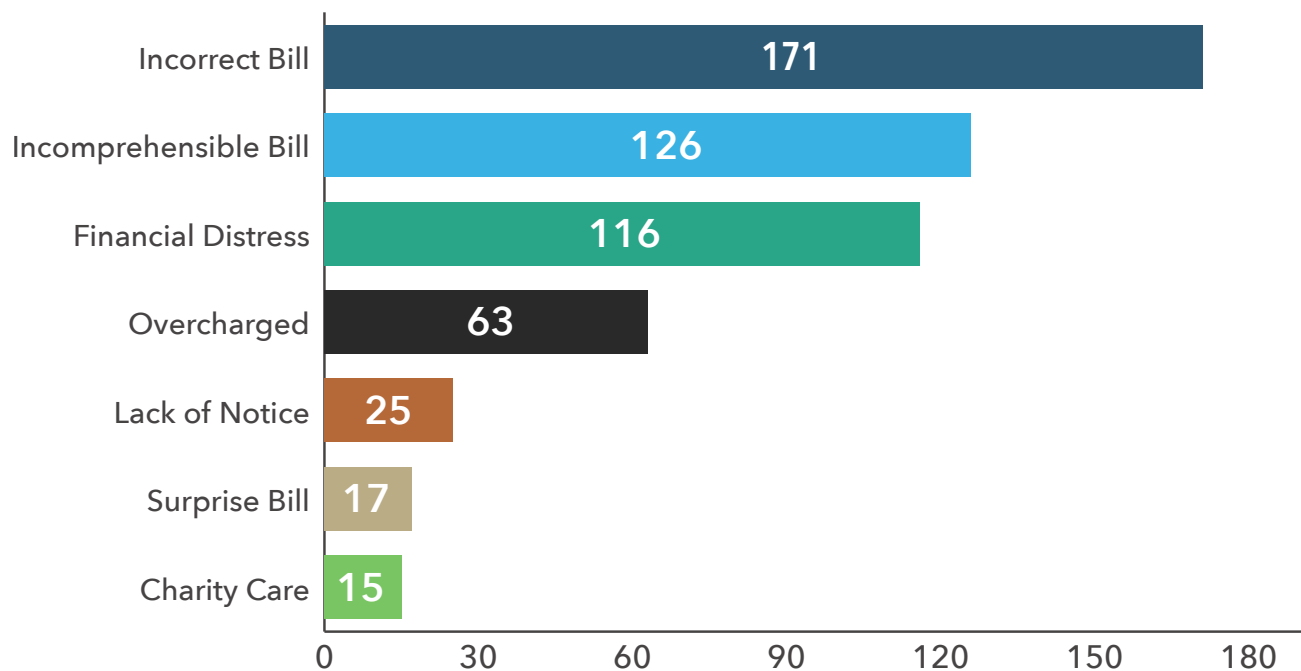
Though we cannot determine with confidence whether CSC lawsuits represent collection actions for medical debt, we can conclude that CSC lawsuits reflect similar features as those initiated by CCI and UHealth. Although CSC used different lawyers from those utilized by UHealth and CCI, it had a similar pattern of assessing attorneys fees and other financial penalties on patients. CSC billed a total of \$2.2 million in attorney fees across 58.9% of its cases and \$1.1 million in court fees across 63% of its cases.⁸⁶ Nearly seventy percent (8,431) of CSC's cases yielded default judgments, and 38.6% (4,683) of all cases generated garnishment attempts.⁸⁷

D. PATIENT ANSWERS IN MEDICAL DEBT LAWSUITS

Of the 24,843 lawsuits UCHealth, CCI, and CSC together initiated from 2019-2023, 17,314 (69.7%) resulted in default judgments in which patient-defendants did not participate in the legal proceedings at all.⁸⁸ In contrast, 577 defendants responded with answers that challenged the debt collection allegations, 444 of which (we can conclude with confidence) involved answers to medical debt collection.⁸⁹ These 444 answers – 277 lodged against debts claimed by UCHealth, 17 against Boulder Community Health, 15 against other medical providers, and 135 against unidentifiable medical providers – offer a window into some of the severe failures of medical pricing, billing, and debt collection.

The prevailing theme among these answers is that medical bills are reliably incomprehensible, frequently errant, and are levied against the nation's most vulnerable. The largest category of answers (171, or 38.5%) argued that the bill they received was incorrect, either because the provider failed to properly bill the patient's Medicaid, Medicare, TriCare, or commercial insurer (84), an alternative insurance source was supposed to pay (21 for workers compensation, 13 from an auto accident, three saying their coronavirus treatments should have been reimbursed by the federal government under the CARES Act), or the underlying bill contained mistakes (50).⁹⁰ Many answers (126 or 28.4%) reported that patients were simply unable to comprehend the medical debt with which they were charged, including many who believed their insurance were responsible (79) or were otherwise awaiting validation of the debt (20), while the others were unclear about the charges or claim to have not received a bill in the first place.⁹¹ Many patients (63, or 14.2%) argued that they were being overcharged – namely, that the price they were being billed was either far more than what they know is typically charged or is wildly out of proportion to any reasonable standard.⁹²

