

CO APCD Advisory Committee

September 15, 2026





CO APCD Advisory Committee | 9.15.2026 | Agenda

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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 (TPA or ASO).





Operational Updates

Shaneis Morse
VP of Data Solutions

Robyn Burns
Director of Impact



The Health Equity Fund in FY26



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 re-opened in July 2026, the final year offering this fund.

Health Equity Fund Spend to Date

- 31 projects completed for 25 unique organizations.
- \$757,648 committed to Health Equity Fund Projects since inception in February 2024.
- \$250,000 will be realized in the current FY, utilizing the entirety of the budgeted funds.
- New applications opened in July 2026 for the final year.
- Actively planning for Health Equity Fund expansion; looking for other Colorado-based and national philanthropic funds to expand these data, research, and evaluation services to other community-based nonprofit organizations.



All Health Equity Fund Partners To Date

FY 2024

- CDPHE, Office of Health Equity, Tribal Relations Unit
- Colorado Village Collaborative
- Denver Indian Center Incorporated

FY 2025

- Colorado Association for School Based Health Care, with Youth Health Alliance
- Colorado Children's Campaign
- Colorado Food Cluster
- Colorado Safety Net Collaborative

FY 2026

- Center for African American Health
- Colorado Association of Local and Public Health Officials (CALPHO)
- Colorado Perinatal Care Quality Collaborative (CPCQC)
- Life Interfaith Team on Unemployment and Poverty (Lift-Up)
- Project 1.27
- Sheridan Rising Together for Equity (SRTFE)
- Sights and Insights
- West Mountain Regional Health Alliance (WMRHA)



Partner Spotlight: Colorado Children's Campaign

About the Organization

The Colorado Children's Campaign is a research and advocacy organization dedicated to promoting data-informed public policies improving child well-being across Colorado.

Program Evaluation

Use CO APCD data to evaluate the impact of continuous coverage stability in Medicaid and CHP+ on young children's health.



Findings:

In 2022, total medical bills were **3.2X higher** for children under 3 without continuous coverage.

In 2024, kids with continuous coverage were **1.5X** more likely to see a primary care doctor.

In 2022, kids without continuous coverage were **7.5X** more likely to be hospitalized

Partner Spotlight: Colorado Children's Campaign

Why This Matters

The findings provide evidence on how uninterrupted coverage can improve access to preventive care and long-term outcomes for Colorado's youngest residents.

“
Thanks to CIVHC and the Health Equity Fund, we were able to dive deeper into data on how babies and toddlers have better access to health care and better health outcomes when they can stay continuously enrolled in Medicaid and private insurance plans.

– Toni Sarge, Health Policy Director, Colorado Children's Campaign

- ➔ See CCC and CIVHC present this project together at this year's **Public Health in the Rockies** conference.
- Session: Thursday, September 24; 11:15 a.m.



Partner Spotlight: Project Angel Heart

About the Organization

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

Program Evaluation

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



Findings:



30-day cost of hospital readmissions: \$13,000



30-day hospital readmissions decreased by 13%.



24% Overall reduction in medical costs

Partner Spotlight: Project Angel Heart

Why This Matters

The findings helped Project Angel Heart demonstrate the value of medically tailored meals as part of care for people managing serious chronic conditions.

40% MORE MEALS

Project Angel Heart used the findings to strengthen its funding model and establish reimbursement pathways with health insurers and health systems, allowing the organization to increase the number of weekly meals provided to each patient by approximately 40%.



Partner Spotlight: Colorado Village Collaborative

About the Organization

Colorado Village Collaborative supports people experiencing unsheltered homelessness through emergency shelter communities and housing stabilization services.

Program Evaluation

Use CO APCD data to understand how housing stabilization affects insurance coverage and connection to routine health care.



Findings:

+ 10% of residents gained insurance for the first time

+ 9% of residents became newly enrolled in Medicaid, despite having no prior claims history



Primary care engagement increased 68% during the first year after entering the program

Partner Spotlight: Colorado Village Collaborative

Why This Matters

The findings suggest that when people gain housing stability, they are better able to reconnect with insurance and routine care without taking on additional financial burden.

“*“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

Housing stabilization can help shift care from crisis-driven use toward more consistent, preventive engagement.



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.

Life Interfaith Team on Unemployment and Poverty (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 (SRTFE)

- 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.



