COLORADO
Department of Health Care Policy & Financing

Medical Assistance Coverage Fact Sheet

March 2025

1.2 M members

Health First Colorado (Colorado's Medicaid program)

Medicaid provides access to physical and behavioral health care, hospitalization, prescription drugs, dental care, nursing facility care, home & community based services, and other benefits.

93,000 members

Child Health Plan *Plus* (CHP+)

Colorado's Children's Health Insurance Program, CHIP or CHP+, provides comprehensive health care benefits, including dental care, to uninsured children up to age 19 (the end of the month they turn 19) and pregnant people who do not qualify for Medicaid and meet income criteria.

Data Source: HCPF FY 2024-25 Medical Expenditures & Caseload Report, Published February 15, 2025, reflecting January 2025 enrollment available here.

Colorado's Medicaid Coverage Income Criteria

Medicaid Income Eligibility	2024
Family of 1	Up to $20,040/year
Family of 4	Up to $44,304/year
CHP+ Income Eligibility	**2024**
Family of 1	Up to $39,156/year
Family of 4	Up to $81,120/year

Health First Colorado (Colorado's Medicaid program) covers individuals up to 133% (138% with income disregards), families up to 142% of the federal poverty level (FPL), and pregnant persons up to 195% of FPL. Income limits are based on household size (chart above). The Affordable Care Act provides a 5% disregard that is applied during eligibility determinations and not as part of the income limit.

Health First Colorado expanded over the years to include both optional and mandatory populations, as defined by the federal government. A full chart of coverage levels by population, authority, federal and state matching rates is in the Addendum.

States have options on coverage levels as well as benefits. They are set through state statute then approved by the federal government. Certain program rules identified through provisions in federal regulation can be changed through mechanisms called "waivers". There are different types of waivers for different actions states want to take.

State Plans and Waivers must be approved by the federal government to receive federal matching funds. Different federal administrations can approach the approval process and priorities for states differently. In general, once a state submits a change, it can take several months for the federal government to review and approve, request changes, or deny.

Context on National Coverage Landscape

Below are the federal poverty levels allowed by federal law for different programs, including medical assistance programs (Medicaid and CHIP/CHP+) and marketplace subsidies. Colorado's marketplace is Connect for Health Colorado. Subsidies offered through the marketplace can lower the out-of-pocket cost for consumers as they transition from medical assistance programs. Some parents on the marketplace have children covered by Colorado's Children's Health Insurance Program (CHIP/CHP+).

Marketplace Plan: Assistance up to 400% or more of the Federal Poverty Level

- Nationally, plans offered on the marketplace can provide Advanced Premium Tax Credits (APTC) for individuals earning up to approximately 400% of the federal poverty level if the cost of the second lowest cost silver plan exceeds 8.5% of an individual's income.
- Cost Sharing Reductions are offered for plans through the marketplace to individuals earning up to 250% of the federal poverty level.
- Connect for Health Colorado enrolled 282,483 for 2025 plans with 80% receiving financial assistance.

Children's Health Insurance Program (CHIP) is for those earning too much for Medicaid but not enough to afford private insurance (limited to children and pregnant women): **up to 400% of the Federal Poverty Level in some states**

- Known as Child Health Plan *Plus* (CHP+) in Colorado, CHIP allows states to cover kids up to 400% of the federal poverty level. In Colorado, CHP+ covers children up to 260% of the federal poverty level. 65% of the cost for covering these moderate to low-income children and pregnant people is from the federal government.

Affordable Care Act Expansion: up to 133% of the Federal Poverty Level

- The Affordable Care Act expansion of Medicaid allowed for coverage up to 133% (138% with disregards) of the federal poverty level. 90% of the cost for covering these low-income adults is from the federal government.

Traditional Medicaid: limited populations up to 100% of the Federal Poverty Level

- Prior to the ACA, the traditional coverage level was 100% of the federal poverty level and limited to kids and individuals with disabilities as well as some very low income parents. 50% of the cost for covering most other Health First Colorado members is from the federal government.

Health First Colorado Mandatory and Optional Populations and Benefits

Some populations are "mandatory" to cover, while others are "optional." Below is an overview of mandatory and optional populations. More detail is available in the Addendum.