PATIENTS ANSWERS IN 444 MEDICAL DEBT COLLECTION SUITS⁹³



These categories are not mutually exclusive. For example, a patient's answer can report financial distress as well as the belief that they were overcharged or never offered charity care. Moreover, such inaccuracies have been shown to be part of a national trend. An estimated 80% of medical bills contain mistakes, and federal enforcers estimate that fraud in medical billing costs \$100 billion annually.⁹⁴ UCHealth itself recently agreed to a \$23 million settlement with the U.S. Attorney's Office for allegedly overbilling patients for emergency care.⁹⁵

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You can't fight it. If you're broke, you don't have money for an attorney, and you can't fight them. Everyone just takes it.

UCHealth Patient, Interview with Staff, August 2024.

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Several patient answers contested the validity of their debt by challenging the validity of the financial contract they signed when being admitted to UCHealth. Upon admission to UCHealth, including when being treated for an emergent condition, patients were given a “Consent to Service” document that contained the following:

“I understand that my payment is late if I do not pay all of it in sixty (60) days from the day I got care. Late accounts may need to go to a collection agency or lawyer. I understand that I will pay lawyer fees within reason, court costs and fees from the collection agency. These could also include lawyer fees of the collection agency or court. I agree to give up my right to trial by jury if this happens.”⁹⁶

Scholars and courts have challenged the validity of using hospital admissions consent agreements as enforceable contracts that bind patients to subsequent charges,⁹⁷ and common sense suggests that patients are incapable of meaningfully assenting to financial obligations during a health crisis.⁹⁸ It is no surprise that patients decried the use of UCHealth’s admissions agreement.

Finally, 116 patients (26.1%) reported being simply unable to pay their bill on account of financial distress.⁹⁹ Patients described struggling to pay rent, losing wages while attending court hearings, fighting to set up an affordable payment plan, and facing financial ruin because of their medical debt. Patients also claimed they were being sued despite qualifying for charity care, or that they were not offered the financial assistance they were entitled to. These documents best illustrate the genuine suffering from the burden of medical debt and collection efforts. Patients describe requiring medical attention after car accidents in which they were not at fault, suffering workplace injuries in which workers compensation should have fully handled all medical bills, and struggling to make sense of the billing confusion with their financial and emotional burdens.

CONCLUSION

Along with several other scholars, we have previously documented both the widespread practice of hospitals suing patients and the extraordinary harm that these lawsuits have caused.¹⁰⁰ Some of our prior publications attracted media attention,¹⁰¹ pressured hospital systems to stop suing patients,¹⁰² and led to a release of active claims against patients already sued.¹⁰³ These achievements were possible only because hospital administrators are concerned about community goodwill and their reputation in the minds of their patients.¹⁰⁴

It is precisely because hospital administrators desire goodwill that some have used intermediaries to pursue aggressive collection actions that would be decried by the public.¹⁰⁵ In other words, rather than discontinuing publicly undesirable actions, hospitals have used intermediaries to hide their leading roles.¹⁰⁶

Our findings can be summarized in four statements. First, UCHHealth in 2020 accelerated its use of financial intermediaries to sue its patients to collect medical debt. Second, these financial intermediaries in their lawsuits relied on scant filings and the sealing of documents, hiding much of their activities – and the identities of their clients – from public scrutiny. Third, the filings by patients who responded to the lawsuits raised concerns about the accuracy of the medical bills and the legitimacy of the prices charged. And fourth, these lawsuits inflicted the harm on patients that is now widespread in aggressive medical debt collections: They caused bankruptcies, led to wage garnishments, assessed additional attorneys and interest fees, caused confusion and stress, deterred patients from seeking additional medical attention, and trapped patients who had done no wrong into a deeply dysfunctional medical pricing and billing system.

These are merely some of the harms wreaked by our medical debt ecosystem. They highlight some of the most appalling and poignant problems, but they are downstream from the problems that are in the most urgent need for attention. Medical debt is unlike other types of debt in that it is largely the result of a secretive and overcharging pricing system. It does not pursue the financially careless but instead penalizes the vulnerable and unwitting. Although we strongly advocate discontinuing the practice of suing patients in court to collect medical debt, and we urge all hospitals to do so, we recognize that a genuine solution requires hospitals to be transparent in their pricing, attentive to the principles of value and affordability, and committed to the bedrock principle of informed financial consent.¹⁰⁷

Many of the tragedies of aggressive collection practices could be mitigated by providing patients with access to actual prices, and the capacity to shop and compare prices, prior to care. The federal Hospital Price Transparency Rule, which took effect on January 1, 2021 and required hospitals to

“

We do not know what this is for. We never received any bill from the hospital. This is the first time we have knowledge of this.