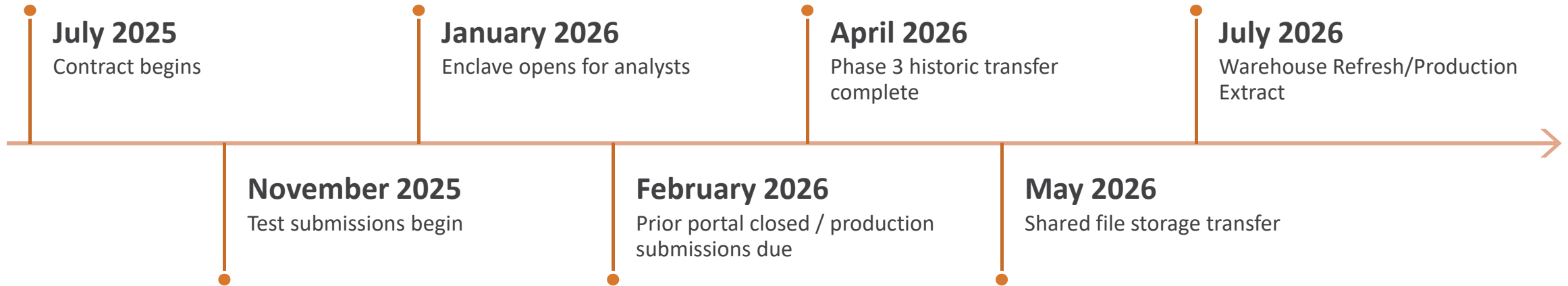
CIVHC's Brand & Website Refresh



Data Solutions: Vendor Transition

Shaneis Morse
VP of Data Solutions

Transition Recap: The Effort Behind the Scenes



1B+

claims transferred
(~72% of total volume)

300TB+

historic files, folders, and
analytics transferred

2,200+

hours logged by teams —
more than 1 full time
equivalency in a year

21%

increase in deliverables
output during the transition

Work completed while production continued uninterrupted.

What This Means: Change Is Good and Hard

The Good

A more scalable, standardized infrastructure built for where the CO APCD is headed.

More alignment with industry standards in underlying processing while maintaining CIVHC's unique needs.

New analytic capabilities and stronger long-term oversight.

More opportunities to innovate with richer, less-processed final data sources.

Investment made with data users' workflows in mind.

The Hard

New terminology, data structures, and file layouts to learn.

New documentation and reference materials to support the transition.

Adjusted development timelines while all users, including CIVHC, learn and apply these changes.

A real transition, not just a backend swap.



What's NOT Changing

- ✓ Years of historical data available
- ✓ How the CO APCD can support your research and use-cases
- ✓ The data request / application process
- ✓ File sharing method — via finder files
- ✓ Post-delivery support (expanded)
- ✓ Geocoding — applied using the same software (Geocodio)
- ✓ Product types available
- ✓ MS-DRG, APR-DRG, and other value-adds available



What HAS Changed

01

Underlying submissions platform;
file structure changes to have
unique dental and vision files.

02

Underlying processing / business
rules engine (vendor-specific):
identity management and
clustering, null or invalid field
values, etc.

03

Updated output structure and
naming conventions, with greater
alignment to DSG values and
definitions.

04

DESF element availability and
data enhancement flag options.

05

Warehouse refresh timing has
shifted to month-end; July
refresh is the first under the new
schedule.

06

CIVHC now leads exclusive
development of all data
products.



Key Changes of the New Structure



Worked Examples

Example 1

Flags vs. codes

Example 2

Identity management (clustering)

Example 3

File layouts

Example 4

Measures, Value Adds methodologies

Data User Support & Resources



STAY UPDATED

Website and email updates will communicate finalized timelines.

Resources CIVHC and Onpoint are committed to providing:

Data Element Selection Form (DESF) and crosswalk documentation for elements

Data Dictionaries for all DESF elements and ad-hoc inclusions

Transition support for data-user cohorts, including subscriptions and refreshed dataset deliveries

Release notes and data quality updates

Ongoing showcases of real-world examples of working with the data

Expanded documentation on methodologies including cohort matching process, race & ethnicity enhancements, measure development, and more

Expanded 411 support and functionality announcement

Data User Support & Resources

All resources are soon to be released.
Timelines will be finalized in the coming week,
pending internal reviews.

Thank you for your patience and collaboration. The way to identify what we see in the data is to work with the data — CIVHC is doing that now, and we're looking forward to ongoing collaboration with researchers as we continue refining our processes, quality, analytics, and documentation.

