Commission on Medicaid

Launch, governance & scope

Monday, July 6, 2026

TODAY

What we'll accomplish

1. **Adopt the rules of the road**

   Decision rule, quorum and voting, plus how we'll request information.

2. **Adopt the work plan & calendar**

   The ten remaining meetings, built back from December 11.

3. **Agree on our scope**

   What we'll make recommendations on – and what we'll flag but not try to solve.

AGENDA

Block A – Launch & governance

- Decision rule, quorum, & voting
- Work plan & calendar
- Information protocol
- Success & member interviews

Block B – Defining our scope

- Where the money goes
- The scope framework
- How we'll weigh options
- How we'll gather input

SETTING EXPECTATIONS

We're a Commission – not a committee

This will feel different, by design.

WHAT WE'RE USED TO

- A docket of many competing bills
- Formal hearings and testimony from a dais
- Majority rules – often on party lines
- Each of us in our own committee role

→

THIS COMMISSION

- One shared mission, one deadline: December 11th
- Working sessions and real dialogue, not testimony
- Bipartisan – we seek what most of us can live with
- Advisory – we recommend to the legislature and next Governor

We're solving this together.

Launch & governance

The rules of the road.

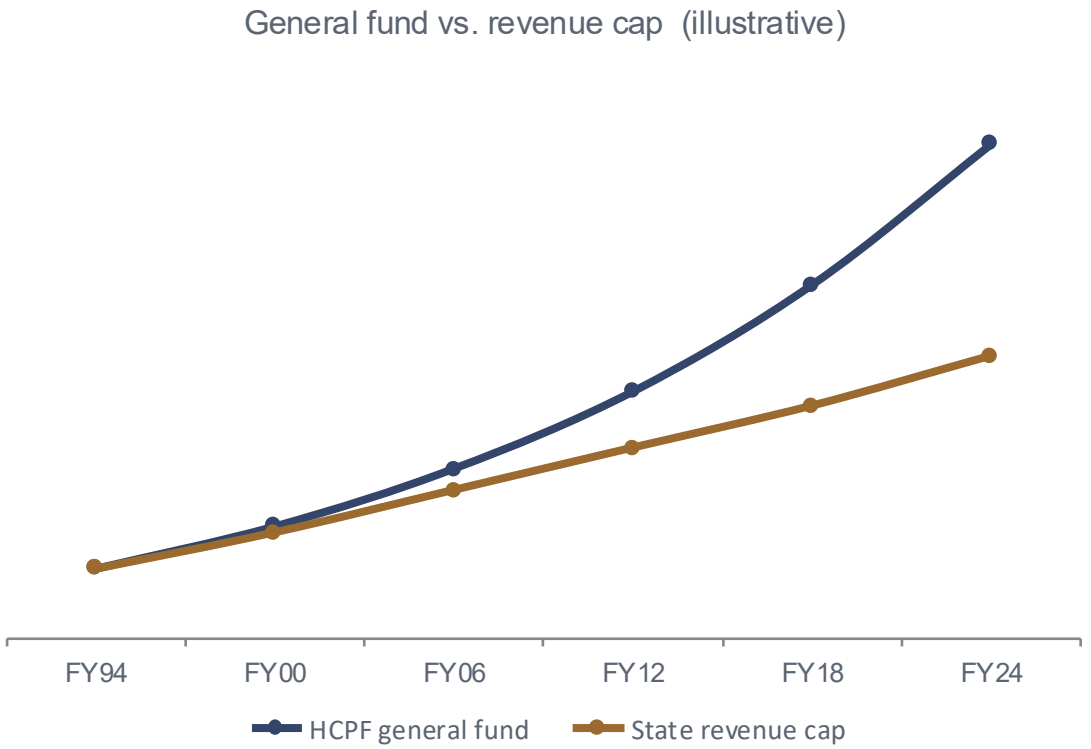
OUR MISSION

Why we're here

For years, Medicaid's general-fund cost has grown **faster than the state's revenue cap** – and the one-time maneuvers that bought room are exhausted.

Our job: bend that curve – sustainably, while protecting the people the program serves. *"Identify, consider, and evaluate legislative and executive branch action options to implement a sustainable Medicaid program. The commission shall identify, consider, and evaluate recommendations for policy change."*

Watch the honey trap. A commission like this can drift into a list of things to spend more on. Value – better outcomes per dollar – is the ideal, not just cuts.



HOW WE'LL DECIDE

Recommendation on the decision rule

7 of 10

A recommendation joins the report on a supermajority. The goal is to find the common areas we can all “get behind.”

Recorded votes

Every recommendation voted individually; the tally is in the report.

