

DENVER HEALTH
— est. 1860 —
FOR LIFE'S JOURNEY

REPORT TO THE CITY 2022





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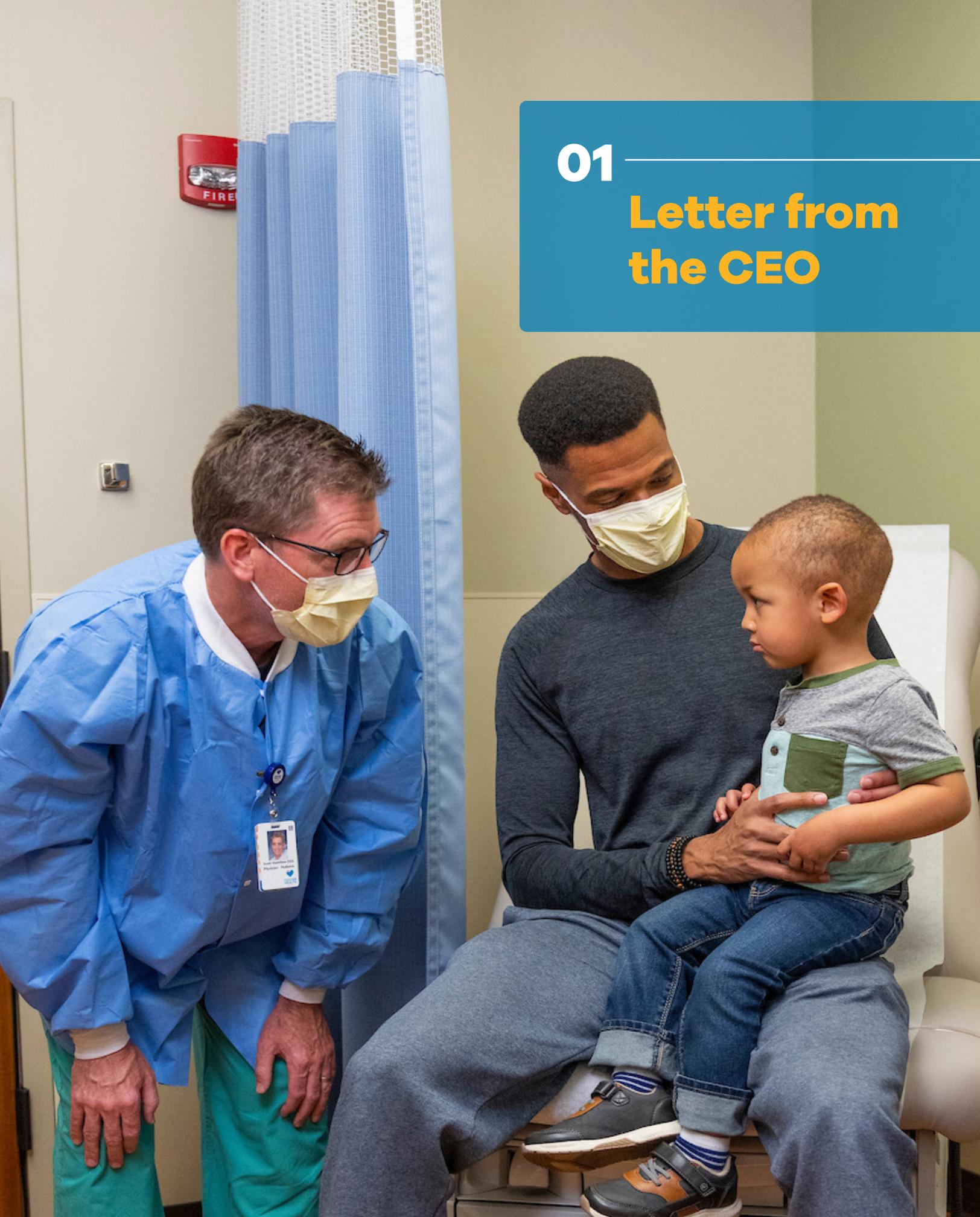
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01

Letter from the CEO





Honorable Mayor Michael B. Hancock
City and County of Denver
1437 N. Bannock Street, Room 350
Denver, CO 80202

April 22, 2023

Dear Mayor Hancock,

As Chief Executive Officer of Denver Health, it is an honor to share the 2022 Denver Health and Hospital Authority's Compliance with Operating Agreement Performance Report. With Denver Health's Operating Agreement as our guide, the information in this report captures the commitment of Denver's longest-serving health care institution – an essential partner to the City. The pride of more than 160 years of dedication to care for the people of Denver and throughout the state is visible in every highlighted area. By working together with you and your Administration, we are strengthening the health and safety of our community.

Since becoming Denver Health CEO in September 2022, every day I see how valuable the people and programs of our city's safety-net hospital are to the health and wellbeing of our residents – and to the city and state itself. I've met incredible health care workers who remained committed during COVID-19, one of the most trying health care crises in our country. The past three years have strengthened the resolve of so many at Denver Health to maintain high-quality care for all patients but especially for those experiencing the worst of the pandemic. Our team is resilient and determined to maintain operational stability to a health care organization that so many rely on.

As you will see in the following pages, our reach is well beyond the walls of our main hospital. Care at 10 federally qualified community health centers and 19 Denver Health Pediatrics at Denver Public Schools extends throughout our community. Denver Health is a training location for hundreds of students and residents each year, many who connect with our mission and return to working here after completing their education. Our researchers have successfully secured nearly \$97 million in research, training and service awards in 2022 that fund projects that capture our commitment to learning and translating new findings to improve the care experience nationwide and even throughout the world.

It's a time of great change for our city and our health care system. This report shows the incredible impact we have despite our challenges, highlights what's possible when working on behalf of others, and captures the powerful relationship and commitment to our agreement with the City and service the people and community it serves.

Sincerely,

Donna Lynne, DrPH
Chief Executive Officer
Denver Health



02

2022 Year in Review



A Year In Review

While 2022 provided many challenges throughout health care – including ongoing fallout from the COVID-19 pandemic and financial hardships for many health care systems – Denver Health continued to provide best-in-class care, serving the City and County of Denver and beyond. Our providers saw more than 1.2 million patients with more than 970,000 patients seen in our clinics, outside of the hospital. More patients than ever before turned to Denver Health to access mental and oral health care.

In addition to increases in patients served, the health care system made great strides in new health initiatives and other exciting achievements. Here is a selection of that work in 2022.

JANUARY



Denver Health launched an employee resource group dedicated to the LGBTQ+ community and allies called **PRISM (Pride Representatives in Service of Medicine)**. In its first year, members supported Pride celebrations, LGBTQ+ History Month and a legislative statement by Denver Health on Section 1557 of the Patient Protection and Affordable Care Act. PRISM’s mission is to highlight and celebrate LGBTQ+ employees by creating, maintaining and enabling

communication channels between LGBTQ+ employees, allies and Denver Health leadership.



Medical analytics publishing company Elsevier placed Denver Health surgeon

Ernest E. Moore, MD, among the top five most-cited surgeon-scientists in the world. Dr. Moore, renown trauma surgeon and director of trauma research at Denver Health, is internationally recognized for his expertise. Dr. Moore, after whom Denver Health’s Ernest E. Moore Shock Trauma Center is named, continues to advance the study of trauma care worldwide.

FEBRUARY

The Colorado Academy of Family Physicians honored Lowry Family Health Center with the **Practice Award for Health Equity & Community Engagement.**

The award highlights practices



in family medicine making progress in reducing racial and other health disparities.

Of the 17,400 people who receive care at Lowry, 16 percent speak Spanish and another 28 percent speak a language other than English or Spanish, and many are refugees.

Denver Health staff joined George Washington High School’s principal at **the opening of our newest, and 19th, school-based health center.** Denver Health’s school-based health centers provides physical and behavioral health care services

to Denver Public Schools students at no cost. It’s estimated that the center’s staff at George Washington will care for more than 1,200 youth per year.

MARCH



Denver Health’s **Refugee Clinic hosted visitors from around the world** who came to learn how we screen patients and to take those ideas back to their own countries. About 20 people who lead resettlement efforts in other nations, including Australia, Switzerland, Belgium and the United Kingdom, toured the Lowry Family Health Center. Denver Health’s Afghan Refugee Response Team has screened more than 1,000 evacuees since the United States ended military operations in Afghanistan.

APRIL

The Pediatric Academic Society recognized Denver Health’s Division of General Pediatrics and School Health with the **2022 Health Care Delivery Award.** The award recognized multipronged COVID-19 efforts focused on students and families in Denver. At a national conference, the society highlighted our telehealth innovations, vaccination accomplishments and school partnerships promoting safety in the pandemic.

The Denver Prevention Training Center (DPTC), a program of the Public Health Institute at Denver Health, secured over **\$1.2 Million in new grant funding** to support its National Network of STD

Clinical Training Center (NNPTC) and Disease Intervention Training Center (DITC) efforts. As part of these grants, the DPTC has facilitated and delivered mpox training. The DPTC also delivered additional disease intervention training as part of the American Rescue Act to address emerging public health issues.

MAY

Denver Health and its public health clinics began supporting the mpox response in Denver, the metro region, and across the state. Public health providers emerged as local experts in the mpox response, supporting other departments at Denver Health as well as partners and the community. Public health clinics later would begin offering TPOXX treatment in June under a special investigational drug protocol, and Denver Health initially was the only organization in Colorado providing the treatment.

JUNE



Denver Health's Ambulatory Care Services Quality Improvement team **honored six employees and three clinics as Quality Heroes.**

The annual awards recognize primary care providers, medical assistants and clinics across Denver Health with the highest scores in quality improvement goals, such as screenings for cervical cancer, controlling high blood pressure, evaluating kidney health, following up on depression and closing gaps in care. The Westside Pediatrics clinic, internal medicine at the Westside Adult clinic, and family medicine at the Montbello

Family Health Center scored the highest among Denver Health clinics.

JULY



The Denver Health **Pediatric Dental Residency Program's first class of residents started** in the Webb building on the main campus for a two-year program that, once fully operational, is expected to increase patient capacity for pediatric dentistry to over 2,000 patient visits a month. In addition, specialty pediatric dental care allows for more access to our most at-risk populations for treatment under general anesthesia and sedation. Duane Mata, MD, director of dentistry for community health, sees this as the first step in establishing Denver Health as a leader in children's oral health for not only Denver County but the entire metro area.



The nonprofit LGBTQ+ advocacy organization **Human Rights Campaign designated Denver Health as a leader in health care equality.** Our health care system is one of only two hospitals in Colorado to receive the 2022 recognition, marked by our 100-point score – the highest possible – on the Healthcare Equality Index. The national benchmarking tool evaluates health care facilities' policies and practices related to the equity and inclusion of LGBTQ+ patients, visitors and employees.

The **Infectious Diseases (ID) Clinic within the Public Health Institute at Denver Health secured over \$500,000 in new grant funding** to implement a low-barrier, drop-in subspecialty clinic for people with HIV. Modeled after the MAX Clinic in Seattle, the Direct Access to Care Environment (DACE) Clinic will provide nontraditional means of care access to those with the most need. Spanning 32 months of funding, this intervention will help to achieve and sustain our organization's commitment of advancing health equity while working to close gaps within the HIV care continuum. The ID Clinic was one of three national sites selected to receive this grant funding for MAX Clinic implementation.

AUGUST

Fifty-eight physicians at Denver Health made the list of **"Top Doctors" in 5280 magazine.** Featured among 343 doctors in the Denver metro area's seven counties, honorees were voted by other doctors as the physician they would most want caring for themselves and their families.

The **Nurse Residency Program received accreditation with distinction** from the American



Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program (PTAP). The ANCC PTAP sets the global standard for nurse residency programs that transition graduate nurses into professional practice. Our program is the only nurse residency program in the Denver metro area to achieve the accreditation.



Denver Health launched the **Access Transformative Outreach Program (ATOP)** to help patients with severe substance use disorders. ATOP is an intensive, community-based intervention program in partnership with Colorado Access. Most patients are experiencing homelessness, have significant medical or mental health conditions, and lack family or social support.

SEPTEMBER



Former Colorado Lt. Gov. **Donna Lynne, DrPH, took over as CEO of Denver Health,** beginning another

chapter in our more than 160-year history. Since her start, our new CEO has fostered an unprecedented level of engagement with staff, particularly during new CEO listening sessions in the fall and winter, receiving and responding to questions and feedback from the thousands of employees who attended those sessions. "One tenet I live by," Lynne said, "is best expressed by Albert Schweitzer: 'The purpose of human life is to serve, and to show compassion and the will to help others.'"

Forbes named Denver Health as one of America's Best-in-State Employers of 2022.

This recognition was created through a survey of 70,000 U.S. employees across 25 industry

sectors. The survey considered every aspect of an employee's experience such as working conditions, salary, diversity and potential for growth.



Denver Health has the second-ranked emergency medicine residency program in the country, based on reputation scores. The ranking by health care platform Doximity's Residency Navigator is based on more than 300,000 reviews and ratings from more than 125,000 physicians, including current residents and recent alumni. Denver Health is ranked below only the Los Angeles County and University of Southern California Medical Center in Los Angeles.



Rocky Mountain Poison & Drug Safety participated in the Denver Fentanyl Action Summit.

Data from the Researched Abuse, Diversion and Addiction-Related Surveillance (RADARS) initiative were shared to describe fentanyl use and treatment opportunities in Denver and to educate stakeholders to help address the fentanyl crisis in the community.

OCTOBER

The **2022 Vizient Quality and Accountability scorecards** showed Denver Health ranked in the top 10% in medication communication and responsiveness of staff; top 20% for doctor communication; top 30% for nurse communication, cleanliness and quietness, and discharge information; and top 40% for overall hospital rating.

Denver Health's **At-risk Intervention and Mentoring (AIM)**, a hospital-based violence intervention program that uses a multidisciplinary, public health approach to stop the cycle of violence, performed 353 bedside interventions, reached 1,083 individuals and responded to 45 crisis situations in the community, and performed 25 trauma-informed care trainings. AIM combines its hospital-based work with partnerships with numerous community-based organizations, Denver Public Schools and the Denver Police Department, to comprehensively address social determinants of health. AIM was awarded \$1.4 million in grants from the United States Department of Justice and Colorado Department of Public Safety to expand its services and perform rigorous program evaluation.

The **Bariatric Surgery Center reached 125 cases in a year for the first time,** up from 102 cases in 2021. This has been the bariatric surgery team's goal for years, and the milestone allows the center to contract with all commercial payers.

NOVEMBER



The **American College of Surgeons approved the Bariatric Surgery Center's accreditation**, making Denver Health the only hospital in Denver that is Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)-certified for both adolescents and adults. Our multidisciplinary adolescent team will began evaluating referrals for bariatric surgery in patients aged 15–20 years, with surgery offered once patients turn 16. Denver Health continues to care for adult bariatric surgery patients aged 21–65.



The **Denver Health High Risk Infection Team (HITeam) was recognized by the National Emerging Special Pathogens Training and Education Center** for ensuring readiness and preparedness for the hospital and staff in safely treating and caring for patients with highly infectious diseases. The HITeam is staffed by a group of physicians, registered nurses, respiratory therapists, medical laboratory

scientists, paramedics, and emergency medical technicians who are prepared to identify, isolate, transport, treat and care for patients.

DECEMBER

The **University of Colorado School of Medicine recognized several Denver Health faculty as outstanding educators**, including Anne Frank, MD (Internal Medicine Teacher of the Year), Jessica Jack, MD (Pediatrics Teacher of the Year), Shalvi Patel, MD (Family Medicine Teacher of the Year), Nathan Grohmann, MD (Surgery Teacher of the Year), Jennie Buchanan, MD (Emergency Medicine Teacher of the Year), Kate Adkins, MD (OB/GYN Teacher of the Year). The physicians were chosen among nominations from students in the school's longitudinal integrated clerkship curriculum.



Denver Health's **Security Operations Center (SOC) in Pavilion J was activated** and will

become the 24/7 home for security dispatchers in 2023, helping to reduce officers' response times to incidents on the main campus. The SOC is the security team's new communications hub, which allows dispatch to communicate with officers in the field and with law enforcement while monitoring scenes in real time.

Denver Health continues to make great strides in environmental sustainability, and the health care system was once again recognized by Practice

Greenhealth for its efforts in 2022. Denver Health was honored with **the Partner for Change Award and the Circle of Excellence Award for Energy**. They follow 2021's Environmental Excellence Award, which recognized Denver Health's "superior performance in environmental sustainability."



Denver Health staff once again displayed their commitment to our community and patients as a multidisciplinary team mobilized to provide medical care, assessment, treatment and vaccinations to a flood of migrants who unexpectedly arrived in Denver by bus. In partnership with the Denver Department of Public Health and Environment, **the team deployed a mobile health center to emergency shelters** and helped hundreds of our new neighbors.



The **Infant Mental Health program at Denver Health** celebrated another year of having specialists who work with children at all 10 Denver Health community health centers. This innovative program provides a multigenerational approach to mental health care, focusing on both the child and the caregivers. The goal is to prevent the emotional, social and financial costs of adverse childhood experiences and toxic stress as the child grows and matures.



03

Denver Health Performance





Article V

5.1 Annual Report of the Denver Health and Hospital Authority to the City

The Authority shall deliver a written annual report to the City within six months of the end of its Fiscal Year, commencing with Fiscal Year 1998, which report shall include:

A. The latest financial statements of the Authority which have been audited by an independent auditing firm selected by the Authority.

Response: Criteria met

The Authority has provided the City with the appropriate financial statements which have been audited by an independent auditing firm. The 2022 financial statements are presented in Section 19 of this report.

B. An executive summary of the results of all regulatory and accreditation surveys with respect to the Authority which have been completed during such last Fiscal Year.

Response: Criteria met

A summary of the results of all regulatory and accreditation surveys with respect to the Authority is presented in Section 03 of this report.

C. A report of the disposition of all matters regarding the Authority that have been referred to the Liaison by the Mayor or any member of City Council during such Fiscal Year.

Response: Criteria met

All matters referred to the Liaison have been promptly addressed.



DENVER HEALTH REGULATORY SURVEYS 2022			
Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
CDPHE/Mammography Quality Standards Act	Denver Health Mammography and Mobile Mammography "new" mobile clinic	9/8/2022	1-2 years
Colorado State Board of Pharmacy	Bruce Randolph Middle School, School Based Health Center	11/16/2022	1-2 years
Colorado State Board of Pharmacy	Denver C.A.R.E.S	7/19/2022	1-2 years
Colorado State Board of Pharmacy	Denver Health Central Fill Pharmacy	11/2/2022	1-2 years
Colorado State Board of Pharmacy	Denver Health Materials Management Warehouse	6/6/2022	1-2 years
Colorado State Board of Pharmacy	Denver Health Medical Center Hospital Pharmacy	6/6/2022	1-2 years
Colorado State Board of Pharmacy	Denver Health Medical Center Hospital Pharmacy	11/22/2022	1-2 years
Colorado State Board of Pharmacy	Denver Health OMC Infusion and Clinics Pharmacy	11/3/2022	1-2 years
Colorado State Board of Pharmacy	Denver Health Outpatient Medical Center Pharmacy	10/18/2022	1-2 years
Colorado State Board of Pharmacy	Denver Health Primary Care Pharmacy	11/2/2022	1-2 years
Colorado State Board of Pharmacy	Denver Health Winter Park Medical Center	6/29/2022	1-2 years
Colorado State Board of Pharmacy	Eastside Family Health Center Teen Clinic	11/16/2022	1-2 years
Colorado State Board of Pharmacy	Eastside Neighborhood Health Center	12/22/2022	1-2 years
Colorado State Board of Pharmacy	Evie Dennis Campus School Based Health Center	12/1/2022	1-2 years
Colorado State Board of Pharmacy	Federico F. Pena Family Health Center	11/4/2022	1-2 years
Colorado State Board of Pharmacy	Florence Crittenton High School	5/12/2022	1-2 years
Colorado State Board of Pharmacy	George Washington High School	11/14/2022	1-2 years
Colorado State Board of Pharmacy	John F. Kennedy High School	9/26/2022	1-2 years
Colorado State Board of Pharmacy	Kepner Middle SBHC	11/14/2022	1-2 years
Colorado State Board of Pharmacy	La Casa-Quigg Newton Health Center Pharmacy	7/1/2022	1-2 years
Colorado State Board of Pharmacy	Lake Middle School	5/31/2022	1-2 years
Colorado State Board of Pharmacy	Lincoln High School Based Health Center	11/29/2022	1-2 years
Colorado State Board of Pharmacy	Lowry Family Health Center Pharmacy	4/7/2022	1-2 years
Colorado State Board of Pharmacy	Manual High school	11/16/2022	1-2 years
Colorado State Board of Pharmacy	Montbello Family Health Center Pharmacy	10/5/2022	1-2 years
Colorado State Board of Pharmacy	North High School	5/31/2022	1-2 years
Colorado State Board of Pharmacy	Park Hill Family Health Center	4/18/2022	1-2 years
Colorado State Board of Pharmacy	Place Bridge Academy Campus	11/14/2022	1-2 years
Colorado State Board of Pharmacy	Rachel Noel Middle School	12/14/2022	1-2 years
Colorado State Board of Pharmacy	South High School Based Health Center	10/5/2022	1-2 years
Colorado State Board of Pharmacy	Thomas Jefferson High School	11/3/2022	1-2 years
Colorado State Board of Pharmacy	Urgent Care at Federico F Pena Family Health Center	7/26/2022	1-2 years
Colorado State Board of Pharmacy	West High School	12/5/2022	1-2 years
Colorado State Board of Pharmacy	Westside Family Health Center Teen Clinic	7/26/2022	1-2 years
Colorado State Board of Pharmacy	Westside Neighborhood Health Center	11/2/2022	1-2 years
Colorado State Board of Pharmacy	Westwood Family Health Center	7/21/2022	1-2 years
Denver Fire Department	All Central Campus Sites	8/25/2022	1 year
Denver Fire Department	Denver C.A.R.E.S	8/25/2022	1 year
Denver Fire Department	Eastside Family Health Center	6/22/2022	1 year
Denver Fire Department	La Casa-Quigg Newton Health Center	5/24/2022	1 year



