

CO APCD Advisory Committee

March 10, 2026



CIVHC
CENTER FOR IMPROVING
VALUE IN HEALTH CARE



Agenda

- 01** Opening Announcements
- 02** Operational Updates
- 03** Data Solutions
- 04** Public Reporting
- 05** Public Comment & Member Open Discussion



CO APCD Advisory Committee

Open Committee Positions

- Representative from a large employer.
- Pharmacy benefit manager.
- Organization that processes insurance claims or certain aspects of employee benefit plans for a separate entity.





Operational Updates

Kristin Paulson, JD, MPH
CEO and President

Robyn Burns
Director of Impact



Staff Updates

New Staff:

- **Jason Wright**, Director of Evaluation, Innovation, and Research
- **Cheryle Caplinger**, Director of Data Access
- **Peggy Coolehan**, Staff Accountant
- **Nicole Kuzmich**, Health Care Data Analyst II

Staffing Structural Updates:

- **Brendan Flattery** was promoted from IT & Network Specialist to Information Security Manager

CO APCD Data Vendor Transition

Progress To Date:

- Phases 1 and 2 are both complete.
 - CO APCD data through October 2025 is now loaded in the new environment.
- Medicare Fee For Service data is the exception.
 - Process ongoing with CMS. Dependent on their timeline.
- We are finalizing the data processing rules and logic.
- The new enclave environment opened on 1/29.
 - CIVHC users are in the process of learning and testing in the new environment.



CO APCD Data Vendor Transition

Next Steps

- Phases 3 and 4 are on track to meet their deadlines.
 - 3rd Phase: Transition of Oct '25 - Feb '26 submissions.
 - 4th Phase: Transition of supplemental data, documentation, and analytics.
- Production opens and first wave of submissions will go to Onpoint by 3/15.
- HSRI environment will remain open through July to avoid disruption to extracts through FY26.



Brand Refresh & Website Redesign Project Update

The brand refresh and website redesign will position CIVHC as a modern, dynamic, and trusted leader in the health care data space.

PARTNER

New Media Campaigns

Past clients include:



Brand Discovery

January – Early February

Research and stakeholder conversations to understand CIVHC’s audiences and goals.



Logo & Brand Platform Design

February – March

CURRENT PHASE

Create a visual identity that communicates CIVHC’s data-driven approach, real-world impact, and legitimacy as a trusted partner.



Information Architecture & Website Design

March – May

Research-backed recommendations for site organization conceptualized as custom homepage and interior page layouts. All designs will prioritize user-friendliness and accessibility while building on the newly established brand platform.



Development

May – July

Custom WordPress build featuring a flexible block editor, powerful integrations, and tools to empower smooth editing and scaling of the site over time.



QA & Launch

Estimated Launch: September/October 2026

Final testing, training, and review of the website ahead of the launch.

About the Discovery Process

Brand Discovery: Understanding target audiences, initial thoughts around the overarching brand narrative, desired brand characteristics, positioning amongst peers, and high-level aesthetic preferences.

Website Discovery: Building on the brand discovery, these conversations will help identify the role civhc.org should play for the organization, who our target audiences are and what information they are seeking, and how we can optimize our site design for better navigation, functionality, and user experiences.

DISCOVERY INTERVIEW GROUPS

Senior Leadership Team

Executive Leadership Team

Staff Members

Board Members

CEO

External Stakeholders:

-State Partners

-Data Users

The discovery process will conclude with a presentation of findings, recommendations, and insights that will serve as a roadmap for the brand and website design.

Summary of Stakeholder Feedback

Data Analysis

Key Opportunities

Information Architecture

Peer & Competitor Research

Integrations

Creative Concepts

Discussion: CIVHC's Website Refresh

User Experience

- How do you feel the existing website represents CIVHC to visitors?
- What are some frustrations or friction points, and what do you feel like the current site does well?

Site Navigation

- How easy or difficult is it to find the information or resources you need?
- Are there certain sections that you feel should be emphasized more prominently?

Good Examples

- Are there other websites you find especially effective or easy to navigate?
- What specific features, layouts, or tools from these sites do you find appealing?



State and Federal Funding Updates

Current Status

- Initial Governor's budget for FY27 was higher than expected or planned for.
- Worked with HCPF to reduce FY27 ask by \$559k+ with \$475k reserved for future staffing related to the vendor transition.
- We are staying in contact with the JBC, JBC staff, and HCPF.
 - No changes to GF line since the \$559k reduction.