Mandatory Populations — States must cover:

- Pregnant people (60 days post-partum) and children up to 19 years up to 142% of the federal poverty level (FPL)
- Families whose incomes would meet former Aid to Families with Dependent Children (AFDC) standards in effect on July 16, 1996
- Certain families whose income exceeds the State's eligibility limit due to an increase in earned income (Transitional Medical Assistance)
- Individuals receiving Supplemental Security Income (SSI) and related programs
- Newborn children of Medicaid-eligible birthing parent
- Qualified Medicare beneficiaries and Specified Low-Income Beneficiaries

Optional Populations that Colorado Covers:

- Pregnant people and infants with income above 142% FPL
- Children in families with incomes above 142% FPL
- Non-disabled, childless adults 19-64 up to 133% FPL (138% with disregards) (Expansion)
- Optional targeted low-income children (SCHIP expansion of Medicaid)
- Continuous and presumptive eligibility (hospitals are currently authorized to perform presumptive eligibility for Medicaid children and pregnant women, other populations will be added in January 2026)
- Individuals receiving home and community-based services - mostly elderly and individuals with disabilities

- Women with breast or cervical cancer up to 250% FPL

Under federal law, some benefits are "mandatory" to cover, while others are "optional." Below is a high level overview of mandatory and optional benefits. States are required to provide all mandatory benefits under federal law. States may provide optional benefits if they choose to add them through the state plan or waiver federal approval process.

Mandatory Benefits — States must cover:

- Certified pediatric and family nurse practitioner services
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services
- Family planning services
- Federally qualified health center services
- Freestanding birth center services when licensed or otherwise recognized by the state
- Home health services
- Inpatient hospital services
- Laboratory and X-ray services
- Medication Assisted Treatment (MAT)
- Nurse Midwife services
- Outpatient hospital services
- Physician services
- Routine patient costs of items and services for beneficiaries enrolled in qualifying clinical trials
- Rural health clinic services
- Tobacco cessation counseling for pregnant women
- Transportation to medical care

Optional Benefits that Colorado Covers:

- Alternative Benefit Plan (ABP)
- Case management
- Clinic services
- Community First Choice Option (CFC)
- Dental services
- Dentures
- Eyeglasses
- Hospice
- Inpatient psychiatric services for individuals under age 21
- Medical Assistance For Eligible Individuals Who Are Patients In Eligible Institutions for Mental Diseases
- Occupational therapy

- Other diagnostic, screening, preventive, and rehabilitative services
- Other licensed practitioner services
- Personal care
- Physical therapy
- Prescription drugs
- Private duty nursing services
- Primary care case management
- Primary and secondary medical strategies, treatment, and services for individuals with sickle cell disease
- Prosthetics
- Self-directed personal assistance services
- Services for individuals age 65 or older in an Institution for Mental Disease (IMD)
- Services in an intermediate care facility for Individuals with intellectual disability
- Speech, hearing and language disorder services
- State plan home and community based services
- TB-related services
- Other services approved by the Secretary of Health and Human Services

*The ABP is mandatory for the Medicaid expansion population.

**This includes services furnished in a religious nonmedical health care institution, emergency hospital services by a non-Medicare certified hospital, and critical access hospital (CAH).

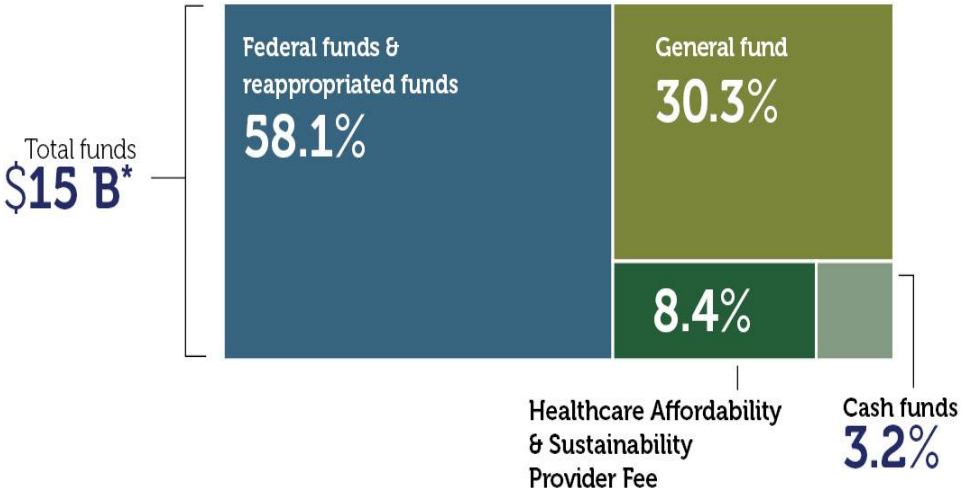
Data Source: Mandatory & Optional Medicaid Benefits available at medicaid.gov