Why some resources are still in progress

- Finalizing core needs through July refresh for production readiness
- Some documentation has just been released for production July 23
- Crosswalk fields are being finished and confirmed with Onpoint



Discussion: CO APCD Data Vendor Transition

Based on the transition updates shared today, what questions or concerns do you have? What should CIVHC prioritize communicating at this stage of the transition?





Public Reporting, Resources, and Outreach

Sarah Ford
Sr. Digital Communications Specialist

Clare Leather, MPH
Strategic Partnerships Manager & Public Reporting Program Manager

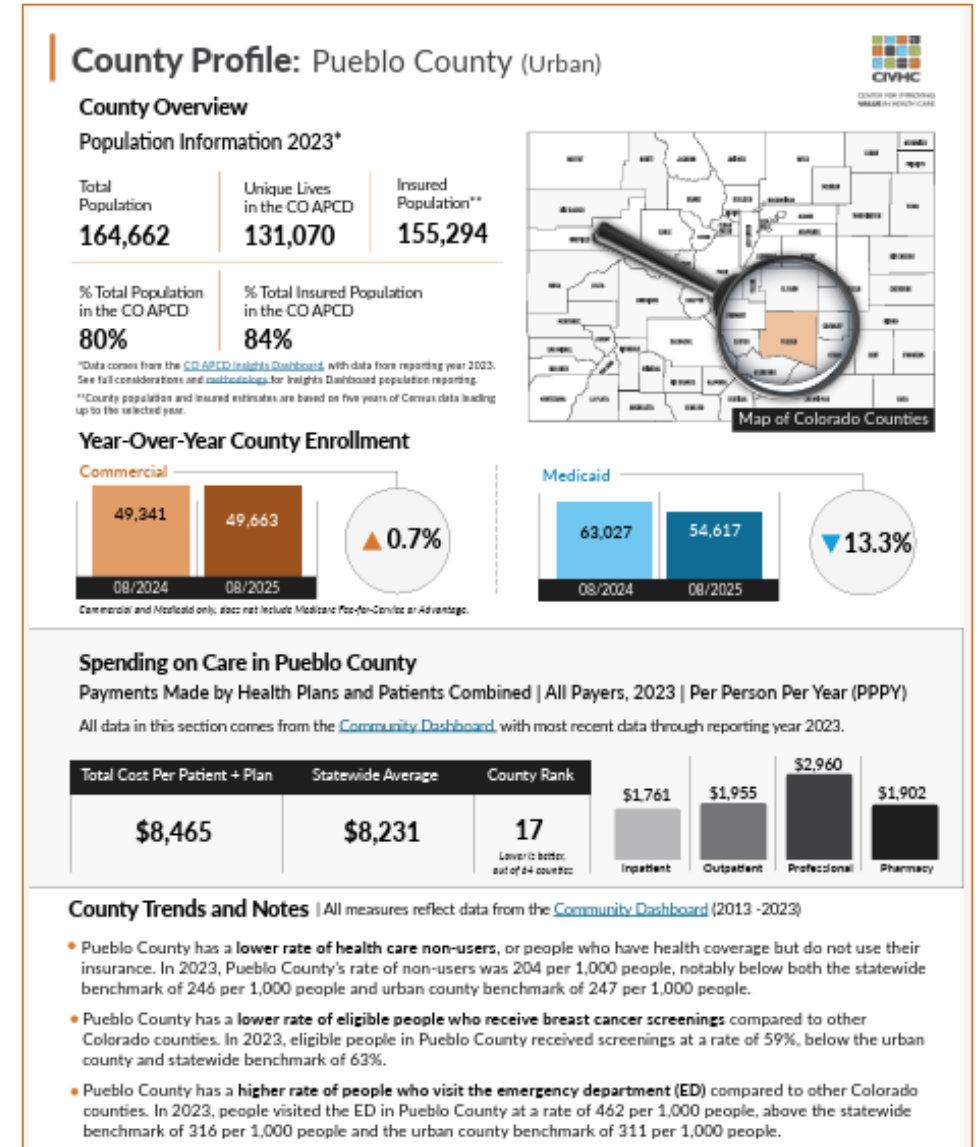




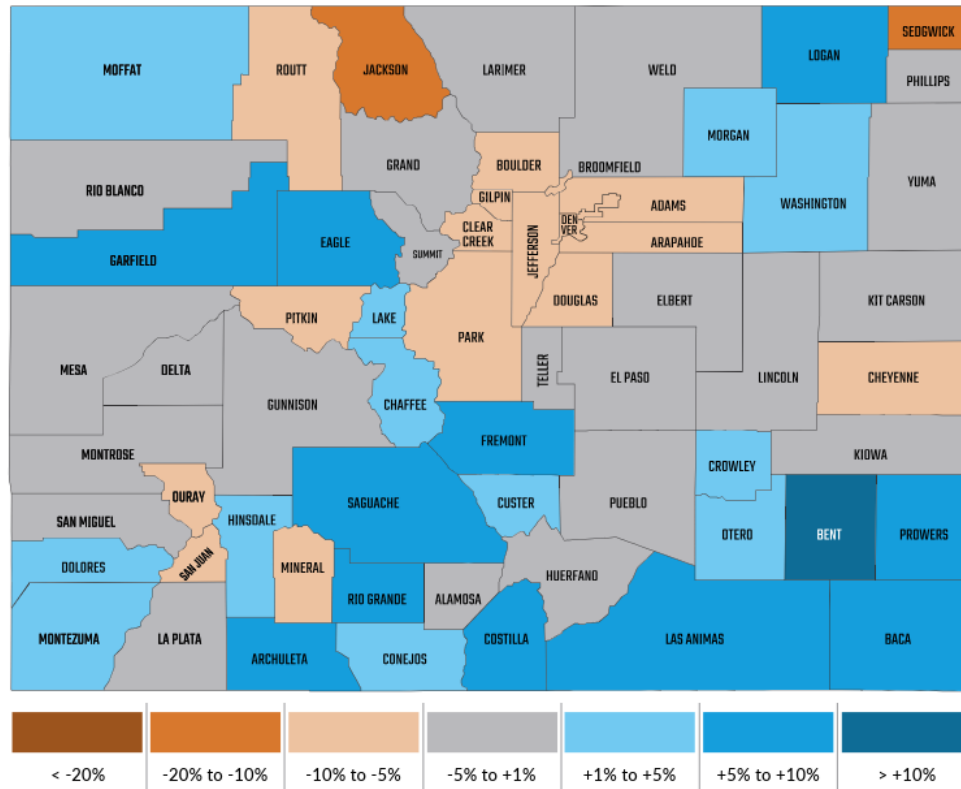
Colorado County Profiles

Data in Each Profile

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



Enrollment Change in Colorado – Commercial



2024-2025 Commercial Enrollment Percent Change

Top 3 Largest Increases in Commercial Enrollment

1. Bent ————— **+11.8%**
2. Costilla ————— **+9.7%**
3. Prowers ————— **+8.9%**

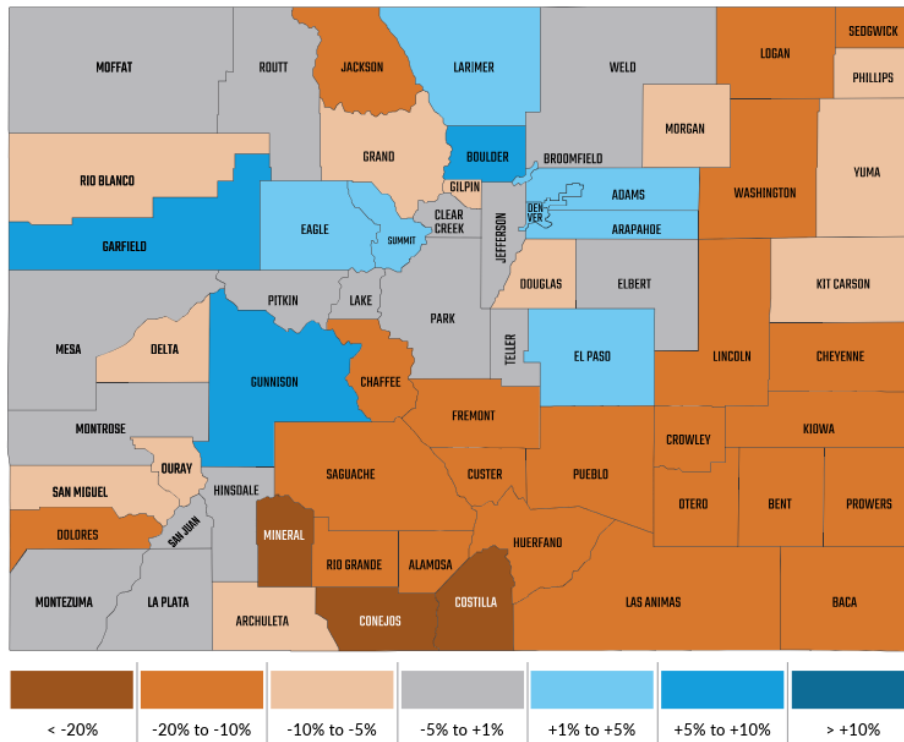
Top 3 Largest Decreases in Commercial Enrollment

