CO APCD Advisory Committee

June 9, 2026

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Agenda

01 Opening Announcements

02 Operational Updates

State Budget | FY26 Successes | New Brand

03 Data Solutions

Data Vendor Transition | Discussion

04 Public Reporting

Hospital Price Transparency| New Releases | Discussion

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

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Budget Season & State Funding

State Funding

- **FY27 Status**
  - CIVHC offered a $559K cut to the CO APCD funding based off the Governor's proposed FY27 budget from November 2025.
  - CO APCD is funded for FY27 in the State's Budget.
    - No scholarship, partial return of FY26 cuts.
  - FY27 HCPF, DOI Contract deliverables are being finalized.

- **Future Planning**
  - Anticipating and planning for further deficit in FY28.
  - Interacting with Gubernatorial candidates now to ensure positive early relationships with the new administration.
  - Revenue diversification is still a strong strategy to balance funding and create financial stability.

CIVHC FY26 Successes

Organizational

- Executed MOA securing CIVHC's administration of the CO APCD through 2036.
- Almost 50% increase in non-HCPF state revenue and non-state revenue.
- Successful implementation of an organizational restructure.
- Successfully navigated full vendor transition with minimal variation from timeline and no disruption to deliverables to date.
  - 21% increase in analytic efficiency
  - 92% on-time delivery rate
  - More than 50% of HCPF deliverables arrived ahead of schedule

CIVHC FY26 Successes

Data Solutions

- Supported a 47% increase in non-HCPF state agency and external client requests.
- Maintained a 95% on-time delivery rate for HCPF contracted data sets and reporting during major transition activities.
- Increased analytic efficiency by 21% while navigating a vendor transition.
- Hired VP of Data Solutions; Director of Evaluation, Innovation, and Research; Information Security Manager, and filled all open analyst positions.
- Expanded CIVHC's national research and evaluation portfolio locally and nationally with partners like the Colorado Health Foundation and The Commonwealth Fund.

CIVHC FY26 Successes

Data Access and Impact

- Launch of new product: Hospital Price Transparency Database
- 57% of state projects delivered one or more days early.
- Successfully launched a brand and website RFP; navigated 80+ proposals and selected a partner.
  - Launch of new branding and website in Fall 2026.
- Development, release, and promotion of new data user documentation.
  - Data Dictionary
  - Entity Relationship Diagram
  - Sequencing Algorithm Guidance

CIVHC's Brand Refresh

Focus Group Discoveries & Brand Development

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Discussion Group Feedback

Identified Themes

Commitment to Data Excellence

Collaboration and Partnership Beyond Data Licensing

Coming of Age and Organizational Evolution

Rooted in Colorado and Community Partnerships

Commitment to Data Excellence

The Colorado APCD is widely recognized as the best in the country, largely thanks to CIVHC's investments in talent, infrastructure, and process. **CIVHC's reputation and commitment to excellence are foundational assets that power the high quality of work produced.**

"In terms of APCDs, **we are the gold standard.**
We have the business rules, we have the data, we have the data quality standards that other APCDs envy."

Collaboration and Partnership Beyond Data Licensing

Across multiple discovery conversations, groups reiterated the idea that CIVHC doesn't just deliver claims data, it **transforms the data into actionable, usable insights.**

> "The value lies in the fact that **you get CIVHC as a partner.** That's what we pay for. And that's why for every single grant, Colorado is our first choice."
>
> *(data user and board member)*

Coming of Age and Organizational Evolution

Since 2009, CIVHC has grown dramatically to become a national leader with deep organizational, data, and tech sophistication. **The evolution of the organization has served as a major catalyst for the brand refresh and website project.**

> "I think about the brand back then compared to now, and we're just a lot more **grown up and mature.**"

Rooted in Colorado and Community Partnerships

Behind the data is a team with deep expertise, real commitment, and a belief in CIVHC's mission. **The team is motivated by the goal of making an impact in the health care space.**

"We're very **'by Colorado, for Colorado'**... it's Coloradans all contributing to this state resource that we are then turning around to give back to Colorado."

Current State of the Brand

The existing CIVHC brand faces several challenges.

- Current mark is dated and not reflective of current standards, especially in the tech space.
- CIVHC's breadth and depth of work has evolved significantly since the current mark was developed.
- Mixed awareness of current logo meaning (CIVHC as connecting thread between disparate communities).
- **Strong, organization-wide desire for a logo and brand that conveys CIVHC's leadership, expertise, and credibility.**

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Creative Priorities

01

Convey the theme of transforming complex data into clear insights.

Explore visual strategies for illustrating themes of transformation and convergence.

02

Project tech expertise to the B2B audience while conveying warmth to the public.

Create a mark that speaks to CIVHC's data and tech excellence AND mission-driven approach.

03

Differentiate CIVHC from competitor and peer organizations.

Build a distinctive visual identity that sets CIVHC apart as a unique entity in the CO health/data space.

04

Build a foundation for a flexible, scalable, and web-friendly brand.

Develop a cohesive design system that lends itself to multiple creative applications.

