COLORADO
Department of Health Care Policy & Financing

Understanding Medicaid Spend by Member Experience

Medicaid Commission, August 5, 2026

What this data shows

This dataset presents Medicaid expenditures and utilization organized by the categories of care members actually experience — primary and preventive care, hospital services, behavioral health, long-term services and supports, managed care, pharmacy, and other services. Each row shows the paid amount and the number of utilizers for a service type across seven fiscal years. It is intended to answer a different question than the Department's budget documents: not "what did the General Assembly appropriate," but "what services did members receive, and what did those services cost."

Why this data differs from HCPF's budget and accounting figures

This dataset is built from claims data organized by date of service, not from accounting data organized by date of payment. The distinction matters when comparing these figures to the Long Bill, the Department's budget requests, or other JBC materials. Claims data by date of service assigns a cost to the fiscal year in which the care was delivered. A physician visit in May 2024 is counted in FY2023-24 regardless of when the provider billed for it or when HCPF paid it. Capitation payments are assigned to the coverage period they cover. On the other hand, accounting data by date of payment assigns a cost to the fiscal year in which the expenditure was recorded against an appropriation. That same May 2024 physician visit may appear in FY2024-25 if the claim was submitted and paid after July 1. Because Colorado providers have up to a year from the date of service to submit a claim, and because claims can be adjusted or voided after initial payment, service-date totals for the most recent periods are incomplete until claims run out. This is why the two views will not reconcile line-for-line.

Claims data by date of service are used for cost trend analysis. These data allow for greater granularity than accounting data such as physician costs by member age and a reason for visit (procedure code). For example, individual types of services can be broken out in more detail such as PBT as a subset of physician costs or homemaker as a service under the elderly blind and disabled waiver.

Reading the utilizers column

Utilizers reflect the number of unduplicated members who received at least one service in that category during the fiscal year. Utilizer counts cannot be added across rows — a member who received both physician services and dental care appears in both. Where a utilizer cell is blank, the count was not available or not applicable for that service and year.

For more information contact

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