Filed Patient Answer, CollectionCenter Inc & UCHHealth v. XX. Adams County, 2023.

”

post all prices online, including all negotiated rates and discounted cash prices, was designed to empower patients to shop for care they can afford.¹⁰⁸ However, many hospitals continue to ignore federal price transparency rules, limiting patients' ability to validate their debt and enabling excessive charges in medical bills.¹⁰⁹ Both the Government Accountability Office and the Office of Inspector General have recommended stronger federal enforcement,¹¹⁰ but CMS had only enacted monetary penalties against 18 hospitals as of February 2025.¹¹¹ Likewise, patients have the right to receive an explanation of their costs in an Advanced Explanation of Benefits before scheduled procedures, but CMS has not yet released regulations to enforce this right.¹¹²

The use of collection agencies to sue patients reflects a doubling-down on all that is wrong about suing patients and represents a new chapter in public policy debates over medical debt. They amount to a militarization of hospital debt collections and a pursuit of secrecy over candor. These collection entities have no long-term interest in a surrounding community and are structurally indifferent to the overall health of a population; they are singularly designed to maximize the returns and accelerate the collection rate of medical debt. If they remain part of the system to finance healthcare, they deserve additional scrutiny from patient advocates, investigative journalists, and policymakers. It is critical to bring light where these entities have tried to preserve darkness.

Some state and local governments have tried to address the problem of medical debt without scrutinizing the problems that created it. For example, North Carolina, New York City, and Arizona, among others, have spent billions of dollars to forgive medical debt.¹¹³ Although driven by admirable motivations, such efforts would be more effective if medical debt was validated as warranted and reasonable before hospitals received public dollars. Many hospitals continue to flout federal price transparency rules, limiting patients' ability to validate their debt and enabling frequent mistakes and excessive charges in medical bills.¹¹⁴

For this reason, we commend Colorado lawmakers for enacting a series of groundbreaking patient protections. For example, in 2022 the state passed House Bill 22-1285, which required hospitals to comply with federal price transparency rules and gave patients a private right of action if a hospital pursued collection actions against them and was not in compliance with federal price transparency rules at the time of service.¹¹⁵ Along with further legislation, it authorized patients to recover attorneys fees from hospitals that pursued debt collection without posting prices, required medical debt collectors to provide an itemized bill when suing patients, and prevented hospitals from suing patients under the name of a debt collector.¹¹⁶ And Colorado patients – including one who has filed the answer we detailed herein¹¹⁷ – have begun to challenge these hospital lawsuits, demanding fair pricing, sound legal and billing procedures, and the enforcement of consumer protection laws. More can and should be done, but we close noting not just that Colorado's medical debt collections represent some of the most severe challenges to current national healthcare policy but also that Colorado represents some of the most helpful corrections.

“The employees — the doctors and the nurses — are so kind, so nice, until you get hit with the bills ... We don't have a lot of money. We live paycheck to paycheck like most other Americans.”

Patient Interview, Credit Service Company & UCHHealth, Boulder County, 2020.

PATIENT NARRATIVES

We obtained 444 court-filed answers that patients submitted to combat debt collection lawsuits from 2019-2023. We also interviewed eight patients who were sued and agreed to share their experiences with PRA staff. Between these court filings and our interviews, we gathered potent patient narratives that reveal the personal challenges caused by medical debt collection lawsuits.

MANY WERE SUED WHILE WAITING FOR INSURANCE TO PAY THEIR BILLS

One patient said she was assured that insurance would cover her physical therapy, only to be sued while contesting a surprise bill from UCHHealth, writing: "I am a working mother with 4 children. How with the economy is now, we are barely getting by. We cannot afford this \$4,400 charge that I did not agree to, I would have cut back on my PT if I knew it was all out-of-pocket."¹¹⁸

A patient receiving a colonoscopy believed it was covered by insurance. A hospital sued him for \$1,451.29, plus \$563 in court and attorney fees, and initiated a garnishment request against his bank account. He said, "I have a family. Paying this debt affected my ability to pay my bills."¹¹⁹

One woman said that her family lived "paycheck-to-paycheck" and was stunned when UCHHealth sued them for \$54,562 despite not submitting a claim to their health insurance.¹²⁰

PATIENTS WERE SUED DESPITE TRYING TO OBTAIN PRICE ESTIMATES AND BUDGET RESPONSIBLY

One patient reported being billed more than four times UCHHealth's estimate.¹²¹

One patient was charged \$847 for an X-ray after Boulder Community Health refused to disclose its prices. This patient wrote that the same scan "costs \$60 at Health Images in Boulder ... I am being billed more than 10 times the fair market rate for an X-ray. This is dishonest."¹²²

LAWSUITS ARE BROUGHT AGAINST THE MOST VULNERABLE

UCHealth allegedly sued a disabled veteran after failing to bill his health insurance.¹²³ Another veteran criticized Boulder Community Health, writing, "I am a 90% disabled veteran and this is a medical bill. If they [had billed the VA] properly, we wouldn't be in this courtroom."¹²⁴