DENVER HEALTH REGULATORY SURVEYS 2022

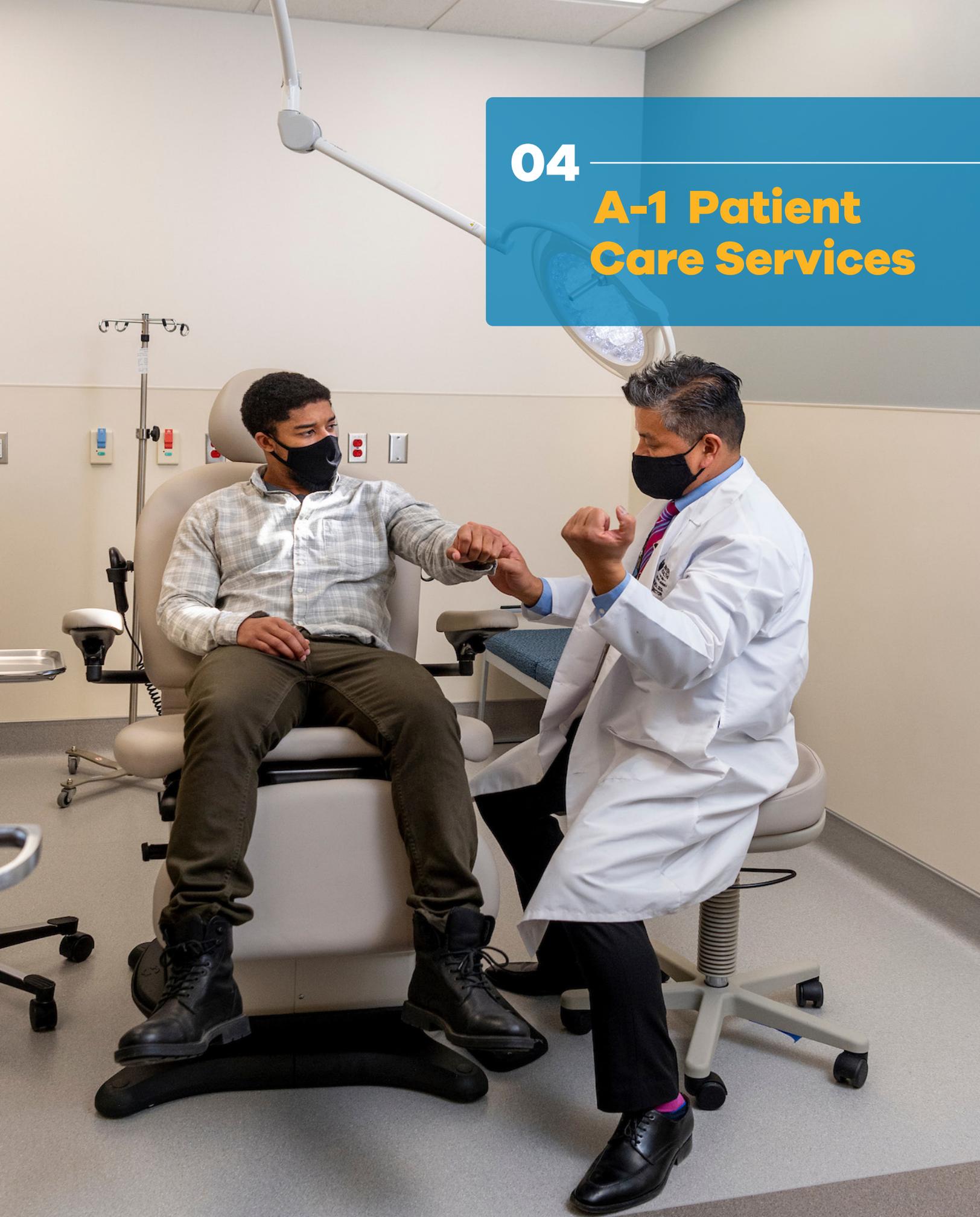
Organization	DH Program/Site or Issue Surveyed	Survey/ Inspection Date	Term
Denver Fire Department	Lowry Family Health Center	4/13/2022	1 year
Denver Fire Department	Montbello Family Health Center	5/16/2022	1 year
Denver Fire Department	Park Hill Family Health Center	5/9/2022	1 year
Denver Fire Department	Pena Family Health Center	5/18/2022	1 year
Denver Fire Department	Rose Andom	10/27/2022	1 year
Denver Fire Department	Westside Family Health Center	6/14/2022	1 year
Denver Fire Department	Westwood Family Health Center	5/12/2022	1 year
The Joint Commission	Hospital Laboratory	3/8/2022	2 years
The Joint Commission	Ambulatory Laboratories	8/2/2022	2 years
Office of Behavioral Health (Controlled Substance License)	OBHS 667 Bannock Street (Methadone program)	1/27/2022	1 year
Signal Behavioral Health Network	OBHS 667 Bannock Street (Methadone program)	4/27/2022	1 year
Signal Behavioral Health Network	Denver CARES 1155 Cherokee St	5/5/2022	1 year
Vaccines For Children / CDPHE Site Visit	Abraham Lincoln High School	11/2/2022	2 years
Vaccines For Children / CDPHE Site Visit	Bruce Randolph Middle School	11/15/2022	2 years
Vaccines For Children / CDPHE Site Visit	DHMC Inpatient Pediatrics	2/23/2022	2 years
Vaccines For Children / CDPHE Site Visit	East High School	3/17/2022	2 years
Vaccines For Children / CDPHE Site Visit	Eastside Pediatric & Teen Clinic	12/19/2022	2 years
Vaccines For Children / CDPHE Site Visit	George Washington High School	11/15/2022	2 years
Vaccines For Children / CDPHE Site Visit	La Casa Family Health Center	2/23/2022	2 years
Vaccines For Children / CDPHE Site Visit	Lowry Family Health Center	3/11/2022	2 years
Vaccines For Children / CDPHE Site Visit	Manual High school	5/10/2022	2 years
Vaccines For Children / CDPHE Site Visit	Montbello High School	3/8/2022	2 years
Vaccines For Children / CDPHE Site Visit	Montbello Family Health Center	12/1/2022	2 years
Vaccines For Children / CDPHE Site Visit	Park Hill Family Health Center	3/29/2022	2 years
Vaccines For Children / CDPHE Site Visit	Pena Family Health Center	3/8/2022	2 years
Vaccines For Children / CDPHE Site Visit	Thomas Jefferson High School	11/3/2022	2 years
Vaccines For Children / CDPHE Site Visit	Webb Pediatrics	2/15/2022	2 years
Vaccines For Children / CDPHE Site Visit	Westwood Family Health Center	3/11/2022	2 years

DENVER HEALTH UNANNOUNCED REGULATORY VISITS 2022

Organization	DH Program/Site or Issue Surveyed	Survey/Inspection Date	Outcome
CDPHE	Pena Clinic	1/18/2022	No findings cited
CDPHE	Acute Care Complaint Survey	5/9/22 - 5/12/22	Condition level finding
CDPHE	Acute Care Complaint Re-Survey	7/6/2022	No additional findings cited
The Joint Commission	Core Lab & OMC Lab (initial survey)	3/8/22 - 3/11/22	Findings with an action plan
The Joint Commission	Pena, ACS clinic labs, and SBC labs survey	8/22/22 - 8/26/22	Findings with an action plan; no condition levels

04

A-1 Patient Care Services





Appendix A-1 Patient Care Services

1.5 Performance Criteria

A. The Authority shall submit an annual report to the City which includes the data indicated below in the Performance Criteria tables in 1.5(g) and 1.5(h) for the year just ended, as well as the two previous Fiscal Years, by May 1 following the reporting year.

Response: Criteria met

The Authority respectfully submits for consideration the *2022 Report to the City* dated April 22, 2023 in compliance with the 2022 Operating Agreement performance reporting requirements.

G. Performance Criteria Table - Clinical

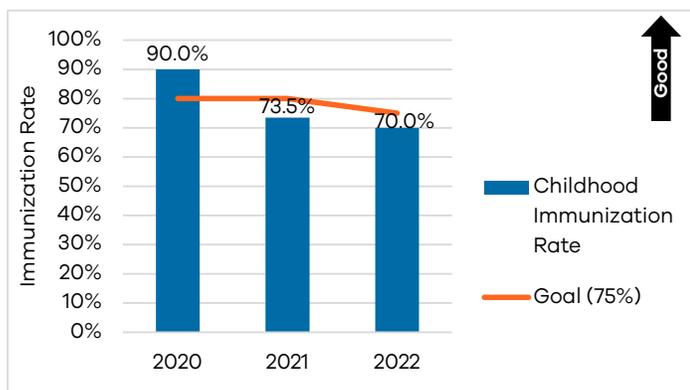
(I-W numbering follows the Authority's annual report). For all criteria, active patients are defined as empaneled patients who have had a Primary care visit in the past 18 months.

For performance criteria without goals or targets, a trend line is provided.

1.5I Childhood Immunization Rate

Goal: At least 75% of patients with at least one medical visit in the last year who became 24 mos of age in last year who have received 4 DTap, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal immunizations, 1 Hepatitis A, and 2 or 3 Rotavirus by 24 mos of age.

Response: Criteria not met.



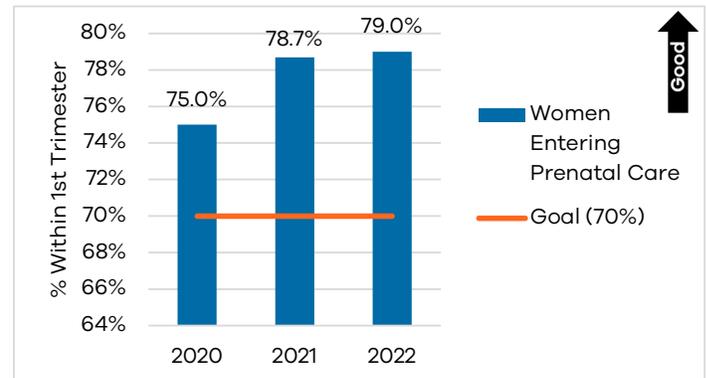
Variance Explanation:

The primary cause for not achieving the target was missing the window for first roto vaccine dose for patients transferring care to Denver Health. In 2023, Denver Health will work with outside hospitals and organizations to better coordinate care for patients to get timely appointments within the roto vaccine window.

1.5J Percent Women Entering Prenatal Care

Goal: At least 70% of women will begin care within the 1st trimester.

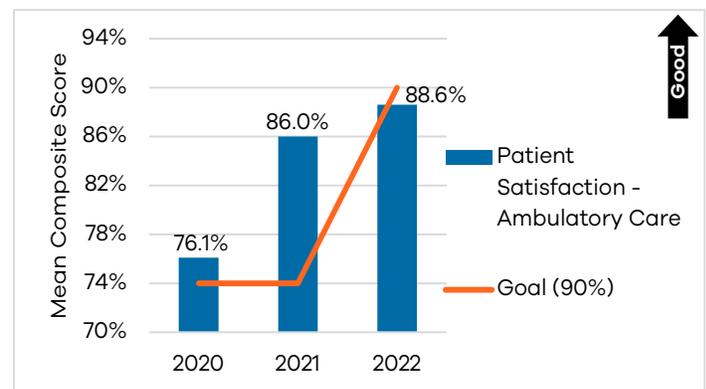
Response: Criteria met



1.5L Patient Satisfaction

Goal - Ambulatory Care: The mean composite patient experience score in primary care will be 90% or greater.

Response: Criteria not met

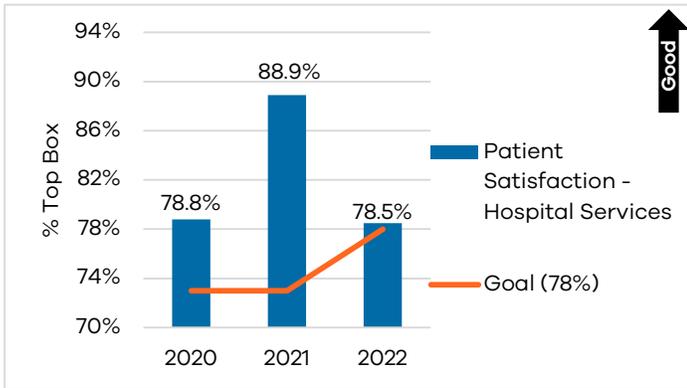


Variance Explanation:

Access issues, primarily due to staffing challenges and high demand, had the greatest impact on patient experience scores. Improving access to care at Denver Health is an organization-wide strategic priority in 2023.

Goal - Hospital Care: 78% of hospitalized patients will respond with a 9 or a 10 ("top box") for overall patient satisfaction.

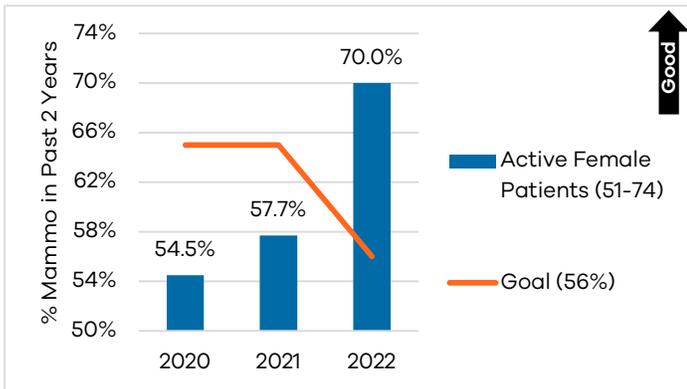
Response: Criteria met



1.5M Breast Cancer Screening

Goal: 56% of active female patients age 51 to 74 years will have a mammogram in the past 2 years.

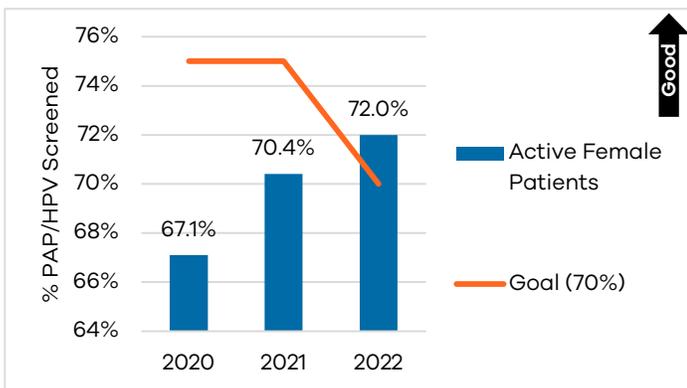
Response: Criteria met



1.5N Cervical Cancer Screening

Goal: 70% of active female patients age 24-64, will have had a PAP test in the past three years or a PAP+HPV in the past 5 years (age 30-64).

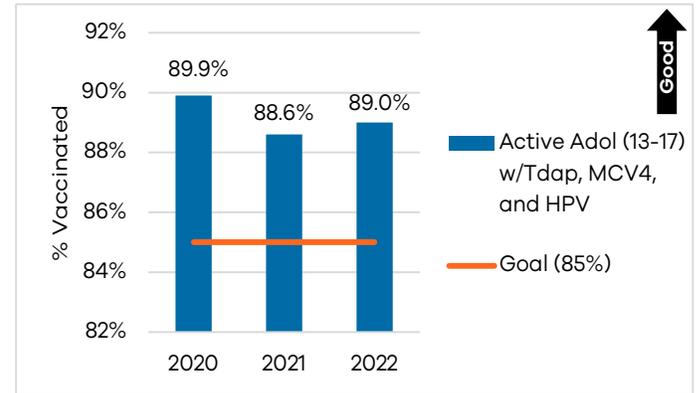
Response: Criteria met



1.5O Adolescent Vaccinations

Goal: 85% of active adolescent patients, age 13-17, will have at least one dose each of Tdap, MCV4, and HPV vaccine.

Response: Criteria met

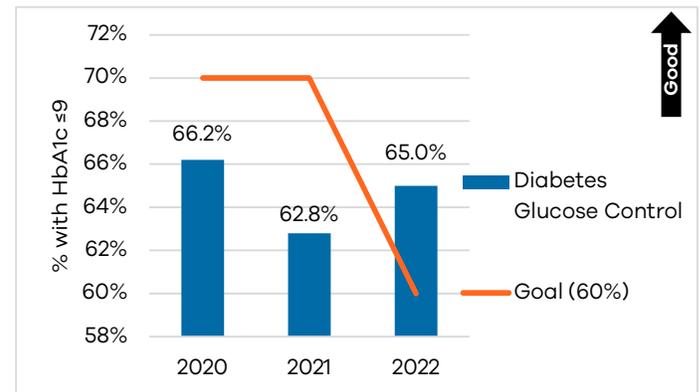


1.5P Diabetes Monitoring

A "diabetic patient" is an adult in the diabetes registry with at least one diagnosis code for diabetes in the last 18 months.

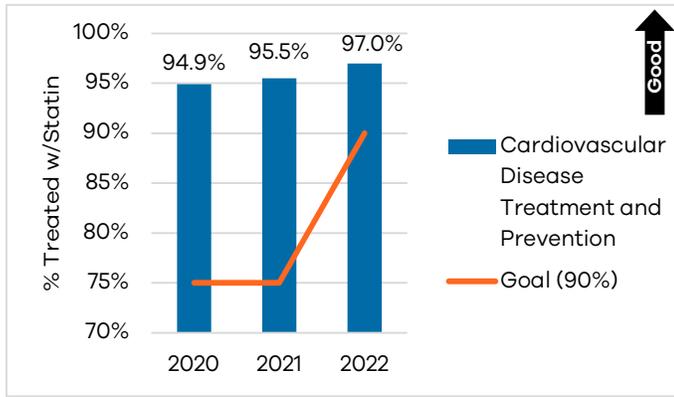
Goal - Diabetes Glucose Control: 60% of Diabetic patients will have an HbA1c < 9.

Response: Criteria met



Goal - Cardiovascular Disease Treatment and Prevention: 90% of Diabetic patients will receive guideline-adherent treatment with statin medication.

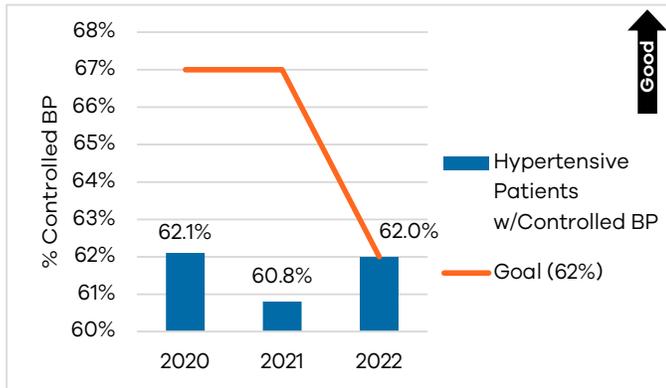
Response: Criteria met



1.5Q Hypertension Control

Goal: 62% of patients identified with hypertension will have their blood pressure under control as defined by current standards.

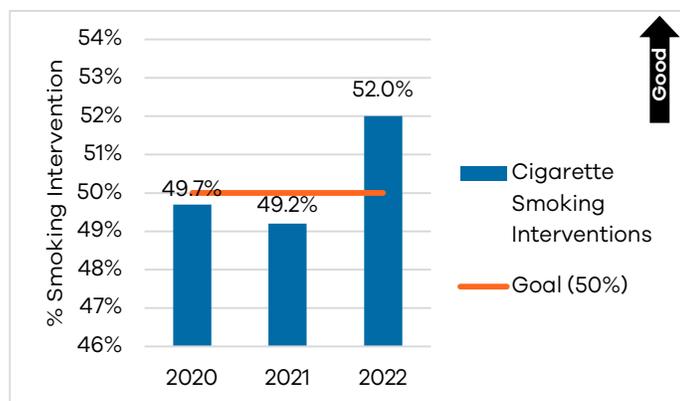
Response: Criteria met



1.5R Cigarette Smoking Interventions

Goal: At least 50% of patients 11 years and older who smoke, had a visit in their medical home in the last month (and at least one other in the past year) and who received an approved cessation intervention anywhere at Denver Health in the past 6 months.

