CO APCD Advisory Committee

September 16, 2025

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Agenda

- Opening Announcements
- Operational Updates
- Funding Updates
- Public Reporting
- Data Security & Analytics
- Public Comment and Member Open Discussion

Welcome New Committee Members!

- Senator Judy Amabile
  - Colorado State Senator

Open Committee Positions

- Pharmacy benefit manager
- An 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

Liz Mooney, MPA
VP of Data Access and Impact

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FY25 Key Performance Indicators

Annual Goals

Service

85%

Customer Satisfaction

Credibility

95.0%

Submitter Quality Index(SQI)

Access

Returning Clients:
FY25 = 37

New Clients:
FY25 = 25

Reach

10% website use increase over FY24

FY25 Key Performance Indicators

Service: Customer Satisfaction

Customer Satisfaction
FY 25 Goal: 85%
45 Surveys

Service

As of 6/30
91.3%
50 Surveys

FY25 Key Performance Indicators

New and Returning Customers

Customers

FY 25 Goal
New: **37**
Returning: **25**

As of 6/30
New: **30**
Returning: **21**

KPI Definition Update – methodology modified to the following:

- **Returning Customer** – a unique individual (or group) who has received a deliverable in the past **5** fiscal years
- **New Customer** – an individual who has not had a contracted deliverable from CIVHC in the past **5** fiscal years

Benefits:

- New customers are important to securing a broader and more diverse client base needed for sustainability
- Research has shown returning customers spend more, and partner more often, providing a client strong base. They also help market to new customers.
- Research also indicates that **it costs 5x more to attract a new customer** than keep an existing one

FY25 Key Performance Indicators

Credibility: Submitter Quality Index (SQI)

Credibility

FY 25 Goal

95.0% SQI

YTD 6/30

95.0% SQI

Measures usability of data for analysis

Results

- January: 95.0%
- March: 95.0%
- May: 95.0%
- YTD: 95.0%

KPI calculation

- Based on past two data warehouse refreshes
- May SQI reflects paid dates of January 2025 through February 2025
- FY 25 year-to-date reflects paid dates of April 2024 through February 2025

FY25 Key Performance Indicators

Total Website and Public Report Usage

Reach

Goal: 10% increase in usage

	FY 25 Goals (avg per mo)	Actuals (as of June)	% of Target
All Website Pages			
Total Views	14,000	11,359	81%
Unique Views	6,800	4,683	70%
Public Report Pages			
Total Views	2,800	2,504	89%
Unique Views	2,000	1,724	86%

FY25 Key Performance Indicators

Results Year-to-Date through 6/30/2025

Service

91.3%

Customer Satisfaction

Credibility

SQI: **95.0%**

Access

New Clients:

30

Returning Clients:

21

Reach

Increase Website Usage by 10%: Currently achieving goal for 1/4 metrics

CO APCD Insights

- New quarterly addition to the Advisory Committee meeting to:
  - Gain a better understanding of what's in the CO APCD
  - See how the CO APCD compares to other APCDs
  - Clarify how APCD data differs from other health care price data
  - Answer questions about what the CO APCD can do
- This section should improve Advisory Committee understanding of what the CO APCD is and how the data is managed.
- Please send any questions to Sarah Ford sford@civhc.org

CO APCD Facts and Figures

- Initial submissions to the CO APCD go back to 2009, but 2009-2011 are archived and not used in CIVHC analytics.
  - The first submissions came from Medicaid and ~5 commercial payers.
- Submitters must deliver eligibility, medical, dental, pharmacy, and vision files to CIVHC monthly (+ annual files each Sept 1).
- CO APCD data is refreshed and updated every 2 months (Jan, March, May, July, Sept, Nov).
- Claims data is generally held for 3 months after date of payment to reflect 99.5%+ adjudication. Eligibility data may be released prior to a 3-month run-out.
- CO APCD contains over 1.3B claims through 4/2025 from 43 different payers representing over 6.5M unique lives.
- Since 2014, CIVHC has released almost 800 reports or data sets to improve the health of Coloradans.

CO APCD Scholarship

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CO APCD Scholarship Paused

- Due to State funding shortfalls, the Colorado Joint Budget Committee made the decision to withdraw CO APCD Scholarship funding in FY26 and FY27.
- Unless additional funding is found, the program will be unavailable from July 1, 2025 – June 30, 2027.
- CIVHC is working with the State and local philanthropy to explore alternative options to support community access to the CO APCD.
- Any committee members with connections to potential funders or with other ideas to acquire scholarship funding should reach out to CIVHC leadership.

CO APCD Scholarship Program

- The Colorado General Assembly appropriated $500,000 in FY24-25 to support access to data from the CO APCD.
- Eligible organizations include:
  - Non-profits with annual revenue below $10 million
  - Government entities, including federal, state, county and municipal.
  - Public institutions of higher education
- The CO APCD Advisory Committee plays a role in reviewing applications for scholarship grants and recommending funding levels per 2018 legislation.
- The CO Dept of Health Care Policy & Financing administers the CO APCD Scholarship Fund
- Requests from organizations outside of Colorado are capped at $50,000 each year

FY 24-25 Scholarship – Year End Summary

Applications Fully Approved

- **17** total projects approved
- $500,000 of the **$500,000** total available requested, 100% of annual funds available
- Average Scholarship award for the 17 projects: **$30,470**

Program updates:

- Updated CO APCD Scholarship Program information document available on the CIVHC website: https://civhc.org/funding-sources/