1. Jackson ————— **-13.5%**
2. Sedgwick ————— **-11.4%**
3. Boulder ————— **-8.9%**

- **5% decrease** in commercial coverage statewide
- **0.7% growth** in rural counties
- **5.5% decline** in urban counties

Enrollment Change in Colorado – Medicaid

8.1% Medicaid enrollment decline in rural Colorado counties



2024-2025 Medicaid Enrollment Percent Change

Top 3 Largest Increases in Medicaid Enrollment

1. Garfield ————— **+8.4%**
2. Gunnison ————— **+7.4%**
3. Boulder ————— **+5.3%**

Top 3 Largest Decreases in Medicaid Enrollment

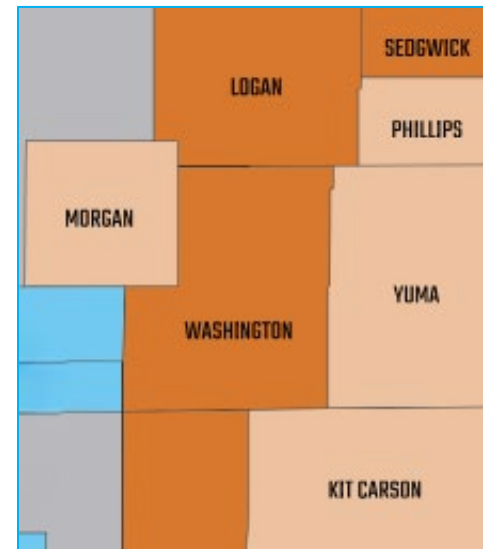
1. Mineral ————— **-26.6%**
2. Costilla ————— **-25.0%**
3. Conejos ————— **-21.8%**

- **0.3% decrease** in Medicaid coverage statewide
- **0.9% growth** in urban counties

Enrollment Change – Regional Trends

- Larger percentage Medicaid declines in the Southeast, Northeast, and San Luis Valley regions
- All three counties that experienced the highest percentage drops concentrated in the San Luis Valley (>20%)
- Caveat: change may represent only a few hundred or few dozen people