Future-Planning

- Planning for worst case scenario, focusing on increasing revenue diversification.
 - Non-State revenue efforts:
 - 3-5 year subscriptions
 - Health systems and plans
 - Providers – attributed patient data and quality reporting
 - De-identified data to for profit health entities





Data Solutions

Shaneis Morse, M.S.
VP of Data Solutions

Evaluation, Innovation, and Research (EIR) Projects

Project Angel Heart

Evaluating the return on investment of medically tailored meals in Colorado.

Colorado Village Collaborative (CVC)

Identifying the impact of community health services and case management on health.

CO Gynecologic Cancer Alliance

Analyzing health care savings associated with enrollment in Carol's Wish.

Commonwealth Research

First-of-its-kind analyses on Medicaid Advantage enrollees; exploring access and use of hearing and dental benefits, two often-overlooked areas of care.



Project Highlight: Project Angel Heart



About the Organization

Project Angel Heart provides **home-delivered, medically tailored meals** to Coloradans living with serious chronic conditions, including:

- Congestive Heart Failure (CHF)
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Diabetes
 - End-Stage Renal Disease (ESRD)
- Meals are designed by registered dietitian nutritionists and customized to meet disease-specific dietary needs, allergies, and medical side effects.

Program Evaluation

Use CO APCD data to understand the health system impacts of Project Angel Heart's Food as Clinical Care Model.

Project Highlight: Project Angel Heart

Findings:

Participants receiving meals over three years saw reduced health care costs and improved health outcomes.

 **13% Reduction**
in 30-day Hospital Readmissions

 **24% Reduction**
in Total Medical Costs (PMPM)

Why this Matters:

Approximately 1 in 10 Colorado households experiences food insecurity annually.

For individuals managing chronic illness, lack of access to appropriate nutrition directly increases hospital risk and system costs.

Project Angel Heart's model proves that food can function as cost containment — not charity.

Improved their funding mechanisms to increase number of weekly meals each client receives by 40%

Project Highlight: Colorado Village Collaborative

About the Organization

Colorado Village Collaborative (CVC) operates emergency shelter communities for people experiencing unsheltered homelessness in the Metro Denver area.

Program Evaluation

Use CO APCD data to understand the health system impacts of CVC's housing-first model.



Findings:

+ 10% of residents (41) became insured for the first time

+ 9% of residents (38) became newly enrolled in Medicaid despite no prior claims history


+ 68% increase in primary care engagement (0.55 to 0.90 generalist visits PPPY) within the first year


**Findings over 2015 - 2024 study period*


Project Highlight: Colorado Village Collaborative

Key Takeaway

Spending increases reflected appropriate preventive care and did not increase financial burden for participants.

 Total spending increased by \$4,147 PPPY

 Pharmacy spending increased modestly (+\$353/year)

 Out-of-pocket burden remained flat

Why This Matters

- Homelessness is a persistent policy and fiscal issue
- \$37,000 in avoided public-sector costs over three years per stabilized individual (Cunningham et al., 2021)
- Medicaid-supported stabilization reduces long-term crisis spending without cutting access

“ The research done by CIVHC has benefited CVC significantly by creating a new way to look at the impact of homelessness services and how our work overlaps with issues of health access and health equity.

– Jessica Ehinger, CEO of the Colorado Village Collaborative

Project Highlight: CO Gynecologic Cancer Alliance

About the Organization

Carol's Wish (CW) provides financial navigation and support services to individuals newly diagnosed with gynecologic cancer in Colorado.

Program Evaluation

Using CO APCD data, CIVHC evaluated health care utilization and spending in the six months following diagnosis.



CIVHC Evaluations Analyst Valerie Garrison with Patrice Hauptman, Executive Director of the Colorado Gynecologic Cancer Alliance, at their annual Jodi's Race awareness and fundraiser marathon in 2025.

Project Highlight: CO Gynecologic Cancer Alliance

Findings:

Patients who received navigation over four years accessed substantially more treatment than similar patients without navigation.

\$ **\$612,000 more**
in total health care spending
per participant
80% increase in total spending

\$ Participants paid about **2.4%**
less of total medical costs out
of pocket, and **3.8%** less for
cancer-specific treatment costs.

↑ Higher engagement in
recommended oncology
care & lower out-of-
pocket share of costs

Why This Matters

- Approximately **1 in 200 Coloradans** receives a new cancer diagnosis annually.
- Structured financial navigation can meaningfully increase treatment access during the most critical period of care.

**Findings over 2018 - 2022 study period*

Project Highlight: The Commonwealth Fund

About the Organization

The Commonwealth Fund supports independent research on health care issues and award grants to promote better access, improved quality, and greater efficiency in health care.



