

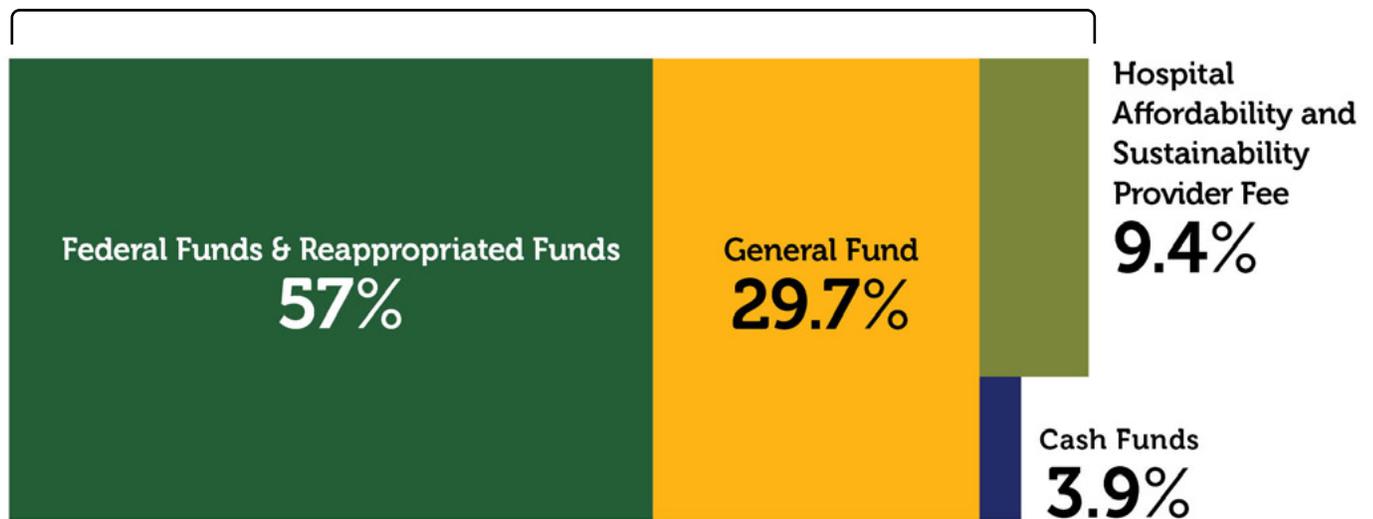
Health First Colorado (Colorado's Medicaid program) is public health insurance for Coloradans who qualify, funded by both state and federal monies. The percentage the federal government pays depends on the Federal Medical Assistance Percentage (FMAP) calculation and state and federal laws related to the populations covered.

In recent years, the Colorado General Assembly enacted laws that allow hospital provider fees and tobacco settlement money to pay the State's share for certain populations in order to reduce the burden on the General Fund. Currently, 29.7% of the Department's budget appropriation is from the General Fund.

Department Appropriation/Budget by Fund

Fiscal year 2019-20

Total funds **\$10.7 billion***



*Includes all services and administrative line items including Colorado Indigent Care Program and Old Age Pension.

Temporary COVID-19 Funding

As a result of the novel coronavirus disease (COVID-19) public health emergency, the federal government is providing states a temporary 6.2% increase to its matching rates, temporarily reducing the amount of State General Fund required to fund these programs.

Funding Overview

An overview of populations covered by Health First Colorado (Colorado's Medicaid program) and their General Fund impact is below. More detailed information about the Department's budget is available at [Colorado.gov/hcpf/budget-1](https://colorado.gov/hcpf/budget-1).

Annual average enrollment of 570,700

Children & Parents <60% FPL



Total Cost: \$1,701,406,783

STATE About 50% (\$850,703,392) of the funding to cover children and parents who make less than 60% of the Federal Poverty Limit (FPL) is paid for by the State General Fund.

FEDERAL The other 50% (\$850,703,391) of funding comes from federal matching funds.

Temporary COVID-19 Enhanced Federal Matching*

INCREASES BY 6.2% TO 56.2% of the total cost of coverage.

Annual average enrollment of 379,019

Parents & Adults without Children >60% FPL



Total Cost: \$1,763,866,426

STATE No State General Fund is used for these populations. The State funds about 10% (\$176,386,643) of the cost to cover this population from the Healthcare Affordability and Sustainability Fee Cash Fund.

FEDERAL Federal funds pay 90% (\$1,587,479,783) of the cost of coverage for parents and adults earning 60% to 133% FPL (populations for whom coverage was expanded to under the Affordable Care Act). Hospital provider fees pay the remaining share of the funding to cover this population.

ZERO CHANGE Federal funds stay at 90%. Enhanced federal funds do not apply to these populations.

Annual average enrollment of 89,982

People with Disabilities



Total Cost: \$2,736,209,540

STATE About 50% (\$1,317,020,268) of the funding to cover people with disabilities is paid for by the State General Fund. The State also funds \$51,084,502 from the Healthcare Affordability and Sustainability Fee Cash Fund for this population's coverage.

FEDERAL The other 50% (\$1,368,104,770) of the funding for this population's coverage comes from federal matching funds.

INCREASES BY 6.2% TO 56.2% of the total cost of coverage.

Annual average enrollment of 48,124

Older Adults Age 65 & Older



Total Cost: \$1,532,251,482

STATE About 50% (\$766,125,741) of the funding to cover older adults is paid for by the State General Fund.

FEDERAL The other 50% (\$766,125,741) of the funding for this population's coverage comes from federal matching funds.

INCREASES BY 6.2% TO 56.2% of the total cost of coverage.

*The timing and duration of the temporary increase will be determined by the federal government