Importance of Federal Matching Funds in Colorado

For every dollar the state spends on Medicaid, the federal government matches it at a rate. Current federal law requires a minimum 50% federal matching rate for Medicaid in any state. This Federal Medical Assistance Percentage (FMAP) is used to determine the federal matching rate paid to states, and that matching rate is based on a formula that considers each state's per capita income relative to the national average.

Colorado receives the lowest or minimum FMAP at 50%, in most cases. However, certain populations and certain services are matched at a higher federal rate; for example, the populations covered under the Affordable Care Act (ACA) Medicaid expansion provisions are matched at a 90% FMAP rate. For potential Colorado Medicaid impacts of federal changes being considered to the matching rates, click here.

On average, about 60% of all funding for HCPF's budget, including Health First Colorado, CHP+, other programs and administration comes in the form of federal matching funds. Every one percentage point reduction in the FMAP across populations would result in a reduction of about $150 million federal funds to the state.

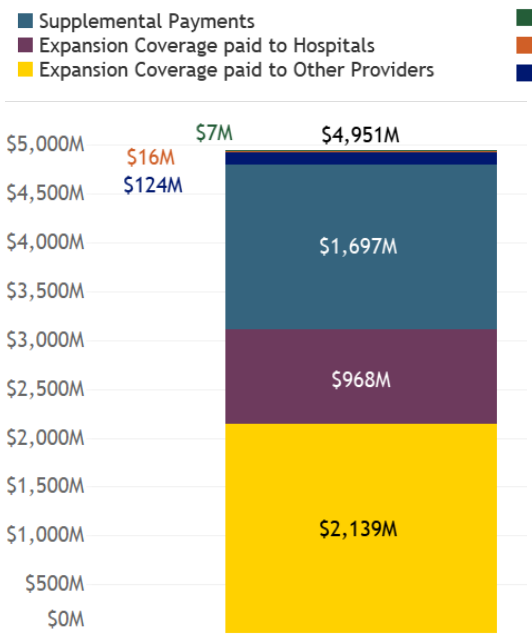


***Based on FY 2023-24 Information. Includes all services and administrative line items, including Colorado Indigent Care Program and Old Age Pension. Due to rounding, percentages may not total 100%.**

Importance of Hospital Provider Fees in Colorado

The Colorado Healthcare Affordability and Sustainability Enterprise Act of 2017, Section 25.5-4-402.4, Colorado Revised Statutes, created the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) fee from hospitals to increase Health First Colorado and Colorado Indigent Care Program (CICP) payments to hospitals, to fund hospital quality incentive payments, finance the state's share of the health care coverage expansions in the Health First Colorado and CHP+ programs, reduce cost-shifting to private payers, and provide other services to hospitals.

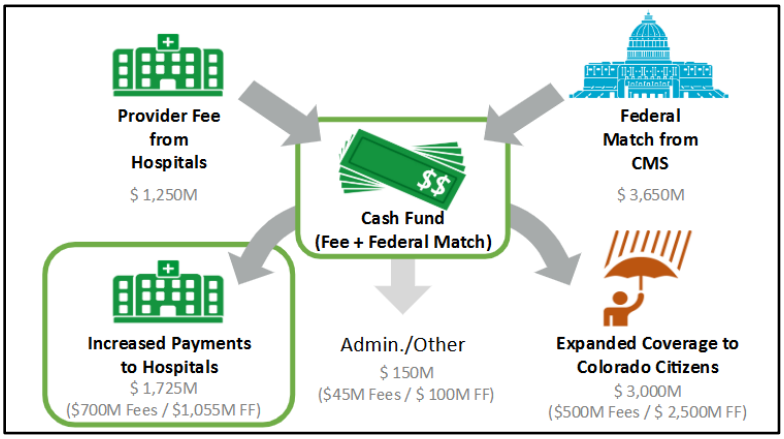
As of Sept. 2024, a total of 427,000 Coloradan had health coverage funded by CHASE hospital fees, **reducing uncompensated care costs and the need to shift uncompensated care costs from hospitals and other providers to private payers.**