UCHealth allegedly sued one mother who applied for charity care after her baby died at three weeks old.¹²⁵

After one self-employed patient went to UCHealth for chest pains, the hospital ran tests, sued him for \$18,411.42, and garnished his bank account. He believed insurance would cover the bill, and he later tried to work out charity care or a payment plan. Instead, CSC froze his bank account. He said, "When that happened, I got to where I couldn't pay rent, any of my bills, and now I'm trying to move out and find a place to live. It's hell. ... It's put me in a depression when I couldn't pay my bills. I almost ... lost my family. Thank God the pastor and the church were able to help me out so I could start paying my rent. It was a nightmare."¹²⁶

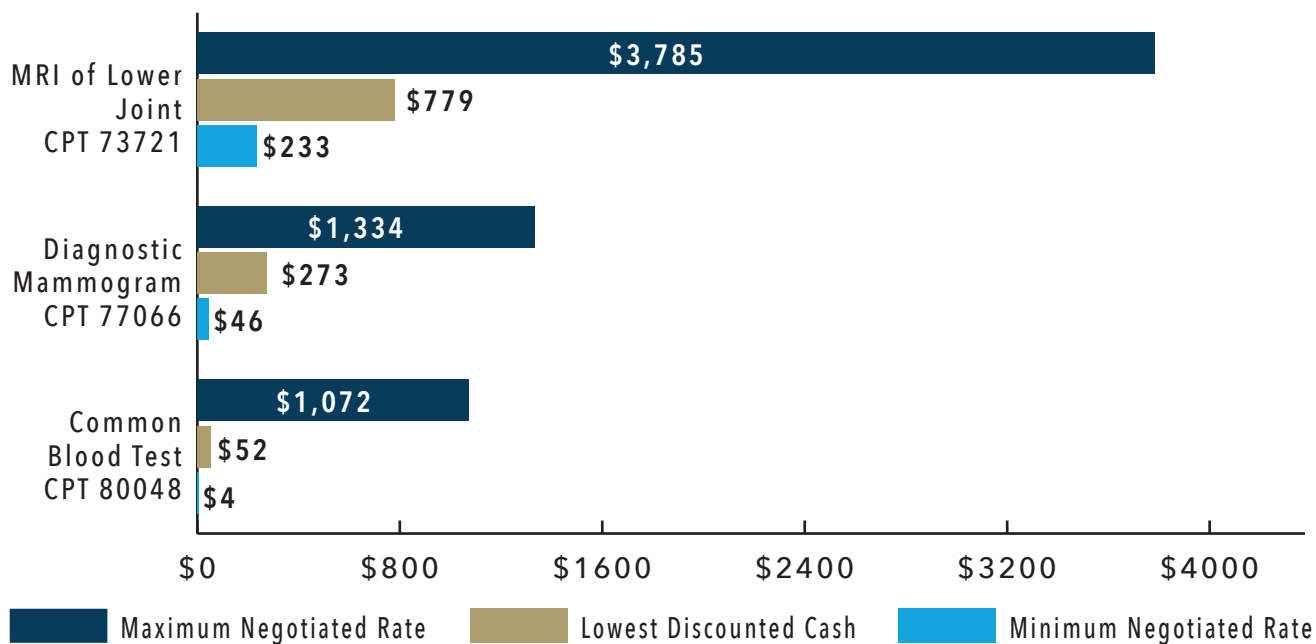
PRICE VARIATION

UCHealth, like nearly every hospital in the nation, charges different prices for the same medical services. Prices for the same medical procedures vary by as much as 247 times across UCHealth hospitals in Colorado – a difference based not on medical complications but on patients' insurance.¹²⁷ Such price variation adds uncertainty to an already opaque billing system: Most patients simply do not know how much they will owe and are therefore vulnerable to excessive or overcharged bills.¹²⁸

We obtained the prices of five common medical codes across 14 UCHealth Colorado hospitals from the Colorado Hospital Price Finder in 2024.¹²⁹ Hospitals are required to publish their prices for all items and services under the federal Hospital Price Transparency Rule, including discounted cash prices and all negotiated rates by payer and plan.¹³⁰ Prices for each varied dramatically.