FY 24-25 Scholarship – Year End Summary

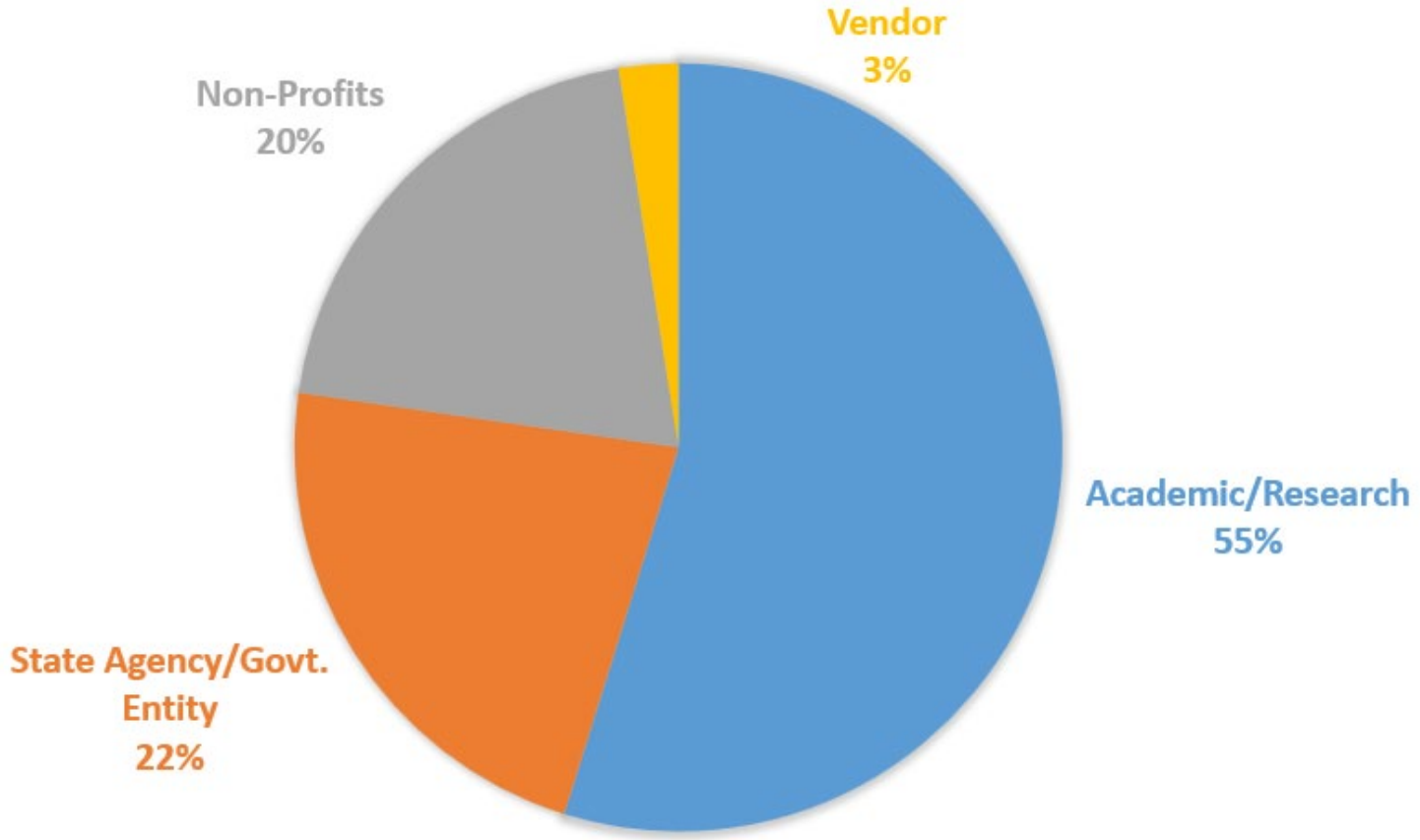
FY 25 Scholarship Requests Submitted					
Data Requestor Organization Academic/Research Requests	**Project**	**Scholarship Amount**	**Requestor Amount**	**Data/Project Total Cost**	**Quarter Approved**
24.59 University of Colorado, Anschutz Medical Campus;	Outcomes After Initiation of IM-naltrexone vs. Oral naltrexone at Hospi	$37,432	$9,358	$46,790	Q2
25.14 Denver Health, Rocky Mountain Network for Oral H	Rocky Mountain Network for Oral Health Integration (RoMoNOH) Phas	$13,214.40	$3,303.60	$16,518	Q2
25.15 University of Colorado School of Medicine	The effect of pre-Medicare insurance on the health outcomes and spen	$22,616	$5,654	$28,270	Q2
25.85 University of Colorado LEAD Center	LEAD Center DiCAYA Study	$24,808	$6,202	$31,010	Q2
24.36 University of Colorado Anschutz	An Ounce of Prevention: Primary and Preventive Care Gaps, Barriers, ar	$50,000	$15,180	$65,180	Q3
25.13 University of Colorado School of Medicine	Healthcare Resource Utilization in Patients with Stiff Person Spectrum I	$45,328	$11,332	$56,660	Q3
25.26 University of Colorado School of Medicine	What is emergent enough? Quantifying life-threatening pregnancy com	$39,688	$9,922	$49,610	Q3
25.11 University of Colorado School of Medicine	Care patterns and outcomes of patients with substance use disorders i	$41,008	$10,252	$51,260	Q3
	Sub-total	**$274,094.40**	**$71,203.60**	**$345,298.00**	
State Agency/Govt. Entity Requests					
24.50 Telluride	Telluride Area Health Care Services Utilization Study	$17,024	$4,256	$21,280	Q1
23.106.75REF01	OSPMHC Long COVID Surveillance	$25,568.64	$6,392.16	$31,960.80	Q1
25.106.25 House of Reps	CO Legislature Ambulance Reimbursement	$32,840	$0	$32,840	Q1
25.102.70 Colorado Division of Insurance (DOI)	Colorado Option Evaluations	$26,512	$6,628	$33,140	Q2
25.504 Adams County Public Health	Postpartum Care Visit Evaluation	$10,374.40	$2,593.60	$12,968	Q3
	Sub-total	**$112,319.04**	**$19,869.76**	**$132,188.80**	