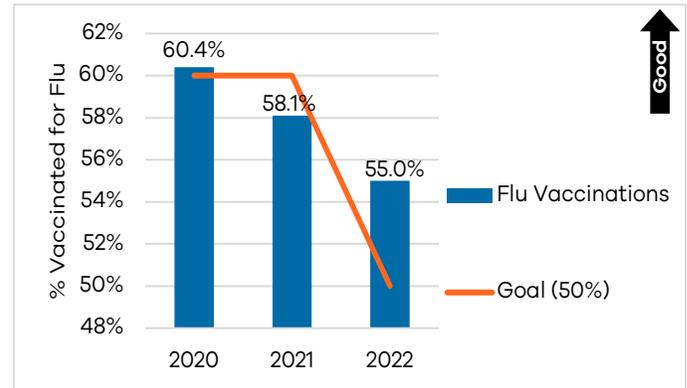
Response: Criteria met



1.5S Flu Vaccinations

Goal: 50% of patients, 6 months of age or older who have had a visit to a primary care clinic during the influenza season and who do not have a contraindication to vaccination will receive the influenza vaccine.

Response: Criteria met

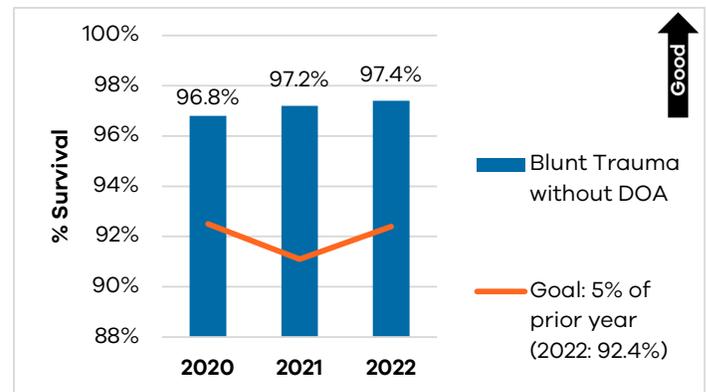


1.5T Survival with Trauma

Survival rate for blunt and penetrating trauma among patients who are not dead on arrival (DOA) will be maintained within 5% of prior year experience.

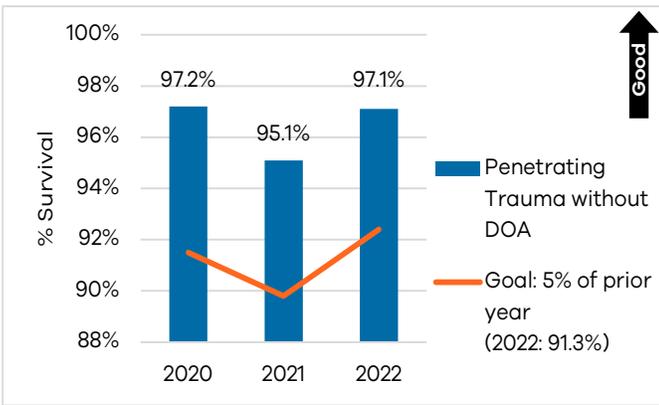
Goal - Blunt: Survival rate for blunt trauma will be maintained within 5% of 2021 experience, which was 97.4%.

Response: Criteria met



Goal - Penetrating: Survival rate for penetrating trauma will be maintained within 5% of 2021 experience, which was 96.3%

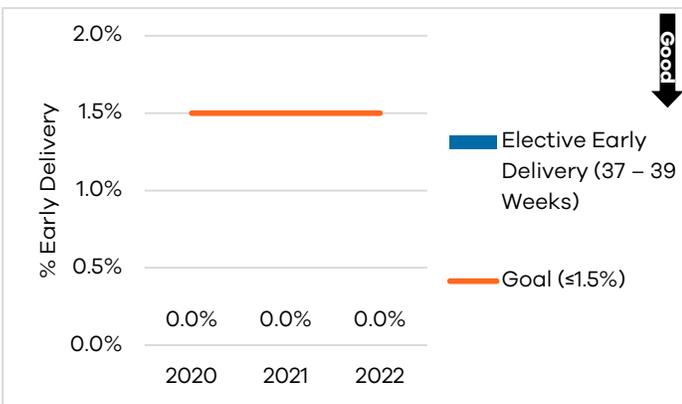
Response: Criteria met



1.5U Joint Commission Quality Measures. Early Elective Delivery between 37-39 Weeks Gestation

Goal: The rate of elective delivery between 37-39 weeks as defined by the Joint Commission measure PC-01 will be maintained at 1.5% or lower.

Response: Criteria met



1.5V Hospital-Acquired Infection Rates. Adult Critical Care Central Line Associated Blood Stream Infection (CLABSI)

Goal - Medical Intensive Care Unit: Risk-adjusted rate that is the same or better than the national Medical ICU rate on the most recent Colorado Department of Public Health and Environment (CDPHE) report.

Goal - Trauma Intensive Care Unit: Risk-adjusted rate that is the same or better than the national Trauma ICU rate on the most recent CDPHE report.

Response: Criteria met

Contract Criterion	2020	2021	2022
Hospital-Acquired Infection Rates			
Adult Critical Care Central Line Associated Blood Stream Infection (CLABSI)			
Medical Intensive Care Unit	Same	Same	Same
Trauma intensive Care Unit	Better	Same	Same

1.5W HIV Prevention - Pre and Post Exposure

Response: Criteria met

Contract Criterion	2020	2021	2022
HIV Prevention - Pre and Post Exposure			
Number of persons started on Pre-Exposure Prophylaxis (PrEP) in STD Clinic/Ambulatory Care	704	724	1230
Number of persons who receive non-occupational Post-Exposure Prophylaxis (PEP) in STD Clinic only	116	105	105



H. Performance Criteria Table - Ambulatory Encounters (1.5 numbering follows the Authority's annual report)

Response: Criteria met

See table below for details.

Statistic	2020	2021	2022	Trend
DH Medicaid Choice Average Monthly Enrollment	100,543	107,637	110,350	
Inpatient Admissions	23,592	21,579	21,374	
Inpatient Days (Equivalent Census Days)	132,061	135,570	129,678	
Emergency Room Encounters	71,680	91,773	108,562	
Urgent Care Visits ¹	70,593	84,402	102,979	
ER Cost/Visit	\$1,144	\$908	\$1,035	
Top 25 DRGs for MI population	See Final DRG Table			
NICU days	5,825	5,707	5,782	
CT Scans	60,106	69,450	69,384	
MRIs	12,777	16,441	17,434	
Outpatient Surgeries	7,765	8,992	9,225	
Ambulatory Care Encounters (reported volumes are building-based)				
Ambulatory Care Center ²	84,345	157,435	210,060	
Webb Center for Primary Care ³	109,107	100,773	81,703	
Gipson Eastside Family Health Center ⁴	77,753	83,157	82,582	
Sandos Westside Family Health Center ⁵	81,464	81,137	80,134	
Lowry Family Health Center ⁶	50,114	55,118	54,032	
Montbello Health Center ⁶	44,490	39,735	39,585	
Park Hill Family Health Center ⁶	22,656	22,564	21,721	
La Casa/Quigg Newton Family Health Center ⁷	23,810	24,267	24,358	
Westwood Family Health Center ⁷	22,719	22,533	22,793	
Federico Pena Family Health Center ⁸	80,434	83,528	83,689	
Sloan's Lake Health Center ⁹	2,519	12,227	14,092	
Other ¹⁰	250,948	231,827	241,728	
OP Behavioral Health Visits ¹¹	168,208	151,306	149,254	
Total Ambulatory Care Encounters	1,018,567	1,065,607	1,105,731	
OP Pharmacy Cost/per patient	\$67	\$70	\$85	
<p>Changes for 2022 Reporting:</p> <p>¹Includes Adult Urgent Care Clinic (AUCC), Downtown Urgent Care (DUC), Pediatric Urgent Care (PEDUC), Pena Urgent Care, and Virtual Urgent Care</p> <p>²Includes ACS services provided in Outpatient Medical Center (OMC): Adult, AUCC, Dental, ENT, Eye, IBH (Integrated Behavioral Health) NOTE: OMC opened in Q2 2021; reported 2020 volume is from Davis pavilion clinics that relocated to OMC.</p> <p>³Includes ACS services: Adult, Geriatrics, IOC, Pediatrics, Pediatric Dental, Pediatric Specialty</p> <p>⁴Includes ACS services: Adult, Dental, IBH, Pediatrics, Rehab, and Womens Care</p> <p>⁵Includes ACS services: Adult, Dental, IBH, Pediatrics, Rehab, and Womens Care</p> <p>⁶Includes ACS services: Dental, Family Medicine, and IBH</p> <p>⁷Includes ACS services: Family Medicine and IBH</p> <p>⁸Includes ACS services: Dental, Family Medicine, IBH, and Urgent Care</p> <p>⁹New Denver Health Clinic not identified in current Operating Agreement language. Location opened Q3 2020. Includes ACS services: Family Medicine and IBH</p> <p>¹⁰Includes services at clinics not included in building-based volumes: Chanda, Rose Amond, all Mobile Clinics, SBHC, SAFE (FCC), MHCD, Pav B/C Women's Care, AUCC, Ortho, OT, PT, and ST</p> <p>¹¹Includes OBHS clinics: DH PAV G CHILD MEN, DH PAV G STEP, DH PAV K METHADONE, DH PAV K SUBOXONE, DH PAV L ADT BEHHEALTH as well as Methodone and Suboxone doses</p>				



I. The Authority's Medical Center's observed total inpatient mortality will be the same or better than the expected as measured by Vizient, the largest member-driven health care performance improvement company in the country.

Response: Criteria met

For the most recent full year of data available from Vizient (October 2021 - September 2022), Denver Health's observed inpatient mortality was 20% better than the expected mortality, adjusted for patient complexity.

J. The Authority will maintain appropriate accreditation for the major national accrediting organizations as a measure of quality care.

Response: Criteria met

Denver Health maintains full accreditation from The Joint Commission on five distinct regulatory surveys covering A) the hospital and specialty clinics, b) the federally qualified health centers and school-based clinics, c) the hospital laboratory, d) the ambulatory care services laboratory, and e) the opioid treatment program. In 2022, The Joint Commission conducted both of the laboratory services surveys, resulting in maintenance of full accreditation.

K. The Authority will maintain national Residency Review Committee accreditation for its training programs.

Response: Criteria met

Denver Health enjoys Continued Accreditation from ACGME for its three accredited medical residencies, Approval without Reporting Requirements from CODA for its three dental residencies, and Transferred Accreditation from CPME for its podiatry residency which relocated from the VA Hospital.

L. The Authority will include in the May 1 annual report, a schedule of the number of patients treated during the reporting year by county, gender and ethnicity. The Authority will develop a report of the same data by census tract or zip code for Denver users. A separate report will be prepared detailing the same information for the homeless.

Response: Criteria met

See tables on the following pages for details.



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Top 25 DRG's for Medically Indigent Population					
2022 Rank	DRG#	DRG NAME	Total	2021 Rank	2020 Rank
1	885	PSYCHOSES	108	1	1
2	871	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITH MCC	72	2	2
3	794	NEONATE WITH OTHER SIGNIFICANT PROBLEMS	54	9	7
4	621	O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC	50	N/A	N/A
5	807	VAGINAL DELIVERY WITHOUT STERILIZATION OR D&C WITHOUT CC/MCC	41	N/A	5
6	833	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITHOUT CC/MCC	34	18	N/A
7	872	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MV >96 HOURS WITHOUT MCC	33	8	N/A
7	202	BRONCHITIS AND ASTHMA WITH CC/MCC	33	N/A	20
9	641	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES WITHOUT MCC	32	N/A	20
10	917	POISONING AND TOXIC EFFECTS OF DRUGS WITH MCC	31	N/A	N/A
11	193	SIMPLE PNEUMONIA AND PLEURISY WITH MCC	29	N/A	N/A
12	603	CELLULITIS WITHOUT MCC	28	N/A	N/A
13	286	CIRCULATORY DISORDERS EXCEPT AMI, WITH CARDIAC CATHETERIZATION WITH MCC	26	21	22
14	419	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITHOUT CC/MCC	24	N/A	N/A
15	897	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC	23	N/A	N/A
16	640	MISCELLANEOUS DISORDERS OF NUTRITION, METABOLISM, FLUIDS AND ELECTROLYTES WITH MCC	20	N/A	17
16	832	OTHER ANTEPARTUM DIAGNOSES WITHOUT O.R. PROCEDURES WITH CC	20	24	N/A
16	247	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH DRUG-ELUTING STENT WITHOUT MCC	20	N/A	N/A
19	660	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITH CC	19	N/A	N/A
20	896	ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITH MCC	18	N/A	N/A
21	246	PERCUTANEOUS CARDIOVASCULAR PROCEDURES WITH DRUG-ELUTING STENT WITH MCC OR 4+ ARTERIES OR STENTS	16	N/A	N/A
22	906	HAND PROCEDURES FOR INJURIES	15	N/A	25
22	482	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITHOUT	15	N/A	22
22	812	RED BLOOD CELL DISORDERS WITHOUT MCC	15	N/A	N/A
22	795	NORMAL NEWBORN	15	N/A	N/A
26*	494	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FOOT AND FEMUR WITHOUT CC/MCC	14	N/A	N/A
26*	418	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITH CC	14	N/A	N/A

*Displaying top 26 DRGs due to four-way tie for 22nd



L.

Unduplicated Users and Patient Visits by Colorado County				
	2020	2021	2022	Trend
Total Unduplicated Users	213,109	282,964	244,768	
Total Visits	963,102	1,287,417	1,120,101	

Unduplicated Users and Patient Visits by Colorado County								
County	2020		2021		2022		Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Adams	20,819	92,009	27,150	122,883	25,730	115,254		
Alamosa	22	73	30	103	29	91		
Arapahoe	24,392	106,333	33,137	142,384	28,863	126,786		
Archuleta	7	11	13	25	7	71		
Baca	1	1	3	6	4	8		
Bent	7	15	7	76	10	52		
Boulder	1,238	3,345	2,107	5,679	1,546	4,429		
Broomfield	579	2,146	941	3,591	746	2,916		
Chaffee	27	58	33	87	46	122		
Cheyenne	4	13	4	18	8	19		
Clear Creek	115	294	170	515	149	424		
Conejos	5	7	9	28	12	28		
Costilla	6	10	5	17	11	35		
Crowley	2	5	4	6	6	23		
Custer	10	35	10	22	10	40		
Delta	16	29	20	64	26	49		
Denver	137,906	642,649	179,606	854,392	155,914	740,903		
Dolores	2	2	5	11	1	2		
Douglas	2,346	8,142	4,476	14,482	2,902	10,520		
Eagle	168	370	174	412	218	497		
El Paso	937	2,652	1,118	3,301	1,206	3,290		
Elbert	109	281	157	510	114	391		
Fremont	35	139	48	138	39	102		
Garfield	60	155	77	143	82	188		
Gilpin	50	213	70	190	61	158		
Grand	1,104	2,488	1,543	3,717	948	2,382		
Gunnison	23	46	29	59	23	44		
Hinsdale	0	0	0	0	1	1		
Huerfano	11	36	16	57	10	29		
Jackson	5	11	6	22	47	60		
Jefferson	20,651	93,547	28,604	123,729	22,662	100,917		
Kiowa	0	0	2	4	3	4		
Kit Carson	18	82	10	62	25	105		
La Plata	18	50	30	51	33	83		
Lake	29	91	42	131	84	147		
Larimer	416	1,016	643	1,741	514	1,179		
Las Animas	12	48	19	88	17	109		
Lincoln	31	129	50	237	75	259		
Logan	53	194	45	233	41	143		



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Unduplicated Users and Patient Visits by Colorado County								
County	2020		2021		2022		Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Mesa	77	219	95	259	75	166		
Mineral	2	7	1	10	1	1		
Moffat	14	45	12	36	15	26		
Montezuma	7	11	21	38	20	43		
Montrose	18	33	31	59	19	49		
Morgan	99	422	98	360	136	417		
Otero	30	102	22	85	29	140		
Ouray	3	4	7	15	1	10		
Park	106	371	172	477	143	404		
Phillips	8	18	5	22	8	9		
Pitkin	17	70	23	58	19	24		
Prowers	13	55	16	85	15	41		
Pueblo	222	758	251	753	234	774		
Rio Blanco	6	15	7	15	4	22		
Rio Grande	17	52	28	48	31	111		
Routt	38	66	52	105	49	114		
Saguache	4	20	12	31	9	42		
San Juan	0	0	0	0	0	0		
San Miguel	6	8	9	12	14	21		
Sedgwick	2	7	4	11	42	79		
Summit	118	337	153	490	196	520		
Teller	24	54	32	101	31	79		
Washington	13	73	24	106	85	142		
Weld	1,023	3,609	1,458	4,982	1,355	4,988		
Yuma	8	21	18	45	14	19		
Total	213,109	963,102	282,964	1,287,417	244,768	1,120,101		



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Unduplicated Users and Patient Visits by Denver County Zip Code				
	2020	2021	2022	Trend
Total Unduplicated Users	144,088	191,325	160,940	
Total Visits	672,257	889,841	759,113	

Unduplicated Users and Patient Visits by Denver County Zip Code								
Zip Code	2020		2021		2022		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80201	136	646	199	1,062	146	818		
80202	2,276	8,742	3,731	13,654	3,274	12,061		
80203	4,327	17,315	6,260	27,197	5,306	22,478		
80204	17,995	84,984	22,787	103,325	18,627	86,260		
80205	8,670	41,609	11,073	53,488	9,596	46,573		
80206	2,315	10,380	3,797	15,585	2,517	11,201		
80207	3,868	19,173	5,159	25,257	4,142	20,861		
80208	15	38	25	84	13	26		
80209	1,899	7,719	3,558	12,925	2,413	9,843		
80210	2,065	8,131	3,903	14,071	2,473	10,145		
80211	5,840	28,124	8,071	37,470	6,307	29,715		
80212	2,013	9,701	2,999	13,342	2,082	10,252		
80216	4,645	22,379	5,699	28,440	5,471	26,654		
80217	29	99	54	175	34	129		
80218	2,939	13,143	4,332	18,734	3,446	14,754		
80219	27,570	132,839	32,807	167,404	29,340	148,059		
80220	4,670	20,935	6,434	28,654	4,947	23,685		
80222	2,671	13,382	3,734	18,211	3,006	15,014		
80223	7,082	34,790	8,774	45,595	7,629	39,003		
80224	2,410	11,444	3,411	15,271	2,871	13,298		
80227	3,155	14,580	4,476	20,358	3,708	17,365		
80230	1,029	4,805	1,563	6,811	1,156	5,606		
80231	4,587	20,532	6,104	27,096	5,239	23,849		
80235	614	3,090	903	4,173	677	3,394		
80236	3,273	15,069	4,249	20,075	3,705	17,657		
80237	1,599	7,438	2,543	11,113	2,025	9,588		
80238	1,314	5,446	2,452	9,374	1,561	6,802		
80239	13,491	61,875	16,578	79,248	15,109	69,790		
80243	1	2	3	7	4	6		
80244	1	17	5	18	4	26		
80246	1,569	6,713	2,226	9,612	1,980	8,999		
80247	3,800	18,230	5,092	23,724	4,425	20,277		
80248	1	8	6	46	3	11		
80249	6,160	28,562	8,212	37,692	7,635	34,586		
80250	39	281	78	452	31	244		
80251	0	0	1	23	1	1		
80252	0	0	1	2	1	1		
80256	1	1	1	2	0	0		
80257	0	0	0	0	1	1		
80259	2	2	2	3	1	1		
80261	1	1	6	8	10	19		
80262	0	0	0	0	2	6		
80263	1	2	3	5	2	6		
80264	0	0	0	0	1	1		



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Unduplicated Users and Patient Visits by Denver County Zip Code								
Zip Code	2020		2021		2022		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80265	0	0	0	0	0	0		
80266	4	11	0	0	2	2		
80271	0	0	0	0	0	0		
80273	1	1	2	2	0	0		
80274	2	2	2	5	6	28		
80281	1	1	0	0	1	2		
80290	2	4	3	14	2	3		
80291	0	0	1	1	1	3		
80293	2	8	3	24	2	3		
80294	2	2	1	4	3	5		
80299	1	1	2	5	2	2		
Total	144,088	672,257	191,325	889,841	160,940	759,113		



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2022 Unduplicated Users and Visits by Sex Assigned At Birth and Race* (Colorado and Out-of-State Users**)					
		2022		3-Year Trend	
Sex At Birth	Race	Users	Total Visits	Users	Total Visits
F	African-American	17,226	91,437		
F	Amer/Alaskan Native	845	4,900		
F	Asian	5,257	24,453		
F	Hispanic	68,665	375,135		
F	Native-Hawaiian	77	303		
F	Other	4,354	16,779		
F	Oth-Pacific-Islander	270	1,284		
F	Unknown	39	91		
F	White-Caucasian	38,681	166,420		
F	NULL	737	784		
Female Total		136,151	681,586		
Sex At Birth	Race	Users	Total Visits	Users	Total Visits
M	African-American	16,031	63,432		
M	Amer/Alaskan Native	760	4,019		
M	Asian	3,899	14,812		
M	Hispanic	55,624	220,499		
M	Native-Hawaiian	52	167		
M	Other	4,462	13,698		
M	Oth-Pacific-Islander	208	695		
M	Unknown	35	74		
M	White-Caucasian	39,870	146,062		
M	NULL	991	1,048		
Male Total		121,932	464,506		
Sex At Birth	Race	Users	Total Visits	Users	Total Visits
Unknown	African-American	15	71		
Unknown	Amer/Alaskan Native	2	7		
Unknown	Asian	6	36		
Unknown	Hispanic	59	308		
Unknown	Other	26	88		
Unknown	Oth-Pacific-Islander	2	4		
Unknown	Unknown	1	1		
Unknown	White-Caucasian	166	844		
Unknown	NULL	31	32		
Unknown Total		308	1,391		
Grand Total		258,391	1,147,483		
* Table uses Derived Race as identified by Epic					
**Out of State users and visits represent 13,623 and 27,382 respectively					



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HOMELESS Unduplicated Users and Patient Visits by Colorado County				
	2020	2021	2022	Trend
Total Unduplicated Users	8,414	7,654	8,549	
Total Visits	29,640	25,046	34,993	

HOMELESS Unduplicated Users and Patient Visits by Colorado County								
County	2020		2021		2022		Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Adams	170	579	146	462	314	1,332		
Alamosa	0	0	0	3	0	0		
Arapahoe	170	564	184	622	415	1,797		
Archuleta	0	0	0	0	0	2		
Baca	0	0	0	0	0	0		
Bent	0	1	0	1	5	13		
Boulder	8	29	13	42	36	177		
Broomfield	1	3	1	6	8	33		
Chaffee	0	0	0	0	1	5		
Cheyenne	0	0	0	0	0	0		
Clear Creek	2	6	9	26	5	30		
Conejos	0	0	0	0	0	0		
Costilla	0	0	1	1	0	0		
Crowley	0	0	0	0	2	3		
Custer	0	0	0	0	0	0		
Delta	0	0	0	0	0	0		
Denver	7,804	27,617	7,035	23,031	7,259	29,525		
Dolores	0	1	0	0	0	0		
Douglas	24	64	10	45	21	77		
Eagle	1	6	0	1	0	6		
El Paso	3	13	11	32	20	61		
Elbert	0	0	1	5	0	1		
Fremont	0	0	0	0	3	4		
Garfield	1	4	0	0	0	0		
Gilpin	0	0	0	1	0	1		
Grand	1	1	0	0	4	11		
Gunnison	2	6	0	1	0	0		
Hinsdale	0	0	0	0	0	0		
Huerfano	0	1	0	0	0	0		
Jackson	0	0	0	0	0	0		
Jefferson	180	582	184	590	338	1,450		
Kiowa	0	0	0	0	0	0		
Kit Carson	0	0	0	0	2	4		
La Plata	0	4	0	0	0	0		
Lake	0	0	1	1	0	0		
Larimer	2	15	5	12	6	28		
Las Animas	0	0	1	3	1	8		
Lincoln	0	0	0	0	1	3		
Logan	0	1	0	1	0	0		



L.

