Medicaid Commission

Gretchen Hammer, Executive Director
June 17, 2026

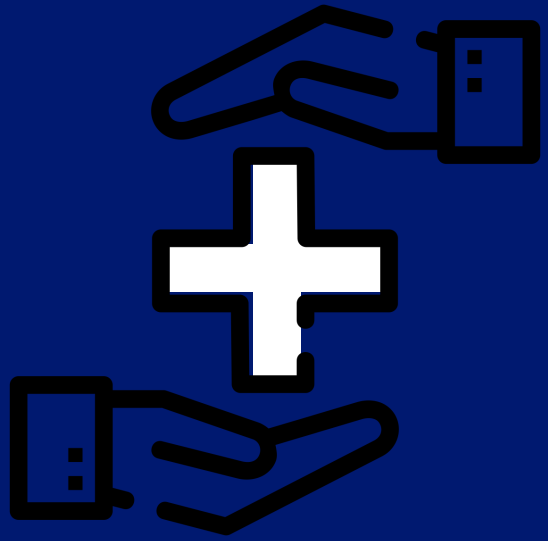
Introduction

- Personal Background
- Professional Background
  - Education at Colorado College and University of Washington Master of Public Health with a concentration in Maternal and Child Health
  - State health policy through a number of positions and coalitions focused on community level collaboration to increase access to health care for underserved communities
  - Inaugural Chair of Connect for Health Colorado Board of Directors
  - Served as Colorado's Medicaid Director from 2015-2018
  - Public Leadership Practices consulting across the nation for five years
  - Senior Fellow at Mathematica, working with state and local governments on health and human services programs

Focus in First Ten Weeks

- Reacquainting myself with the program, our members and providers
- Clarifying and streamlining strategic priorities of the Dept
- Engaging with key stakeholders

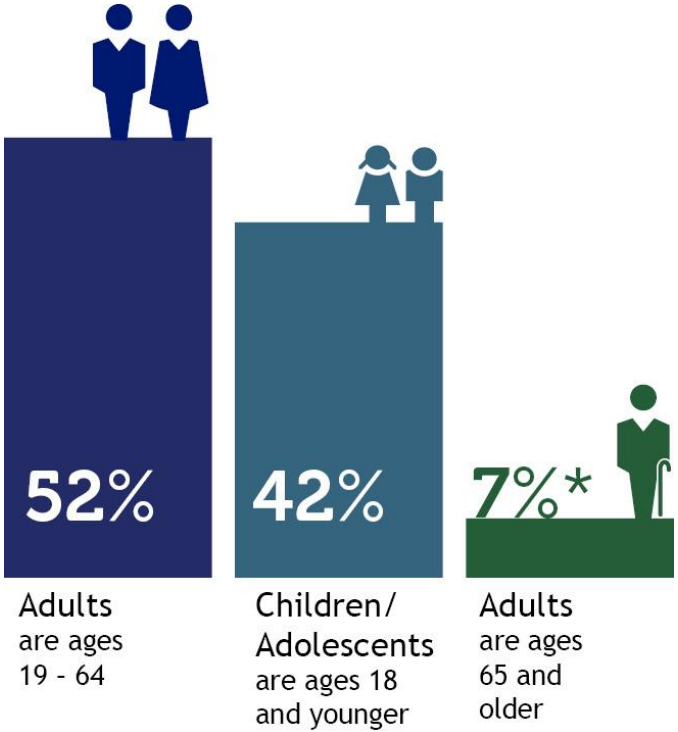
Members:
About 1.3 Million Coloradans Enrolled