Consensus labeling

Each one marked broad-consensus or divided.

Minority statements

Any member may publish a dissent to be included in the appendix.

GROUND RULES

Recommendation on Quorum and Voting — three thresholds

TO MEET

6 of 10

A quorum — a majority of members present to conduct business.

TO DECIDE ROUTINE MATTERS

Majority

Agendas, the work plan, scheduling — a simple majority of those present and voting.

TO ADOPT A RECOMMENDATION

7 of 10

The report's recommendations clear the supermajority bar — with recorded votes and minority statements.

THE PATH TO DECEMBER 11

Ten meetings, built back from the deadline

#3 Jul 6

Launch, governance & scope

#4 Jul

Federal changes (H.R. 1) & funding cliff

#5 Aug

Follow the money: cost structure & LTSS

#6 Aug

Eligibility, enrollment & benefits

#7 Sep

Delivery & payment: capitation, PRIME & rates

#8 Sep

Financing: what's really on the table

#9 Oct

Public & stakeholder input

#10 Oct

From findings to options

#11 Nov

Develop final recommendations; draft report

#12 Dec

Final adoption

LOCKING THE CALENDAR

Potential Meeting Dates

July

23 Thu

29 Wed

August

5 Wed

18 Tue

19 Wed

September

1 Tue

2 Wed

9 Wed

17 Thu

29 Tue

30 Wed

October

6 Tue

7 Wed

8 Thu

Note: *We are avoiding Fridays when possible (per request), and pairing with the JBC forecast where we can.*

NOTHING GETS LOST

Where your questions from Meetings 1–2 land

Governance & process	→	Adopted today – decision rule, work plan, protocol
Cost structure & drivers	→	Meeting 5, plus the data request
Federal funding & H.R. 1	→	Meetings 4 & 8
Delivery & managed care	→	Meeting 7
Eligibility, benefits & LTSS	→	Meeting 6
Stakeholder input & process	→	Meeting 9, and ongoing

Still owed: *a handful of briefs (managed-care history, admin costs, CHP+ origins) – all tracked and being chased.*

THE EVIDENCE WE CAN DRAW ON

Research and data at our disposal

Colorado program data

HCPF dashboards, ACC & HEDIS reporting, county fact sheets

The budget picture

JBC figure-setting, LCS research & fiscal notes

Claims-level detail

The CO APCD – nearly all Colorado Medicaid claims, by service & provider

National benchmarks

MACPAC, KFF, CMS

Peer states

NCSL, NASHP, NAMD, and comparably-sized states

Our own

Member interviews, the national expert, a multi-state scan

WORKING TOGETHER

Three things we'll set up

Information protocol

Requests route through the advisor, aligned with the schedule, and all data being ”pressure tested” before it is presented.

Defining success

We name, together, what a successful December report looks like – the question every candidate turned back to you.

Member interviews

One-on-one conversations continue through mid-July and feed the work plan; your input is synthesized, never attributed.

BLOCK B

Defining our scope

What can we realistically move by December 11?