HOMELESS Unduplicated Users and Patient Visits by Colorado County								
County	2020		2021		2022		Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
Mesa	3	12	2	5	5	17		
Mineral	0	0	0	0	0	0		
Moffat	0	0	0	0	0	2		
Montezuma	0	0	0	0	1	2		
Montrose	0	0	0	0	3	14		
Morgan	2	6	2	5	0	2		
Otero	0	0	1	1	3	11		
Ouray	0	0	0	0	0	0		
Park	1	6	0	1	2	7		
Phillips	0	0	0	0	1	2		
Pitkin	2	3	0	0	0	0		
Prowers	0	0	0	0	2	3		
Pueblo	3	12	1	7	5	19		
Rio Blanco	0	0	0	0	0	0		
Rio Grande	0	0	0	0	0	0		
Routt	0	0	0	0	3	15		
Saguache	0	0	0	0	0	0		
San Juan	0	0	0	0	1	1		
San Miguel	0	0	0	0	0	0		
Sedgwick	0	0	0	0	0	0		
Summit	1	2	3	6	3	6		
Teller	1	1	0	0	0	0		
Washington	0	0	0	1	0	0		
Weld	6	27	3	10	21	81		
Yuma	0	0	0	0	0	0		
NULL	26	74	40	124	58	240		
Total	8,414	29,640	7,654	25,046	8,549	34,993		



L.

HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code				
	2020	2021	2022	Trend
Total Unduplicated Users	7,874	7,072	7,280	
Total Visits	27,773	23,108	29,656	

HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code								
Zip Code	2020		2021		2022		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80201	9	35	17	43	41	165		
80202	49	190	40	113	124	524		
80203	89	365	81	287	166	718		
80204	6,100	21,447	5,450	17,953	4,021	16,471		
80205	656	2,325	710	2,244	1,011	3,937		
80206	42	126	30	84	67	247		
80207	29	134	31	78	42	219		
80208	5	14	1	6	1	1		
80209	21	99	12	50	39	167		
80210	20	76	26	74	46	161		
80211	85	334	52	202	142	610		
80212	12	48	22	73	37	200		
80216	80	284	90	271	167	700		
80217	4	17	1	1	4	28		
80218	151	423	63	199	143	522		
80219	164	629	120	415	352	1,416		
80220	70	260	61	166	189	720		
80222	23	77	18	60	38	159		
80223	36	127	43	143	121	574		
80224	45	137	19	57	63	239		
80227	13	42	3	17	36	135		
80230	5	27	9	18	26	87		
80231	18	64	36	98	45	218		
80235	5	9	3	10	1	14		
80236	17	67	20	64	47	168		
80237	6	19	4	15	18	76		
80238	8	21	2	6	7	38		
80239	85	283	75	247	171	652		
80243	0	0	0	0	0	0		
80244	0	0	0	0	0	0		
80246	7	21	7	29	57	216		
80247	12	43	11	40	31	163		
80248	0	0	0	0	0	0		
80249	8	27	10	29	25	107		
80250	0	3	4	14	1	3		
80251	0	0	0	0	0	0		
80252	0	0	1	2	1	1		
80256	0	0	0	0	0	0		
80257	0	0	0	0	0	0		
80259	0	0	0	0	0	0		
80261	0	0	0	0	0	0		
80262	0	0	0	0	0	0		
80263	0	0	0	0	0	0		



L.

HOMELESS Unduplicated Users and Patient Visits by Denver County Zip Code								
Zip Code	2020		2021		2022		3-Year Trend	
	Users	Visits	Users	Visits	Users	Visits	Users	Visits
80264	0	0	0	0	0	0	—	—
80265	0	0	0	0	0	0	—	—
80266	0	0	0	0	0	0	—	—
80271	0	0	0	0	0	0	—	—
80273	0	0	0	0	0	0	—	—
80274	0	0	0	0	0	0	—	—
80281	0	0	0	0	0	0	—	—
80290	0	0	0	0	0	0	—	—
80291	0	0	0	0	0	0	—	—
80293	0	0	0	0	0	0	—	—
80294	0	0	0	0	0	0	—	—
80299	0	0	0	0	0	0	—	—
Total	7,874	27,773	7,072	23,108	7,280	29,656	∨	∨



L.

2022 HOMELESS Unduplicated Users and Visits by Sex Assigned At Birth and Race*							
Sex At Birth	Race	2022			3-Year Trend		
		Users	Total Visits**	Charges	Users	Visits**	Charges
F	African-American	352	1,376	\$ 7,323,052			
F	Amer/Alaskan Native	59	286	\$ 1,004,810			
F	Asian	11	41	\$ 120,296			
F	Hispanic	772	3,377	\$ 15,968,834			
F	Native-Hawaiian	0	2	\$ 23,550			
F	Other	61	252	\$ 937,801			
F	Oth-Pacific-Islander	1	3	\$ 12,122			
F	Unknown	0	0	\$ -			
F	White-Caucasian	937	3,918	\$ 22,919,245			
F	NULL	5	22	\$ 97,997			
Female Total		2,198	9,277	\$ 48,407,708			
M	African-American	1,250	4,956	\$ 34,197,358			
M	Amer/Alaskan Native	203	783	\$ 4,877,881			
M	Asian	36	150	\$ 896,272			
M	Hispanic	1,629	6,814	\$ 52,839,240			
M	Native-Hawaiian	0	5	\$ 25,019			
M	Other	124	529	\$ 3,482,488			
M	Oth-Pacific-Islander	0	14	\$ 56,906			
M	Unknown	1	2	\$ 4,419			
M	White-Caucasian	3,151	12,649	\$ 108,489,278			
M	NULL	12	39	\$ 220,208			
Male Total		6,406	25,941	\$ 205,089,069			
Unknown	African-American	1	1	2,272			
Unknown	White-Caucasian	6	17	110,161			
Unknown	NULL	1	1	3,801			
Unknown Total		8	19	\$ 116,234			
Grand Total		8,612	35,237	\$ 253,613,011			

* Table uses Derived Race as identified by Epic
 **Visits represent current process in Epic for tracking homeless population

05

A-2 Emergency Medical Services





Appendix A-2 Emergency Medical Services

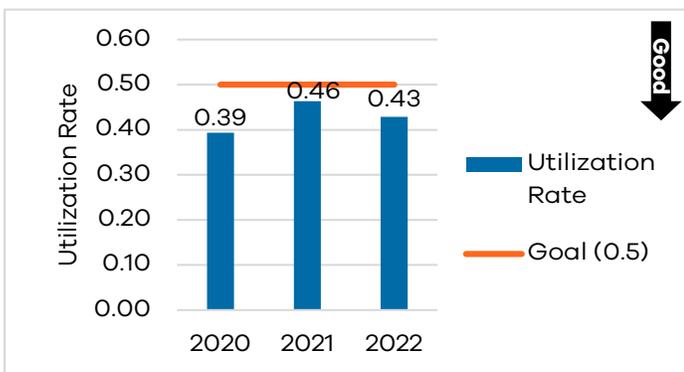
1.4 Performance Criteria

Each component of the Emergency Medical Response Services (EMRS), including the Authority and Department of Safety, and certain stakeholders, including the Mayor’s Office, City Council, and the Auditor’s Office, will designate representation on the EMRS Advisory Committee, which will meet regularly to monitor system performance, identify and recommend strategies for innovation and improvement, and provide the necessary collaboration and accountability to ensure continued high delivery of EMS responses and services. The performance metrics (including any data parameters or exclusions), advisory committee composition, and strategic framework will be documented in a mutually agreed-upon EMRS Advisory Committee Memorandum of Understanding. The parties have recommended improvements to the system and are committed to continuing improvements to the system that have improved and will continue to improve overall system performance. The parties further agree to monitor all aspects of EMRS performance, including response times and clinical outcomes, and to work with each other in good faith to identify potential options to achieve the desired EMRS performance, which options may include but are not limited to, revisiting the current EMRS performance metrics, staffing or scheduling changes, alternative response mechanisms, equipment and infrastructure investments.

Response: Criteria met

A. The Utilization/Hour rate will be at or below 0.5 transports/hour (system wide).

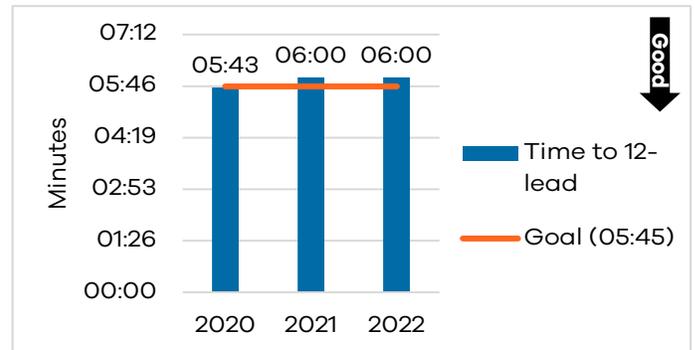
Response: Criteria met



(v) Authority’s Clinical Criteria. The following clinical performance measures for each call will be reported by the Authority in its quarterly performance report:

1. Median elapsed target of 5 minutes 45 seconds or fewer from paramedics’ arrival time to initial recording of 12 lead ECG for suspected cardiac chest pain.

Response: Criteria not met

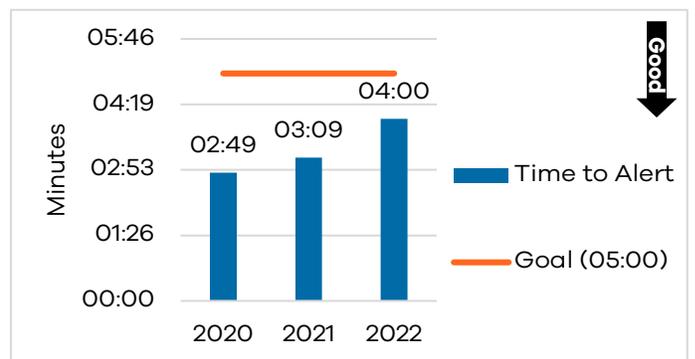


Variance Explanation:

Accurate data collection for 12-lead to STEMI alert times was a challenge in 2022. Denver Health Paramedic Division (DHPD) implemented measures to improve provider documentation and will continue to investigate cardiac monitor upload issues.

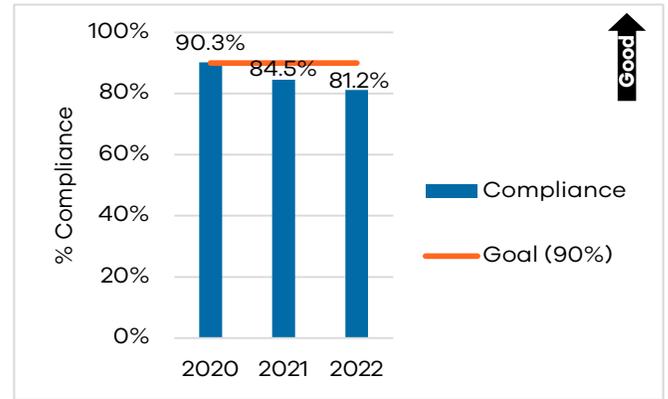
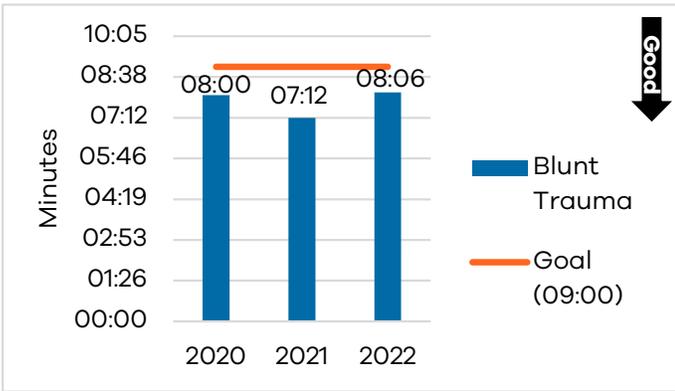
2. Median elapsed target of 5 minutes or fewer from qualifying 12 lead ECG to hospital notification for patients meeting STEMI (cardiac alert) criteria (targets to be added).

Response: Criteria met



3. Median elapsed transport ambulance scene time of 9 minutes or fewer from time of arrival to departure for blunt trauma patient meeting emergency transport criteria. Exclusions to this are extrication delays, patient access/staging, multiple patient incidents.

Response: Criteria met

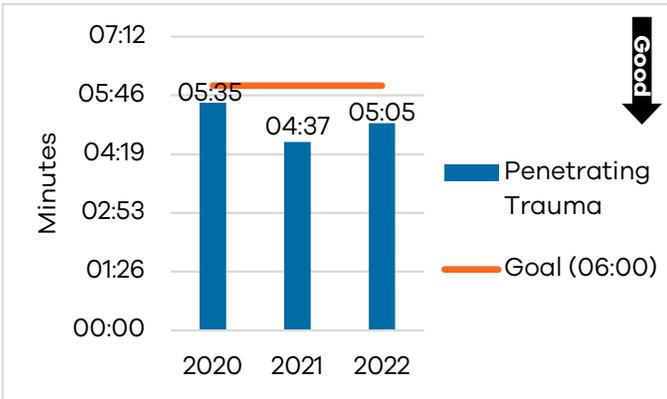


4. Median elapsed transport ambulance scene time of 6 minutes or fewer from time of arrival to departure for penetrating trauma patient meeting emergency transport criteria. Exclusions to this are extrication delays, patient access/staging, multiple patient incidents.

Variance Explanation:

During 2022, the Paramedic Division faced staffing retention and hiring challenges while experiencing increased call volume. DHPD has an aggressive hiring/retention plan and is exploring ways to reduce demand where possible.

Response: Criteria met



(vi) In support of the Denver Community Addictions Rehabilitation and Evaluation Services (CARES), the Emergency Services Patrol (ESP) will transport individuals experiencing substance misuse to the Denver CARES facility. If serious medical problems are evident, the client is taken by ambulance to Denver Health Medical Center. ESP van service will operate sixteen- hours/day seven days/week.

Response: Criteria met

(vii) An ESP average response time of 30 minutes or fewer will be provided, with that time being calculated as the number of minutes from the dispatcher notifying the van to the time of arrival on the scene. A goal of 30 minutes will be set for contract year 2022 based on available resources. Emergency Services Patrol:

- Average response time

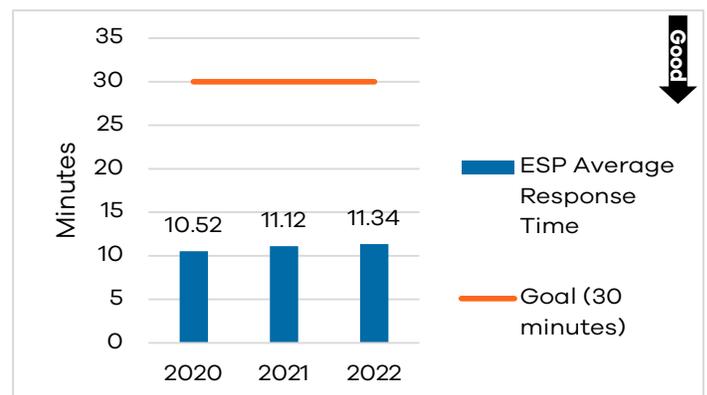
Out-of-hospital cardiac arrest survival rate reported under the Utstein Criteria definition for long-term performance purposes and with appropriate identification of comparison date ranges and lags in comparison reporting.

Response:

Criteria disposition pending data availability.

Utstein	2020	2021	2022	Trend
Actual	33.9%	36.8*		↗
*Data unavailable until after 4/30/2023				

Response: Criteria met



5. The Authority shall be responsible for meeting its time and clinical performance criteria. The Authority can meet its response time performance criteria by meeting the 9-minutes ALS Response time of 90% from unit assigned to unit arrived.

Response:

Criteria not met



- Total calls for service
- Number of clients picked up per shift
- Number of shifts worked per month

Response: Criteria met

ESP Van Scheduled Shift Statistics	2020	2021	2022	Trend
Total Calls for Service	8,831	7,622	6,067	
Avg # Clients Transported per Shift	8	7	6	
Avg # Shifts Worked per Month	82	71	76	

(viii) Reporting – Performance reports will be analyzed continuously by the EMRS Analyst who will report to the members of the EMRS Advisory Committee at least bi-monthly regarding system performance. A system performance report will be made at least annually by the EMRS Advisory Committee to the leadership of the City and the Authority. The parties recognize that the tiered emergency response system at times may not meet one or more goals of the NFPA Standards. The parties understand and agree that coordination and cooperation will be needed to share data and provide system performance reporting.

1. Compliance – The percentage of responses with response times less than or equal to the time criteria identified above for each category and service level; i.e. how many times out of 100 was the time criteria met.

2. Time Performance – Using the same data set as for compliance, the time (in minutes and seconds) at which 90% of responses fall at or below; e.g. 90% compliance for total response time was achieved at 11:00 as an overall EMRS metric.

3. Exclusions – The count of excluded calls, by type, will be reported, in each report.

Response: Criteria met

The required reports have been submitted by the City’s Director of 911 Communications Center and the Authority has attended monthly meetings.



06

A-3 Public Health Services



Appendix A-3 Public Health Services
1.4 Performance Criteria

A. The Authority will provide an annual report by May of the following year being reported on, which includes performance statistics for the year and the two previous fiscal years, for the following items:

Response: Criteria met

Annual report provided for the metrics listed below.

Public Health Services	2020	2021	2022	Trend
Immunization/Travel Clinic				
Total Immunization Visits with Outreach	9,267	24,814*	11,651	
Total Vaccinations Provided	12,870	28,997*	18,644	
Infectious Disease Clinic				
Patient Encounters	11,384	11,171	12,384	
Dental Encounters	78	**	**	
Sexual Health Clinic				
Patient Encounters	12,332	15,399	14,023	
Tuberculosis Clinics				
New TB Cases	33	47	36	
Total TB Visits with Outreach	13,331	12,061	17,296	
Vital Records				
Birth and Death Certificates Registered	60,257	66,038	***	
*Increased volume due to COVID-19 vaccine administration				
**Dental Clinic closed in 2020 due to COVID-19. Patients are referred to Outpatient Medical Center Dental				
***Vital Records services transferred to DDPHE in Q4 2021				

B. The Authority will provide the following performance statistics which includes the goals and metrics for public health functions of Public Health Institute at Denver Health (PHIDH). The frequency of reporting is provided in the table. Metrics reported monthly will accompany the invoice.