What is a Brand Refresh?

- ✓ New Logo
- ✓ New Color Palette
- ✓ New Brand Font
- ✓ New Brand Messaging

Logo Selection Process

16 total logo options narrowed down to 1 top choice.

Logos ranged from similar to our current style to ***very*** different.

Color Palette Considerations

Identifying palettes that are unique, professional, and timeless. We’re also evaluating how colors align with accessibility standards and allow for diverse applications across web and print.

Current Stage in the Process

- Finalizing logo, color palette, and brand guidelines.
- Developing design templates and key messaging statements.
- Integrating new visual identity into website design concepts.

Data Solutions

Maggie Mueller
Director of Data Operations & Development

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Transition to New Data Vendor Onpoint

- Onpoint selected as data vendor through competitive RFP process with contract beginning July 1, 2025
- Why Onpoint
  - Big changes for big visions
  - Identifying requirements focused on strategic planning for future innovation and growth
  - Many requirements were aimed at:
    - Reducing technical gaps across teams;
    - Improving the understanding and accessibility of the data;
    - Enhancing CIVHC's ability to innovate; and
    - Increasing CIVHC oversight

The Year in Data Vendor Transition

From Selection to Implementation

- From June 2025 – June 2026, CIVHC worked through a major transition of CO APCD data and operations to Onpoint Health Data.
  - Required coordinated planning across CIVHC teams, HSRI, NORC, Onpoint, HCPF, and CMS
- The transition is **nearly complete**, with core submission, data transfer, analytic environment, production extract, and operational workflows in the new vendor environment.

The Year in Data Vendor Transition

Major Areas of Work

- Vendor selection and contract launch
- Submitter portal (Onpoint's Data Harbor) and data ingestion transition
- Historic data transfer and validation for Commercial, Medicare Advantage, Medicaid data
- Analytic Enclave buildout, training, and operationalization
- Production output development and warehouse refresh planning
- Medicare FFS, compliance, and sensitive data handling
- Documentation, workflow establishment, and long-term operating model alignment

Transition Timeline and Milestones

July – December 2025: Foundation and Early Implementation

- New vendor contract began July 1, 2025
- Transition plan finalized across CIVHC, HSRI, NORC, and Onpoint
- Submitter registration period completed November 4
- Test submissions began November 17
- Historic data transfer launched
  - Phase 1 completed November 7
  - Phase 2 completed December 17
- Business rules, value-adds, groupers reviewed and/or selected
- Analytic Enclave training and testing prepared for January

Transition Timeline and Milestones

January – March 2026: Cutover preparation and operating model buildout

- Onpoint Analytic Enclave opened for analyst testing and exploration January 29
- Submitter transition accelerated, with HSRI submitter portal closed February 16
- All outstanding submitters completed Onpoint Data Harbor registration by end of February
- March 2026 data warehouse refresh the final scheduled release with HSRI/NORC
- Processing and business rules decisions on historic data ongoing

Transition Timeline and Milestones

April-June 2026: Validation, production extract planning, and final transfer work

- Onpoint processed historic data delivered to the Analytic Enclave
- Phase 3 data transfer completed April 13
  - Included Commercial, Medicare Advantage, and Medicaid data through February 2026 submitted to HSRI
- Resource allocation shifted to production data readiness reviews, data dictionary crosswalks, and extract development
- Transfer of shared file storage with HSRI/NORC began May 15
- May data refresh delivered for additional testing, preparation for FY27 production and overall understanding of database fields
- Final preparations and planning for July warehouse refresh to be completed by June 19

Vendor Transition: Key Operational Changes

- Data warehouse refreshes (Production Extract Delivery) move to end of refresh month instead of mid-month
  - May 29
  - July 23
- Separation of dental and vision submissions from medical file
- Cloud-based analytic enclave and SFTP for deliveries
- Business Rules and Value-Add fields adjusted from historic processing
  - CIVHC preparing support documentation for data users

Medicare FFS Management

- Medicare FFS transfer planning required coordination with CMS, NORC, HSRI, Onpoint, HCPF, and all departments at CIVHC
- Upcoming period of Medicare FFS data blackout:
  - Delays in responses and understanding across agencies
  - Managing DUA Data Custodian transfer from NORC to Onpoint
  - Approved transfer plan for data when custodian is updated
  - Prepared for ingestion once data received with Onpoint

What Comes Next

Near-term focus

- Continue refining production logic and validation
  - July refresh to include Geocoding
- CIVHC-led development of all extracts
- Monitor readiness report/pre-warehouse refresh enhancements and data quality trends
- Complete remaining crosswalk documentation and data user supports
- Onpoint hosted office hours weekly to support analyst onboarding during production

Opportunities and Building for the Future

- This transition positions CIVHC to strengthen data quality oversight, modernize analytic workflows, and support more scalable use of CO APCD data.
- Learn more about the transition and new analytic enhancements and features at the July CO APCD Research Showcase
  - July 30, 2026
    - 12pm
  - Register: https://us02web.zoom.us/webinar/register/WN_VI-SAnHiRJWSciNHG0rhNA

Discussion: Data Analytic Capabilities & Enhancement

- As CIVHC moves from vendor transition into stabilization and long-term optimization, what information would help the Committee better understand how the new CO APCD vendor environment will support data quality, access, reporting, and future analytic priorities? What topics should CIVHC prioritize for the July CO APCD Research Showcase?