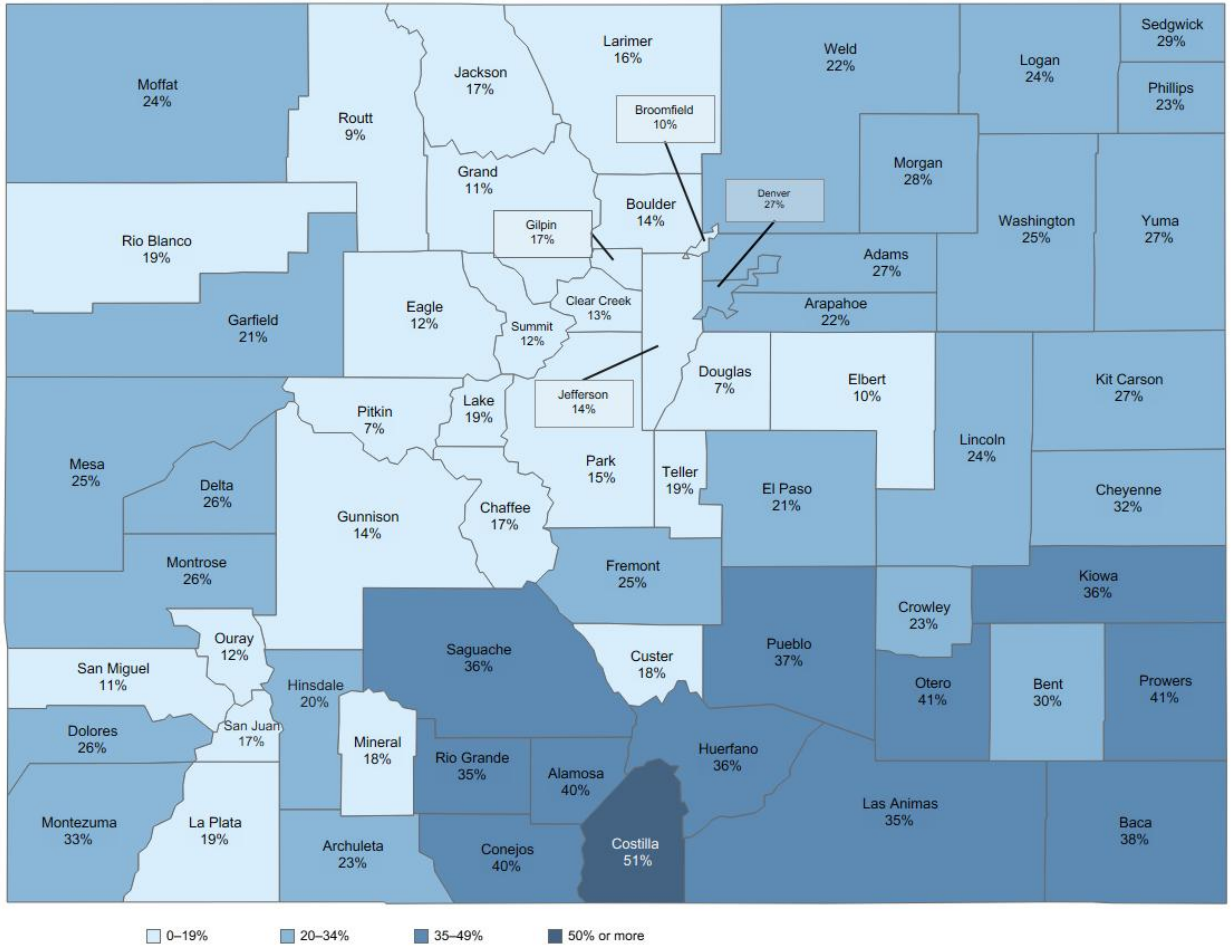
Medicaid and CHP+

- Medicaid was created as part of the Social Security Act of 1965. CHP+ was established in 1998.
- The programs are jointly administered by the Federal Government and States.
- States establish our own eligibility standards, benefit packages, provider payment policies and administrative structures under broad federal guidelines.
- Financing for the programs is also shared with varying levels of Federal Financial Participation (FFP) for different populations and programs.

People Covered by Medicaid



*Adults age 65 and older includes people partially eligible for Health First Colorado.