FY 24-25 Scholarship – Year End Summary

Non-Profit Requests					
25.526 Benefits in Action	Benefits in Action Comprehensive Support Services Evaluation	$42,411.60	$7,484.40	$49,896	Q2
25.531 Families Forward Resource Center	Prenatal and Postpartum Care Summary Report	$30,056	$5,304	$35,360	Q3
25.512 Colorado Perinatal Care Quality Collaborative (CP(	Colorado Postpartum Care Utilization	$28,634.96	$7,095.75	$35,730.71	Q4
	Sub-total	**$101,102.56**	**$19,884.15**	**$120,987**	
Vendor - Health Data Company Requests					
25.05 Health Price Partners	Health Price Partners Patient Liability Analysis V2	$12,484.00	$3,121.00	$15,605	Q2
	Sub-total	**$12,484.00**	**$3,121.00**	**$15,605**	
Approved	**Totals**	**$500,000.00**	**$114,078.51**	**$614,078.51**	
Pending	**Totals**	**$0**	**$0**	**$0**	

	Scholarship Amount	Requestor Amount	Data/Project Total Cost
Total FY25 Scholarship Dollars Requested	$500,000.00	$114,078.51	$614,078.51
Remaining Funds Available	$0.00		

FY 24-25 Scholarship – Year End Summary



CO APCD Scholarship Paused

- Due to State funding shortfalls, the Colorado Joint Budget Committee made the decision to withdraw CO APCD Scholarship funding in FY26.
- The program will be paused through FY27, from July 1, 2025 – June 30, 2027
- CIVHC hopes the state will be able to re-establish funding for the program in fiscal year 2027 – 2028

Health Equity Fund

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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.
- The Fund is supported at $1 million; we anticipate allocating roughly $250,000/year for four years

Health Equity Fund Spend to Date

- $782,648 committed Health Equity Fund projects since inception in February 2024 (through end FY26)
- $237,500 will be realized in FY26 –
  - $87,500 from work committed in FY 25 will extend into FY25-26
  - $150,000 in new projects for FY26 already approved
  - We are not taking additional projects
- This positions CIVHC for an additional year of Health Equity Fund in FY27
- We are still seeking investors/grant funding to extend the reach of the Health Equity Fund

Health Equity Fund – Project Summaries & Timing

Projects extending into FY 25-26

- **Lift Up**, impact of food security interventions on health.
- **West Mountain Regional Health Alliance**, customized community health measures and dashboard.
- **Sites and Insights**, impacts of therapeutic art programs for patients with cancer and their caregivers.
- **CALPHO**, implementing customized dashboard for local public health agencies.
- **Project 1.27**, review of EchoFlex resiliency program for opportunities to improve data collection and analysis.

New FY26 Projects

- **CALPHO**, Phase II CALPHO-CORE LPHA claim volume
- **Center for African American Health**, evaluating health disparities among African American populations in Colorado
- **Sheridan Rising Together for Equity,** Phase 2 Evaluation Implementation
- **Colorado Perinatal Care Quality Collaborative (CPCQC),** Colorado postpartum care utilization

CO APCD Data Vendor Update

- CIVHC selected **Onpoint Health Data** as the new data vendor for the CO APCD and signed a 3-year contract with options for extensions to 7 years.
- About Onpoint:
  - More than two decades of experience specializing in APCD management.
  - Current data vendor for 8 APCDs and technical partner for 12 (over half) of APCDs nationally, including California, Maryland, Massachusetts, Vermont, and Georgia
  - Deep experience in claims and non-claims data: medical, pharmacy, behavioral health, social drivers, etc.
- Why Onpoint?
  - Proven track record launching and transitioning APCDs across the country
  - Expertise in CIVHC and Colorado priorities: data intake, processing, and quality, identity management, strong reporting tools, and secure data access.

CO APCD Data Vendor Update

- Focus areas for Partnership
  - Data Intake and Quality: Streamlined submission, enhanced and expanded QC processes, faster data access and request turnaround time
  - Cloud-based enclave with role-based access for approved users at CIVHC and for Data Mart hosting (R, Python, SAS, SQL)
  - Expanded analytic capabilities and support to incorporate new data types (e.g. SDOH, registries, clinical data).

Next Steps

- Contract started July 1, 2025
- Full takeover of operations by June 30, 2026

State & Federal Funding Updates

Kristin Paulson, JD, MPH
President and CEO

Liz Mooney, MPA
VP of Data Access and Impact

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State and Federal Funding Updates

State:

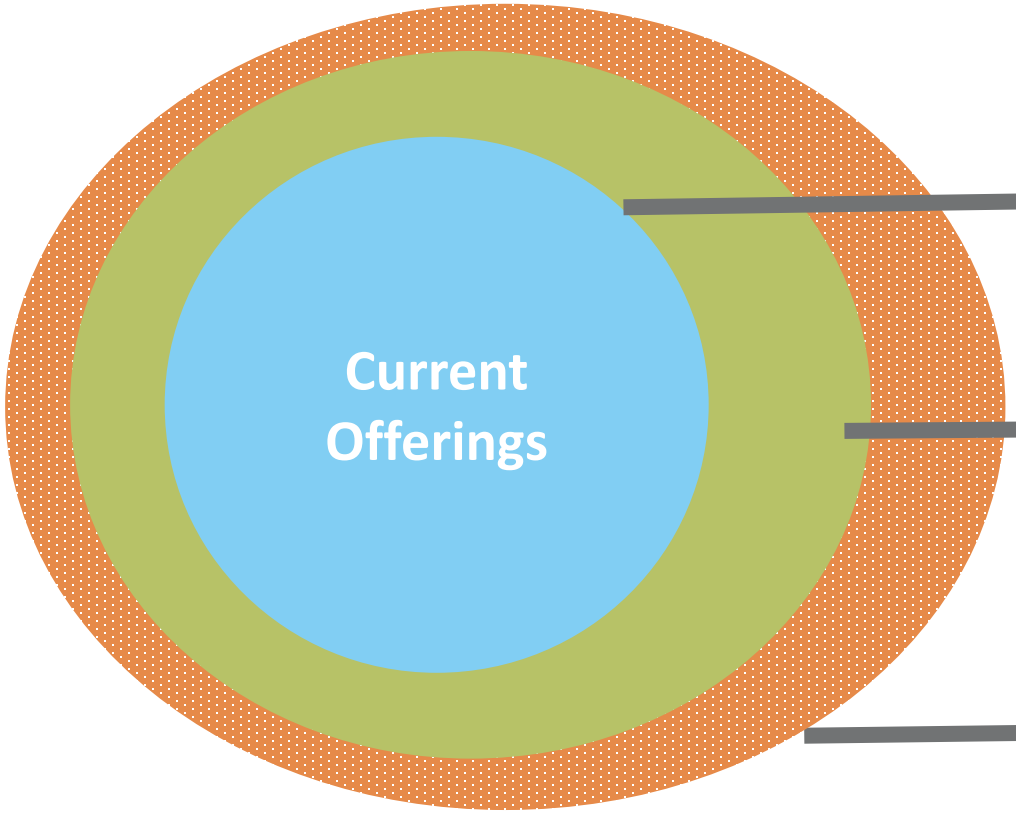
- Contract for FY26 is signed and in place – some reduced deliverables due to decreased general fund allocation in FY26.
- Special session started 8/21. No direct impacts to the CO APCD, but significant impacts to the state and partners.
- Planning for FY27 budget:
  - Working with the State to identify options for funding in FY 27 and beyond.
  - Doubling down on revenue diversification: increasing subscription packages, developing partnerships with health systems and providers, collaborating with HIE and other data sources.

State and Federal Funding Updates

Federal:

- Increased operations match allocation and tiered rates for FY26. No changes to federal match rates relevant to CO APCD, but ongoing changing funding priorities are impacting academic and research partners, passing through to CIVHC and CO APCD
- Health tech infrastructure/connectivity, rural health, price transparency, Rx costs
  - All could include funding opportunities, changes, APD/match rate modifications

Path to Growth & Diversification



Ensure a Strong Foundation:

- Quality & Process Efficiencies
- Grow Existing Markets

Expand Existing Offerings:

- Cement CIVHC Positioning In Health Care Ecosystem
- Enter New Markets
- Add New Features & Services

Launch New Offerings:

- Create New Synergistic Offerings

Expanding Footprint in CO Health Care Market

Advancing CIVHC's Integration into Colorado's Health Care Landscape

Two primary strategies for alignment with Board directive and revenue diversification

- **Positioning CIVHC as the Go To Data Resource Across the Health Care Landscape**
  - Launching a proactive communications strategy to produce timely analyses that illuminate what is changing in Colorado's health care landscape.
- **Packaging Analyses for Providers, RAEs and Others Across the Ecosystem**
  - Delivering actionable, cost-focused insights specific to health care providers/clinicians/health systems using the CO APCD's comprehensive claims data.
  - Flexible delivery formats: standard reports, interactive dashboards, or data mart access based on user capacity.

How Will We Know Which Products/Services to Focus On?

- Leveraging the **Jobs to Be Done** Theory (Christiansen, Harvard)
- Primary premise:
  - Customers don't simply buy a product or service—they "hire" it to do a "job."

*This focus on **why** clients and partners purchase products or services will help us ensure our prioritization, positioning, messaging, and product packaging all directly speak to customer needs and contexts, not internal assumptions.*

CO APCD Advisory Committee Input

- What new partners could benefit from CIVHC's reporting or CO APCD data?
- Are there areas where APCD insights might be particularly valuable?

Public Reporting

Abby Fehler
State Initiatives Project Manager

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FY25 Public Reporting By the Numbers

11
Deliverables Completed

360+
Data Downloads
80% increase from FY24

3.6K+
Hours Spent on Public Reports
(includes Communication/Marketing + Analytic hours)

Total Page Views:
30,049
Unique Users/Month:
1,724

Public Reporting Use Case Examples

Physician: We seek to assess our clinic's performance in comparison to state averages.

Researcher: Researching school-aged children in Colorado with chronic diseases and healthcare utilization to understand where the greatest needs are for care coordination between schools and healthcare systems

Digital Health Company: Evaluate drug rebates in the pharmacy supply chain

State Agency: To analyze chronic disease prevalence and associated costs by service category in order to identify cost-saving opportunities within HCPF's shared savings program.

Local Public Health Department: We publish a biennial Health Determinants Report that includes sections on the leading causes of death and suicide by firearm. Incorporating this data could strengthen our ability to describe trends in injury and suicide by firearm

FY25 Year End Releases

- Chronic Conditions Analysis
  - Brand new public report. Includes data on 30 chronic conditions.
- Community Dashboard
  - New UX enhancements
    - New tab that allows users to rank counties by different measures
  - New pediatric dental measure
- CO APCD Insights Dashboard
  - New UX enhancements, simplified dashboard

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 30 prevalent chronic diseases from 2017 to 2023 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 and total spending for individuals living with at least one chronic illness.

Chronic Conditions Analysis – Methodology

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 wide spread occurrence among Medicare patients.