Discussion: Data Analytic Capabilities & Enhancement

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Public Reporting

Robyn Burns
Director of Impact

Liz Mooney, MPA
VP of Data Access and Impact

Sarah Ford
Digital Communications Specialist

Clare Leather
Strategic Partnerships Manager & Public Reporting Program Manager

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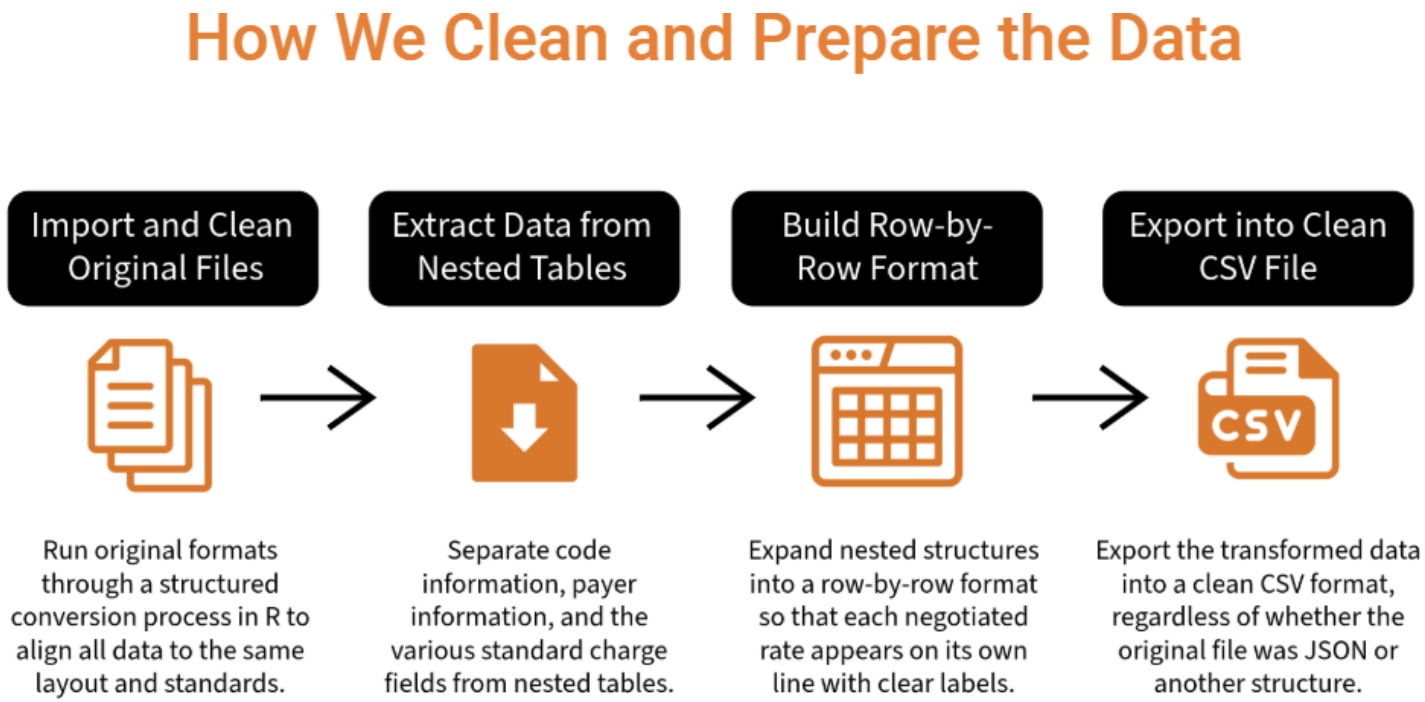
New: Hospital Price Transparency Database