Moffat 24%
Routt 9%
Jackson 17%
Larimer 16%
Weld 22%
Logan 24%
Sedgwick 29%
Phillips 23%
Broomfield 10%
Grand 11%
Boulder 14%
Denver 27%
Morgan 28%
Washington 25%
Yuma 27%
Rio Blanco 19%
Gilpin 17%
Adams 27%
Garfield 21%
Eagle 12%
Clear Creek 13%
Summit 12%
Arapahoe 22%
Douglas 7%
Elbert 10%
Kit Carson 27%
Jefferson 14%
Pitkin 7%
Lake 19%
Lincoln 24%
Mesa 25%
Delta 26%
Park 15%
Teller 19%
El Paso 21%
Cheyenne 32%
Gunnison 14%
Chaffee 17%
Montrose 26%
Fremont 25%
Kiowa 36%
Crowley 23%
Ouray 12%
Saguache 36%
Custer 18%
Pueblo 37%
San Miguel 11%
Hinsdale 20%
Otero 41%
Bent 30%
Prowers 41%
Dolores 26%
San Juan 17%
Mineral 18%
Rio Grande 35%
Alamosa 40%
Huerfano 36%
Montezuma 33%
La Plata 19%
Archuleta 23%
Conejos 40%
Costilla 51%
Las Animas 35%
Baca 38%
0–19%
20–34%
35–49%
50% or more

Health First Colorado Enrolled Children

Low-income children ~434,000

Children enrolled through foster care ~18,000

Top services - Primary Care, Dental, Vision, Behavioral Health

Average monthly cost to cover -

- $377 low-income children, $1,399 children in foster care

Key facts - Health First and CHP+ cover ~40% of children in Colorado, Quality incentives to encourage well child visits, connections to Behavioral Health

Federal Considerations

- **Matching Rate**
  50FF/50GF
- **HR 1 Impacts**
  Parents will move to 2x/yr renewals, those with kids >13 will need to demonstrate community engagement activities
- Kids do not have 2x/yr renewals, but can be impacted if parents lose coverage

Sources: HCPF Enrollment Report, May 2026; Mar 2025 - Feb 2026 Services

CHP+ Enrolled Children

Children ~70,000

Top services - Primary Care, Vaccine Administration, Emergency Department and Vision

Average monthly cost to cover -

- Children medical $263, Children dental $28

Key Facts - Managed care delivery system - Colorado Access, Rocky Mountain Health Plans, Denver Health, Kaiser, DentaQuest

Federal Considerations

Matching Rate
65FF/35GF
Cash Fund & CHASE Fee

HR 1 Impacts
CHASE Fee funds
205-250% FPL Kids

Federal match for CHASE Fees decreases starting FFY 2028 (Oct. 2027)

Sources: HCPF Enrollment Report, May 2026

Pregnant Members

Medicaid pregnant members ~29,000

CHP+ pregnant members ~3,000

Top Medicaid Services - Primary Care (including prenatal & postpartum), Pharmacy, Imaging, Outpatient Care and Labs

Average monthly costs to cover -

- Medicaid $789
- CHP+ Pregnant medical $473, Pregnant dental $12

Key Facts - Medicaid covers 42% of births, 12 months continuous postpartum coverage, doulas, midwifery, lactation services and home visiting

Federal Considerations

Matching Rate
Medicaid 50FF/50GF
CHP+ 65FF/35 Cash Fund & CHASE Fee

HR 1 Impacts
Excluded from WR

CHASE Fee funds 205-250% CHP+ Pregnant Members (~3K)

Federal match for CHASE Fees decreases starting FFY 2028 (Oct. 2027)

Sources: HCPF Enrollment Report, May 2026; Mar 2025 - Feb 2026 Services

Parents

Low-income parents and caregivers ~175,000

Top services - Primary Care, Pharmacy, Imaging, Behavioral health care

Parents receiving Behavioral Health (mental health and/or substance use disorder) ~ 47,000

Average monthly cost to cover - $589

Key Facts - Colorado covered parents up to 68% FPL prior to the Affordable Care Act. We now cover parents up to 133% FPL.

Federal Considerations

Matching Rate

- $ Medicaid 50FF/50GF/CHASE Fee (<68% FPL)
- $ 90FF/10 CHASE Fee (69-133% FPL)

HR 1 Impacts

- → Lower income parents excluded from community engagement activities and 2x/yr renewals
- → 61-133% FPL Parents of kids >13yrs must meet community engagement activities and 2x/yr renewals

Sources: HCPF Enrollment Report, May 2026; Mar 2025 - Feb 2026 Services

Low Income Adults without Children

Low-income adults without dependent children
~333,000

Top services - Pharmacy, Primary Care, Imaging, Behavioral Health care

Average monthly cost to cover - $818

Key Facts - This is the primary population that will be required to demonstrate Community Engagement activities.