The cost measures shown reflect the total health care costs a person with a chronic condition had during the year—not just the cost to treat the condition itself. For example, the cost per person per year includes all care they received, not just care for the 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
- 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. For FY26 will include an interactive Tableau

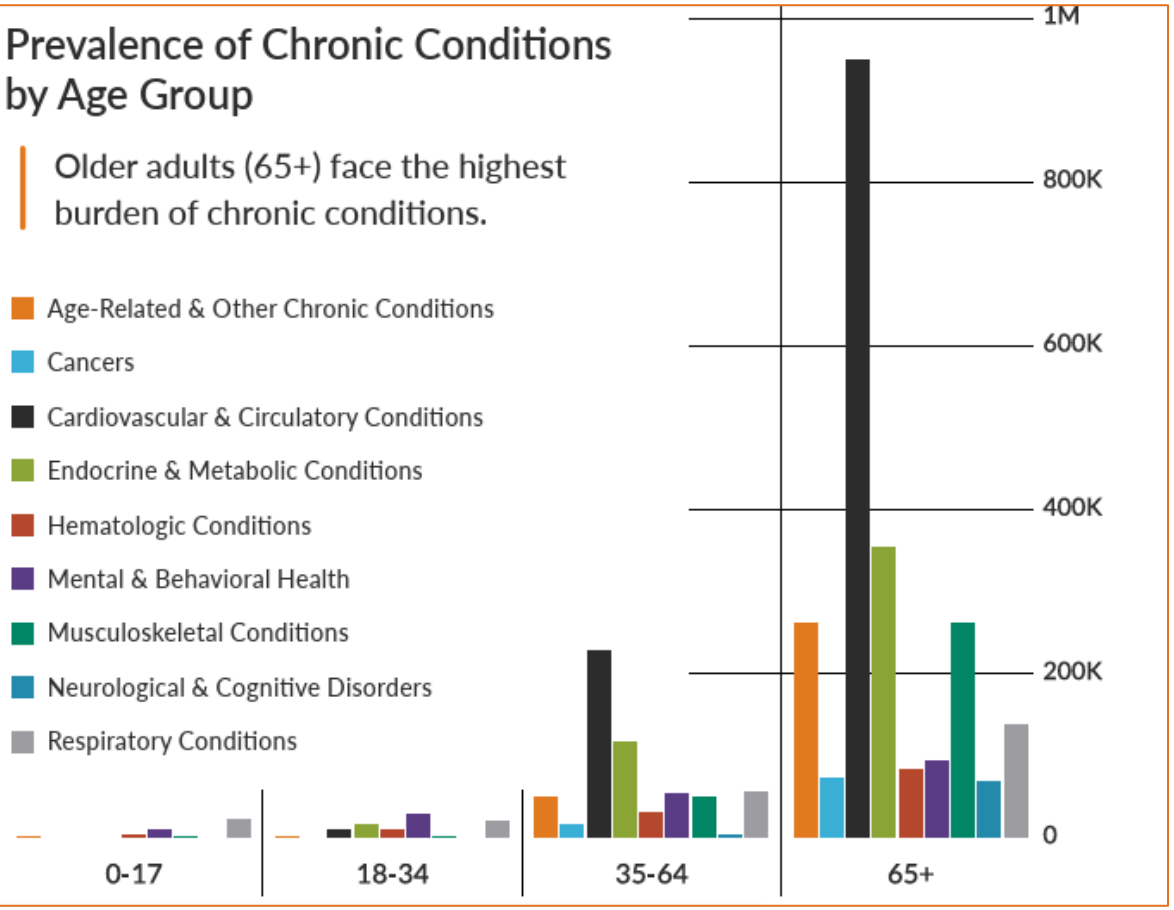
Chronic Conditions Analysis – Findings

22% of Coloradans have a chronic condition, and most of them—about **7 out of 10** have more than one.

Chronic Conditions Analysis – Findings

Prevalence of Chronic Conditions by Age Group

Older adults (65+) face the highest burden of chronic conditions.



Most Common | By Age Group

For Coloradans under 35, mental health challenges and asthma top the list. But after 35, the spotlight shifts to heart health: high blood pressure and high cholesterol become the most common concerns.

0-17

- Asthma
- Depression & Mood Disorders

18-34

- Depression & Mood Disorders
- Asthma

35-64

- High Blood Pressure (Hypertension)
- High Cholesterol (Hyperlipidemia)