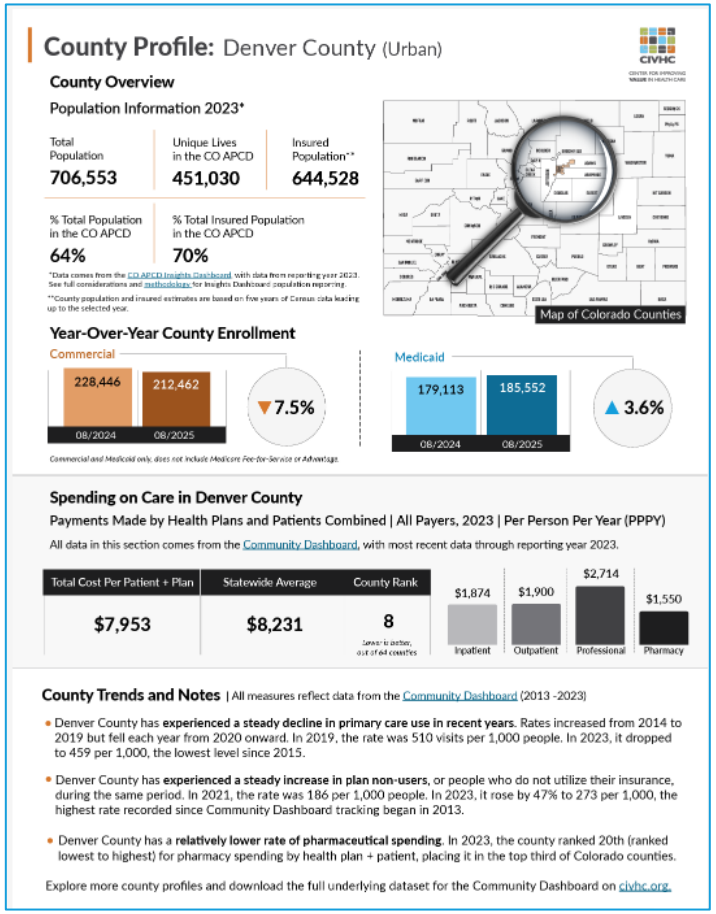
- Colorado hospitals are required to publicly report pricing information.
- CIVHC analysts standardized, aligned, and consolidated complex data into cleaned CSV datasets.



Colorado County Profiles

Data in Each Profile

- **Population Information**
  - Insights Dashboard
- **Current Enrollment Data**
  - Commercial and Medicaid
  - August 2024 to August 2025
- **Cost of Care and Use Trends**
  - Community Dashboard
- **Enrollment Trends**
  - Ongoing, responsive, county-specific tracking of the impact of H.R.1 on enrollment



County Profile: Denver County (Urban)

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County Overview

Population Information 2023*

Total Population	Unique Lives in the CO APCD	Insured Population**
706,553	451,030	644,528

% Total Population in the CO APCD	% Total Insured Population in the CO APCD
64%	70%

*Data comes from the CO APCD Insights Dashboard, with data from reporting year 2023. See full considerations and methodology for Insights Dashboard population reporting.

**County population and insured estimates are based on five years of Census data leading up to the selected year.

Map of Colorado Counties

Year-Over-Year County Enrollment

Commercial: 228,446 (08/2024) → 212,462 (08/2025) ▼7.5%

Medicaid: 179,113 (08/2024) → 185,552 (08/2025) ▲3.6%

Commercial and Medicaid only; does not include Medicare Fee-for-Service or Advantage.

Spending on Care in Denver County

Payments Made by Health Plans and Patients Combined | All Payers, 2023 | Per Person Per Year (PPPY)

All data in this section comes from the Community Dashboard, with most recent data through reporting year 2023.

Total Cost Per Patient + Plan	Statewide Average	County Rank
$7,953	$8,231	8

Lower is better, out of 64 counties

Inpatient	Outpatient	Professional	Pharmacy
$1,874	$1,900	$2,714	$1,550

County Trends and Notes | All measures reflect data from the Community Dashboard (2013 -2023)

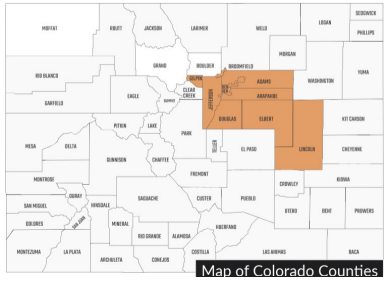
- Denver County has **experienced a steady decline in primary care use in recent years.** Rates increased from 2014 to 2019 but fell each year from 2020 onward. In 2019, the rate was 510 visits per 1,000 people. In 2023, it dropped to 459 per 1,000, the lowest level since 2015.
- Denver County has **experienced a steady increase in plan non-users,** or people who do not utilize their insurance, during the same period. In 2021, the rate was 186 per 1,000 people. In 2023, it rose by 47% to 273 per 1,000, the highest rate recorded since Community Dashboard tracking began in 2013.
- Denver County has a **relatively lower rate of pharmaceutical spending.** In 2023, the county ranked 20th (ranked lowest to highest) for pharmacy spending by health plan + patient, placing it in the top third of Colorado counties.

Explore more county profiles and download the full underlying dataset for the Community Dashboard on civhc.org.

Colorado County Health Profiles - Published

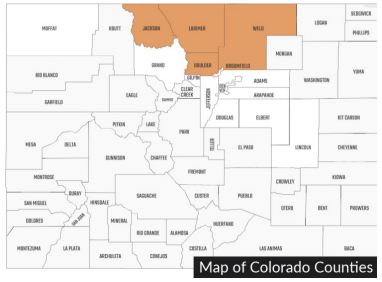
County Profiles have been a popular resource with **over 800** website views and **over 3,000 impressions** across social media since their January release. The final counties will be published early next week to complete the release of the first round of releases for the entire state of Colorado.