FOLLOW THE MONEY

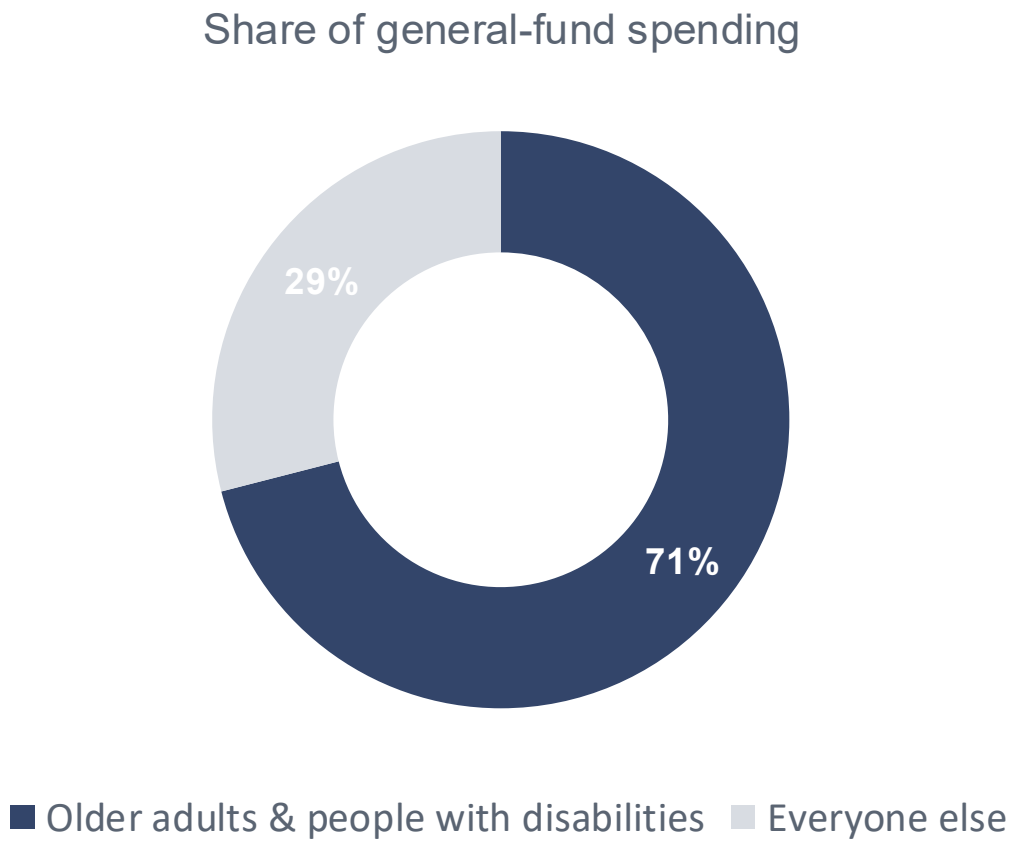
Where the general fund actually goes

Older adults and people with disabilities are a small share of enrollment – *and* the large majority of general-fund spending, driven by long-term services and supports.

That concentration – not the expansion population – is the core of the cost story.

~14%
of enrollment

~71%
of the general fund



THE SCOPE FRAMEWORK

Three tiers – adopt together, sort our priorities

The test: *can a recommendation in our December report realistically move it?*

IN SCOPE

What we'll recommend on

Eligibility & benefits · provider rates & payment · delivery & capitation · financing & federal funds · program integrity · the Medicaid–BHA block-grant overlap

BOUNDARY

Real, but not ours to fix

HCPF's culture · whether the BHA should exist · IT & cybersecurity · TABOR reform. **We can name and flag these.**

OUT

Not this commission

Federal policy design · personnel decisions · litigation – anything a December report has no mechanism to move.

People, money – and the value between them

PEOPLE

- Access & quality
- Health outcomes
- Who it falls hardest on
- Second-order effects

VALUE

outcomes per dollar

The fourth lever: spend less and get better outcomes – not just cut. Every option gets weighed on the same card.

MONEY

- General & total funds
- Federal match interaction
- One-time vs. ongoing
- Cost over time

Impact-on-Coloradans Assessment

People and money, weighed together

Untitled option (1/1) | New option | Duplicate | Delete

Name the option or recommendation...

PRIMARY LEVER

Eligibility | Benefit design | Provider rates / payment | Delivery / capitation | Financing / federal funds | Program integrity

TYPE

–

CHARGE AREA(S)

e.g. III

Fill in the panels – trade-offs surface here as you go.

People who is affected, and how

Who's affected – populations + rough number

Access to care Better ↑ | No change – | Worse ↓

Quality of care Better ↑ | No change – | Worse ↓

Continuity / coverage Better ↑ | No change – | Worse ↓

Health outcomes Better ↑ | No change – | Worse ↓

Falls hardest on

Disabilities / IDD | Children | Rural / frontier | Dual-eligibles | Behavioral health | Older adults

Second-order effects – e.g. provider exit → ER; a family cut twice

Money what it does to the budget

General fund Costs more ↑ | No change – | Costs less ↓

$ / yr (if known)

Total funds Costs more ↑ | No change – | Costs less ↓

$ / yr (if known)

Federal match / provider-fee interaction

Timing One-time | Ongoing

Trajectory over time – low early cost → big later cost?

Savings confidence High | Medium | Low

HOW WE'LL GATHER INPUT

Five ways to hear from Coloradans

*Open to everyone – and structured so it **informs** the work.*

1

Stakeholder sessions

Specific stakeholders, in the context of the topic being discussed.

2

Public comment

A limited one-hour slot at the end of each meeting – two minutes each.

3

Office hours

Drop-in, synthesized and reported back; members can take shifts.

4

Written comment

An open channel, collated by nonpartisan staff.

5

Regional sessions

Meeting people who can't travel to the Capitol where they are.

Suggestions and ideas will be strongly encouraged.

What we've decided today

- Our decision rule, quorum, and information protocol
- The work plan and calendar through December 11
- Our scope framework – and how we'll weigh every option

Next: Meeting 4 – the federal changes (H.R. 1), Colorado's exposure, and the funding cliff. Pre-reads to follow; interviews continue this month.