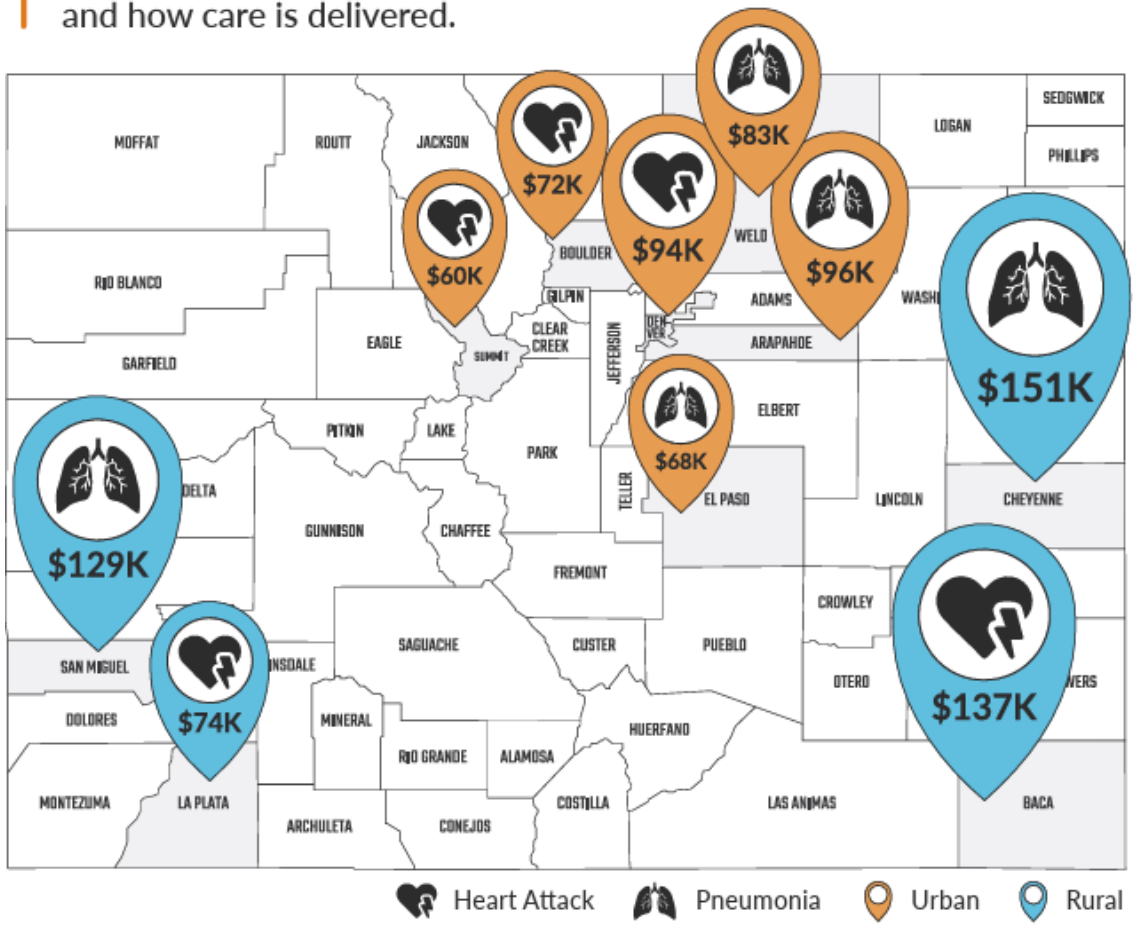
65+

- High Cholesterol (Hyperlipidemia)
- High Blood Pressure (Hypertension)

Chronic Conditions Analysis – Findings

Cost Variation for High-Expense Conditions Across the State | PPPY/Per Person Per Year

> Health care costs for chronic conditions vary across Colorado. Urban areas can often have higher costs due to access to specialty care, while rural areas may see cost differences tied to provider access and how care is delivered.



Colorado Dental Health Analysis – Purpose

Oral health is a vital part of overall well-being—impacting everything from nutrition and speech to chronic disease and quality of life. This interactive dashboard, developed in partnership with the Colorado Dental Association, provides a clear picture of dental care in Colorado using **commercial claims** data from 2022 to 2024 from the Colorado All Payer Claims Database.

Colorado Dental Health Analysis – What's Included

Analysis explores trends in utilization, costs, and demographics using detailed CDT (Current Dental Terminology) codes.

- The dashboard also breaks down the cost of care by:
  - **charge amount**
  - **allowed amount**
  - **out-of-pocket costs**
  - **insurance payments**

Colorado Dental Health Analysis – Dashboard

CO APCD
Colorado Dental Health Analysis

COST | DEMOGRAPHICS | TRENDS

COMMERCIAL DENTAL HEALTH ANALYSIS | COST

FILTERS: Select a Year: 2024 | Select a Geography: Statewide | Select a Measure: Allowed Amount

Allowed Amount by CDT Code | Statewide, 2024

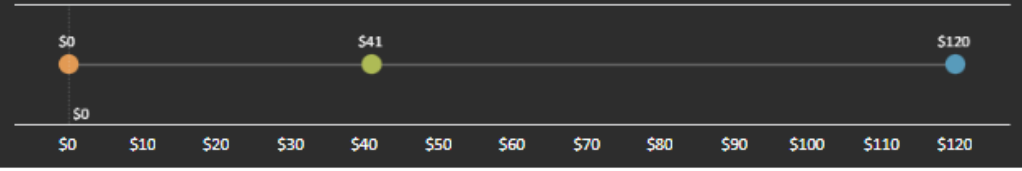
SORT BY: Code Description Ascending

Type in CDT Code:

Code Description	Average Payment	25th Percentile Payment	50th Percentile Payment	75th Percentile Payment
D0120 : periodic oral evaluation - established patient	$41	$36	$36	$48
D0140 : limited oral evaluation - problem focused	$59	$53	$53	$65
D0145 : oral evaluation for a patient under three year..	$44	$36	$36	$47
D0150 : comprehensive oral evaluation - new or estab..	$65	$57	$58	$72
D0160 : detailed and extensive oral evaluation – probl..	$98	$76	$80	$120
D0170 : re-evaluation - limited, problem focused (esta..	$73	$45	$62	$85
D0171 : re-evaluation – post-operative office visit	$43	$41	$41	$45
D0180 : comprehensive periodontal evaluation - new ..	$79	$64	$72	$99
D0190 : screening of a patient	$20	$18	$18	$22
D0191 : assessment of a patient	$13	$9	$15	$15
D0210 : intraoral – comprehensive series of radiograp..	$102	$91	$92	$119
D0220 : intraoral - periapical first radiographic image	$21	$19	$19	$25
D0230 : intraoral - periapical each additional radiogra..	$17	$15	$15	$20

In May 2025, CIVHC found issues with how one payer processed and recorded dental claims. About 13% of claims from July 2021 to March 2025 are affected. CIVHC is working with the payer to resolve.
Codes with less than 11 claims are not available.

Variation in Allowed Amount by Commercial Payer | Statewide, 2024
Code Description: D0171 : re-evaluation – post-operative office visit
Select a CDT code from the table above to filter graph.



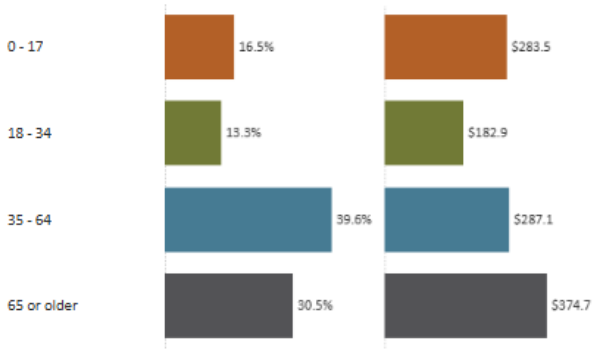
Codes with extremely high or low values may indicate a low volume of claims.