Metro Denver



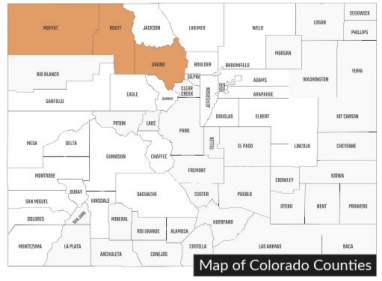
Adams, Arapahoe, Denver, Douglas, Elbert, Gilbert, Jefferson, and Lincoln

North Central



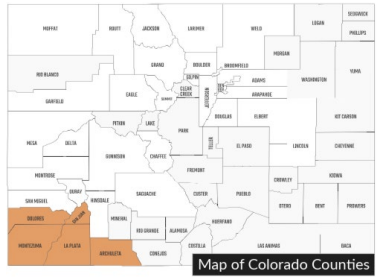
Boulder, Jackson, Larimer, and Weld

Northwest



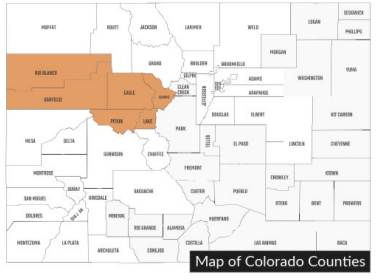
Grand, Route, and Moffat

Southwest



Archuletta, Dolores, La Plata, Montezuma, and San Juan

I-70 W. Corridor



Eagle, Garfield, Lake, Pitkin, Rio Blanco, and Summit

Central Mountains

Chaffee, Custer, El Paso, Fremont, Park, Pueblo, and Teller

San Luis Valley

Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache

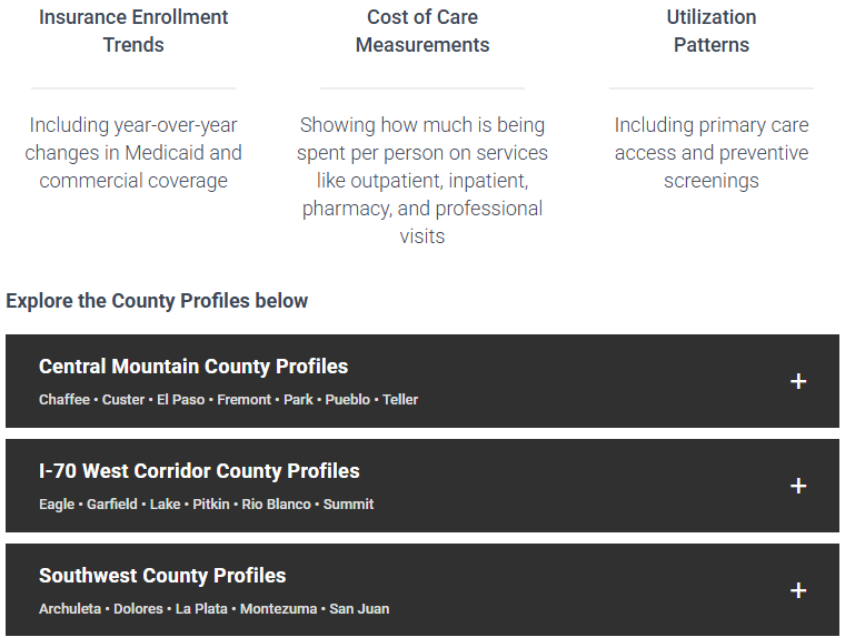
West Central

Delta, Gunnison, Hinsdale, Mesa, Montrose, Ouray, and San Miguel

Northeast/Southeast

Cheynne, Crowley, Baca, Bent, Huerfano, Kit Carson, Las Animas, Logan, Otero, Kiowa, Morgan, Phillips, Prowers, Sedgwick, Washington, and Yuma

Colorado County Profiles – Coming Soon



- Statewide trends and takeaways coming starting next week
  - Statewide enrollment changes and trends
  - Urban/Rural trends and takeaways
  - Statewide utilization and cost trends
- Planning for next round of releases is underway, feedback and ideas are welcome!

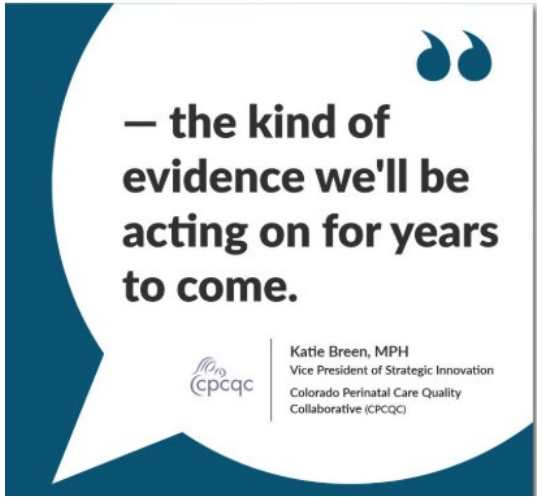
Discussion: New Tools and Insights from the CO APCD

Which audiences, partners, or community groups would benefit most from learning about these new tools and resources, and how should CIVHC engage them?

Women’s Health Month

We featured partners, projects, and reports throughout a comprehensive women’s health campaign that earned **4,928 impressions** and **857 engagements** across email, web, and social media.