Response: Criteria met

The following performance statistics were provided Monthly (N/A = statistics without goals):

Operating Agreement Monthly Measurements by Program 2022				
Program	Objective	Metric	YE Total	Result
ID-Clinic HIV	Ready access for patients	Number of in-clinic medical, psychiatric, and social work encounters provided (face-to-face or telehealth)	12,384	N/A



Operating Agreement Monthly Measurements by Program 2022				
Program	Objective	Metric	YE Total	Result
Immunization and Travel Clinic Vaccine-preventable infections	Ready access for residents of and visitors to Denver to vaccines in clinical and community settings	Number of vaccines provided in the clinic (non-travel)	11,981	N/A
		Number of vaccines provided in community settings (schools and other community venues)	5,175	N/A
		Number of non-travel related in-clinic visits	7,831	N/A
		Number of total in-clinic visits	10,490	N/A
		Number of unique patients seen in the clinic	9,234	N/A
		Number of unique children immunized at outreaches	934	N/A
		Number of unique adults immunized in outreaches	1,604	N/A
	Provide travel-related evaluation and immunizations	Number of travel consults	1,814	N/A
		Number of travel vaccines administered in the clinic	2,200	N/A
Sexual Health Clinic Sexually-transmitted diseases (other than HIV and viral hepatitis)	Provide access to Denver residents and visitors to clinical sexual health services in clinical and community settings	Care for possible sexually-transmitted diseases in the STD Clinic (annual goal = 10,500 visits)	14,023	✓
		Reproductive health services (family planning) in the STD Clinic (annual goal = 4,000 visits)	4,492	✓
		STD screening in community settings (annual goal = 2,000 visits)	2,938	✓
		Percent of patients with gonorrhea or chlamydia treated within 7 days of diagnosis (annual goal = 80%)	93.0%	✓
	Provide HIV testing in clinical and community settings	Testing in the Sexual Health Clinic (annual goal= 5,500)	6,502	✓
		Community testing in high-risk venues (annual goal = 800)	1,290	✓
TB Clinic	Provide tuberculosis (TB) testing, prevention, and treatment in Denver	Number of visits provided in community settings or outreach	9,366	N/A
		Number of total TB encounters (includes in-clinic or outreach)	17,296	N/A



Response: Criteria met

The following performance statistics were provided Quarterly (N/A = statistics without goals):

Operating Agreement Quarterly Measurements by Program 2022							
Program	Objective	Metric	Q1	Q2	Q3	Q4	Result
ID Clinic-HIV	Provide treatment for persons with HIV disease in Denver	Number of unique patients seen with HIV (annual goal = 900)	1199	1107	1128	1153	✓
		Percent of ID Clinic patients with a viral load < 200 copies (annual goal = 88%)	91%	91%	91%	90%	✓
	Provide evaluation and treatment of Hepatitis C for persons in Denver	Number of persons who complete treatment for Hepatitis C in the ID Clinic (annual goal = 50)	50	56	59	43	✓
Sexual Health Clinic Sexually-transmitted diseases (other than HIV and viral hepatitis)	Access to pre-exposure prophylaxis for HIV	Number of persons started on PrEP in STD clinic (annual goal = 300)	179	162	171	161	✓
	Provide testing for Hepatitis C among persons at increased risk in the STD Clinic	Number of persons tested for Hepatitis C (annual goal = 1,200 tests)	1118	1524	1357	1084	✓

Response: Criteria partially met

The following performance statistics were provided Semi-Annually (N/A = statistics without goals):

Operating Agreement Semi-Annual Measurements by Program 2022					
Program	Objective	Metric	6/30/2022	12/31/2022	Result
TB Clinic	Prevent TB in Denver	Number of new TB cases	16	20	N/A
		Completion of treatment within 12 months (goal ≥95%)	88%	95%	✗
		One year lag in reporting so numbers are skewed due to COVID-19			
	Provide evaluation and treatment of persons with latent TB in Denver	Contacts to active TB cases with newly diagnosed latent TB who start treatment (goal >90%)	67%	33%	✗
One year lag in reporting so numbers are skewed due to COVID. In addition, there was one contact investigation related to a person being detained by the ICE Facility. The TB clinic was not given complete contact information from this facility and unable to complete the investigation resulting in the poor metric outcomes. The TB Clinic is actively working to better partner with this facility and Arapahoe County Public Health for future investigations.					
	Completion of treatment of latent TB among close contacts to active cases of smear-positive pulmonary TB (goal >80%)	100%	80%	✓	



Response: Criteria met

The following performance statistics were provided Annually (N/A = statistics without goals):

Operating Agreement Annual Measurements by Program 2022				
Program	Objective	Metric	2022	Result
Immunization and Travel Clinic Vaccine-preventable infections	Assess risks for vaccine preventable infections in Denver	Review of opportunities to decrease vaccine-preventable infections in Denver	PHIDH completed assessment work related to the HPV vaccine and MMR for 4–6-year-olds and continued efforts to increase flu and COVID-19 vaccinations in the community. The Immunization clinic used MMR rates in 4-6 year olds to determine which schools should be the focus of the In School Immunization Program. PHIDH also partnered with ACS and School-based health clinics to increase completion of the HPV vaccine series among 9-17 year olds.	N/A



07

**A-4 Denver
Community
Addiction
Rehabilitation and
Evaluation Services
(CARES)**





Appendix A-4 Denver Community Addictions Rehabilitation and Evaluation Services (CARES)

1.4 Performance Criteria

A. One-hundred percent of the women of child-bearing age utilizing the services of Denver CARES will be offered a pregnancy test and, if the test is positive, will be provided referral and follow-up.

Response: Criteria met

Denver CARES offers pregnancy testing at no cost to all female patients of child-bearing age. In 2022 there were two positive pregnancy tests and the patients were referred to Denver Health's Women's Services.

Pregnancy Testing	2020	2021	2022	Trend
# Women of Child-Bearing Age	854	1,248	1,194	
# Pregnancy Tests Provided	33	14	34	
% of the women of child-bearing age utilizing the services of Denver CARES were offered a pregnancy test	100%	100%	100%	
% Women Who Received Pregnancy Test	4%	1%	3%	
# Positive Results	1	1	2	
% Positive Tests	3%	7%	6%	

B. The Authority will provide an annual report by May 1st of the year following the year being reported on, which includes performance statistics for the year just ended and the two previous fiscal years, for the following items:

Detoxification: Average Daily Census

- Number of clients admitted more than one time for the program year
- Number of admissions of clients experiencing homelessness
- Number of clients who did not pay any charges due for services rendered.

Detoxification Program	2020	2021	2022	Trend
Detoxification: Average Daily Census	65	64	65	
Number of clients admitted more than one time for the program year	1,738	5,949	6,408	
Number of admissions of clients experiencing homelessness	13,629	11,436	9,814	
Number of clients who did not pay any charges due for services rendered	391	7,158	6,071	
Number of referrals not admitted	484	535	641	
Number of clients admitted for the first time	1,916	2,982	909	
Number of clients referred with a DUI	350	204	195	
Number of client to staff assaults	19	10	8	
Number of client to client assaults	17	2	7	

- Number of referrals not admitted.
- Number of clients admitted for the first time
- Number of clients referred with a DUI
- Number of client to staff and client to client assaults

Response: Criteria met

See table below for details:

The Authority will provide a quarterly report to the City in an agreed upon format, which indicates the amount of year-to-date expenses and revenues for Denver CARES by the 15th day of the month following the end of the quarter after the end of the reporting period.

The report will also include the following metrics:

- Number of clients admitted more than once for the program year
- Number of total clients seen in the program year
- Number of unanticipated or negative events (seizures, assaults, and serious injuries)
- Standard demographics on clients seen in program year (age, gender, race/ethnicity, housing status, and Medicaid status)

Response: Criteria met

See table on the following page. The Denver Health Finance Department provided regular quarterly reports to the City with year-to-date expenses and revenues.



Denver CARES Services	Q1 2022	Q2 2022	Q3 2022	Q4 2022	EOY 2022
Number of clients admitted more than once for the program year.	1584	1582	1722	1580	6468
Number of total clients seen in the program year	1749	1777	1919	1671	7116
Number of unanticipated or negative events (seizures, assaults, and serious injuries)	18	12	13	13	56
Demographics of clients seen in program year	Q1 2022	Q2 2022	Q3 2022	Q4 2022	EOY 2022
Age					
18-29	409	498	507	436	1850
30-39	501	533	554	515	2103
40-49	356	328	417	335	1436
50-59	314	274	281	231	1100
60+	168	144	160	153	625
Unknown	1	0	0	1	2
Gender					
Male	1341	1327	1453	1282	5403
Female	408	448	464	387	1707
Unknown	0	2	2	2	6
Race					
White or Caucasian	1167	1112	1183	1045	4507
Black or African American	271	226	261	213	971
American Indian or Alaska Native	76	70	62	62	270
Other Pacific Islander	1	2	1	1	5
Native Hawaiian	3	3	2	1	9
Asian	14	13	10	14	51
Other	107	193	208	232	740
Unknown	79	112	128	63	382
Decline to Answer	31	46	64	40	181
Ethnicity					
Not Hispanic, Latino/a, or Spanish Origin	1175	1114	1189	1057	4535
Hispanic, Latino/a, or Spanish Origin	477	527	560	513	2077
Mexican, Mexican American, or Chicano/a	1	0	0	0	1
Unknown	78	108	129	63	378
Decline to Answer	18	28	41	38	125
Housing Status					
Homeless	526	424	505	461	1916
Not Homeless	1223	1353	1414	1210	5200
Medicaid Status					
Have Medicaid	1032	976	1070	923	4001
Don't have Medicaid	717	801	849	748	3115



08

A-6 Medical Services for Arrestees, Pretrial Detainees and Inmates



Appendix A-6 Medical Services for Arrestees, Pretrial Detainees and Inmates at Denver Health and Hospital Authority

1.6 Performance Criteria and Reports

A. The Correctional Care Medical Facility (CCMF) is a Denver Health patient care facility and as such will comply with Joint Commission on Accreditation of Healthcare Organizations regulations and review.

Response: Criteria met

The CCMF follows all Denver Health policies and procedures aligning with the regulations of Denver Health's accreditation by the Joint Commission on Accreditation of Healthcare Organizations. CCMF continues to be open for Denver prisoner admissions 24 hours a day, 7 days a week. The CCMF is a state-of-the-art facility, combining both security and medical care features. Patients are accepted from all adult-based correctional facilities and jurisdictions. 20 beds (including one dedicated psychiatric observation room), six holding cells, electronic surveillance and door control, vehicular sally port, and a dedicated ten room outpatient area are some of the key features of this facility.

CCMF Services	2020	2021	2022	Trend
Discharges				
Denver	304	304	356	
All Jurisdictions	507	522	610	
Total Hospital Days				
Denver	1,081	1,262	1,789	
All Jurisdictions	2,031	2,220	2,742	
Average Length of Stay				
Denver	3.5	5.0	5.2	
All Jurisdictions	3.9	4.0	4.3	
CCMF Outpatient Clinic Visits				
Denver	707	831	885	
All Jurisdictions	3,060	2,891	2,927	
Denver Jail Patients Seen in ED				
	1,942	1,903	1,917	

B. The Authority will continue to provide the City with mutually agreed upon standardized Utilization Management (UM) reports each month. In addition, the following information shall be provided to the Sheriff or his/her designee:

- (i) a daily census report for all inpatients at CCMF or at Denver Health Medical Center (DHMC);
- (ii) within sixty (60) days, monthly patient data including the patient name, medical record number, total length of stay, admit and

- discharge dates, the Authority charges, City Cost, patient DOB, split billing information.;
- (iii) within sixty (60) days, monthly reports including ambulance, facility and physician billing;
- (iv) within sixty (60) days, monthly third-party billing reports including patients name, admit and discharge dates, split billing information, sum of charges, sum of City cost, amount collected from third party, name of third party payor, credits/debits to City; and,
- (v) within sixty (60) days, a monthly A-6 report and B-3 report as agreed upon by the City and the Authority.

Response: Criteria met

All above listed reports were submitted to the City within required timelines.

C. The Authority shall continue to develop and submit financial reports at least monthly to enable the City and the Authority to evaluate payment mechanisms and to improve understanding of costs. If the ongoing billing methodology work group (consisting of representatives from the Authority and the City) agrees, the City and the Authority may amend this agreement as to payment methodology.

Response: Criteria met

During 2022, the Authority continued its monthly financial reporting to include summary and detailed information. These reports have enabled analyses of the many different services on various levels. The current reporting format and content has been approved by both the City and the Authority.

D. If any third-party payment is denied or reduced to less than full payment, the Authority shall provide detailed documentation of such (including the stated reason and any available appeal procedures) to the City within fifteen (15) days. The Authority shall timely take such action as is necessary and reasonable to challenge or appeal the denial or reduced payment, where warranted under the law and the rules of ethics as long as the City pays all necessary, reasonable and preauthorized (in writing) associated fees and expenses and the City's written preauthorization is received within three (3) days of the Sheriff's or his/her designee's receipt of written notice from the Authority of the denial or reduction. However, the City shall not pay for the processing and re-submission of third party claims that can be accomplished by Authority staff.

Response: Criteria met

The City is notified monthly of all denials related to third-party payments. Where there are concerns,



these concerns are resolved in accordance with the language outlined above.

E. Upon completion of providing patient care services to the City and County of Denver arrestees, pretrial detainees and inmate population, it is agreed that the Authority will notify the Sheriff’s Department of the final medical disposition at which time the Sheriff’s Department shall arrange for transport of the detainee or inmate within the agreed upon median target of 50 minutes.

Response: Criteria met

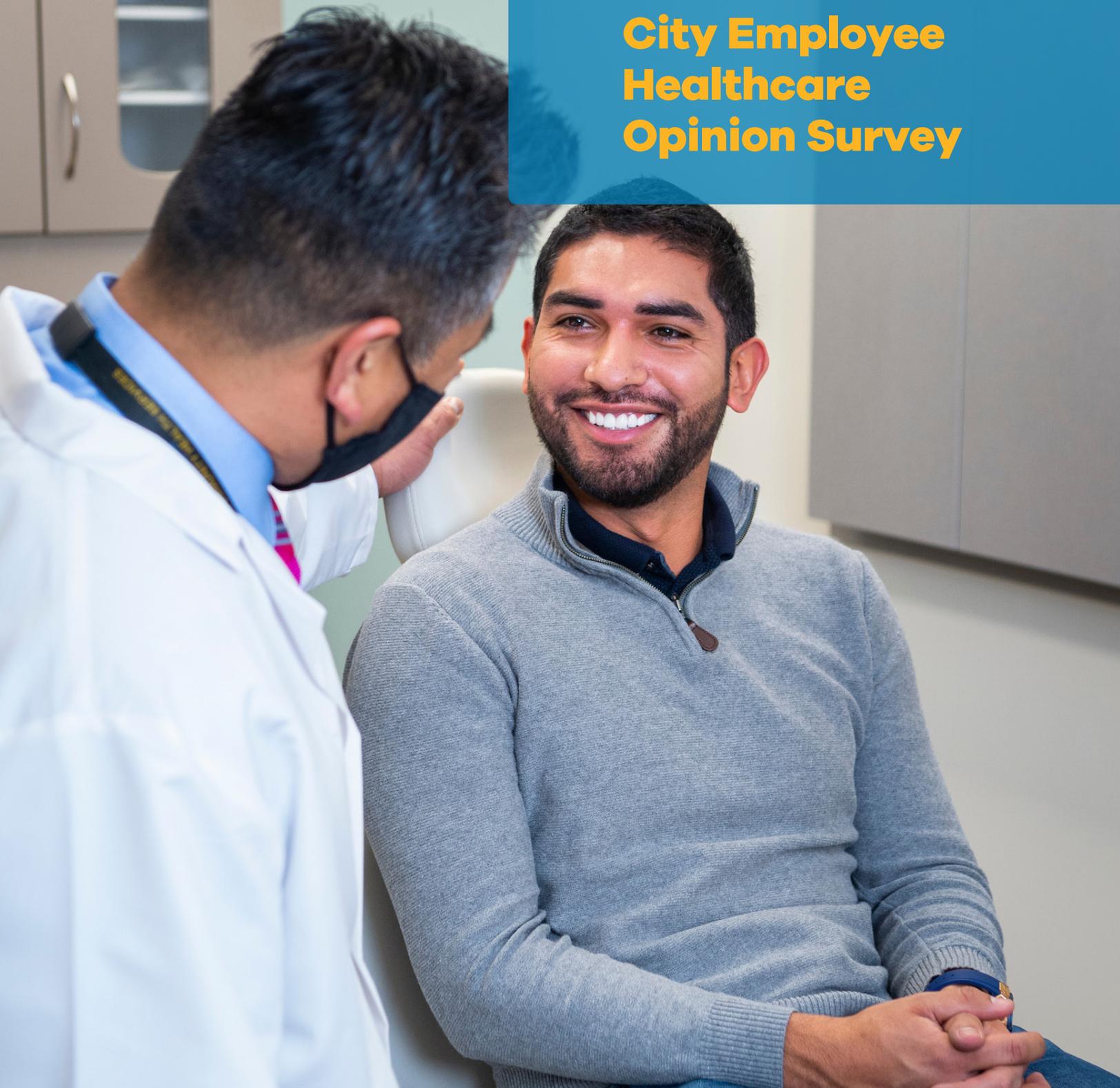
See table below for details.

Sheriff Department Median Time to Transport (Minutes)				
From Emergency Department	2020	2021	2022	Trend
Actual	41	42	49	
Target	60	50	50	50



09

A-7 Denver Health Medical Plan and City Employee Healthcare Opinion Survey





Appendix A-7 Denver Health Medical Plan and City Employee Healthcare Opinion Survey

1.3 Performance Criteria

A. The Health Plan will meet all Performance Standards defined in the annual contract.

Response: Criteria met

At the request of the City and County of Denver, Denver Health Medical Plan (DHMP) provided monthly utilization and cost reports including data on:

- Enrollment
- Medical Claims
- Pharmacy Claims

Refer to tables below for key performance metrics for the 2022 performance period.

Enrollment Summary (Snapshot December 2022)				
	Total Subscribers		Total Members	
	DHMO	HDHP	DHMO	HDHP
CSA	288	411	415	627
DERP	43	43	46	48
DPPA	9	35	13	53
Total	340	489	474	728

Plan Type Summary (Snapshot December 2022)				
	Total Subscribers		Total Members	
	DHMO	HDHP	DHMO	HDHP
CSA	41%	59%	40%	60%
DERP	50%	50%	49%	51%
DPPA	20%	80%	20%	80%

Paid Claim Summary ¹						
	Medical Inpatient ²	Medical Outpatient ³	Medical Professional ⁴	Total Medical	Capitation	Rx ⁵
CSA DHMO	\$ 299,642.74	\$ 239,557.72	\$ 98,013.87	\$ 637,214.33	\$ 1,794,355.00	\$ 403,932.05
CSA HDHP	\$ 248,559.06	\$ 279,213.48	\$ 92,393.31	\$ 620,165.85	\$ 1,469,217.00	\$ 287,506.65
DERP DHMP	\$ -	\$ 53,155.25	\$ 18,272.40	\$ 71,427.65	\$ 216,778.00	\$ 136,173.95
DERP HDHP	\$ 514,880.56	\$ 12,219.59	\$ 45,923.21	\$ 573,023.36	\$ 119,997.00	\$ 219,699.61
DPPA DHMO	\$ -	\$ 5,658.24	\$ 2,803.65	\$ 8,461.89	\$ 58,982.00	\$ 2,804.57
DPPA HDHP	\$ -	\$ 24,725.37	\$ 5,660.25	\$ 30,385.62	\$ 109,848.00	\$ 9,570.60
Total	\$ 1,063,082.36	\$ 614,529.65	\$ 263,066.69	\$ 1,940,678.70	\$ 3,769,177.00	\$ 1,059,687.43

¹Medical and Rx claims are based on date paid

²Medical Inpatient is defined as paid facility claims with a bill class code of 1 & 2 and all facility codes except 7 & 8

³Medical Outpatient is defined as all other facility claims

⁴Medical Professional is defined as all paid 1500 claims

⁵Rx excludes PBM administrative costs



High Cost Claim Summary 2022 ¹					
Insurer	Org Policy	Relationship	Member Total	Primary DX Code	Diagnosis
Denver Health Plan Inc.	DERP ELEVATE HDHP	Subscriber	\$225,969.49	C17.0	Malignant neoplasm of duodenum
Denver Health Plan Inc.	CSA ELEVATE HDHP	Subscriber	\$187,871.61	I21.3	ST elevation (STEMI)
Denver Health Plan Inc.	CSA ELEVATE HMO	Subscriber	\$165,396.95	M51.17	Intervertebral disc disorders
Denver Health Plan Inc.	CSA ELEVATE HMO	Subscriber	\$125,642.97	E13.10	Other specified diabetes

¹High-cost defined as \$100K+ total for year

Claim Run-Out Summary - Paid Year 2022		
	Service Year 2020	Service Year 2021
CSA DHMO	\$ (2,501.05)	\$ 15,807.28
CSA HDHP	\$ (969.72)	\$ 51,272.25
DERP DHMO	\$ 632.40	\$ 2,548.38
DERP HDHP	\$ (1,060.09)	\$ 332,274.66
DPPA HDHP	\$ -	\$ 1,995.26
Total	\$ (3,898.46)	\$ 403,897.83

B. Health Employer Data Information Set, National Center for Quality Assurance standards will be used to define the Performance Standards above.

Response:

Beginning with 2020 per mutual agreement, the HEDIS reporting and performance guarantees were retired.

1.4 The Authority - City Employee Healthcare Opinion Survey.

A. The Authority and the City agree that the Authority's Marketing and Public Relations Department will coordinate with the City's Executive Director of the Office of Human Resources to conduct a Denver City Employee Healthcare Opinion Survey ("Survey").