COST | DEMOGRAPHICS | TRENDS

COMMERCIAL DENTAL HEALTH ANALYSIS | DEMOGRAPHICS

FILTERS: Select a Year: 2024 | Select a Geography: Statewide | Select a Demographic: Age Group | Select a Measure Group: Cost

Percent of Total Cost by Age Group
Statewide, 2024

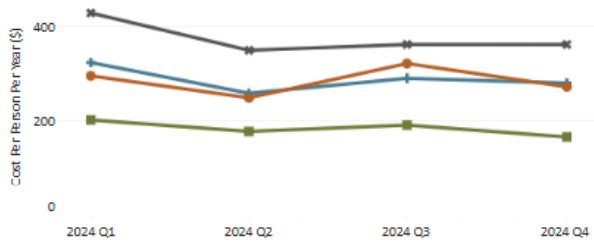


Cost Per Person Per Year ($)

Hover over demographic breakdown to highlight trend graph below.

Trends in Cost Per Person Per Year by Age Group | Statewide, 2024

Select a Trend Measure: Cost Per Person Per Year



Top CDT by Cost | Age Group

0 - 17	D1120: Child Cleaning	10%
	D0120: Periodic Oral Evaluation	9%
	D8670: Periodic Orthodontic Treatment Visit	8%
18 - 34	D1110: Initial Oral Evaluation	16%
	D2740: Porcelain or Ceramic Crown	8%
	D0120: Periodic Oral Evaluation	7%
35 - 64	D2740: Porcelain or Ceramic Crown	18%
	D1110: Initial Oral Evaluation	14%
	D0120: Periodic Oral Evaluation	7%
65 or older	D2740: Porcelain or Ceramic Crown	21%
	D1110: Initial Oral Evaluation	11%
	D0120: Periodic Oral Evaluation	6%

Colorado Dental Health Analysis – Findings

- **In 2024**:
  - 1.6 million dental services delivered statewide
  - $485 million in total spending
  - Utilization rate: 78 services per 1,000 people
  - Average annual cost: $285 per person

- **Utilization:**
  - From 2022 to 2024, overall dental service utilization remained relatively stable.
    - The most frequently performed dental procedure across all visits was D0120: Periodic Oral Evaluation – Established Patient, indicating consistent use of routine check-ups.

Colorado Dental Health Analysis – Findings

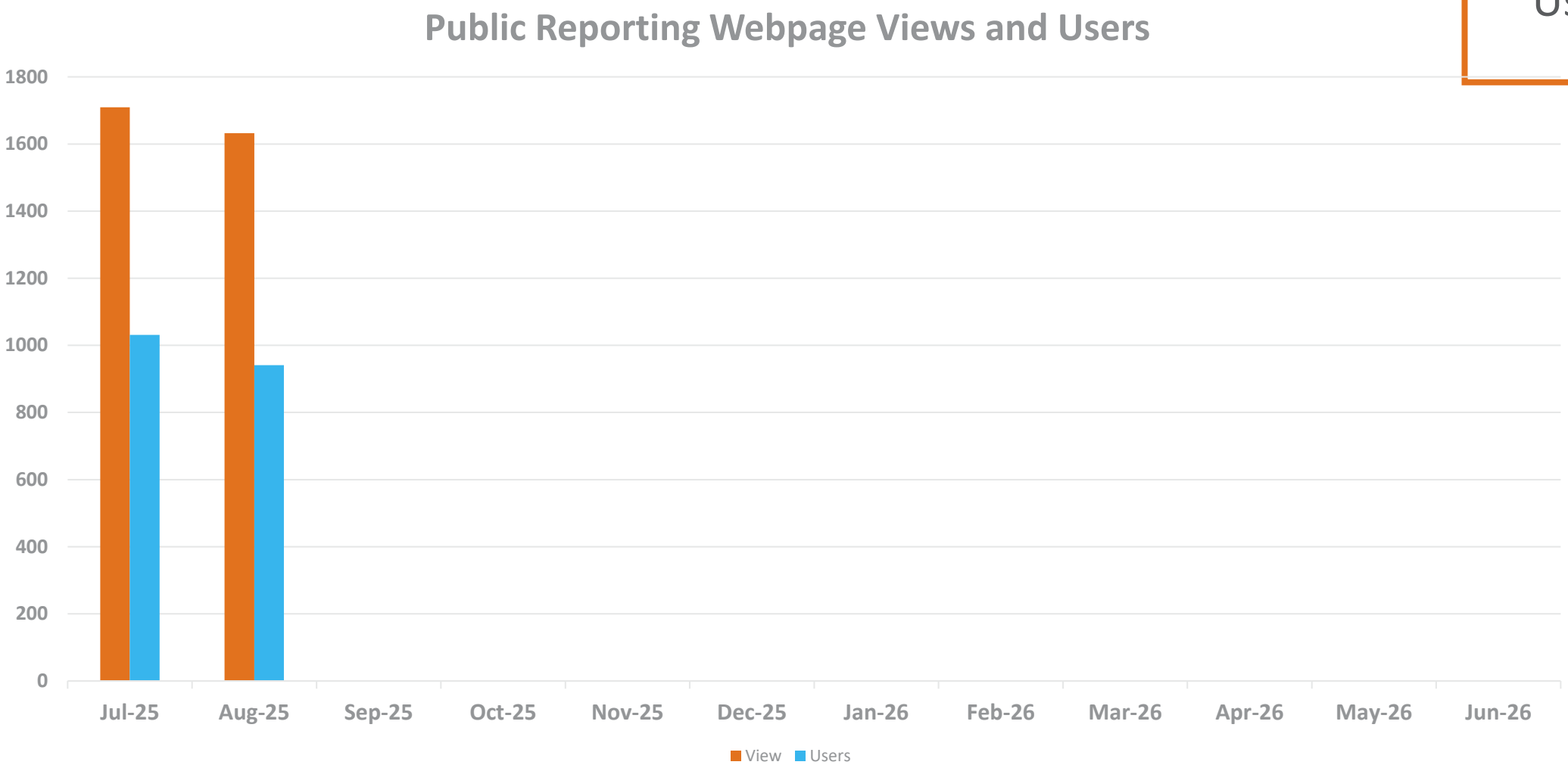
- **Sex:** Across all years and geographies, males consistently had lower dental care utilization rates (per 1,000 people) compared to females.