Women’s Health Week Walk



Email

26.5% open rate (1,559)
275 total clicks
Featured: Shop for Care, Community Dashboard, Chronic Conditions, Blog, Partner Spotlights

Blog

63 views
1m 16s average time on page
5X higher than site average

Social Media

11 total posts (8 LinkedIn, 3 Instagram)
3306 impressions, 582 engagements
17.5% engagement rate on LinkedIn
6X higher than industry standard

Women’s Health Month Partner Spotlight: CPCQC

CIVHC partnered with the Colorado Perinatal Care Quality Collaborative (CPCQC) to evaluate the prevalence and cost of health care during the perinatal period.

70%

About 70% of Coloradans accessed a postpartum visit within the first year after delivery, meaning 30% did not receive any postpartum care.

1/3

1 in 3 people who gave birth had or were diagnosed with at least one mental health condition during their perinatal period, yet only about 1 in 5 accessed a mental health visit during that time.

2.2X

Commercially insured individuals paid an average of $2,563 out-of-pocket for inpatient delivery alone, representing 2.2 times the average American’s annual health care spending.

“Colorado has long needed a clearer picture of who is and isn't accessing perinatal care — and our partnership with CIVHC delivered it. **The findings give us — and the state — the kind of evidence we'll be acting on for years to come.**”

— Katie Breen, MPH, Vice President of Strategic Innovation, Colorado Perinatal Care Quality Collaborative (CPCQC)

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

January

- Alternative Payment Report ✓

April

- Prescription Drug Rebate Report ✓

June

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

Prescription Drug Rebates - Purpose

Uses CO APCD data to examine rebate activity for prescription drugs in Colorado. The analysis helps show how rebates relate to prescription drug spending, utilization, and net costs.

Highlights:

- Prescription drug and rebate volume and spending by payer and drug type over time.
- Variation in rebates paid by commercial payer.
- Top 15 most rebated drugs by volume and rebate amount.