Research Study

- Compare hearing and dental service use in Medicare Advantage vs. Fee-for-Service in Colorado
- Analyze CO APCD and coverage data to examine utilization, out-of-pocket costs, and benefit use
- Inform policy with evidence on how supplemental benefits function

The Commonwealth Fund: Hearing Benefit Findings

Coverage Expanded

- Enrollment nearly doubled from 155K to 290K
- Plans offering exam + hearing aid coverage increased from 48% to 59%

Access Remained Limited

- Preventive hearing visits remained low at <5% annually
- Hearing aid-related visits were <2% annually
- Versus ~60% clinical prevalence of hearing loss

Costs Outpaced Access

- There was a 318% increase in out-of-pocket PMPM
- Utilization increased only 27-38%

Project Summary: The Commonwealth Fund

Why This Matters

- Medicare Advantage now covers most Colorado Medicare beneficiaries
- Aging populations are increasing the share of spending on older adults' care
- Benefits that don't translate into access may raise costs without improving health outcomes



FY26 Health Equity Fund Projects

Colorado Association of Local Public Health Officials (CALPHO)

- Implementing customized dashboard for local public health agencies.
- Phase II CALPHO-CORE LPHA claim volume.

Center for African American Health

- Evaluating health disparities among Black and African American populations in Colorado.

Colorado Perinatal Care Quality Collaborative

- Colorado postpartum care utilization.

Lift Up

- Impact of food security interventions on health.

Project 1.27

- Review of EchoFlex resiliency program for opportunities to improve data collection and analysis.

Sheridan Rising Together for Equity

- Developing a community-informed evaluation toolkit to support staff in ongoing evaluation and monitoring

Sites and Insights

- Impacts of therapeutic art programs for patients with cancer and their caregivers.

West Mountain Regional Health Alliance

- Customized community health measures and dashboard.





Health Equity Fund: Overview

- The Health Equity Fund is a partnership between CIVHC and CHF to increase community access to CO APCD data and CIVHC's research and evaluation services.
- The Fund will offset the costs of CIVHC services for community organizations in Colorado whose work is focused on promoting health equity.
- Assist a diversity of community organizations throughout the life of the fund.
- The Fund is supported at \$1 million
- Applications for the Fund will re-open in May 2026, final year offering this fund.

Discussion: EIR Support and Development

- Are there community-based organizations in your networks that could benefit from access to CO APCD data or evaluation support through the Health Equity Fund?
- Where do you see the greatest opportunity for CIVHC to expand our evaluation and research work?
- Are there sectors we should be engaging more intentionally? (Ex. behavioral health, aging services, rural health, or social service organizations)





Public Reporting

Robyn Burns
Director of Impact

Sarah Ford
Digital Communications Specialist

Abby Fehler
State Initiatives Project Manager

FY 2025 CO APCD Annual Report Available

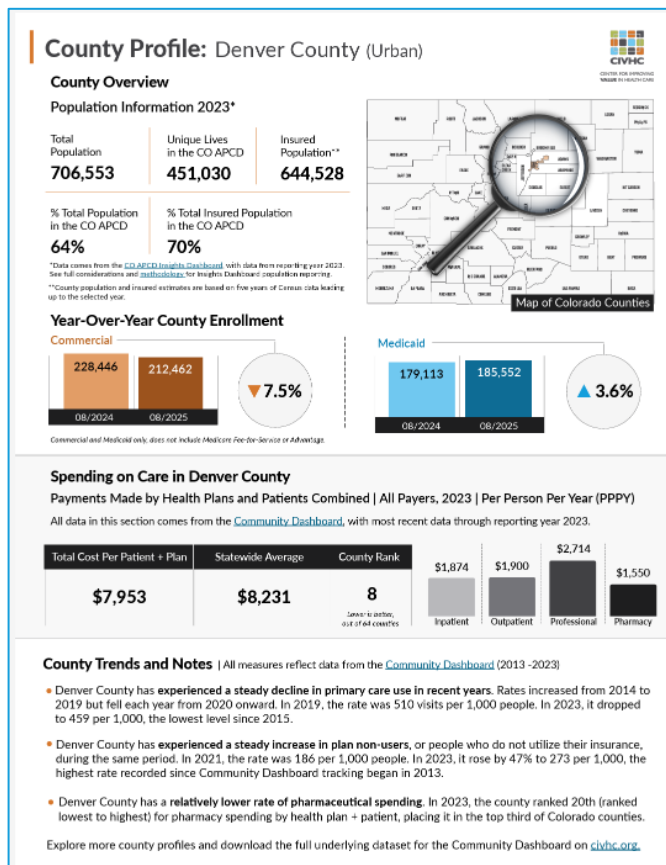
FY 2025 Numbers at-a-Glance:

- **80** licensed releases of data
- **38** organizations served
- **22** public releases of data
- **10** published public reports
- **3** new public reports
- **145** data users downloaded **361** public data sets
 - This represents an **80% increase** compared to FY2024

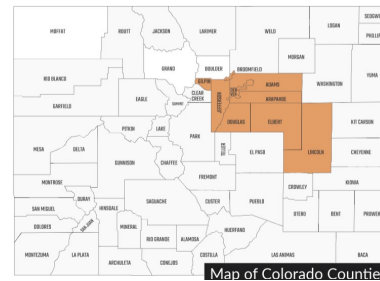


Colorado County Health Profiles - Published

County Profiles have been a popular new resource with **3,827 impressions** and **689 engagements** across email, web, and social media. Twelve of sixty-four county profiles have been published to date.

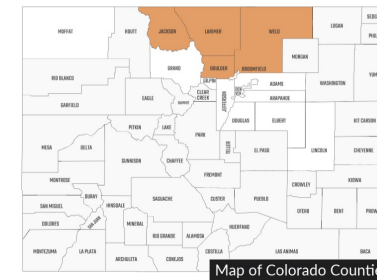


Metro Denver



Adams, Arapahoe, Denver, Douglas, Elbert, Gilbert, Jefferson, and Lincoln

North Central



Boulder, Jackson, Larimer, and Weld

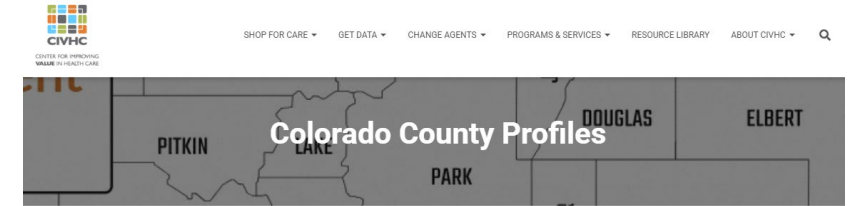




Colorado County Profiles

Data in Each Profile

- **Population Information**
 - Insights Dashboard
- **Current Enrollment Data**
 - Commercial and Medicaid
 - August 2024 to Ongoing
- **Cost of Care and Use Trends**
 - Community Dashboard
- **Enrollment Trends**
 - Ongoing, responsive, county-specific tracking of the impact of H.R.1 on enrollment



Colorado County Profiles

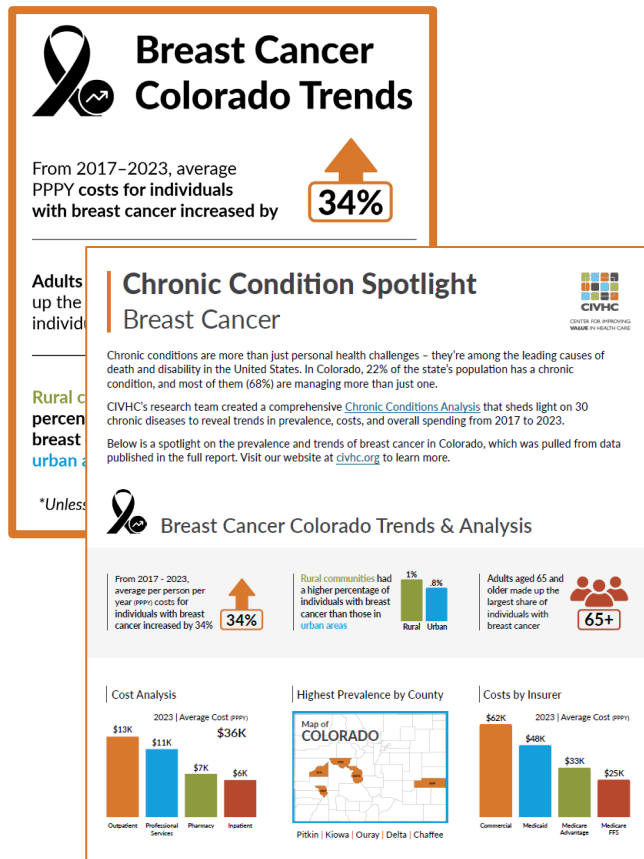
CIVHC's County Health Profiles are a community resource that illustrates how people in each county access and use health care, how much it costs, and how trends change over time.