- **Race and Ethnicity:** Utilization was lowest among individuals identifying as American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and Two or More Races.

- **Age Group:** Adults aged 18–34 had the lowest dental care utilization compared to other age categories.

Public Reporting – FY26

Average Monthly
Views: **1,671**
Users: **986**



Public Reporting Roadmap FY 26

Quarter 1 (July – September)

- Colorado Dental Health Analysis

Quarter 2 (October - December)

- Medicare Reference Based Pricing
- Provider Payment Tool
- Alternative Payment Models

Public Reporting Roadmap FY 26

Quarter 3 (January – March)

- Prescription Drug Rebates
- Shop for Care

Quarter 4 (April – June)

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

Data Quality & Analytics

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The Data Solutions Team

- Unites multiple teams:
  - Data Operations & Development
  - Data Quality & Intake
  - Research, Evaluation, and Data Innovation
- Evaluation & Data Innovation Hub
  - Designed to drive timely analytics, novel insights, and innovative methods
- Strategically realigned to strengthen cross-team collaboration, expand data offerings and capabilities, and drive further innovation

Data Submission Guide (DSG) 17

- Payers began submitting monthly files under DSG 16 in July
- Plans are already underway for DSG 17, with the annual CO APCD Rule Hearing scheduled for November
- Updates currently planned under DSG 17:
  - Clarification of data element descriptions and instructions
  - Improved compliance language
  - New Insurance Product Types added to account for Medicare Special Needs Plans (SNP)
- File formatting and naming convention updates to align to Onpoint platform

Data Security and the CO APCD

Functional Security Measures

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Environment Comparison

	HSRI with NORC Data Enclave	Onpoint
Certifications & Compliance	HIPAA, HITECH, NIST 800-53 & 800-171, FISMA, CMS QECP	HIPAA, HITECH, HITRUST Certified, NIST, CMS QECP
Hosting Environment	**SOC-2 certified U.S. data centers**	**AWS FedRAMP & SOC-2 cloud**, with dedicated AWS accounts & VPCs for each client
Access Controls	Role-based access (RBAC); least privilege model	RBAC; CIVHC permissions administration
User Security	Citrix NetScaler virtual desktops with MFA; no copy/paste, print, or export	MFA on all endpoints; no copy/paste, print, or export; client data segmented by account
Data Protection	TLS 1.2 + AES-256 encryption; PHI separated into dedicated schema	AES-256 encryption; PGP-encrypted file transfers via SFTP/HTTPS
Monitoring & Auditing	Continuous monitoring, file system logging, Citrix Director oversight, annual third-party audits, penetration testing	Continuous monitoring, file system logging, annual third-party audits, penetration testing, nightly encrypted backups

Special Security Measures

These measures reduce reliance on vendor assurances and give CIVHC greater visibility and control.

- **Cloud Oversight:** Annual cloud configuration reviews to verify Onpoint's AWS environments (VPC isolation, IAM policies, encryption settings) align with FedRAMP/HITRUST controls.
- **Shared Responsibility**: Security plan clearly defines Onpoint's vs. CIVHC's vs. AWS's security obligations.
- **Data Exit Strategy:** Encrypted backups for retrieval of CO APCD data in case of disruption.
- **Access Audits:** Quarterly access reviews of Onpoint's Enclave — verifying RBAC configurations, privileged user access, and MFA enforcement.

Special Security Measures

- **Continuous Monitoring Feed**: Real-time log feeds (via SIEM integration) from Onpoint so CIVHC can independently monitor unusual activity.
- **Joint Incident Response Testing**: Annual tabletop exercises simulating misconfigurations or breaches, with CIVHC participating in remediation decision-making.
- **Privacy Impact Assessments (PIAs):** Annual PIAs, shared with CIVHC, to assess how new services or cloud changes may affect PHI privacy.
- **Data Minimization Rules:** Stricter approvals for higher-risk data (e.g., PHI, PII).

Data Security and the CO APCD

Data Governance and Compliance

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The Role of the Legal & Compliance Department

- The Legal & Compliance ("L&C") Department collaborates across CIVHC and throughout the organization's processes to ensure data governance and compliance with all laws and regulations. Some examples include:
  - Ensuring client applications are feasible, meet minimum necessary requirements (when applicable), and comply with other federal and state laws and contracts.
  - Assisting the Data Release and Review Committee with data request reviews for minimum necessary requirements, benefit to Colorado, and advancing the Triple Aim.
  - Reviewing and approving data management plans, publications, and suppression standards.

CIVHC's Approach to Enforcement

- CIVHC follows all federal and state laws and regulations as well as our contractual requirements with federal, state, and business entities. CIVHC also responds to formal legal requests such as subpoenas, administrative requests, and court orders.
- The statutory mission of the CO APCD is "facilitating the reporting of health-care and health quality data that results in transparent and public reporting of safety, quality, cost, and efficiency information; and analysis of health-care spending and utilization patterns for purposes that improve the population's health, improve the care experience, and control costs." Generally, use of CIVHC's data for enforcement activities would not align with our governing statute.
- CIVHC is contractually and statutorily bound to not use CO APCD data for the purposes of immigration enforcement or criminal enforcement of reproductive health services.
- CIVHC's internal review process considers a project's potential impact on vulnerable populations.

Questions & Advice from Advisory Committee

- Does anyone have any questions?
- What suggestions or guidance does the Advisory Committee have for CIVHC in this area?

Member Discussion & Public Comment

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FY 26 Meeting Schedule

- December 9, 2025
- March 10, 2026
- June 9, 2026
  - 2pm-4pm
  - Virtual unless otherwise noted