- $1.3 billion in collected FFY 2023-24 hospital provider fees result in $5 billion of CHASE expenditures, through HCPF's management of federal drawdown and match opportunities.
- Over 50% of CHASE expenditures returned to hospitals in $1.7 billion in FFY 2023-24 supplemental payments, representing a net financial gain for hospitals of $494.5 million, plus almost $1.0 billion in annual hospital claims paid for expansion population.
- Administrative costs for the Medicaid expansion Coloradans (~1/3 of Medicaid caseload) is only 2.51% of total expenditures, covering Medicaid health plan expenses such as claim and eligibility systems, member and provider call centers, and the like.

- CHASE FFY 2023-24 resulted in a 278% return on the fees, with the majority ($2.7 billion) paid to hospitals.

How the CHASE Fee Works



CHASE	Hospitals	Coloradans
1. Increases $ to Medicaid hospitals	Reduced uncompensated Medicaid care costs	Reduced uncompensated Medicaid care costs that care providers' need to shift to commercial insurance payers. This **lowers the cost of commercial care and coverage. Quality incentive payments** inherent to this program improve health **outcomes**
2. Funds 427,000 (522,000 average over SFY) Medicaid / CHP+ expansion population	Fewer uninsured Coloradans equals reduced uncompensated care costs for care providers	**Coverage, care access and low cost of care** for low-income Coloradans
3. Hospital Transformation Program (HTP) that rewards effective interventions and better patient outcomes	Hospitals implement new initiatives and interventions to improve care quality and patient outcomes to get CHASE $	**Better health outcomes and affordability results from thoughtful hospital initiatives** and interventions

Fiscal Year 2024-25 New CHASE Work

In 2024, the Colorado Hospital Association (CHA) asked to increase one of the factors within the CHASE model, called the Upper Payment Limit (UPL), from 97.2% to 99.25%. That change is generating an estimated $19 million in additional, aggregated annual net hospital payments going forward. Retrospectively, this change also added a one-time $54 million in new drawdown payments, which was provided to Colorado hospitals in December 2024.

CHA also asked to prioritize a new CHASE workgroup to be created to explore additional opportunities to draw down more federal dollars for hospitals through "Directed Payments." Directed Payments are an avenue currently approved by CMS that enables payments made to hospitals, by Medicaid managed care organizations (MCOs) like Regional Accountable Entities (to behavioral health hospitals), Rocky Mountain Health Plans PRIME MCO payments to hospitals or Denver Health Medical Plan's (also called Elevate) MCO payments to hospitals. That work group was approved and created in December of 2024 by the CHASE Board as a result. For more information, visit Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) Board.

Child Health Plan *Plus* (CHP+) is Colorado's Children's Health Insurance Program (CHIP)

CHIP was established under Title XXI of the Social Security Act. CHP+ in Colorado is governed by 42 CFR 457 and, since it is full risk managed care, 42 CFR 438. CHP+ receives a higher federal match than Medicaid, currently 65%.

CHP+ Mandatory Services - Basic Services (2103(c)(1))

- Inpatient and outpatient hospital services
- Physicians surgical and medical services
- Laboratory and x-ray services
- Well-baby and well-child care, including age-appropriate immunizations
- Mental health and substance use disorder services (2103(c)(5))
- Dental services (2103(c)(5))
- Emergency Services (1932(b))

CHP+ Optional Services - Additional Services (2103(c)(2))