Each county profile includes:

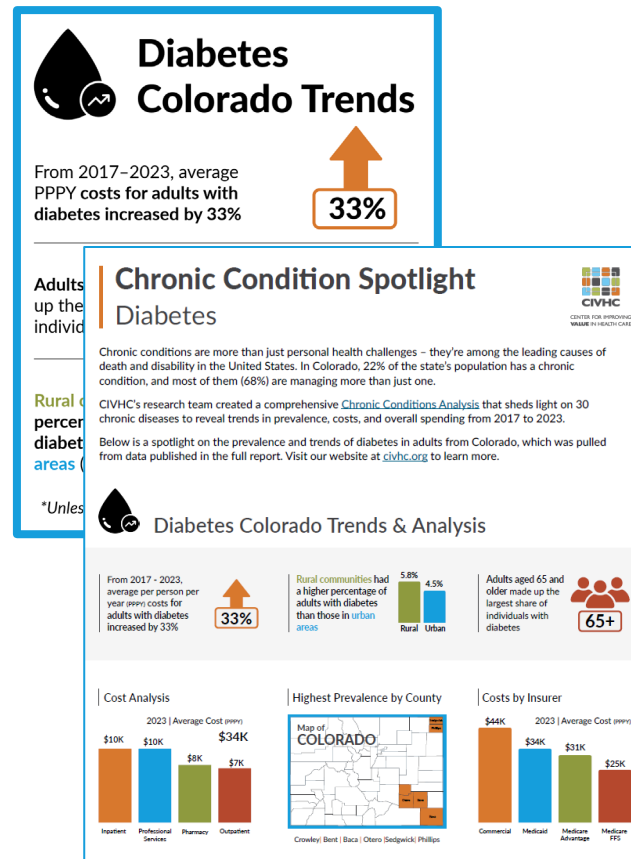
 Insurance Enrollment Trends	 Cost of Care Measurements	 Utilization Patterns
Including year-over-year changes in Medicaid and commercial coverage	Showing how much is being spent per person on services like outpatient, inpatient, pharmacy, and professional visits	Including primary care access and preventive screenings