B. The Survey may be conducted periodically but no more than every two years with the next survey scheduled for 2023. Denver Health will provide a copy of the Survey to the City's Executive Director of the Office of Human Resources. The Executive Director has the right to review and approve the timing of publication and content design of the Survey prior to publication for coordination with other employee surveys.

C. Once the Survey is pre-approved by the Executive Director of the Office of Human Resources, the

Authority will provide a link to the Survey for publication in the City's Employee Bulletin or, if the Bulletin is no longer available, within the City's regular electronic employee communication. The survey link will be made available to employees for up to two consecutive weeks.

D. The Survey content shall be designed and prepared by Denver Health at Denver Health's sole cost and expense. The survey will be conducted and programmed by a market research organization selected and paid for by the Authority. The Survey results shall be considered proprietary and confidential to the Authority. The Authority will share an executive summary of the Survey results with the City upon request.

Response:

Beginning with 2020, per mutual agreement the CAHPS reporting and performance guarantees were retired.





10

A-8 Rocky Mountain Poison and Drug Safety Services



Appendix A-8 Rocky Mountain Poison and Drug Safety Services

1.4 Performance Criteria

A. Telephone lines will be answered within six rings. The Poison Center will answer phones 24 hours a day, 365 days a year.

Response: Criteria met

Telephone lines were answered within five rings. The Rocky Mountain Poison and Drug Safety (RMPDS) provides information to health care professionals and the public 24 hours a day, 365 days a year.

B. Physicians will respond to complicated, difficult or unusual cases within 10 minutes of page.

Response: Criteria met

C. The Center will maintain certification by the American Association of Poison Control Centers.

Response: Criteria met

RMPDS was re-certified in 2017 by the American Association of Poison Control Centers. The current certification is effective through 2022.

D. The Center will provide public education in the Denver Metro Area.

Response: Criteria met

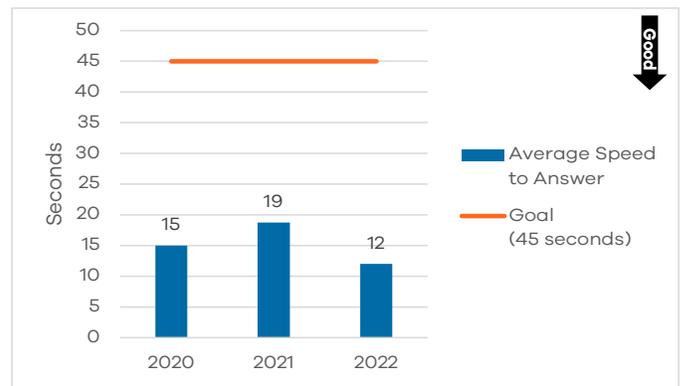
In 2022, RMPDS distributed 2,480 pieces of public education materials on poison prevention for human and animals, in both Spanish and English, in the Denver Metro area. RMPDS maintains the Colorado Poison Center website (www.copoisoncenter.org), that offers one-click contacting for individuals who may prefer non-telephonic routes of correspondence (i.e. chatting, email, texting).

Public Information Materials	2020	2021	2022	Trend
Pieces Distributed	1,325	1,000	2,480	

E. The Rocky Mountain Drug Safety Services Center will answer telephone calls within six rings during working hours 8:00 a.m. to 4:30 p.m., Mountain Time.

Response: Criteria met

RMPDS answers telephone calls within six rings and is staffed 24 hours per day, 365 days per year.



F. The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes the following information for the year just ended and the previous Fiscal Year:

Number of calls from Denver County and total State calls for:

- Poison Center
- Drug Consultation Center

Response: Criteria met

See table below for details.

Call Volume	2020	2021	2022	Trend
Poison Center¹				
Denver	5,218	4,379	4,509	
State	35,482	33,032	37,204	
Drug Consultation Center^{2,3}				
Denver	188	169	78	
State	61,129	47,244	34,737	

1 Includes poison center calls and public health emergency service calls
2 State totals combine Denver County, Colorado and out-of-state calls and electronic inquiries
3 Client base changes annually

Call Volume Trends Analysis:

In 2022, the total Denver & Colorado calls to the Poison Center got closer to approaching pre-COVID volumes.

Suicide gestures/attempts by drug overdose in Denver City and County reported to the Poison Center have increased slightly (1%) from 2021 to 2022. There were 2 deaths in 2022 which is an 80% decrease from 2021 (10 reported) and 78% decrease from 2021 (9 reported) and more closely aligning with 2019 pre-pandemic patterns (3 deaths reported



in 2019). Case severity in 2022 mimicked 2021 (77 cases with major [life-threatening] outcome; 76, respectively). Cases marked with a “moderate” medical outcome increased by 12% (422 reported in 2022, 377 reported in 2021). Straightforward cases marked with a “minor medical outcome” or “no effect” increased by 5.3% over the prior year (3138 total in 2022, and 2980 reported in 2021). This supports the hypothesis that when the poison center is involved in the medical management of a poisoned patient, patient outcomes are optimized (resulting in more cases of minor or no effect, less cases of major outcomes or death). By supporting poison center efforts, we can hopefully improve patient outcomes when it comes to the poisoned patient, especially in the setting of complicated or serious exposures. In summary, overall Poison Center case volume in Denver City and County increased from 2021 to 2022. Exposures involving suicide gesture rose 1%, but exposures resulting in deaths were significantly decreased by 80% from the prior year. We hope to see this reduced fatality pattern continue, and our efforts in reducing serious outcomes in the poisoned patient will remain a top priority.

In 2022, we continued to meet the preferences of the community by supporting an omni-channel platform (webchat, text-to-chat, and email). Implemented in 2021 and continued in 2022, we followed up calls to the Poison Center hotline with an outbound text message containing case reference number and

contact information should caller need help again. In 2022, the Poison Center sent (SMS) as a follow-up. These outbound messages improved the caller experience by making it easy and convenient for the caller to follow-up while minimizing time Poison Center staff needed to manually search for cases.

Drug Consultation Center total volumes for Denver have slightly decreased over the last year; due to promoting the service to both NurseLine and Poison Center for inquiries related to safe use of pharmaceuticals. Additional volumes can be realized by promoting the phone line to city agencies that frequently get such request for information and RMPDS would like to further that during 2022 in conjunction with DDPHE.

G. The Authority will provide a quarterly report to the City in the format attached to this Appendix, which indicates the amount of year-to-date expenses and revenues for RMPDS by the forty-fifth (45th) day after the end of the reporting period.

Response: Criteria met

See table below for details.

H. Requests for consultation services to City and County of Denver regulatory agencies will be responded to within 48 business hours.

Response: Criteria met

2022 Quarterly Denver Health Rocky Mountain Poison and Drug Safety Services (A-8) Providing Drug Consultation Services for the City and County of Denver							
Drug Consultation Center Program (A-8 Program)	1Q2022	2Q2022	3Q2022	4Q2022	2022 Total	2021 Total	2020 Total
Denver Drug Consultation Line Case Volume	16	16	17	15	64	169	188
All Other Drug Center Client Case Volume	11,864	8,813	7,308	6,432	34,417	47,244	61,129
Total Drug Center Cases	11,880	8,829	7,325	6,447	34,481	47,413	61,317
Other RMPDS Services Benefitting Denver Residents							
Poison Center ¹ Cases from Denver county (answering calls 24/7/365 within 6 rings ²)	1,131	1,158	1,082	1,138	4,509	4,379	5,218
All other Medical Triage Cases (DH Patients who live in the City)	0	0	0	0	0	0	0
Poison Center ¹ Cases from All Others (only Colorado calls)	7,971	8,531	7,995	8,252	32,749	33,032	35,482
Poison Center ¹ Public Education Pieces (English or Spanish) Distributed to Denver County	1,350	500	630	0	2,480	1,000	1,325
¹ Poison Center is certified by American Association of Poison Control Centers through 2022							
² Poison Center physician escalations occur within 10 minutes							
A-8 Program Contact Center Full-Time Equivalents							
Hours of Operation - Answering Calls 24/7/365	744	2,184	2,208	2,208	7,344	8,784	8,784
FTE Equivalents (assumes 1,828 work hours per FTE per year; 25% FTE coverage)	0.30	0.30	0.30	0.30	1.20	1.20	1.20
A-8 Program Expenses							
Actual Average Drug Center FTE Staff Salary Cost Plus Benefits	\$ 160,493	\$ 160,493	\$ 160,493	\$ 160,493	\$ 641,971	\$ 641,972	\$ 116,157
Staff Cost Based on Hours of Operation & Staffing Coverage	\$ 120,369	\$ 120,369	\$ 120,369	\$ 120,369	\$ 481,476	\$ 160,493	\$ 139,388
Telephone Line Cost (for 303-389-1112)	\$ 585	\$ 585	\$ 585	\$ 585	\$ 2,340	\$ 780	\$ 780
DrugDex Software License	\$ 2,400	\$ 2,400	\$ 2,400	\$ 2,400	\$ 9,600	\$ 3,200	\$ 3,200
Total Drug Consultation Program Cost	\$ 123,354	\$ 123,354	\$ 123,354	\$ 123,354	\$ 493,416	\$ 164,473	\$ 143,370
Collected Revenue Per the City Operating Agreement	\$ 72,675	\$ 72,675	\$ 72,675	\$ 72,675	\$ 290,700	\$ 96,900	\$ 96,900
Variance (Discounted Amount)	\$ (50,679)	\$ (50,679)	\$ (50,679)	\$ (50,679)	\$ (202,716)	\$ (67,573)	\$ (46,470)
% Variance (Discount)	41%	41%	41%	41%	41%	41%	32%





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A-9 Clinical and Laboratory Services for the City's Department of Public Health & Environment



Appendix A-9 Clinical and Laboratory Services for the City’s Department Environmental Health.

1.4 Specific Time Frame for Performance; Performance Criteria and Laboratory Report Delivery.

Clinical and Laboratory Services for the City are a Core Service as defined in the Operating Agreement.

A. The Authority’s Department of Pathology and Laboratory Services (DPLS) shall provide service 24-hours per day, seven days per week. DPLS agrees to render Laboratory Services for the patients of the City in accordance with orders given by the physicians treating the patient.

Response: Criteria met

DPLS provided all laboratory services 24 hours per day, seven days per week, and in accordance with orders given by the physicians treating the patient.

B. DPLS shall use reasonable efforts to complete tests within stated expected turnaround times (TAT) following receipt of the specimen and the requisition. In general, TAT should be no more than four (4) days following receipt of the specimen and the requisition, unless the test is esoteric, anatomic pathology, molecular diagnostic testing, or a microbiology test which requires longer turnaround. DPLS pricing and TAT for 2022 has been distributed and accepted by the City.

Response: Criteria met

99% of all test results were resulted (reported) within their established turnaround times as stated by the laboratory. All turnaround times were met within 24-72 hours except for specialized tests performed at DPLS or tests that were sent to reference laboratories (as noted above).

C. Routine Histology slides shall be available within five (5) business days following specimen receipt by DPLS.

Response: Criteria met

Turnaround times were met for 99% of routine histology slides being available within 5 days.

D. DPLS agrees to deliver a copy of the laboratory report in a timely manner and per the hospital laboratory TATs. The laboratory test report will include at a minimum: patient's name, date of test, test name, test result, normal values, laboratory name and address. DPLS agrees to make all records

on the City patients to whom DPLS has rendered services available for the City upon request.

Response: Criteria met

Copies of laboratory reports were provided upon request according to the specifications noted and in a timely manner.

E. The City shall notify DPLS of any time-sensitive testing requirements. On request for time-sensitive laboratory testing, the Authority shall meet the time requirements of the City whenever possible.

Response: Criteria met

There were no incidents in which DPLS was notified of time-sensitive testing requirements by the Office of the Medical Examiner or another affected City agency.

F. If the laboratory is unable to run a requested test within the TAT specified, it shall immediately notify the Office of Medical Examiner or other affected City agency.

Response: Criteria met

There were no incidents in which DPLS needed to notify the Office of the Medical Examiner or another affected City agency of any situations where TATs could not be met.

G. All concerns or complaints regarding laboratory services shall be directed to the Director of DPLS.

Response: Criteria met

The Director of DPLS was not notified by the office of the Medical Examiner or another affected City agency of any concerns or complaints during 2022.

H. The laboratory code of ethical behavior ensures that all testing performed by the laboratory are billed only for services provided. All marketing and billing is performed in accordance with community standards; all billing is for usual and customary services. All business, financial, professional, and teaching aspects of the laboratory are governed by standards and professional ethics.

Response: Criteria met

There were no changes to pricing in 2022. Pricing is available in the laboratory services fee schedule which is available upon request. Fees are created using CMS reimbursement rates and are reviewed annual for changes.

12

B-1 Center for Occupational Safety and Health (COSH) and Worker's Compensation Triage Line (OUCH Line)





Appendix B-1 Center for Occupational Safety and Health (COSH) and Worker's Compensation Triage Line (OUCH Line)

1.6 Reporting

A. Annual Report. The Authority will provide an annual report by May 1 of the year following the year being reported on, which includes performance statistics for the year just ended and the two previous fiscal years relating to the services provided to the City under this Appendix B-1. The report shall include, but not be limited, the following items for City employees:

Workers' Compensation Encounters:

- Initial visits
- Follow-up visits
- Emergency room visits
- Number of referrals

Response: Criteria met

See table below for details.

Center for Occupational Safety & Health (City Only)	2020	2021	2022	Trend
Workers' Compensation Encounters	3,732	3,913	3,683	
Initial Visits (new workers' comp cases)	733	621	613	
Follow-up Visits (workers' comp)	2,400	2,387	2,303	
Emergency Room Visits (CSA only)	258	122	168	
Referrals	1,116	1,293	1,210	

Worker's Compensation Encounters:

- Average time from initial treatment to maximum medical improvement (MMI)

Response: Criteria met

See table for details.

Body Part		2020	2021	2022	Trend
		(Reported in Days)			
Abdomen	Average	80	61	147	
	Median	80	61	147	
Ankle	Average	38	35	89	
	Median	24	25	60	
Arm	Average	31	36	61	
	Median	17	5	29	
Back	Average	63	54	59	
	Median	43	36	26	
Chest	Average	47	17	35	
	Median	4	12	22	
Chin	Average	6	N/A	7	
	Median	6	N/A	7	
Ear	Average	43	4	113	
	Median	30	4	94	
Elbow	Average	87	54	84	
	Median	69	30	91	
Eye	Average	14	10	15	
	Median	5	3	8	
Face	Average	57	9	17	
	Median	57	5	18	
Finger	Average	26	42	18	
	Median	14	15	8	
Foot	Average	34	51	34	
	Median	36	37	16	
Forearm	Average	87	8	N/A	
	Median	4	8	N/A	
Forehead	Average	9	N/A	N/A	
	Median	9	N/A	N/A	
Genitals	Average	124	N/A	N/A	
	Median	124	N/A	N/A	
Groin	Average	87	90	131	
	Median	71	74	129	
Hand	Average	37	32	31	
	Median	8	15	13	
Head	Average	46	31	27	
	Median	10	13	11	
Heart	Average	N/A	2	N/A	
	Median	N/A	2	N/A	
Hip	Average	41	78	51	
	Median	41	78	29	
Jaw	Average	N/A	N/A	4	
	Median	N/A	N/A	4	
Knee	Average	64	75	74	
	Median	28	37	65	
Leg	Average	47	22	25	
	Median	12	9	19	



Body Part		2020	2021	2022	Trend
		(Reported in Days)			
Lip	Average	3	13	29	
	Median	3	13	29	
Lumbar	Average	N/A	N/A	3	
	Median	N/A	N/A	3	
Lung	Average	94	45	0	
	Median	68	45	0	
Mouth	Average	N/A	N/A	N/A	
	Median	N/A	N/A	N/A	
Multiple	Average	60	28	59	
	Median	44	8	27	
Neck	Average	40	85	99	
	Median	40	86	52	
Nose	Average	6	4	75	
	Median	6	4	75	
Rib	Average	12	15	7	
	Median	12	15	124	
Shoulder	Average	40	92	124	
	Median	27	86	129	
Teeth	Average	N/A	N/A	38	
	Median	N/A	N/A	3	
Throat	Average	N/A	15	3	
	Median	N/A	15	3	
Thigh	Average	N/A	N/A	117	
	Median	N/A	N/A	117	
Thumb	Average	84	29	11	
	Median	83	9	6	
Toe	Average	20	47	251	
	Median	20	47	251	
Wrist	Average	57	87	28	
	Median	29	63	30	
Total MMI averaged days		48	39	57	
Total MMI median days		27	15	27	

Non-Workers' Compensation Encounters:

- By Agency or Department as identified below.

Response: Criteria met

See table below for details.

Agency	2020	2021	2022	Trend
Animal Control	0	1	32	
Art Museum	0	0	0	
Arts and Venues	5	0	1	
Civil Service Commission	1	289	572	
Clerks and Recorder	202	2	13	
Community Planning	0	2	0	
Department of Finance	0	0	0	
Department of Safety	34	1	75	
Denver International Airport	11	2	1	
Environmental Health	14	1	4	
Excise & License	0	0	0	
Fire Department	39	46	62	
General Services	6	1	1	
Human Services	0	1	43	
Marshal Division	0	0	0	
Parks and Recreation	155	214	138	
Police Department	115	120	104	
Public Library	44	30	34	
Public Works	668	561	417	
Sheriff's Department	244	221	238	
Social Services	0	0	1	
Tech Services	1	0	0	
TOTAL	1,539	1,492	1,736	

Other services:

- As requested in the prior contract year.

Response: Criteria met

Other services were not requested in 2022.

B. Performance Criteria Review: As part of the medical management process identified in section 1.4 of this Appendix, the COSH, on an ongoing basis, shall conduct a performance criteria review of the services provided by a consultant specialist as indicated in his/her file for each City employee



for whom the physician has an open file based on an COSH referral. The COSH shall provide the completed reviews, including all raw data, to the Risk Management office quarterly at the end of the quarter in which the review was performed. In addition, the Authority and City will jointly identify and expand the performance statistics measured and provided by the clinic for work related injuries to identify areas of improvement.

Response: Criteria met

The COSH Medical Director and City Case Manager discuss performance regularly as part of their monthly meeting.

C. Other Requested Reports: COSH shall provide mutually agreed upon reports as requested by Risk Management office to quantify services and workloads, performance metrics, and identify achievement of best practices.

Response: Criteria met

Other reports were not requested in 2022.

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B-2 NurseLine Services





Appendix B-2 NurseLine Services

1.3 Performance Criteria

A. The NurseLine will respond to callers 24 hours a day, 365 days a year.

Response: Criteria met

B. Call Center Agents will intake calls, gather chief complaint or medical question, and will collect demographics on calls where medical information is provided.

Response: Criteria met

C. Registered Nurses will provide medical triage utilizing National Guidelines to arrive at a final disposition of 911, ED, Urgent Care, Appointment, or Home Care.

Response: Criteria met

D. Calls resulting in a recommendation for medical care within 24 hours may be provided second level triage by an experienced medical provider. All medical providers will be overseen and trained on DHNL procedures by a Board Certified Emergency Medicine Physician. Trained professionals will respond to the caller with medical information, provide instructions for home care, or recommend that the caller seek care at a medical facility.

Response: Criteria met

E. Language Translation will be provided for callers through Denver Health medical interpretation services or appropriate external medical language interpretation services.

Response: Criteria met

F. The NurseLine will strive to adhere to call center standards set by the Utilization Review Accreditation Commission (URAC) Healthcare call Center Guidelines, National Committee for Quality Assurance Guidelines (NCQA), and the Health Insurance Portability and Accountability Act (HIPAA).

Response: Criteria met

G. The Authority will provide a monthly report to the City through the Executive Director of the Department of Public Health and Environment. The report shall provide numbers for the total and for the target populations served that month and the amount of year-to-date expenses and revenues for the Denver Health NurseLine. The monthly report

shall be submitted to the City by the 20th day after the end of each month.

Response: Criteria met

H. In addition to monthly reports described below, the Authority will provide an annual report by May 1 of the year following the year being reported on to the City through the Executive Director of the Department of Public Health and Environment. The report shall include the following information for the year just ended and the previous fiscal year: NurseLine medical triage cases in total; medical triage cases for uninsured, medically indigent patients from the City and County of Denver; physician medical triage cases; behavior health cases; all other cases; and medical interpretation cases.

Response: Criteria met

See table on the next page for details.