Federal Considerations

Matching Rate
90FF/10 Hospital CHASE Fee

HR 1 Impacts
Must meet community engagement activities and 2x/yr renewals

CHASE Fee funds state share. CHASE Fee federal match will decrease in FFY 2028 (Oct 2027)

Sources: HCPF Enrollment Report, May 2026; Mar 2025 - Feb 2026 Services

Individuals served by Long Term Services and Supports

Long term services and supports members

- ~80,000
- ~10,000 served in nursing facilities

Top Services - Home and Community Based Services (HCBS), Home Health, Nursing Facilities, Pharmacy, Supplies

Average monthly cost to cover - $7,479

Key Facts - Colorado has several HCBS waivers to meet the unique needs of individuals with disabilities.

Federal Considerations

Matching Rate
50FF/50GF

HR 1 Impacts
Not subject to community engagement activities or 2x/yr renewals

Sources: HCPF Enrollment Report, May 2026; Mar 2025 - Feb 2026 Services

Home & Community Based Services Programs

HCBS - Children	Children with Life Limiting Illness	Children's Home and Community Based Services	Children Habilitation Residential Program	Children Extensive Supports
Enrollment	2,890		588	4,971
FY25 Average Monthly Cost HCBS	$374	$8,022	$6,356	$3,212
Monthly Total Cost of Care	$12,451	$12,822	$10,576	$11,137

Merged July 1, 2025

Data notes: Individuals enrolled in HCBS can also be reflected in other populations breakouts (Older Adults, Medicaid Buy-Ins for example). The above are costs associated with services in the waiver followed by the total cost of care for the member including all Medicaid services.

Home & Community Based Services Programs

HCBS - Adults	Complementary and Integrative Health	Developmental Disabilities	Brain Injury	Elderly Blind and Disabled	Supported Living Services	Community Mental Health Supports
Enrollment	481	9,119	907	34,378	5,371	4,171
FY25 Average Monthly Cost HCBS	$6,121	$8,943	$6,559	$3,520	$2,109	$2,233
Monthly Total Cost of Care	$10,714	$10,414	$8,190	$5,324	$4,155	$4,160

Data notes: Individuals enrolled in HCBS can also be reflected in other populations breakouts (Older Adults, Medicaid Buy-Ins for example). The above are costs associated with services in the waiver followed by the total cost of care for the member including all Medicaid services.

Medicaid Buy-In Programs for People with Disabilities

Buy-In for Working Adults with Disabilities ~22,000

Buy-In for Children with Disabilities ~2,000

Top services - Long Term Care, Pharmacy, Behavioral Health care

Average Monthly Cost to Cover - $2,117

Key Facts - Members with disabilities pay a premium to enroll, earn too much to qualify without the Buy-In option so they can work and have coverage.

Federal Considerations

Matching Rate
Medicaid 50FF/50 Hospital CHASE Fee

HR 1 Impacts
Not subject to community engagement activities or 2x/yr renewals

CHASE Fee funds state share. CHASE Fee federal match will decrease in FFY 2028 (Oct 2027)

Data notes: Individuals enrolled in Buy-Ins may also be reflected in the individuals served by long term services and supports.