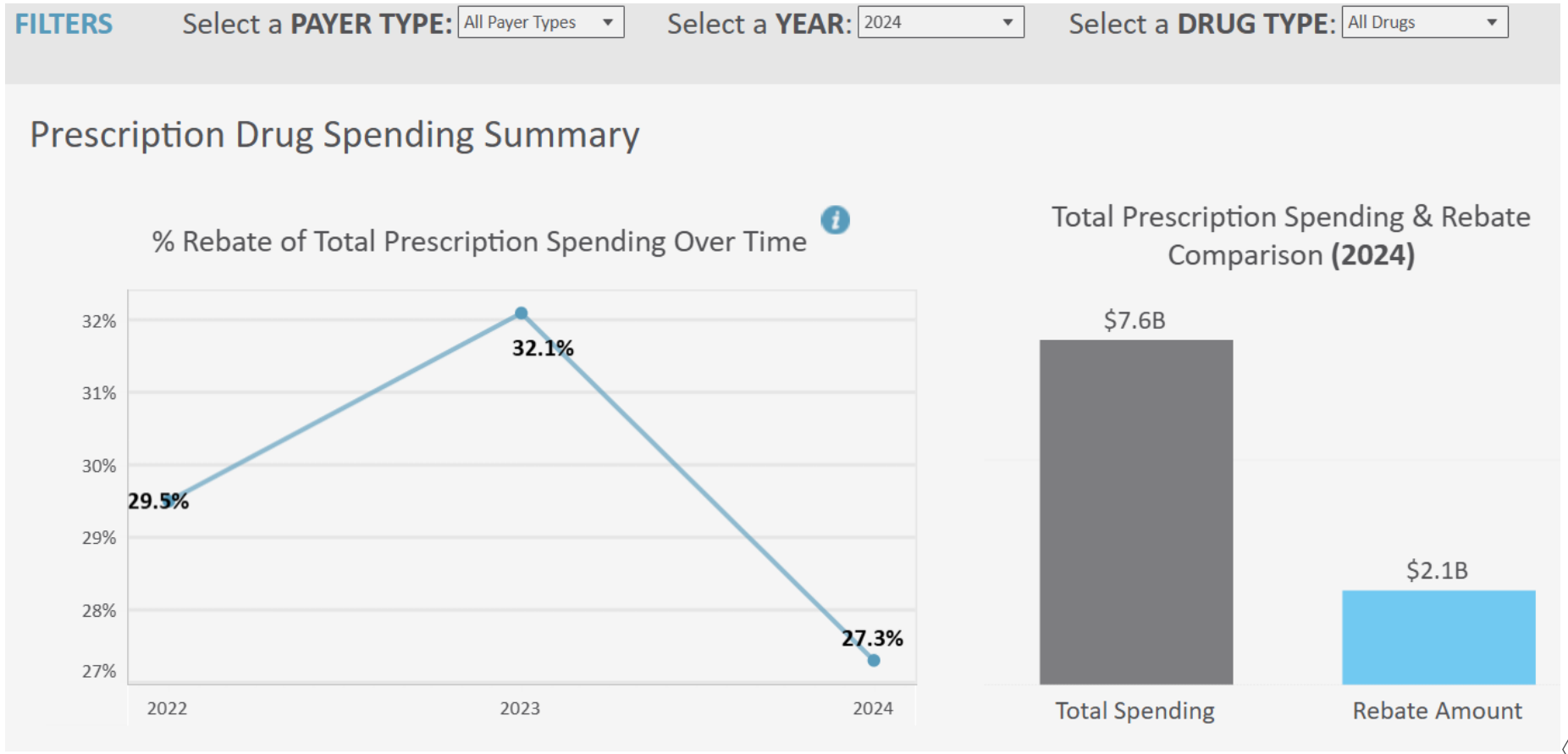
Prescription Drug Rebate - Methodology

The report is based on annual drug rebate files submitted by payers. CIVHC receives rebate data from commercial payers, Medicaid, Medicare Fee-for-Service, and Medicare Advantage plans. The data available in the report reflects the most recent data submitted by payers in 2025 which includes a three year look back period from 2022-2024.

Prescription drug rebates include any discounts, payments, or other price reductions from drug manufacturers that are passed on to the payer.

Prescription Drug Rebates – Overall Trends

While prescription drug spending continued to rise, from $6.6B in 2022 to $7.6B in 2024, the % of rebate total amount slightly declined from 29% to 27% over the same period.



Prescription Drug Rebates

Commercial Payer Trends

Prescription Drug Rebates

Volume vs. Spending

Specialty drugs accounted for almost half of total prescription drug spending among commercial payers, but represented just 1.5% of total volume.

% Volume vs. % Spending **(Commercial, 2024)**

Generic		Specialty		Brand	
% Volume	% Spending	% Volume	% Spending	% Volume	% Spending
86.6%	12.0%	1.5%	52.8%	12.0%	35.2%

Prescription Drug Rebates – Top Rebated Drugs

Rebate volume is concentrated among a small group of high-utilization brand drugs.	Semaglutide, followed by Jardiance, Eliquis, and Xarelto, showing that a few brand names account for a large share of rebated prescription activity.
Cardiometabolic drugs are the dominant rebate category.	Diabetes, obesity, and cardiovascular therapies, including Semaglutide, Jardiance, Eliquis, Xarelto, Lantus, Tirzepatide, Farxiga, Zepbound, Trulicity, Mounjaro, and Wegovy, make up much of the top rebated drug list.
Rebate activity is largely tied to high-cost brand and specialty categories.	The list includes GLP-1s, anticoagulants, biologics, inhalers, migraine therapies, and antivirals, suggesting commercial payer rebate negotiations focus on drugs with high spend and utilization or competitive alternatives.

Shop for Care - Purpose

Shop for Care helps Coloradans compare prices for common health care services. By making CO APCD data easier to access and understand, the tool supports more informed decisions and conversations about cost, quality, and care options.

Highlights:

- Over 260 shoppable services across 7 service categories.
- Includes quality measures: Patient Experience and Overall Hospital Quality.
- Better understand that health care prices can vary widely, even for the same service in the same region.

Shop for Care - Methodology

CIVHC included claims and services that met the following criteria:

- Commercial claims only from 2024
- Payments made by primary health insurers only
- Allowed amounts greater than $1
- Procedures and services with 11 or more claims across at least five facilities
  - Both Current Procedural Terminology (CPT) codes and Medicare Severity Diagnosis Related Groups (MS-DRGs) were used to identify procedures and services
- Prices reflect facility payments only and **exclude professional fees**

Shop for Care - Interface

CO APCD
Shop for Care

TABLE OF CONTENTS

Click Procedure Category box to go to dashboard.

- Cardiology
- Laboratory Services
- Physical & Occupational Therapy
- Surgical, Diagnostic & Injection Procedures
- Mental & Behavioral Health
- Radiology & Imaging
- Obstetrics & Gynecology

Cardiology

Select Service: Cardiovascular stress test (93017)

Select Your ZIP Code: 80001

Sort List By: Facility Name (A-Z)

Facility Name	Distance (Miles)	Price Estimate		Quality	
		Flat Fee			
		Average Price	Price Range	Patient Experience	Overall Hospital Quality
AdventHealth Castle Rock	29.5	$480	$460–$620	★★★☆☆	★★★★☆
AdventHealth Littleton	16.5	$480	$450–$620	★★★☆☆	★★★★☆
AdventHealth Parker	24.3	$480	$460–$620	★★★☆☆	★★★★☆
AdventHealth Porter	10.9	$360	$360–$480	★★★★☆	★★★★☆
Aspen Valley Hospital District	101.8	$520	$480–$610	★★★★☆	*
Banner Fort Collins Medical Center	49.8	$860	$790–$880	★★★★☆	*
Banner McKee Medical Center	42.3	$860	$750–$880	★★★☆☆	★★★★☆
Banner North Colorado Medical Center	46.8	$880	$550–$920	★★★★☆	★★★★☆

Insights Dashboard - Purpose

Allows users to explore the contents of the CO APCD, such as how many claims and people are represented and how that varies over time by claim type (medical, dental, pharmacy), payer type, and year.