Chronic Conditions Spotlight Series - Published

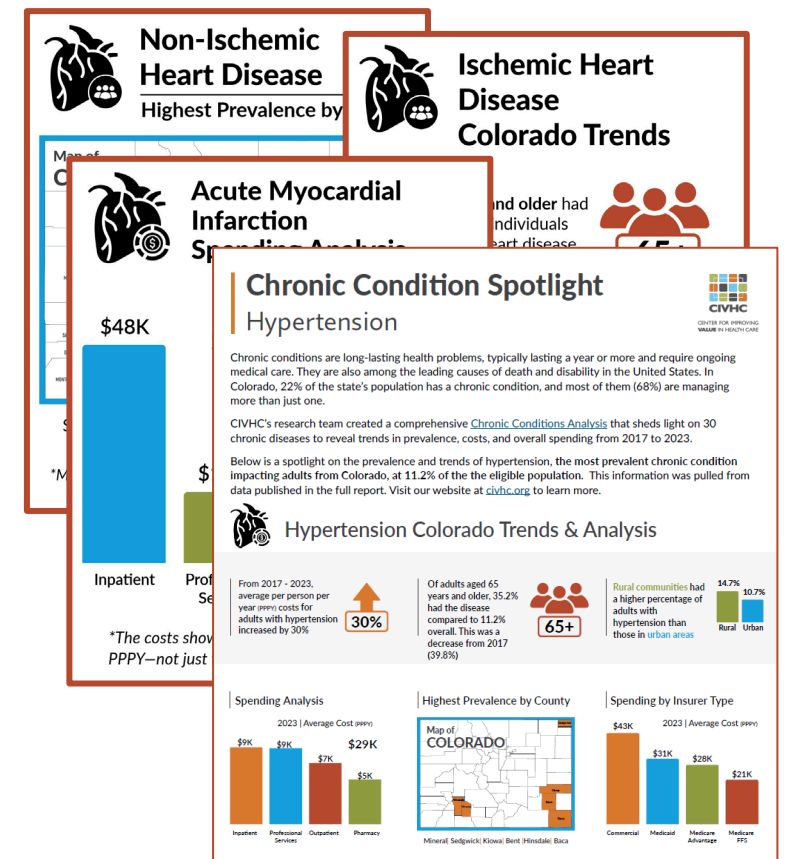
Breast Cancer - October



Diabetes - November

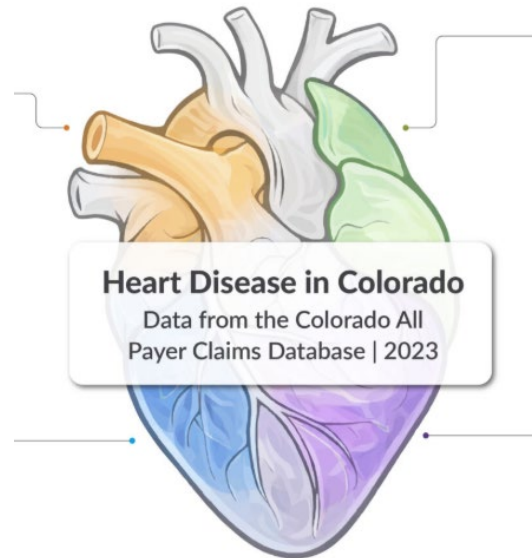


Heart Health - February



Chronic Conditions Spotlight: Heart Health

We expanded on the Chronic Conditions Series in February with a comprehensive heart health campaign that earned **3,372 impressions** and **713 engagements** across email, web, and social media.



Email: Earned a 27% open rate (1,547) and 468 clicks

Blog & Webpage (since 2/1):
Blog = 154 views
Chronic conditions = 220 views

Social Media: Four total posts have earned 1,451 impressions and 245 engagements

+128,970 impressions from a Public News Service story featuring CIVHC staff and board members.

Public Reporting Roadmap FY26

Quarter 1 (July – September)

- Colorado Dental Health Analysis ✓

Quarter 2 (October – December)

- Medicare Reference Based Pricing ✓
- Provider Payment Tool ✓



Remaining FY26 Releases

Quarter 3 (January - March)

- Alternative Payment Report ✓
- Prescription Drug Rebate Report (**publishing end of March**)

Quarter 4 (April – June)

- Shop for Care
- Chronic Conditions Analysis
- CO APCD Insights Dashboard
- Community Dashboard



Alternative Payment Models – Purpose

As health care costs rise nationally and in Colorado, many are exploring solutions to control costs while improving care quality and health outcomes. Alternative Payment Models (APMs) are potentially one approach to achieving lower costs and higher-quality care.

This report shows which APM models are being used by payers across the state and what percent of total payments made to providers are paid for through an APM. Trend information is also available to track progress towards these new payment models in Colorado.



Alternative Payment Models – Methodology

This report was developed from two sources of data: **1)** the annual Alternative Payment Model (APM) files submitted by payers and **2)** claims submitted by payers to the CO APCD. Pharmacy and Dental claims are not included.

The definition of primary care payments in the CO APCD was informed by the Primary Care Payment Reform Collaborative and developed with input from its members and the Division of Insurance (DOI).

Note: This analysis includes Medicaid payments for long-term care and home- and community-based services not covered by other payers.



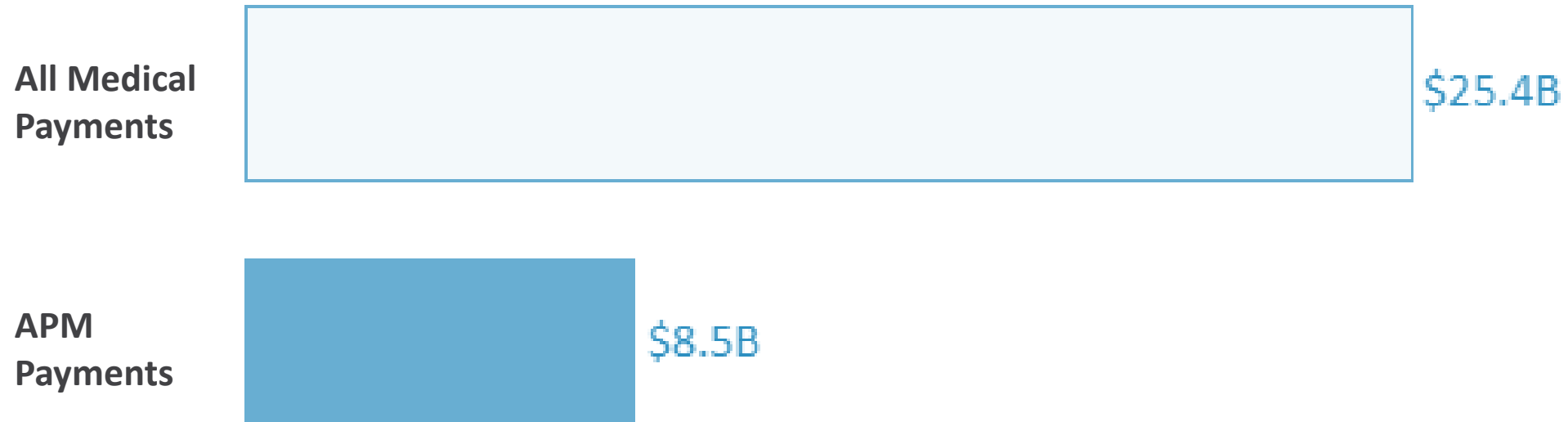
Alternative Payment Models – Parameters and Measures

