



**Colorado Title X
2014/2015 Cost Analysis / Cost Setting
Summary Report of Cost Analysis Process**

Please send this form and all of the PDF attachments
via email to cdphe_familyplanning@state.co.us by February 13, 2015.

Agency Name: _____

Contact Person: _____

Phone: _____

Email: _____

1. How did you carry out the cost analysis process?

Engaged a third party, please provide name of third party _____

Performed internally by the organization's accounting department

Performed internally by Family Planning staff

Other, please describe: _____

2. What period is your organization's fiscal year?

Calendar year

Other (please provide start date)

3. On which reporting period did you base your cost analysis?

Calendar year

Fiscal year

Both (Fiscal year is the same as calendar year)

4. Please attach a PDF version of the itemized expenses included in your cost analysis and the annual cost for each item.

5. How did you determine the value of services?
 - Applied to Medicare Fee Schedule
 - Applied to RBRVS
 - Other, please describe.

6. Please attach a PDF'd list of CPT codes and determine the annual volume for each.

7. Please attach a PDF version of your most recently approved (2014 or 2015) sliding fee scale.

8. If your organization did not conduct your cost analysis according to the methods reviewed during the three part webinar series offered by the CDPHE Family Planning program and presented by RT Welter & Associates, please provide a summary description of the method your organization used.

9. Please provide any comments on the cost analysis process for your organization and the manner in which CDPHE's Family Planning program collected this information.