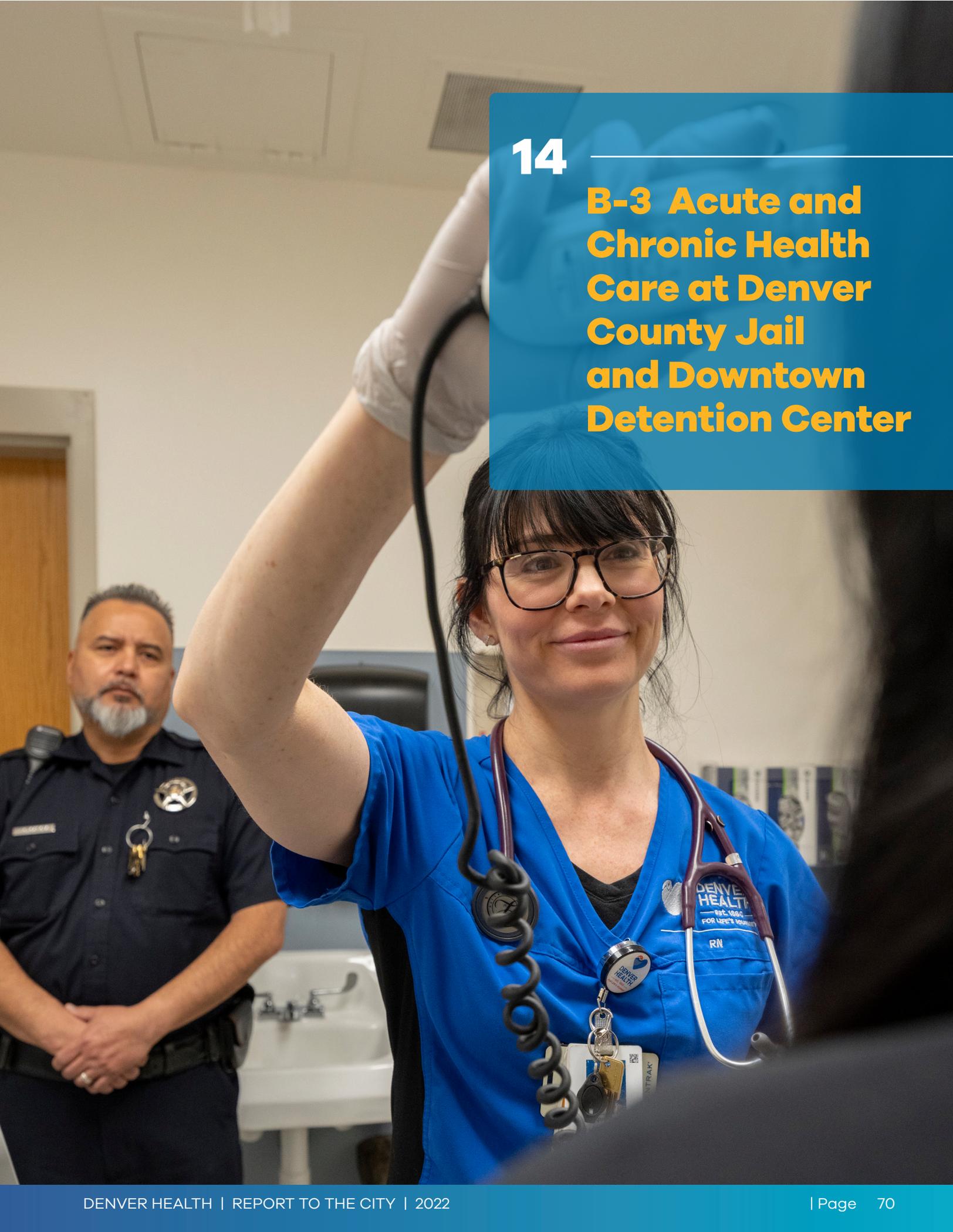


City Program Case Volumes	2020	2021	2022	Trend
Uninsured Citizen Medical Triage Cases (non-DH patients)	3,403	2,327	1,752	
Uninsured Citizen Behavioral Health Cases (non-DH patients)	36	23	20	
Citizen Medical Triage Cases (non-DH patients, insured)	20,054	17,640	7,419	
Behavioral Health Cases (non-DH patients, insured)	186	159	99	
Referral Cases (offer resources in the City, non-DH patients)	1,255	703	326	
Totals	24,934	20,852	9,616	
Percent of all calls from Uninsured Denver Citizens	14%	11%	18%	
City Physician Medical Triage Cases (non-DH patients)	3,511	2,414	815	
All other Medical Triage Cases (DH patients who live in the City)	45,102	37,537	40,280	
Medical Interpretation (minutes; non-DH patients)	19,908	12,624	9,217	
Estimated Total Cost of Program	\$ 766,635	\$ 628,885	\$ 308,147	
Total Cost to the City for Uninsured*	\$ 60,000	\$ 60,000	\$ 60,000	
*This is a flat fee service contract for \$60,000 each year as per the agreement				



14

B-3 Acute and Chronic Health Care at Denver County Jail and Downtown Detention Center





Appendix B-3 Acute and Chronic Health Care at Denver County Jail and Downtown Detention Center

1.7 Reporting Requirements:

The Authority shall continue to provide the following reports unless modified by written agreement of the parties in the Utilization Management (UM) process:

A. Reports and meetings as required by the National Commission on Correctional Health Care (NCCHC), the American Correctional Association (ACA), and to meet Prison Rape Elimination Act (PREA) standards;

Response: Criteria met

In accordance with the Jail's NCCHC and ACA accreditation, Denver Health works collaboratively with the Denver Sheriff's office to coordinate reports and meetings. UM is managed by CCMF and Erin Ellquist is the point of contact. Denver Sheriff Health Services is NCCHA and ACA Accredited. All other reports have been submitted as requested.

B. Sheriff's Department Monthly Statistical Report on Health Services Activities;

Response: Criteria met

C. Any meetings as deemed necessary by the Sheriff or designee the Health and Hospital Authority.

Response: Criteria met

D. Schedule of health care personnel and specific jail assignments of specific days upon request by the Sheriff or designee.

Response: Criteria met

In 2022, schedule data was not requested but was available upon request.

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B-7 Miscellaneous Services for DDPHE





Appendix B-7 Miscellaneous Services for DDPHE

1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

Response: Criteria met

In 2022, the Authority provided additional services when requested by the City.

1.2 Park Hill

The Authority has operated a family health center in the Park Hill neighborhood for many years. In order to assist the Authority in carrying out its mission, the City has committed to partially fund land acquisition, construction and equipping of the Park Hill clinic.

a. Pursuant to an Agreement (the Funding Agreement), the City has agreed to partially fund land acquisition and construction of the Park Hill Clinic. The City's maximum payment obligation for the land acquisition and construction of the Park Hill Clinic over the term of the Funding Agreement will not exceed \$4.788 million. The City's annual contribution is subject to appropriation by City Council and is calculated in accordance with the formula contained in the Funding Agreement. For Fiscal Year 2022, the City's annual payment for its land acquisition and construction contribution to the Park Hill Clinic shall be \$173,500.

Response: Criteria met

Denver Health validates this number annually with the City and the invoicing process is updated accordingly.

1.3 South Westside Clinic ("Federico Pena Family Center")

The Authority constructed the Southwest Family Health Center (formerly referred to as South Westside Clinic and South West Clinic) to serve the west Denver population. In order to assist the Authority in carrying out its mission, the City has committed to partially fund the construction improvements through proceeds of the Better Denver Bonds program (the "South Westside Clinic Proceeds") and the Capital Improvement Fund (CIF), pursuant to the terms of the Southwest Family Health Center Funding Agreement.

a. From 2017 and continuing through 2028, the City will pay an amount not to exceed \$1,200,000.00 each year. The City's total funding for the clinic from all sources for all time shall not exceed \$22,150,00.00.

b. The City's obligation to make this payment is pursuant to the terms of the South Westside Clinic Funding Agreement and shall be contingent upon: such funds being appropriated and paid into the City Treasury and encumbered for the purposes of this Agreement on an annual basis by the City; compliance with this Agreement; the completion of the funding agreement referred to above; and compliance with the same funding agreement.

Response: Criteria met

Denver Health provided the annual final reconciliation due on 3/31/2023.

1.4 Office of the Medical Examiner (OME) Services

Denver Health will provide instrument sharpening for no charge utilizing the full-time onsite vendor. OME will need to either deliver the instruments to the main campus or arrange for transport via the Denver Health Courier. Biomedical waste, pathological waste, and sharps will be disposed of utilizing the vendor contracted to provide services to Denver Health. The DH Safety Department will arrange for the vendor to pick this waste up directly from the OME in coordination with the OME. The cost will be \$.19 per pound for bio-hazardous waste and sharps and \$.85 per pound for pathological waste or any other items requiring incineration. DH will receive and process the invoices for these services and bill the charges to the OME.

Response: Criteria met

See table below for details.

Office of Medical Examiner - Waste Removal	2020	2021	2022	Trend
Biomedical and Sharps	11,821	14,390	13,346	
Pathological and Chemo (incineration required)	621	565	681	
Total	12,442	14,955	14,027	



1.5 Treatment on Demand

To promote the goals of rapid access to substance use treatment, linkage to community based substance use treatment, and recovery, Outpatient Behavioral Health Services (OBHS) will report the following performance and outcome metrics on a monthly or annual basis according to the agreed-upon templates:

A. Treatment on Demand Access Measures

- i. Number of persons with a substance use disorder seen by treatment on demand
- ii. Number of persons receiving bio-psycho-social evaluation
- iii. Number of persons receiving medication-assisted treatment (MAT) induction
- iv. Number of persons linked to community-based care within 48-hours
- v. Percentage retained in treatment >90-days and beyond
- vi. Assess for increase in capacity at local OTP providers

Response: Criteria met

See table below for details.

Treatment on Demand Access Measures	2020	2021	2022
Number of Persons with a Substance Use Disorder Seen by Treatment on Demand	799	471	795
Number of Persons Receiving Bio-Psycho-Social Evaluation	617	413	496
Number of Persons Receiving MAT Induction	590	378	448
Number of Persons Linked to Community-Based Care within 48 Hours	362	179	178
Percentage Retained in Treatment >90 Days and Beyond	31% (192 retained 90 days / 539 Biopsychosocial Evaluations Completed Jan-Oct 2020)	38% (86 retained 90 days / 227 Biopsychosocial Evaluations Completed Jan-Oct 2021)	56% (277 retained 90 days ¹ / 496 Biopsychosocial Evaluations Completed)
Assess for Increase in Capacity at Local OTP Providers	13 patients were referred to partner OTPs	8 patients were referred to partner OTPs	7 patients were referred to partner OTPs

¹Dec 90-day retention not yet available

B. Develop and report metrics to:

- i. Evaluate and report linkage and retention in treatment for persons referred external to the DHHA system and for patients within the DHHA system
- ii. Monitor the opioid continuum cascade
- iii. Assess treatment on demand services outlined in a.i-v (above) by number of persons with an opioid-use disorder (OUD), stimulant use disorder (SUD), or alcohol use disorder (AUD)

Response: Criteria met

See table below for details.

Treatment on Demand Access Measures	2020	2021	2022
Evaluate and Report Linkage and Retention in Treatment for Persons Referred External to the DHHA System and for Patients within the DHHA System ¹	Internal DHHA linkage and retention data has been reported on a monthly basis and is included above. For external partners, 13 patients were referred out and 8 successfully linked.	Internal DHHA linkage and retention data has been reported on a monthly basis and is included above. For external partners, 8 patients were referred out 4 successfully linked.	Internal DHHA linkage and retention data has been reported on a monthly basis and is included above. 39 patients were referred to external partners (across all substances). External partners are not currently able to share linkage and retention data.
Monitor the Opioid Continuum Cascade	We continue to do this, the data above shows number of patients identified, linked, and retained (which are the major components of the cascade).	We continue to do this, the data above shows number of patients identified, linked, and retained (which are the major components of the cascade).	We continue to do this, the data above shows number of patients identified, linked, and retained (which are the major components of the cascade)
Assess Treatment on Demand Services Outlined in a.i-v (above) by Number of Persons with an OUD, Stimulant Use Disorder (SUD), or Alcohol Use Disorder (AUD) ²	The Treatment on Demand 2020 Metrics Spreadsheet is available upon request and provides the metrics by substance for the full year.	The Treatment on Demand 2021 Metrics Spreadsheet is available upon request and provides the metrics by substance for the full year.	The Treatment on Demand 2022 Metrics Spreadsheet is available upon request and provides the metrics by substance for the full year (with the exception of the Q4 retention data which is not ready by the time reporting occurs).

¹External partners do not have a comparable EHR making it difficult to share retention data with DH TOD
²Nov/Dec 90-day retention not available yet



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B-8 Miscellaneous Services for the Department of Public Safety





Appendix B-8 Miscellaneous Services for the Department of Public Safety

1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

Response: Criteria met

In 2022, the Authority provided additional services when requested by the City.

1.2 Sexual Assault Nurse Examiner (SANE)

A. In accordance with State statute C.R.S. 18-3-407.5 which requires that the law enforcement agency referring a victim of sexual assault or requesting an examination of a victim of sexual assault pay for any direct cost associated with the collection of forensic evidence from such victims, the City hereby agrees to reimburse the Authority for the costs associated with the collection of forensic evidence of sexual assault victims, including photography services for cases of domestic violence, non-accidental trauma or other physical assaults, as requested or referred by a City law enforcement agency at the following per exam rates: \$680.00 for victims and \$235.00 for suspects, which is the Authority's actual cost. Forensic photography for cases of domestic violence, non-accidental trauma, or other physical assaults may also be provided by the SANE per law enforcement request and pending the availability of the examiner for a fee of \$175.00. This payment is characterized as a fee for service.

B. The City will purchase, prepare, and provide the evidence kits to the Authority. The completed forensic evidence kit will be transported, using proper chain of custody procedures, to the Police Headquarters building.

C. The City will reimburse the Authority a maximum of \$6,000 annually for the cost of registration and travel expenses for the training of new SANE program nurses. Requests for training must be submitted for approval at least four weeks in advance for any out-of-state travel and a minimum of two weeks in advance for in-state travel. An identified benefit to the Denver Police Department SANE Program must be included in the training request. Reimbursement for travel-related expenses will be subject to Denver Police Department and/or General Services Administration rates for reimbursement.

D. Medical forensic examinations that do not require evidence collection will have a rate of

\$400.00 for victims. This would include sexual assault examinations when a patient declines the evidence collection portion, domestic violence, and strangulation evaluations.

E. The Authority's SANE program nurses will collect and preserve forensic evidence and document the findings of victims of sexual assault. The SANE Program nurses will also conduct evidentiary exams of suspects in sexual assault cases in accordance with established protocol.

F. The Authority will bill the Denver Police Department on a monthly basis for exams. The invoice must contain all of the following information: date of exam, delineation of victim/suspect, last name and first name initial, medical record number, encounter number, city/county designation, CAD #, General Offense (GO) # and cost. The Authority agrees to provide this service without charge to the victim.

G. The Authority will be responsible for all training and travel costs above the \$6,000 annual cost for new SANE program nurses reimbursed by the City.

H. The Authority will present an annual accounting of costs of the program by the end of January of the following year. Requests for rate increases must be submitted to the City at least sixty (60) days prior to anticipated date of the rate increase and must be accompanied by supporting documentation.

Response: Criteria met

Four quarterly reports were submitted within 45 days of the end of each reporting period. Each quarterly report provided a comprehensive summary of activities occurring that quarter and expected activities in the subsequent quarter.

Total Forensic Exams	2020	2021	2022	Trend
Victim Exams	407	359	411	
Suspect Exams	1	3	6	
Strangulation*	N/A	N/A	74	
Total	408	362	491	

*New metric in 2022 OA

1.3 Blood Alcohol Draws

The Authority will perform legal blood alcohol draws for individuals brought to the Authority Emergency Department by Denver law enforcement. The Authority will follow chain of custody procedures as set forth in Denver Health Policies and Procedures P-2.040. The law enforcement officer will take immediate possession of the specimen in

accordance with the policy. The City will pay the Authority \$29.00 per specimen based on the monthly invoice. This payment is characterized as a fee for service.

Response: Criteria met

See table below for details.

Blood Alcohol Draws	2020	2021	2022	Trend
Draws	577	524	246	

1.4 At-risk Intervention and Mentoring (AIM Program)

C. The Authority's AIM program will provide services to over four hundred (400) unique individuals in 2022; an estimated 250 bedside interventions with youth, one hundred and fifty (150) other community individuals, and approximately twenty (20) critical crisis interventions within the Authority and the community.

Response: Criteria met

See table below for details.

AIM Program Services	2020	2021	2022	Result	Trend
Number of bedside interventions 2022 Goal: 250	247	424	353	✓	
Individuals served (unduplicated) 2022 Goal: 150	827	541	1083	✓	
Critical crisis interventions 2022 Goal: 20	60	40	45	✓	

D. AIM will provide up to ten (10) trauma-informed care trainings around at-risk youth to various departments and staff members, including frontline emergency department staff, community and school-based clinic providers, and inpatient staff that care for injured patients. Trainings will be 1-3 hour blocks of interactive sessions with outreach workers, molded to fit the needs of specific departments and clinics; these activities will be eligible for continuing education credits.

Response: Criteria met

See table below for details.

AIM Program Services	2020	2021	2022	Result	Trend
Trauma-informed care trainings 2022 Goal: 10	17	19	26	✓	

F. The Authority will present an annual accounting of costs of the program by the end of January of the following year. Requests for rate increases must be submitted to the City at least sixty (60) days prior to

anticipated date of the rate increase and must be accompanied by supporting documentation.

Response: Criteria met

1.5 Heartsaver First Aid CPR AED Training

The Authority agrees to provide Heartsaver® First Aid CPR AED – Adult, Child and Infant training by a certified American Heart Association instructor(s) for up to 100 of the students attending the Denver Fire Department's Young Adult Career Exploration Camp. The course will prepare students to provide first aid, CPR, and use an automated external defibrillator (AED) in a safe, timely, and effective manner. Each student who completes the course successfully will be awarded a certificate or card which displays their newly acquired First Aid certification. The City will pay the Authority \$45.00 per student enrolled in the course. This payment is characterized as a fee for service. Invoices shall include the date of training and name of trainees.

Response: Criteria met

Denver Health provides American Heart Association CPR Training through Denver Fire Department's Young Adult Career Exploration Camp which occurs on an annual basis.

CRP AED Training	2020	2021	2022	Trend
Participants	0	52	32	

1.6 Tactical Casualty Care (TCC) for Law Enforcement Training

The Authority agrees to provide Tactical Casualty Care (TCC) for Law Enforcement training for all Denver Police Department Recruits by instructors who are minimally state certified EMTs, or preferably, paramedics. The Authority will adhere to all POST mandates for the training, including the instructor ratio guidelines. The City will pay the Authority \$95.00 per student enrolled in the course. This payment is characterized as a fee for service. Invoices shall include the date of training and name of trainees.

Response: Criteria met

Denver Health provides TCC for Law Enforcement for all Denver Police Recruits annually as needed through DPD's rotating academy schedule.

TCC for Law Enforcement	2020	2021	2022	Trend
Classes	6	6	5	
Participants	83	86	50	



1.7 Department of Safety Fit for Duty Psychiatric Evaluations

A. The Authority agrees to provide psychiatric evaluations at the request of the City's Department of Safety for the purpose of determining if a Department of Safety employee is fit to return to duty.

K. The Authority will provide the City with medical services in accordance with the terms and the standard of care stated in the Operating Agreement.

Response: Criteria met

The Authority provided psychiatric evaluations in accordance with the terms stated in the Operating Agreement. See table below for details.

Performance Criteria	2020	2021	2022
# Psychological Fitness for Duty Exam	10	4	0
# Duty Exam appointments within 5 business days	10	4	6
# Full report transmissions with physician signature	10	4	6
# Psychological Testing Related to Fitness for Duty Exam	0	0	2
Total Invoiced Amount	\$6,000	\$2,400	\$3,600

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B-9 Miscellaneous Services, Other





Appendix B-9 Miscellaneous Services, Other

1.1 Agreement to provide additional miscellaneous services

A. Occasionally during the year, the City requires, and the Authority agrees to provide additional services, including materials, not specified in this Agreement. The Authority will provide reasonable medical services to the City upon request.

Response: Criteria met

In 2022, the Authority provided additional services when requested by the City.

1.2 Expert Witness

The Authority agrees to provide expert witnesses to the City upon request for purposes of testifying in court and or other formal hearings involving the City. The City will reimburse the Authority up to the hourly maximum of \$150.00/hour for this service. The Denver District Attorney’s Office will reimburse the Authority up to an hourly maximum of \$150.00/hour (\$80/hour for experts without advanced educational degrees consistent with the Supreme Court Directive) for prep time and expert witness testimony when the expert is a prosecution witness testifying in state court matters prosecuted by the Denver District Attorney’s Office. The witness must be qualified as an expert by the Judge in open Court prior to providing testimony. Each invoice shall include the following supporting documentation: the dates of services, information identifying the case, information identifying the activity billed for, any off-setting revenue from the City or other sources. This payment is characterized as a fee for service.

Response: Criteria met

Denver Health provides Expert Witness support to the city when requested.