Sources: HCPF Enrollment Report, May 2026; Mar 2025 - Feb 2026 Services

Older Coloradans

Older Coloradans ~84,000 (older Coloradans may be included in other populations, Buy-In and HCBS for example)

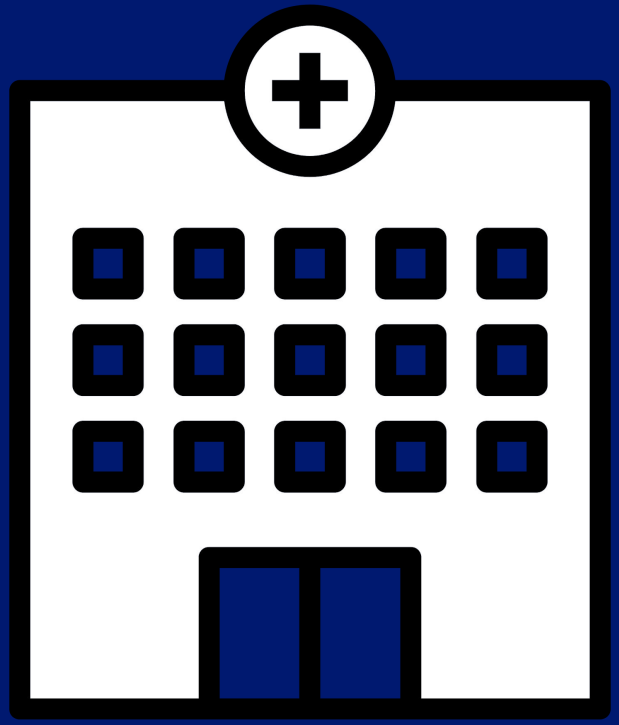
Top services* - Home and Community Based Services, Long Term Care, Transportation

Average Monthly Cost to Cover - $3,731*

Key Facts - Individuals with Medicare and Medicaid coverage are described as Dually Eligible and Medicare is primary payer on most non-LTSS services.

*Services and monthly cost does not include partial dual eligible members (~33,000 members) where Medicaid pays only the Medicare premium. Paying the Medicare premium is cost effective. A small share of dual eligible individuals are under 65. ~51,000 older Coloradans have full Medicaid coverage.

Providers:
More than 100,000 serving members



Providers

- Almost 109,000 providers serve Health First Colorado members, >80% increase over last 7 years
- 79 provider types
- Top Provider Types by Enrollment Numbers
  - Physician: 34,999
  - Licensed Behavioral Health Clinician: 10,200
  - Nurse Practitioner: 9,963
  - Physician Assistant: 6,590
  - Clinic - Practitioner: 5,802
- Unique RAE contracted Behavioral Health Providers: 15,527 (April 2026)

Federal Considerations

CMS is requiring states to revalidate (renew) most high risk providers in the next 2 years, all providers have a regular review cycle of once every 5 years.

How Members Connect to Care

Medicaid
Physical Health - Primary Care Case Management paired with direct access to providers who are paid fee for service by the Department.

Behavioral Health - Full managed care with Regional Accountable Entities (RAEs) managing behavioral health networks, access to services and payment to providers.

Rocky Mountain PRIME and Denver Health Medicaid Plan - Full managed care for members living in certain counties covering physical health services, providers and payment.

Dental - Administrative Services Organization (DentaQuest) that manages member dental benefits, builds dental provider network, and administers Department payment for claims.

How Members Connect to Care

Medicaid

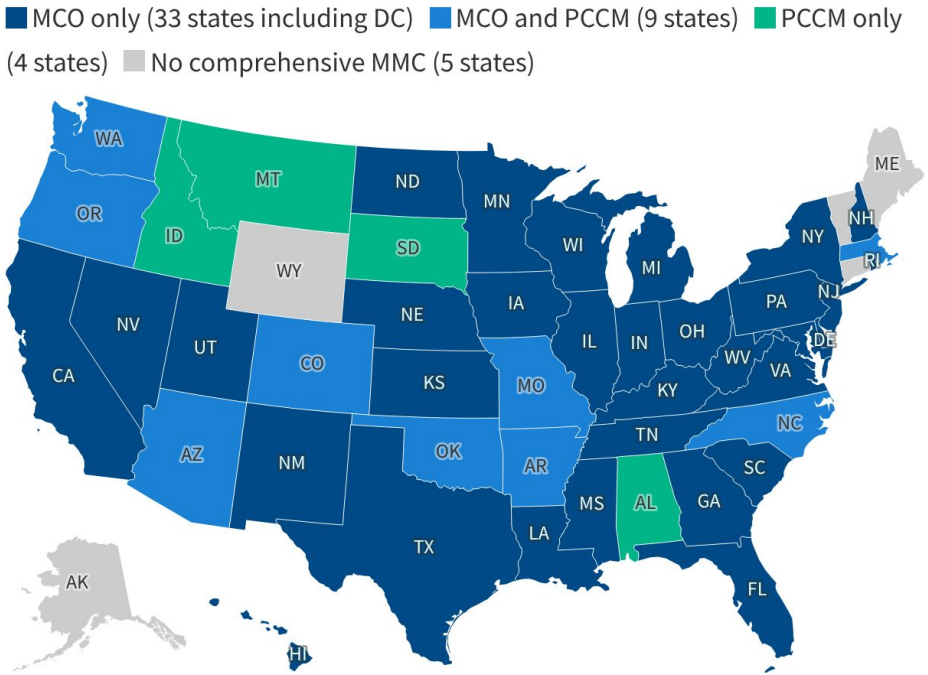
Long Term Services and Supports - Members are supported by Case Management Agencies to have needs assessed, develop services plans and gain access to services. The Department pays fee for service directly to providers.