- Payer Type: Commercial, Medicaid, CHP+, Medicare Advantage
- Year: 2022-2024
- Measures:
 - APM Payments
 - % APM payments by **All Medical Payments**
 - % APM payments by **Primary Care Payments**
- APMs by HCP Learning Action Network Category



Alternative Payment Models – Findings

APM Payments Represent **over 30% of All Medical Payments in Colorado***



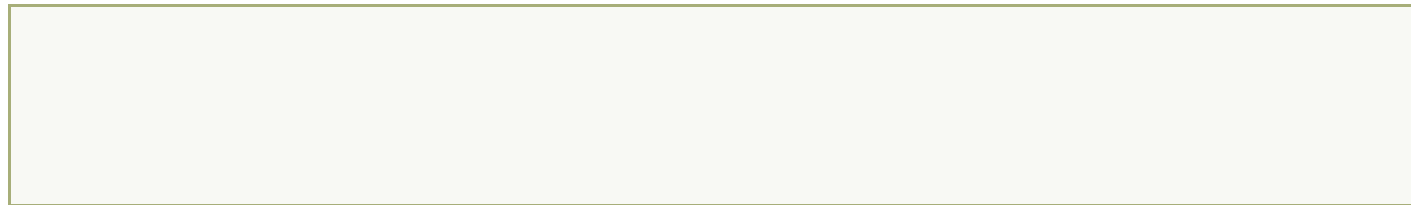
*excludes non-value based APMS and includes Intergraded Payment Provider Systems