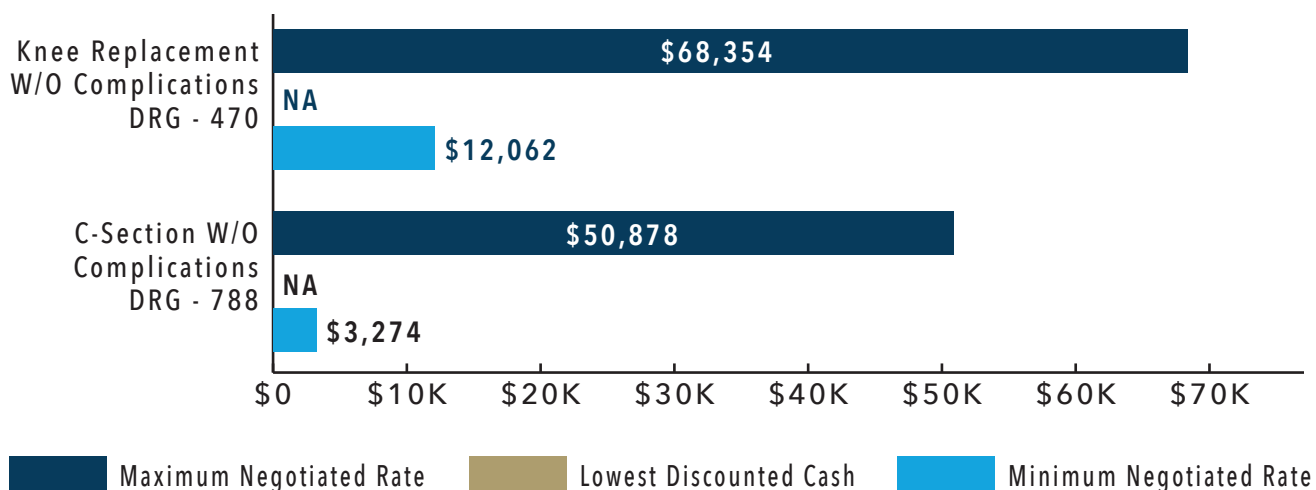
- Prices varied for even simple diagnostics. For a common blood test (CPT-80048), insured patients paid between \$4.33 and \$1,072 across UCHealth hospitals, a difference of 24,700%. Uninsured patients faced similar price disparities. A cash patient might pay as little as \$52 at UCHealth Pikes Peak Regional Hospital or as much as \$571 at UCHealth Parkview Medical Center. For comparison, patients are only charged a cash price of \$8 for the same test at Banner Health's McKee Medical Center.
- For an MRI of a lower joint (CPT-73721), prices varied 1,600% across UCHealth hospitals in Colorado, ranging from between \$233 at UCHealth Greeley Hospital and \$3,785 for insured patients at UCHealth Poudre Valley Hospital and UCHealth Medical Center of the Rockies. Medicare paid an average of \$295 at hospitals and \$189 at ambulatory surgical centers.¹³¹
- Prices varied even within the walls of one hospital. UCHealth Broomfield Hospital charged differently insured mothers between \$4,596 and \$50,878 for a cesarean section without complications (DRG-788), a price difference of 1,107%.¹³²
- Prices varied for routine surgeries, which could translate into significant savings. For a major hip or knee replacement without complications (DRG-470), insured patients were billed \$12,062 at UCHealth Broomfield Hospital but as much as \$68,354 at UCHealth Parkview Medical Center and UCHealth Parkview Pueblo West Hospital. This price difference of 567% represents a potential savings of more than \$56,000.
- Prices continued to vary for critical preventative services in 2025.¹³³ Prices for a radiant diagnostic mammography of both breasts varied by 2,913% between different UCHealth hospitals. Insured women paid as little as \$46 at UCHealth University of Colorado Hospital or as much as \$1,334 at UCHealth Parkview Medical Center and Parkview Pueblo West Hospital (CPT-77066). In contrast, the lowest cash price was \$273 for the same scan across UCHealth hospitals (UCHealth Memorial Hospital North and UCHealth Memorial Hospital Central).

UCHEALTH PRICES VARY FOR COMMON OUTPATIENT PROCEDURES¹³⁴



The usual solution to disparate prices is price competition. If the market rewards the low-cost providers, all providers will seek to attract customers by lowering their prices. Of course, price competition is only possible with price transparency, and the federal Hospital Price Transparency Rule, which took effect on January 1, 2021, aims to do exactly that by requiring all hospitals to post all prices online.¹³⁵ Research shows, however, that only 36% of hospitals were fully compliant with the federal rule in 2023.¹³⁶

UCHEALTH PRICES VARY FOR COMMON INPATIENT PROCEDURES¹³⁷



A Compliant Hospital's 2023 Price Transparency File

According to the federal Price Transparency rule, hospitals must post all prices online. UCHealth Memorial Hospital Central fully complied with the rule on July 2023, according to an analysis by PatientRightsAdvocate.org.¹³⁸ This allowed patients to compare their bills with the hospital pricing file, giving patients some context in which to interpret their bills and see if they had been charged a fair price. This example from the hospitals' price transparency file shows the price variation for an appendectomy:

Associated _Codes	Cash_ Discount	Deidentified_ Max_Allowed	Deidentified _Min_ Allowed	description	Gross_ Charge	job Selection	payer	Payer_ Allowed _Amount
....								
342	N/A	\$ 43,034.47	\$ 16,127.05	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH CC	N/A	Inpatient	First Health/Coventry PPO	\$ 40,985.21
342	N/A	\$ 43,034.47	\$ 16,127.05	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH CC	N/A	Inpatient	Humana Medicare Advantage	\$ 16,127.05
342	N/A	\$ 43,034.47	\$ 16,127.05	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH CC	N/A	Inpatient	Kaiser HMO/PPO/POS	N/A
342	N/A	\$ 43,034.47	\$ 16,127.05	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH CC	N/A	Inpatient	Kaiser Medicare Advantage	\$ 16,127.05
342	N/A	\$ 43,034.47	\$ 16,127.05	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH CC	N/A	Inpatient	MultiPlan PPO	\$ 43,034.47
342	N/A	\$ 43,034.47	\$ 16,127.05	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH CC	N/A	Inpatient	PHCS PPO	\$ 17,163.75
342	N/A	\$ 43,034.47	\$ 16,127.05	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH CC	N/A	Inpatient	United Healthcare Medicare Advantage	\$ 16,127.05
342	N/A	\$ 43,034.47	\$ 16,127.05	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH CC	N/A	Inpatient	United HMO/PPO/POS	N/A
343	N/A	\$ 40,099.54	\$ 12,905.88	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	N/A	Inpatient	Aetna HMO/PPO/POS	\$ 28,305.88
343	N/A	\$ 40,099.54	\$ 12,905.88	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	N/A	Inpatient	Aetna Medicare Advantage	\$ 12,974.47
343	N/A	\$ 40,099.54	\$ 12,905.88	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	N/A	Inpatient	Anthem HMO/PPO/POS	\$ 21,524.58
343	N/A	\$ 40,099.54	\$ 12,905.88	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	N/A	Inpatient	Anthem Medicare Advantage	\$ 12,974.47
343	N/A	\$ 40,099.54	\$ 12,905.88	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	N/A	Inpatient	Cigna HMO/PPO/POS	\$ 18,347.24
343	N/A	\$ 40,099.54	\$ 12,905.88	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	N/A	Inpatient	Cigna Medicare Advantage	\$ 12,974.47
343	N/A	\$ 40,099.54	\$ 12,905.88	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	N/A	Inpatient	First Health/Coventry PPO	\$ 38,190.04
343	N/A	\$ 40,099.54	\$ 12,905.88	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	N/A	Inpatient	Humana Medicare Advantage	\$ 12,974.47
343	N/A	\$ 40,099.54	\$ 12,905.88	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	N/A	Inpatient	Kaiser HMO/PPO/POS	N/A
343	N/A	\$ 40,099.54	\$ 12,905.88	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	N/A	Inpatient	Kaiser Medicare Advantage	\$ 12,974.47
343	N/A	\$ 40,099.54	\$ 12,905.88	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	N/A	Inpatient	MultiPlan PPO	\$ 40,099.54
343	N/A	\$ 40,099.54	\$ 12,905.88	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	N/A	Inpatient	PHCS PPO	\$ 12,905.88
343	N/A	\$ 40,099.54	\$ 12,905.88	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	N/A	Inpatient	United Healthcare Medicare Advantage	\$ 12,974.47
343	N/A	\$ 40,099.54	\$ 12,905.88	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	N/A	Inpatient	United HMO/PPO/POS	\$ 25,403.20

A Noncompliant Hospital 2023 Price Transparency File

According to the federal Price Transparency rule, hospitals must post all prices online. UCHHealth University of Colorado Hospital was marked as noncompliant with the rule on July 2023 because its Standard Charges File failed to provide an adequate amount of negotiated rates, according to an analysis by PatientRightsAdvocate.org.¹³⁹ This prevented patients from comparing their bills with the hospital pricing file. See below for an example from the hospitals' price transparency file:

Associated Codes	Cash Discount	Deidentified Max Allowed	Deidentified Min Allowed	description	Gross Charge	job Selection	payer	Payer Allowed Amount
								