Highlights several key areas, including:

- Trends across behavioral health, dental, vision, inpatient, outpatient, and professional claims.
- Covered lives broken down by employer group size and county.
- Demographic data including race/ethnicity, sex, and age.

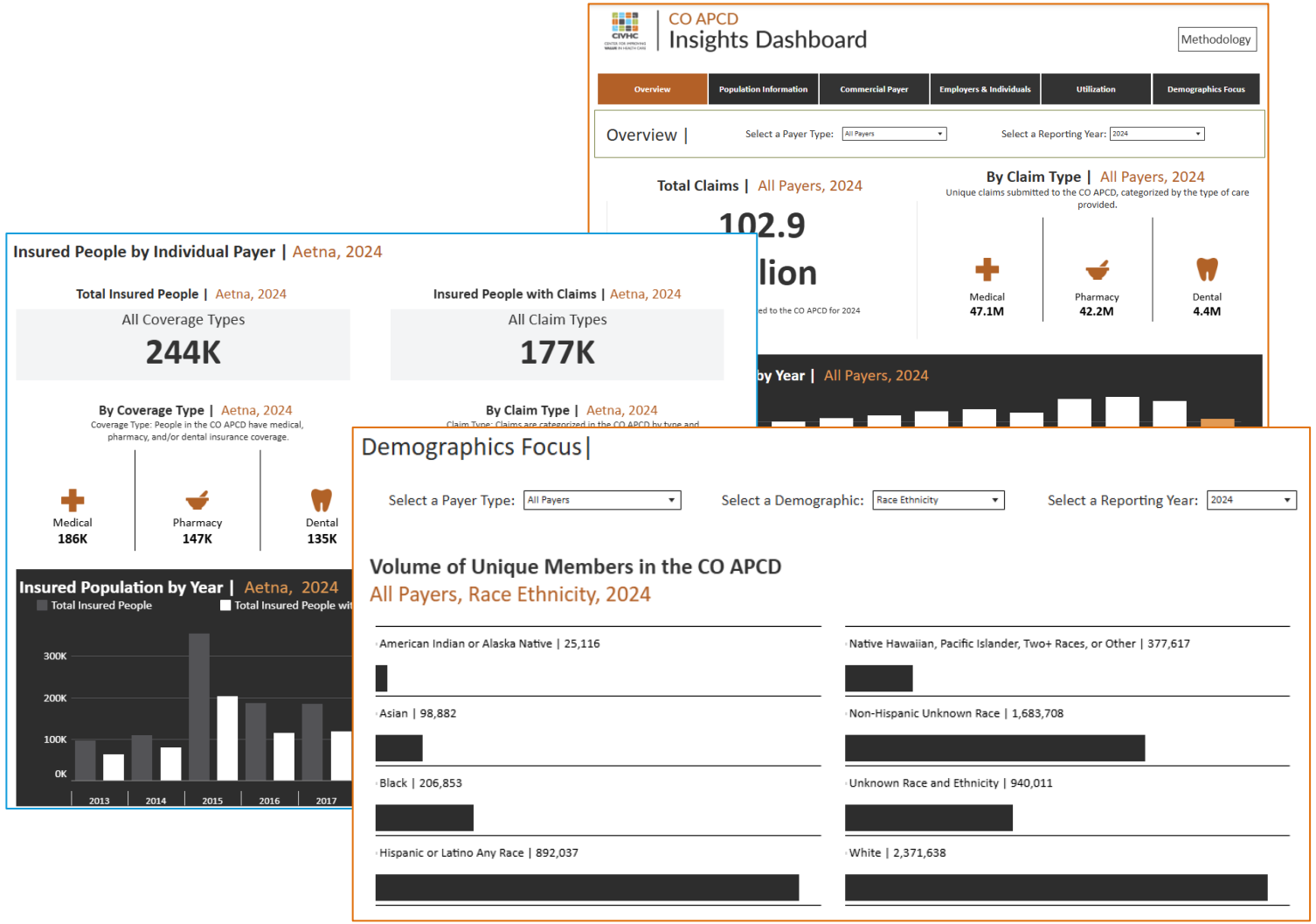
Insights Dashboard – Continued Improvements

UX Enhancements

- Review of color contrast for accessibility
- Simplified more tabs.

More Data

- Pharmacy claim volume
- Demographic additions



Insights Dashboard

What's in the CO APCD

1.3+ Billion Claims (2013-2025)

70% of Covered Lives (medical only, 2024)

33 Commercial Payers + Medicaid & Medicare (FFS and Advantage)

5.7+ Million Lives*, Including 1M (50%) of self-insured

Trend information (2013-Present)

**Reflects calendar year 2024 payers only*

What's not in the CO APCD

Federal Programs - VA, Tricare, Indian Health Services

Uninsured and self-pay claims

Majority of ERISA-based self-insured employers

Member Discussion & Public Comment

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Upcoming 2026 Meetings

- **September 8, 2026**
- **December 8, 2026**

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