Alternative Payment Models – Findings

APM Payments Represent **nearly 60% All Primary Care Payments in Colorado.***



All Primary
Care
Payments



\$4.0B

APM
Payments

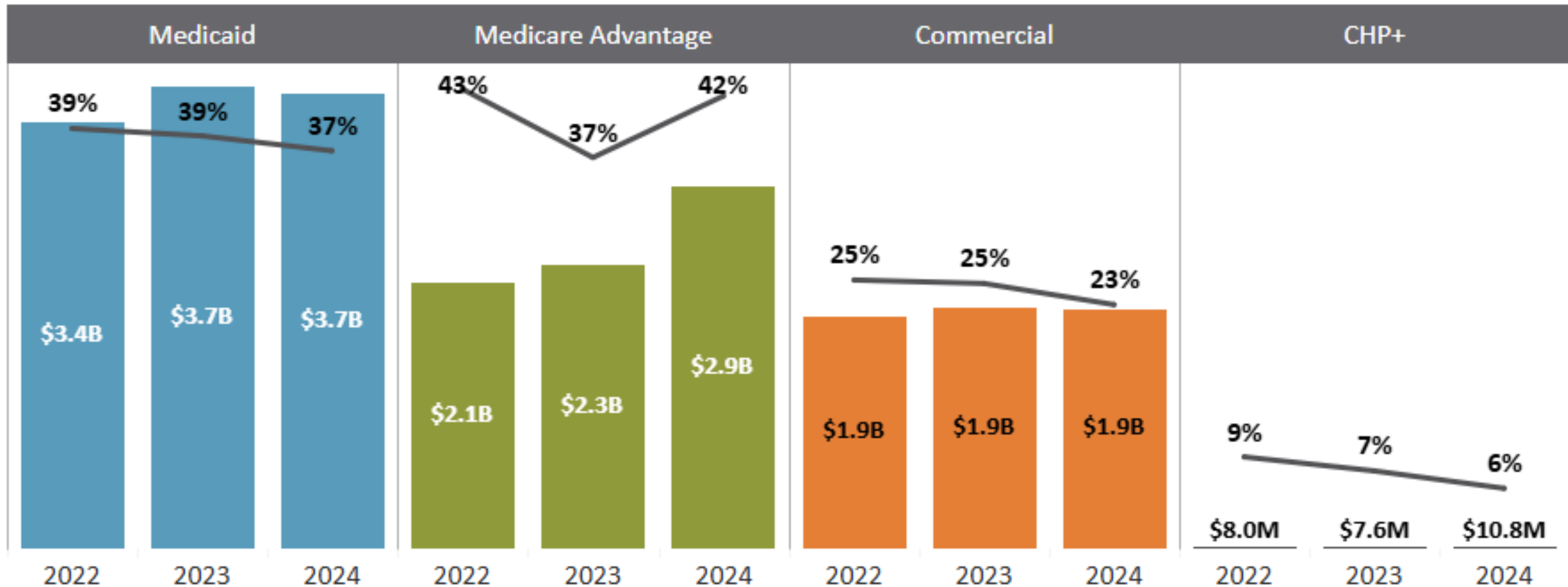


\$2.3B

*excludes non-value based APMS and includes Intergraded Payment Provider Systems

Alternative Payment Models – Findings

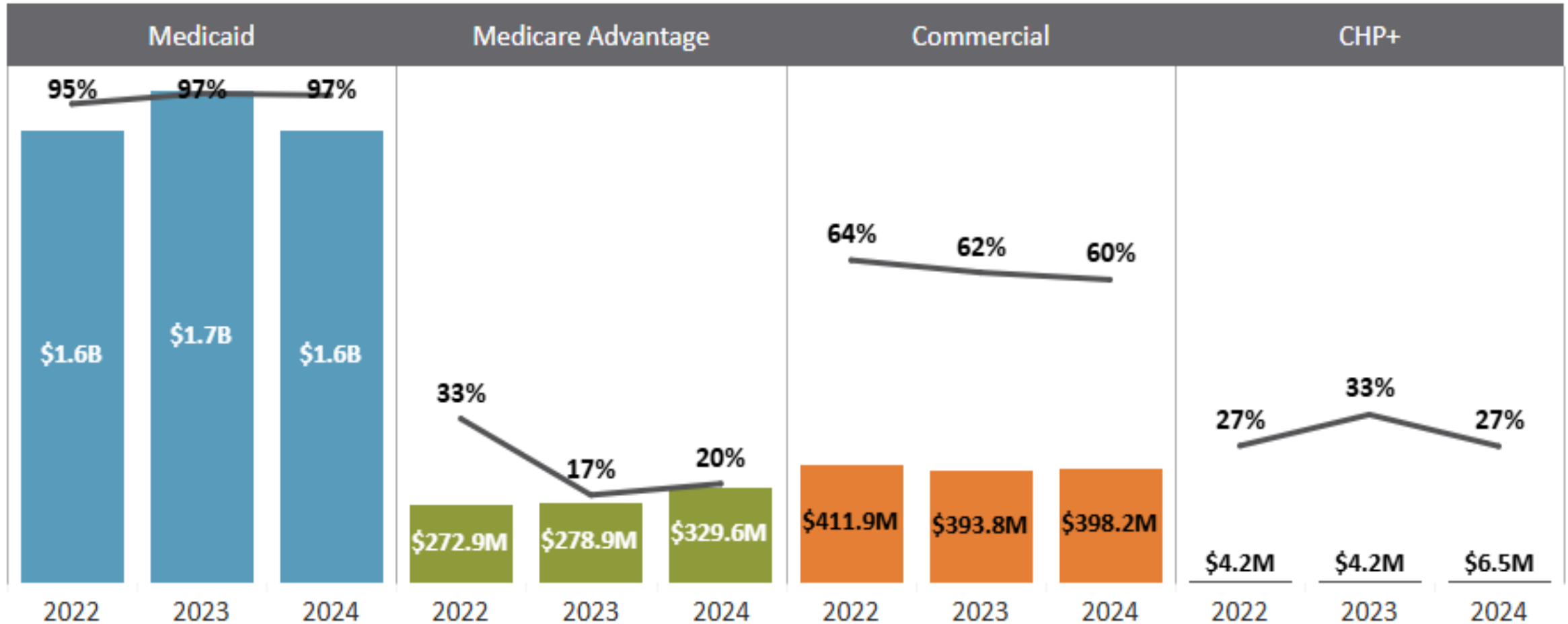
Total APM Payments and % APM Payments By Payer: All Medical Spending



*Excludes non-value based APMS and includes Intergraded Payment Provider Systems

Alternative Payment Models – Findings

Total APM Payments and % APM Payments By Payer: Primary Care Spending



*Excludes non-value based APMS and includes Intergrated Payment Provider Systems

Alternative Payment Models – Findings

Top HCP
Learning
Action
Network
Categories:

Pay for Performance: \$4.3B

Integrated Finance and Delivery Systems: \$2B

Conditions Specific for Population Based Payments: \$1.2B

Capitated Payments NOT linked to Quality: \$1.2B





Member Discussion & Public Comment

Upcoming 2026 Meetings

- **June 9, 2026**
- **September 8, 2026**
- **December 8, 2026**

All meetings scheduled virtually from 2 – 4pm unless otherwise noted.