201	\$ 5,645.13	N/A	N/A	SURGICAL INTENSIVE ROOM CHG	\$ 14,112.82		Aetna HMO/PPO/POS	N/A
201	\$ 5,645.13	N/A	N/A	SURGICAL INTENSIVE ROOM CHG	\$ 14,112.82		Aetna Medicare Advantage	N/A
201	\$ 5,645.13	N/A	N/A	SURGICAL INTENSIVE ROOM CHG	\$ 14,112.82		Anthem HMO/PPO/POS	N/A
201	\$ 5,645.13	N/A	N/A	SURGICAL INTENSIVE ROOM CHG	\$ 14,112.82		Anthem Medicare Advantage	N/A
201	\$ 5,645.13	N/A	N/A	SURGICAL INTENSIVE ROOM CHG	\$ 14,112.82		Cigna HMO/PPO/POS	N/A
201	\$ 5,645.13	N/A	N/A	SURGICAL INTENSIVE ROOM CHG	\$ 14,112.82		Cigna Medicare Advantage	N/A
201	\$ 5,645.13	N/A	N/A	SURGICAL INTENSIVE ROOM CHG	\$ 14,112.82		First Health/Coventry PPO	N/A
201	\$ 5,645.13	N/A	N/A	SURGICAL INTENSIVE ROOM CHG	\$ 14,112.82		Humana Medicare Advantage	N/A
201	\$ 5,645.13	N/A	N/A	SURGICAL INTENSIVE ROOM CHG	\$ 14,112.82		Kaiser HMO/PPO/POS	N/A
201	\$ 5,645.13	N/A	N/A	SURGICAL INTENSIVE ROOM CHG	\$ 14,112.82		Kaiser Medicare Advantage	N/A
201	\$ 5,645.13	N/A	N/A	SURGICAL INTENSIVE ROOM CHG	\$ 14,112.82		MultiPlan PPO	N/A
201	\$ 5,645.13	N/A	N/A	SURGICAL INTENSIVE ROOM CHG	\$ 14,112.82		PHCS PPO	N/A
201	\$ 5,645.13	N/A	N/A	SURGICAL INTENSIVE ROOM CHG	\$ 14,112.82		United HMO/PPO/POS	N/A
201	\$ 5,645.13	N/A	N/A	SURGICAL INTENSIVE ROOM CHG	\$ 14,112.82		United Medicare Advantage	N/A
201	\$ 5,668.31	N/A	N/A	CTICU INTENSIVE ROOM CHG	\$ 14,170.78		Aetna HMO/PPO/POS	N/A
201	\$ 5,668.31	N/A	N/A	CTICU INTENSIVE ROOM CHG	\$ 14,170.78		Aetna Medicare Advantage	N/A
201	\$ 5,668.31	N/A	N/A	CTICU INTENSIVE ROOM CHG	\$ 14,170.78		Anthem HMO/PPO/POS	N/A
201	\$ 5,668.31	N/A	N/A	CTICU INTENSIVE ROOM CHG	\$ 14,170.78		Anthem Medicare Advantage	N/A
201	\$ 5,668.31	N/A	N/A	CTICU INTENSIVE ROOM CHG	\$ 14,170.78		Cigna HMO/PPO/POS	N/A
201	\$ 5,668.31	N/A	N/A	CTICU INTENSIVE ROOM CHG	\$ 14,170.78		Cigna Medicare Advantage	N/A
201	\$ 5,668.31	N/A	N/A	CTICU INTENSIVE ROOM CHG	\$ 14,170.78		First Health/Coventry PPO	N/A
201	\$ 5,668.31	N/A	N/A	CTICU INTENSIVE ROOM CHG	\$ 14,170.78		Humana Medicare Advantage	N/A
201	\$ 5,668.31	N/A	N/A	CTICU INTENSIVE ROOM CHG	\$ 14,170.78		Kaiser HMO/PPO/POS	N/A
201	\$ 5,668.31	N/A	N/A	CTICU INTENSIVE ROOM CHG	\$ 14,170.78		Kaiser Medicare Advantage	N/A
201	\$ 5,668.31	N/A	N/A	CTICU INTENSIVE ROOM CHG	\$ 14,170.78		MultiPlan PPO	N/A
201	\$ 5,668.31	N/A	N/A	CTICU INTENSIVE ROOM CHG	\$ 14,170.78		PHCS PPO	N/A
201	\$ 5,668.31	N/A	N/A	CTICU INTENSIVE ROOM CHG	\$ 14,170.78		United HMO/PPO/POS	N/A
201	\$ 5,668.31	N/A	N/A	CTICU INTENSIVE ROOM CHG	\$ 14,170.78		United Medicare Advantage	N/A
201	\$ 7,320.66	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 1:1	\$ 18,301.65		Aetna HMO/PPO/POS	N/A
201	\$ 7,320.66	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 1:1	\$ 18,301.65		Aetna Medicare Advantage	N/A
201	\$ 7,320.66	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 1:1	\$ 18,301.65		Anthem HMO/PPO/POS	N/A
201	\$ 7,320.66	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 1:1	\$ 18,301.65		Anthem Medicare Advantage	N/A
201	\$ 7,320.66	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 1:1	\$ 18,301.65		Cigna HMO/PPO/POS	N/A
201	\$ 7,320.66	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 1:1	\$ 18,301.65		Cigna Medicare Advantage	N/A
201	\$ 7,320.66	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 1:1	\$ 18,301.65		First Health/Coventry PPO	N/A
201	\$ 7,320.66	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 1:1	\$ 18,301.65		Humana Medicare Advantage	N/A
201	\$ 7,320.66	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 1:1	\$ 18,301.65		Kaiser HMO/PPO/POS	N/A
201	\$ 7,320.66	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 1:1	\$ 18,301.65		Kaiser Medicare Advantage	N/A
201	\$ 7,320.66	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 1:1	\$ 18,301.65		MultiPlan PPO	N/A
201	\$ 7,320.66	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 1:1	\$ 18,301.65		PHCS PPO	N/A
201	\$ 7,320.66	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 1:1	\$ 18,301.65		United HMO/PPO/POS	N/A
201	\$ 7,320.66	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 1:1	\$ 18,301.65		United Medicare Advantage	N/A
201	\$ 7,320.78	N/A	N/A	CTICU INTENSIVE ROOM CHG RN 1:1	\$ 18,301.96		Aetna HMO/PPO/POS	N/A
201	\$ 7,320.78	N/A	N/A	CTICU INTENSIVE ROOM CHG RN 1:1	\$ 18,301.96		Aetna Medicare Advantage	N/A
201	\$ 7,320.78	N/A	N/A	CTICU INTENSIVE ROOM CHG RN 1:1	\$ 18,301.96		Anthem HMO/PPO/POS	N/A
201	\$ 7,320.78	N/A	N/A	CTICU INTENSIVE ROOM CHG RN 1:1	\$ 18,301.96		Anthem Medicare Advantage	N/A
201	\$ 7,320.78	N/A	N/A	CTICU INTENSIVE ROOM CHG RN 1:1	\$ 18,301.96		Cigna HMO/PPO/POS	N/A
201	\$ 7,320.78	N/A	N/A	CTICU INTENSIVE ROOM CHG RN 1:1	\$ 18,301.96		Cigna Medicare Advantage	N/A
201	\$ 7,320.78	N/A	N/A	CTICU INTENSIVE ROOM CHG RN 1:1	\$ 18,301.96		First Health/Coventry PPO	N/A
201	\$ 7,320.78	N/A	N/A	CTICU INTENSIVE ROOM CHG RN 1:1	\$ 18,301.96		Humana Medicare Advantage	N/A
201	\$ 7,320.78	N/A	N/A	CTICU INTENSIVE ROOM CHG RN 1:1	\$ 18,301.96		Kaiser HMO/PPO/POS	N/A
201	\$ 7,320.78	N/A	N/A	CTICU INTENSIVE ROOM CHG RN 1:1	\$ 18,301.96		Kaiser Medicare Advantage	N/A
201	\$ 7,320.78	N/A	N/A	CTICU INTENSIVE ROOM CHG RN 1:1	\$ 18,301.96		MultiPlan PPO	N/A
201	\$ 7,320.78	N/A	N/A	CTICU INTENSIVE ROOM CHG RN 1:1	\$ 18,301.96		PHCS PPO	N/A
201	\$ 7,320.78	N/A	N/A	CTICU INTENSIVE ROOM CHG RN 1:1	\$ 18,301.96		United HMO/PPO/POS	N/A
201	\$ 7,320.78	N/A	N/A	CTICU INTENSIVE ROOM CHG RN 1:1	\$ 18,301.96		United Medicare Advantage	N/A
201	\$ 8,464.20	N/A	N/A	SURGICAL INTENSIVE ROOM CHG RN 2:1	\$ 21,160.50		Aetna HMO/PPO/POS	N/A