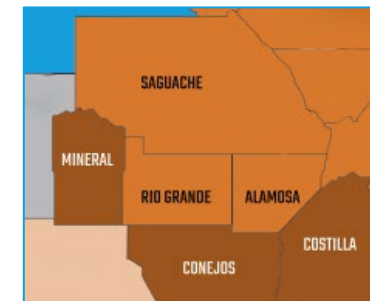
Southeast
Counties



Northeast
Counties

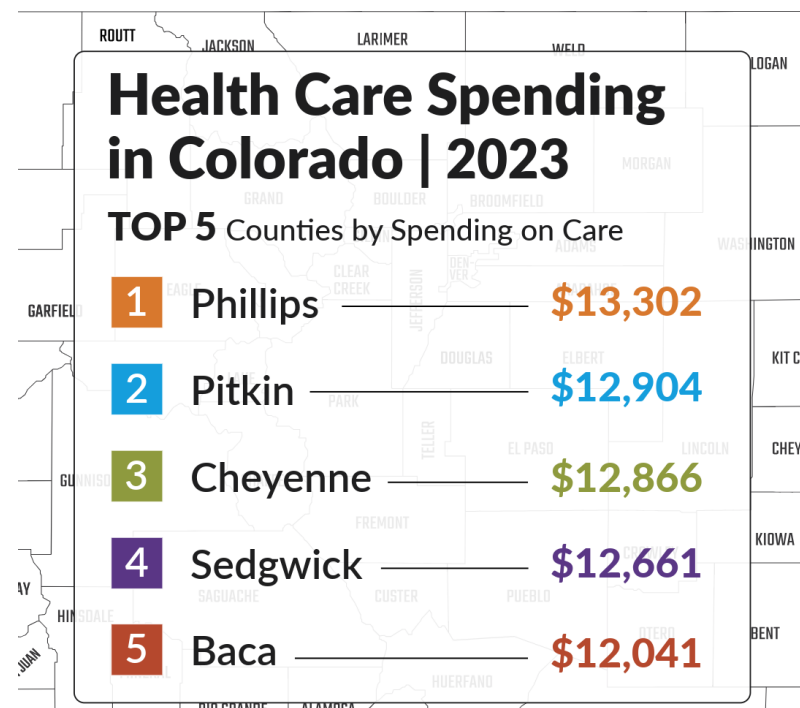
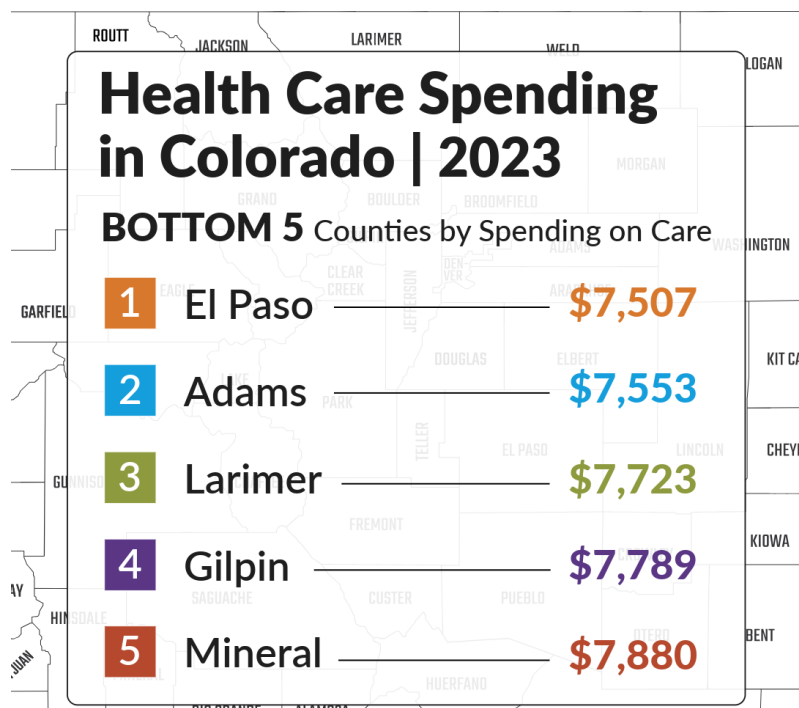


San Luis
Valley



County Profiles: Spending on Care

Health Care Spending Per Person Per Year (PPPY), Plan + Patient, 2023



County Profiles: Health Care Use

ED Visit Highest Counties			
County	Region	Coverage Change	
		Commercial	Medicaid
Baca	Southeast	6.3%	-16.8%
Logan	Northeast	5.5%	-13.1%
Las Animas	San Luis Valley	8.7%	-19.9%
Conejos	San Luis Valley	4.9%	-21.8%
Morgan	Northeast	1.9%	-5.7%
Prowers	Southeast	8.9%	-14.0%
Huerfano	Southeast	-4.5%	-19.2%
Bent	Southeast	11.8%	-15.7%
Alamosa	San Luis Valley	0.2%	-14.2%
Kit Carson	Northeast	-1.5%	-8.7%

- Concentrated in the Northeast, Southeast, and San Luis Valley regions
- Mirrors regions with highest percentage declines in Medicaid enrollment (15-20%)

County Profiles: Health Care Use

Primary Care Lowest Use Counties			
County	Region	Coverage Change	
		Commercial	Medicaid
Bent	Southeast	11.8%	-15.7%
Costilla	San Luis Valley	9.7%	-25.0%
Moffat	Northwest	2.8%	-1.5%
Saguache	San Luis Valley	5.8%	-18.6%
Crowley	Southeast	1.1%	-20.0%
Rio Grande	San Luis Valley	8.6%	-18.6%
Alamosa	San Luis Valley	0.2%	-14.2%
Denver	Metro Denver	7.5%	-3.6%
Las Animas / Lincoln*	San Luis Valley / Metro Denver	Las Animas 8.7	Las Animas -19.9
		Lincoln -1.2	Lincoln -19.5
Otero	Southeast	4.9%	-16.6%

- Concentrated in the Southeast and San Luis Valley (Bent, Alamosa, Las Animas)
- May point to regions that face barriers in accessing routine or preventive care