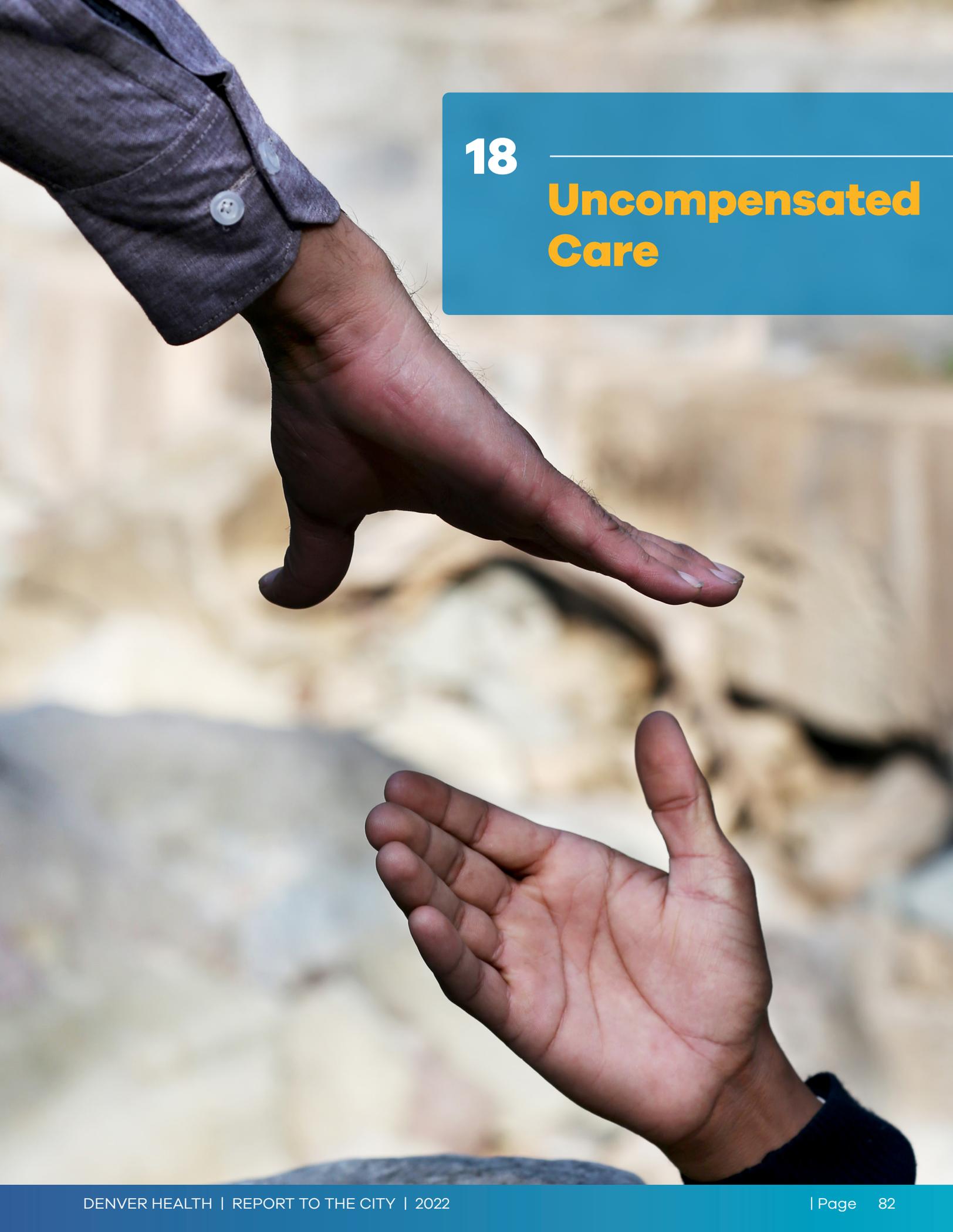
1.3 Competency Examination

The Authority agrees to provide competency evaluations or other investigative reports to determine competency as requested by the County Court. The Authority and the City’s County Court have agreed to a new process, which includes scheduling a two (2) hour time block of time for a total of four (4) available examinations every week. These examinations shall be performed for a per report fee of \$600.00. The City will pay the Authority a \$225.00 preparation fee for each individual who fails to appear to the set examination. This payment is characterized as a fee for service.

Response: Criteria met

In 2022, Denver Health provided competency evaluations as requested by the County Court and invoiced the City for a total of \$177,225 for court competency evaluations.

Total Competency Exams	2020	2021	2022	Trend
# Completed	202	172	268	
# Failures to Appear	112	86	73	
Total Charges	\$ 145,275	\$ 122,550	\$ 177,225	

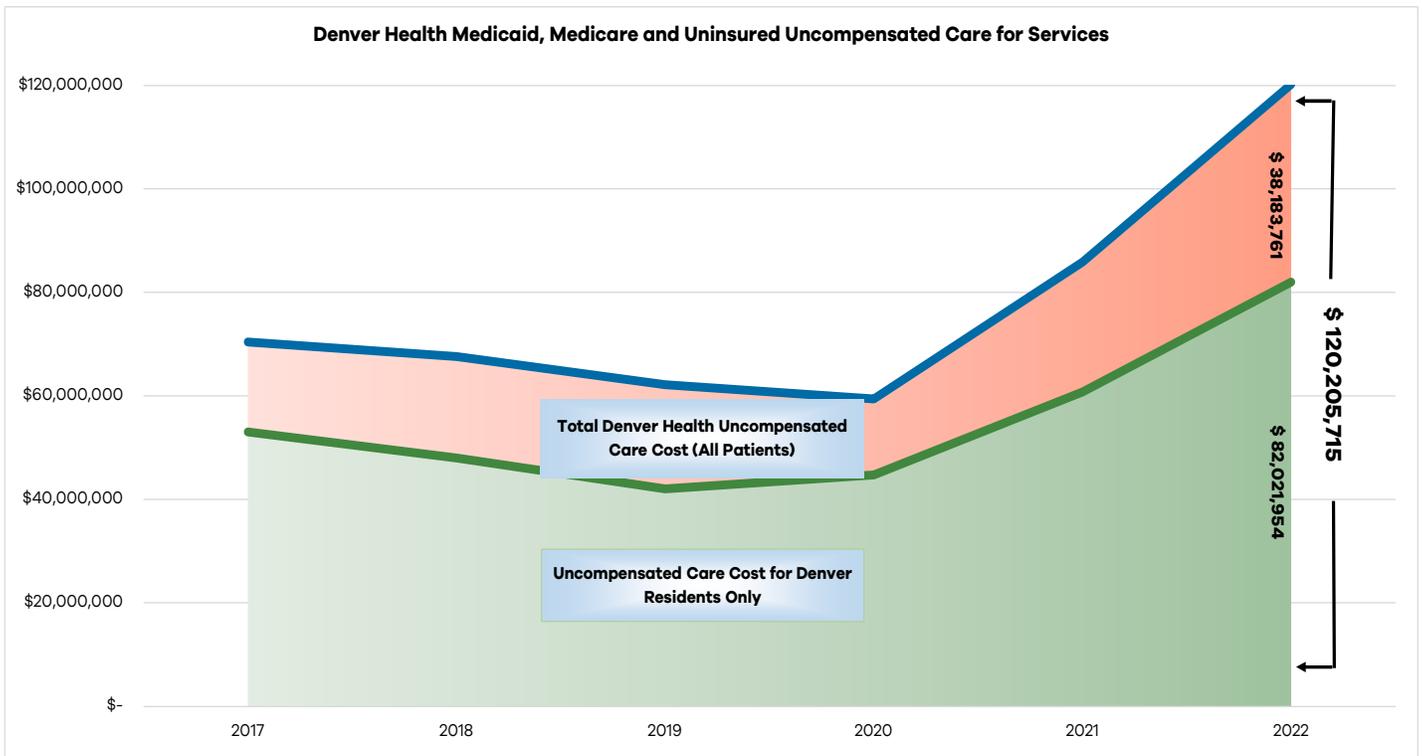


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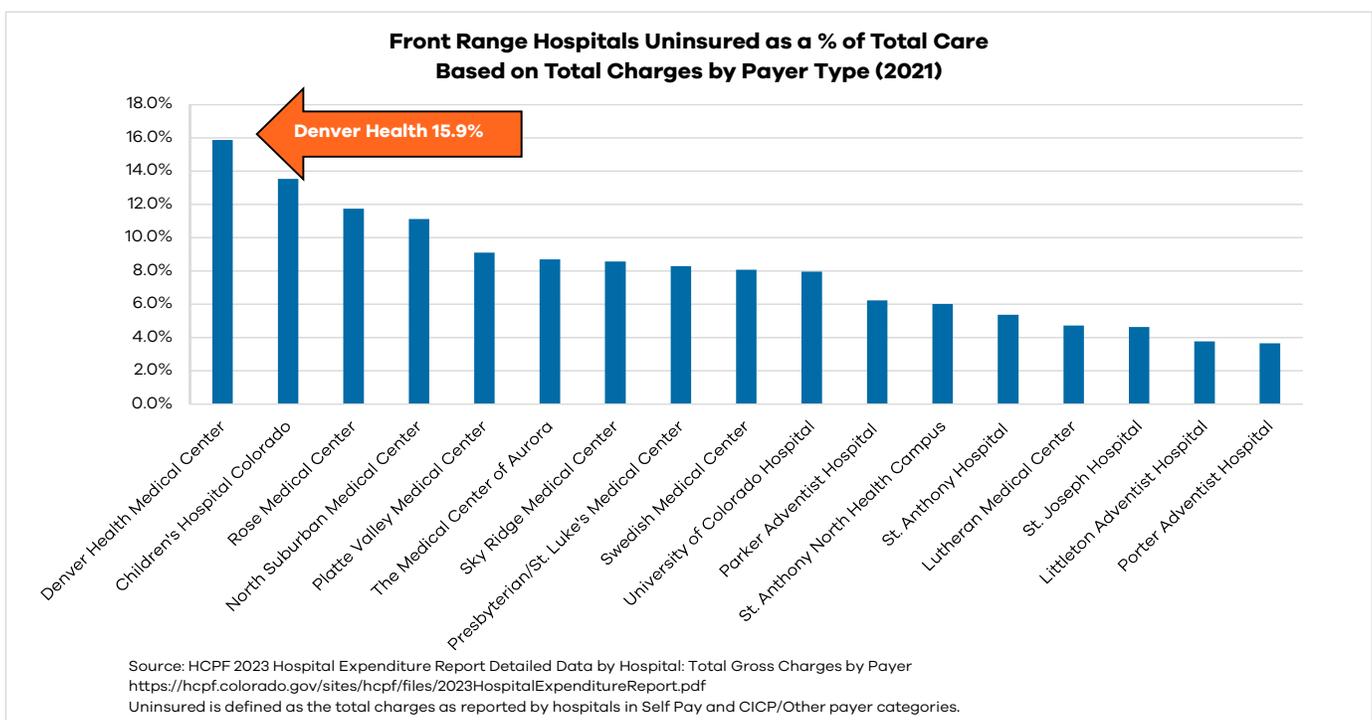
Uncompensated Care



Since becoming an Authority, Denver Health has been supported by an annual, fixed City Payment that offsets a portion of the Total Uncompensated Care delivered each year. For 2022, 68% of the uncompensated care population served identified a Denver County address. The City's payment of \$29.7 million covered 24.7% of the \$120.2 million in net cost (net of all other reimbursement) of total uncompensated care delivered by Denver Health.



The most current data available from Colorado Department of Health Care Policy and Financing (HCPF) 2023 Hospital Expenditure Report shows that Denver Health's % of Total Care for Uninsured continues to be greater than other Front Range hospitals.



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Financial Statements





Denver Health and Hospital Authority

Statements of Net Position December 31, 2022 and 2021

Assets and Deferred Outflows of Resources

	2022	2021 *
Current Assets		
Cash and cash equivalents	\$ 45,859,134	\$ 34,764,152
Patient accounts receivable, net of estimated uncollectibles of approximately \$65,700,000 and \$58,300,000 in 2022 and 2021, respectively	101,222,178	85,793,299
Due from other governmental entities	42,728,580	39,338,502
Due from City and County of Denver	5,699,020	10,566,148
Other receivables	7,534,963	14,646,851
Interest receivable	1,503,291	1,486,244
Due from other funds and investment in discretely presented component units	10,821,071	7,312,026
Inventories	18,903,095	16,672,270
Prepaid expenses and other assets	17,500,891	18,813,488
Total current assets	<u>251,772,223</u>	<u>229,392,980</u>
Noncurrent Assets		
Notes receivable	14,957,348	14,957,348
Estimated third-party payor settlements receivable	3,865,767	5,339,026
Equity interest in joint venture	586,958	1,269,500
Restricted investments	19,344,067	19,299,010
Capital and leased assets, net of accumulated depreciation and amortization	640,640,976	684,175,767
Long-term investments	254,290,496	335,726,635
Board-designated investments	1,800,001	10,200,000
Other long-term assets	10,735,024	12,026,115
Total noncurrent assets	<u>946,220,637</u>	<u>1,082,993,401</u>
Total assets	<u>1,197,992,860</u>	<u>1,312,386,381</u>
Deferred Outflows of Resources		
Deferred outflows of resources related to pension benefits	8,564,580	10,799,589
Deferred outflows of resources related to other postemployment benefits	304,595	462,225
Loss on refunding of debt	13,211,559	14,571,326
Total deferred outflows of resources	<u>22,080,734</u>	<u>25,833,140</u>
Total assets and deferred outflows of resources	<u>\$ 1,220,073,594</u>	<u>\$ 1,338,219,521</u>

* Restated for Implementation of GASB 87

SOURCE: Denver Health and Hospital Authority Audit Report, April 4, 2023. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request



Denver Health and Hospital Authority
Statements of Net Position
December 31, 2022 and 2021

Liabilities, Deferred Inflows of Resources and Net Position

	2022	2021 *
Current Liabilities		
Current maturities of bonds payable	\$ 12,639,999	\$ 12,483,132
Current maturities of leases	4,196,919	4,198,584
Current maturities of notes payable	1,321,757	1,848,036
Medical malpractice liability	8,204,603	7,459,198
Accounts payable and accrued expenses	48,114,243	44,110,678
Accrued salaries, wages and employee benefits	34,649,173	39,546,269
Accrued compensated absences	40,923,538	40,578,869
Accelerated Medicare payments	-	12,881,163
Unearned revenue	35,385,137	26,731,582
	<hr/>	<hr/>
Total current liabilities	185,435,369	189,837,511
Long-term Liabilities		
Long-term portion of liability for estimated third-party settlements	6,496,967	23,752,700
Long-term portion of compensated absences	116,077	116,076
Long-term portion of accelerated Medicare payments	-	4,743,748
Bonds payable, less current maturities	270,031,630	283,110,305
Lease liability, less current maturities	21,170,179	25,313,304
Notes payable, less current maturities	44,349,512	41,843,417
Net pension liability	61,162,594	76,277,183
Postemployment benefits	3,337,059	4,147,787
	<hr/>	<hr/>
Total long-term liabilities	406,664,018	459,304,520
Total liabilities	<hr/>	<hr/>
	592,099,387	649,142,031
Deferred Inflows of Resources		
Deferred inflows of resources related to pension benefits	15,349,458	19,350,058
Deferred inflows of resources related to other postemployment benefits	895,145	925,681
Deferred inflows of resources related to leases	6,660,121	7,092,501
	<hr/>	<hr/>
Total deferred inflows of resources	22,904,724	27,368,240
Total liabilities and deferred inflows of resources	<hr/>	<hr/>
	615,004,111	676,510,271
Net Position		
Net investment in capital and leased assets	301,179,213	327,650,489
Unrestricted	303,890,270	334,058,761
	<hr/>	<hr/>
Total net position	605,069,483	661,709,250
Total liabilities, deferred inflows of resources and net position	<hr/>	<hr/>
	\$ 1,220,073,594	\$ 1,338,219,521

* Restated for Implementation of GASB 87

SOURCE: Denver Health and Hospital Authority Audit Report, April 4, 2023. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request



Denver Health and Hospital Authority
Statements of Revenues, Expenses and Changes in Net Position
Years Ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021 *</u>
Operating Revenues		
Net patient service revenue	\$ 901,027,279	\$ 866,349,897
Capitation earned net of reinsurance expense	2,502,535	10,600,000
Medicaid disproportionate share and other safety net reimbursement	148,120,716	123,810,297
City and County of Denver payment for patient care services	29,700,000	27,700,002
Federal, state and other grants	99,509,389	87,345,995
City and County of Denver purchased services	30,007,576	27,158,245
Poison and drug center contracts	20,478,071	20,009,515
Other operating revenue	52,414,502	57,022,472
	<u>1,283,760,068</u>	<u>1,219,996,423</u>
Operating Expenses		
Salaries and benefits	773,970,366	746,896,687
Contracted services and nonmedical supplies	274,092,096	241,462,370
Medical supplies and pharmaceuticals	194,269,667	175,826,200
Depreciation and amortization	65,206,324	64,998,772
	<u>1,307,538,453</u>	<u>1,229,184,029</u>
Operating loss	<u>(23,778,385)</u>	<u>(9,187,606)</u>
Nonoperating Revenues (Expenses)		
Decrease in equity in joint venture	(62,454)	(955,533)
Nonoperating grant revenue (CARES Act/FEMA)	6,089,020	20,408,273
Interest income	10,197,601	15,570,917
Interest expense	(14,011,163)	(13,890,717)
Gain on dissolution of Southwest Clinic	-	4,982,853
Net decrease in fair value of investments	(36,563,351)	(7,016,141)
Gain (loss) on disposition of capital assets	3,734	(4,166)
	<u>(34,346,613)</u>	<u>19,095,486</u>
Total nonoperating revenues (expenses)	<u>(34,346,613)</u>	<u>19,095,486</u>
Income (loss) before capital contributions	(58,124,998)	9,907,880
Contributions Restricted for Capital Assets	<u>1,485,231</u>	<u>4,388,096</u>
Increase (decrease) in net position	<u>(56,639,767)</u>	<u>14,295,976</u>
Total Net Position, Beginning of Year	<u>661,709,250</u>	<u>647,413,274</u>
Total Net Position, End of Year	<u>\$ 605,069,483</u>	<u>\$ 661,709,250</u>

* Restated for Implementation of GASB 87

SOURCE: Denver Health and Hospital Authority Audit Report, April 4, 2023. In order to accurately interpret these statements, they should be read in conjunction with the notes that accompany the audited financial statements, available upon request

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Contract Reconciliation





April 12, 2023

To: Faraz Khan, Chief Financial Officer, DHHA
From: Meggan Parezo, Director of Shared Services & Business Operations, Denver Department of Public Health & Environment
Subject: 2022 Denver Health Operating Agreement Contract Fiscal Close

Regarding the services outlined in the 2022 Operating Agreement provided by Denver Health and Hospital Authority (DHHA) to the City and County of Denver, we agree that expenses for 2022 came in under the initial forecasts outlined in the Operating Agreement. Any budget shortfall realized by a specific section of the Operating Agreement was absorbed within the larger City appropriation it was budgeted within. Therefore, 2022 is closed without the need for a contract budget amendment. Please see Exhibit A for a breakdown of the variance by appendix.

Per recent audit recommendations, DHHA and the City agree that this memo and the Exhibit A will be included in DHHA's 2022 annual report to the City.

This memo concludes the Operating Agreement fiscal year 2022 close out. The City deeply appreciates DHHA's partnership in serving Denver's most vulnerable populations, and your partnership in financial management and reporting.

Meggan Parezo
Contracts & Grants Manager
Denver Department of Public Health and Environment



Exhibit A: 2022 Operating Agreement Contract Budget Variance by Appendix

Appendix	Description	2022 Final Approved Budget	2022 Type of Payment	2022 Final	Difference
A-1	Medically Indigent Patient Care	29,700,000	Flat	29,700,000	0
A-2	Training: Continuing Education	547,033	Flat	547,033	0
A-2	Training: Certification	23,232	Fee for Service	23,308	-76
A-2	Englewood	1,217,922	Flat	1,217,922	0
A-2	DEN Paramedic	3,300,467	Actual	3,259,504.36	40,962.64
A-2	Medical Direction and QA/QI for 911 Call Takers	109,238	Flat	109,238	0
A-2	Medical Direction Services	127,350	Flat	127,350	0
A-2	EMRS Oversight	90,038	Flat	90,038	0
A-2	Emergency Service Patrol	702,132.	Flat	702,132	0
A-3	Public Health	1,003,192	Actual	887,348.24	115,843.76
A-4	Denver C.A.R.E.S.	2,327,981	Actual	2,017,593.98	310,387.02
A-6	Legally Detained Care at Hospital	4,475,000	Actual	4,655,861.01	-180,861.01
A-8	Rocky Mountain Poison Center	96,900	Flat	96,900	0
A-9	Clinical and Laboratory Services	25,000	Fee for Service	17,778.78	7,221.22
B-1	COSH and OUCH Line	625,000	Actual	463,163.20	161,836.80
B-2	NurseLine	102,797	Flat	102,797	0
B-3	Legally Detained Care at Jail and Detention Center	16,761,817	Actual	17,028,146.73	-266,329.73
B-7	Parkhill Financing	273,500	Flat	268,551.32	4,948.68
B-7	South Westside Clinic CIP Payment	1,200,000	Flat	1,200,000	0
B-7	Office of Medical Examiner Waste Pick-Up	n/a	Fee for Service	3,932.33	n/a
B-7	OME Postage	n/a	Fee for Service	269.99	n/a
B-7	Treatment on Demand	404,247	Actual	404,247	0
B-8	Sexual Assault Nurse Examiner (SANE)	188,000	Fee for Service	193,800	-5,800
B-8	Blood Alcohol Draws	8,000	Fee for Service	5,133	2,867
B-8	At-Risk Intervention and Mentoring (AIM)	171,373	Flat	171,373	0
B-8	First Aid CPR AED Training	n/a	Fee for Service	0	n/a
B-8	Tactical Casualty Care for Law Enforcement Training	n/a	Fee for Service	10,070	n/a
B-8	Fitness for Duty Psychiatric Evaluations	n/a	Fee for Service	3,000	n/a
B-9	Expert Witnesses	40,000	Fee for Service	0	40,000
B-9	Court Competency Evaluations	185,000	Fee for Service	173,100	11,900





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