A Compliant Hospital's 2024 Price Transparency File

According to the federal Price Transparency rule, hospitals must post all prices online. UC Health University of Colorado Hospital in Aurora fully complied with the rule on November 2024, according to an analysis by PatientRightsAdvocate.org.¹⁴⁰ This allowed patients to compare their bills with the hospital pricing file, giving patients some context in which to interpret their bills and see if they had been charged a fair price. This example from the hospitals' price transparency file shows the price variation for an MRI:

[illegible]

ENDNOTES

- 1 Chris Vanderveen, John Ingold. "Loophole allowed UCHHealth to sue thousands of patients under another business' name." *9News, Colorado Sun*. June 27, 2024.
- 2 Researchers' analysis of court filings accessed through Lexis NexusCourtlink and Denver County's portal with Lexis Nexis Risk Solutions and Colorado Court Records Search.
- 3 Researchers' analysis of court filings accessed through Lexis NexusCourtlink and Denver County's portal with Lexis Nexis Risk Solutions and Colorado Court Records Search.
The revenue cycle management company, Frost-Arnett, purchased CollectionCenter, Inc, in 2021. Frost-Arnett. "Frost-Arnett Over Time." The Frost-Arnett Difference. Accessed January 24, 2025. < <https://www.frost-arnett.com/about>>
- 4 Researchers' analysis of the court records associated with 308 randomly selected cases across the three plaintiffs accessed through the Colorado Courts Public Access Terminal.
- 5 Researchers' analysis of court filings accessed through Lexis NexusCourtlink and Denver County's portal with Lexis Nexis Risk Solutions and Colorado Court Records Search.
- 6 Researchers' analysis of court filings accessed through Lexis NexusCourtlink and Denver County's portal with Lexis Nexis Risk Solutions and Colorado Court Records Search. Court records detailing garnishees were accessed through the Colorado Courts Public Access Terminal.
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Source: Researchers' analysis of the court records associated with 308 randomly selected cases across the three plaintiffs accessed through the Colorado Courts Public Access Terminal.

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