County Profiles: Health Care Use

Primary Care Highest Use Counties			
County	Region	Coverage Change	
		Commercial	Medicaid
Baca	Southeast	6.3%	-16.8%
Ouray	San Luis Valley	-7.8%	-5.7%
Hinsdale	West Central	1.0%	-5.0%
Sedgwick	Northeast	-7.5%	-2.3%
Douglas	Metro Denver	-6.8%	-6.6%
Pitkin	I-70 West Corridor	-6.5%	-2.7%
Yuma	Northeast	-1.1%	-5.5%
Broomfield	Metro Denver	-7.8%	3.5%
Routt	Northwest	-7.5%	-2.3%
Custer	Cental Mountains	2.5%	-12.6%

- Mix of rural, mountain, resort, and Front Range counties
- Local context matters

County Profiles: Health Care Use

ED Visit Lowest Counties			
County	Region	Coverage Change	
		Commercial	Medicaid
San Miguel	West Central	-1.0%	-9.1%
Gilpin	Metro Denver	-7.9%	-10.0%
Eagle	I-70 West Corridor	-2.5%	1.0%
Summit	I-70 West Corridor	-1.6%	3.5%
Douglas / Routt*	Metro Denver / Northwest	Douglas -6.8% Routt -7.5%	Douglas -6.6% Routt -2.3%
Clear Creek	Metro Denver	-7.2%	-4.0%
Ouray	West Central	-7.8%	-5.7%
Park	Central Mountain	-5.1%	-4.5%
Mineral	San Luis Valley	-8.8%	-26.6%
Jackson	North Central	-13.5%	-12.6%

- Mix of mountain corridor, recreational, Front Range, or resort counties
- Reflects variance in the umbrella descriptor of a “rural” county



County Profiles: Future Updates

- Update to enrollment numbers coming November 2026
 - Data 2024 – April 2026, commercial and Medicaid
- Full update to County Profiles coming early 2027
 - Population Information
 - Enrollment
 - Spending on Care
 - Utilization
- Seeking feedback and input on what measures and metrics might be helpful to your work!
 - Email: info@civhc.org, sford@civhc.org



Public Reporting in FY26

FY26 Public Reporting By the Numbers

9

**Deliverables
Completed**

4,000

**Hours Spent
On Public Reports**

300+

**Data
Downloads**

22,716

Total Page Views
1,214 Avg Unique Users/Mo

Public Reporting Use Case Examples

- **Advocacy Organization:** Identify opportunities to reduce commercial insurance costs and improve affordability for rural Coloradans.
- **Researcher:** Study how Alternative Payment Models (APMs) are being implemented across the U.S. and better understand Colorado's approach within the national landscape.
- **Digital Health Company:** Evaluate drug rebates across the pharmacy supply chain to better understand their impact on costs and affordability.
- **State Agency:** Review findings to inform potential health insurance plan design and identify opportunities for future policy development.
- **Local Public Health Department:** Use the findings to inform our Community Health Assessment and better understand local health needs and priorities.

FY26 Year End Releases

- Chronic Conditions Analysis
 - New methodology showing both total cost of care and condition-specific care
- Community Dashboard
 - Now including data through 2024
- Shop for Care
- CO APCD Insights Dashboard
 - Dashboard about what is in the CO APCD Data



Chronic Conditions Analysis – Purpose

Chronic conditions, like heart disease and diabetes, are more than just personal health challenges—they're among the leading causes of death and disability in the United States. They reduce quality of life, drive up health care costs, and place a heavy burden on health systems nationwide.

CIVHC's Chronic Conditions Analysis sheds light on 31 prevalent chronic diseases from 2017 to 2024 claims data in the Colorado All Payer Claims Database (CO APCD). This analysis reveals trends in how common these conditions are, the average annual cost of care, condition-specific spending on care, and total spending for individuals living with at least one chronic illness.

Chronic Conditions Analysis – Purpose

This analysis uses the **Centers for Medicare and Medicaid Services (CMS) Chronic Conditions Algorithm (2024)**, which includes conditions like pneumonia and hip/pelvic fractures. Though often considered one-time events, these conditions can become ongoing—especially for individuals managing multiple chronic illnesses. Their inclusion reflects their high cost and widespread occurrence among Medicare patients.