Program of All Inclusive Care for the Elderly (PACE) - Members that participate in PACE have all their services provided through their PACE organization that gets a monthly payment and the PACE organization pays providers for services. PACE is a joint Medicare and Medicaid program with payments coming from both entities.

CHP+

Physical, Behavioral, Dental Health - Members are served by managed care organizations that ensure access to services and pay providers directly.

National Context

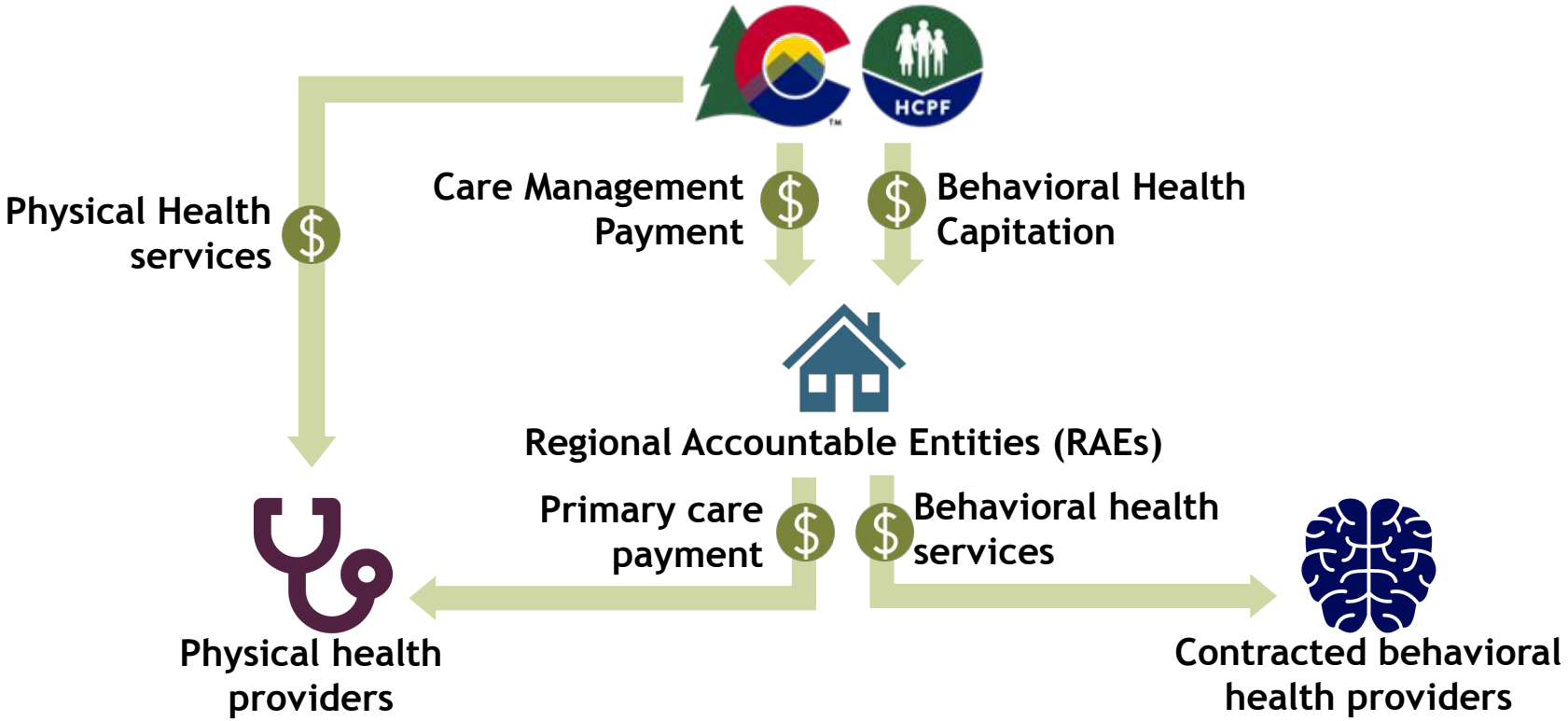


Source: Kaiser Family Foundation survey of state Medicaid officials conducted by Health Management Associates, November 2025

Payment and Quality Incentives

- For most Medicaid services, the Department publishes a fee schedule for services based on our State Plan and appropriation from the General Assembly.
- Some payments are driven by state and federal requirements such as pharmacy and managed care organizations, Nursing Facilities, and other providers like Federally Qualified Health Centers (FQHCs) and Comprehensive Safety Net Providers (CSNPs).
- **Quality Incentives**
  - **ACC/BH** - a large quality model designed to pay providers when outcomes are clearly improved
  - **Hospital Quality Incentive Program** - new bill, restructuring incentives to reward hospitals for doing things in their control, like consistent discharge planning
  - **Alternative payment models -** A key example is prospective payments that are consistent monthly payments to providers, instead of paying them individually for each claim. This allows for stable and predictable revenue.

How Payment for Services Works



Program Integrity

Ensuring only those who are eligible are enrolled

- Checking member eligibility as required by law and disenrolling people who move out of state
- Removing deceased members and recouping capitation payment as appropriate

Ensuring proper payments are made to qualified providers

- Validating providers at enrollment and updating provider eligibility