The cost measures shown in the report include two types of cost estimates and two separate tabs in the excel workbook:

- Total cost of care – the full cost of an individual’s health care, regardless of whether the care was directly related to the specific chronic condition.
- Condition-specific cost: The cost of care directly associated with treating a chronic condition.

Chronic Conditions Analysis: Conditions Included

- Acute Myocardial Infarction
- Alzheimer's Disease
- Anemia
- Asthma
- Atrial Fibrillation and Flutter
- Benign Prostatic Hyperplasia
- Cancer, Breast
- Cancer, Colorectal
- Cancer, Endometrial
- Cancer, Lung
- Cancer, Prostate
- Cancer, Urologic (Kidney, Renal Pelvis, and Ureter)
- Cataract
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Depression, Bipolar, or Other Depressive Mood Disorders
- Type 1 Diabetes
- Type 2 Diabetes
- Glaucoma
- Heart Failure and Non-Ischemic Heart Disease
- Hip/Pelvic Fracture
- Hyperlipidemia
- Hypertension
- Hypothyroidism
- Ischemic Heart Disease
- Non-Alzheimer's Dementia
- Osteoporosis with or Without Pathological Fracture
- Parkinson's Disease and Secondary Parkinsonism
- Pneumonia, All-cause
- Rheumatoid Arthritis/Osteoarthritis
- Stroke/Transient Ischemic Attack
- **Individuals with one or more chronic conditions**
- **Individuals with two or more chronic conditions**

Each condition has a downloadable excel file

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



- 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 - Methodology

Categories:

- Cardiology
- Laboratory Services
- Mental and Behavioral Health Services
- Obstetric/Gynecological Procedures
- Physical and Occupational Therapy
- Radiology and Imaging
- Surgical, Diagnostic and Injection Procedures



Shop for Care - Insights



Obstetric/Gynecological Procedures

■ Lowest Facility Median
 ▨ Highest Facility Median

82746: Blood test for folic acid level

| \$10 Delta Health

▨ \$390 Presbyterian/St. Luke's Medical Center

Cost Savings
Potential
\$315

Statewide
Median
\$75

81025: Pregnancy test, urine

| \$1 Boulder Community Health

▨ \$220 UCHealth Parkview Pueblo West

Cost Savings
Potential
\$170

Statewide
Median
\$50

76830: Transvaginal ultrasound

| \$140 Banner North Colorado Medical Center

▨ \$900 Estes Park Health

Cost Savings
Potential
\$500

Statewide
Median
\$400

9140: Vaginal delivery without complications

■ \$5,510 Banner Fort Collins Medical Center

▨ \$17,320 Valley View Hospital

Cost Savings
Potential
\$8,180

Statewide
Median
\$9,140

88142: Pap smear

| \$20 Wray Community District Hospital

▨ \$130 Montrose Regional Health

Cost Savings
Potential
\$30

Statewide
Median
\$100

\$0 \$5,000 \$10,000 \$15,000 \$20,000

Shop for Care – Insights Cont.



Mental and Behavioral Health Services

■ Lowest Facility Median ▨ Highest Facility Median

* Flat Fee vs. Per Unit Payments: Codes paid for on a Flat Fee have a fixed payment, while codes paid on a Per Unit basis are paid based on the number of units (i.e. time units/drug doses).

90853: Group psychotherapy*



Cost Savings Potential
\$110

Statewide Median
\$200

90791: Psychiatric diagnostic evaluation



Cost Savings Potential
\$20

Statewide Median
\$430

90837: Psychotherapy with patient, or with patient and family member, lasting 60 minutes*



Cost Savings Potential
\$250

Statewide Median
\$310

90870: Shock treatment and monitoring*



Cost Savings Potential
\$485

Statewide Median
\$975

\$0 \$300 \$600 \$900 \$1,200 \$1,500

Public Reporting Roadmap FY27

Quarter 1 (July – September)

- Promotion of FY26 Q4 releases

Quarter 2 (October – December)

- Colorado Dental Health Analysis in Partnership with the Colorado Dental Association
- Provider Payment Tool



Public Reporting Roadmap FY27

Quarter 3 (January – March)

- Medicare Reference Based Pricing
- Alternative Payment Models
- Prescription Drug Rebate Report

Quarter 4 (April – June)

- CO APCD Insights Dashboard
- Community Dashboard
- Chronic Conditions Analysis





Member Discussion & Public Comment

Upcoming FY27 Meetings

- December 8, 2026
- March 9, 2027
- June 8, 2027

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