- Using technology to identify improper billing (e.g., automated edits)
- Prepayment reviews of high cost and high risk claims
- Post payment reviews of provider claims to recoup overpayments

Recovering improper payments and payments from third parties where appropriate

- Ensuring Medicaid is the payer of last resort
- Third Party Liability (TPL) recoveries and cost avoidance efforts
- Other fraud, waste and abuse activities, such as provider self audits

**Program Integrity Overview Fact Sheet available upon request*

Department Strategic Priorities

Program Innovation

- Improve Access to Care
- Strengthen Medicaid Sustainability
- Implement Budget Reductions
- Improve Health Care Quality

Operational Innovation

- Respond to Federal Policy Changes
- Modernize Eligibility Systems

Institutional Innovation

- Transform County Partnerships
- Strengthen Program Integrity
- Respond to Federal Oversight

Core Operations

- Determine Eligibility
- Administer Benefits
- Manage the Delivery Systems
- Provider Payments and Network
- Operate the Department

Stakeholders & Partners

- **State Policy Makers**
- **Federal Partners**
- **Medical Services Board**
- **County and Eligibility Partners**
- **Administrative Partners** - Regional Accountable Entities, Case Management Agencies, BHASOs
- **Our Members** - Statewide and Regional Member Experience Advisory Councils
- **Member and Community Advocates**
- **Providers, Clinics, Hospitals, Facilities & their Associations**

Other State Departments

- Policy, operations and financial partnership with multiple state agencies:
  - **CDHS:** state hospitals, competency, child welfare, youth services, regional centers, home visiting, braided/blended funds
  - **BHA:** care coordination, safety net payments, CCBHC, licensing
  - **DOC:** re-entry services, peer and recovery supports, eligibility
  - **DOLA:** permanent supportive housing, housing supports
  - **CDPHE:** provider oversight, patient safety, vaccines, workforce access, data, prevention, community based care funding

Thank you.