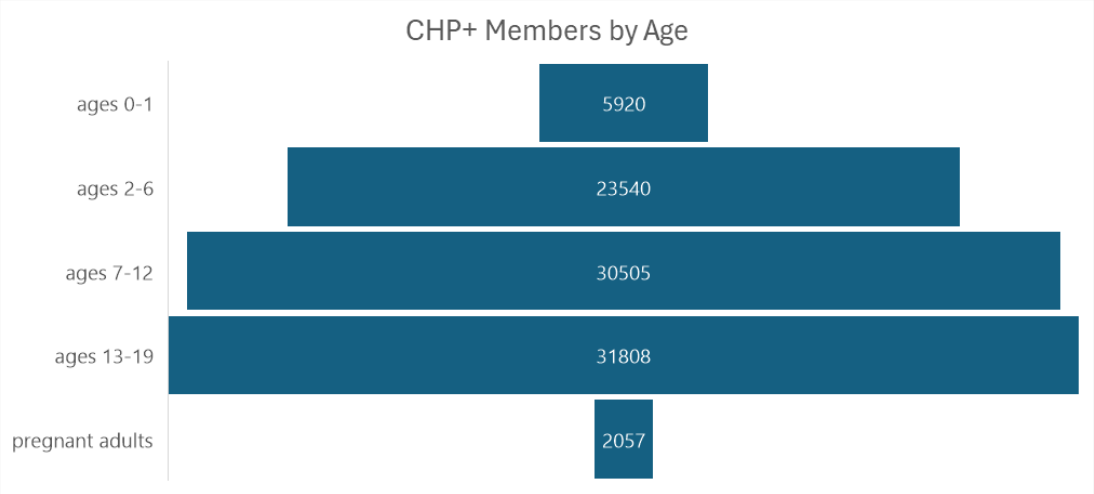
- Prescription drugs
- Vision services
- Hearing services
- Maternal and 12 months postpartum care for adults

CHP+ State Authorities

C.R.S. Title 25.5 Article 8

How many people are covered

As of January 2025, over 93,000 children and pregnant people are covered by CHP+.



How Our CHP+ Coverage is Funded

- Healthcare Affordability and Sustainability (HAS) Fee
- Tobacco Master Settlement Agreement
- State General Fund

For more information, contact:

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Addendum

HCPF Eligibility Chart

	Population	FPL Level Covered	State Funding	Federal Matching Funds %	Can this change through state law?	State Authority	Federal Authority	Enrolled as of November 2024
Adults 65 and Older (OAP-A)	Adults over 65 who receive OAP benefits and do not have Medicaid	Based on the OAP grant standard, 2025 standard is $1005	General Fund	50%	Mandatory population	25.5-5-101 25.5-5-201	1902(a)(10)(A)(ii)(IV) and (XI)	49,913
Disabled Adults 60 to 64 (OAP-B)	Disabled adults eligible for SSI/under SSI limit	Based on the OAP grant standard, 2025 standard is $1005	General Fund	50%	Mandatory population	25.5-5-101 25.5-5-201	1902(a)(10)(A)(ii)(IV) and (XI)	12,332
Disabled Individuals to 59 (AND/AB)	Disabled individuals under SSI limit	N/A Population is a cash program nor MA is tied to this group	General Fund	50%	Mandatory population	25.5-5-101 25.5-5-201		57,793
Working Adults with Disabilities Buy-In	Adults with disabilities with incomes over the Medicaid eligibility limit.	450%	HAS Fee	50%	Yes, no GF savings	25.5-5-206	1902(a)(10)(A)(ii)(XV), 1902(a)(10)(A)(ii)(XIII)	26101
Children with Disabilities Buy-In	Children with disabilities with incomes over the Medicaid eligibility limit.	300%	HAS Fee	50%	Yes, no GF savings	25.5-5-206	1902(a)(10)(A)(ii)(XIX)	
MAGI Parents/Caretakers to 68% FPL	Non-disabled parents and caretakers.	68%	General Fund up to 60% FPL; HAS Fee 60-68% FPL	50%	Mandatory population	25.5-5-101 25.5-5-201	1902(a)(10)(A)(i)(I) and 1931	140,004
MAGI Parents/Caretakers 69% to 133% FPL	Non-disabled parents and caretakers.	133% (138% with disregards)[1]	HAS Fee	90%	Yes	25.5-5-201	1902(a)(10)(A)(i)(VIII)	42,403
MAGI Adults	Adults without dependent children.	133% (138% with disregards)	HAS Fee	90%	Yes	25.5-5-201	1902(a)(10)(A)(i)(VIII)	325,760

[1] The Affordable Care Act provides a 5% disregard for eligibility determinations and is applied during the determination and not as part of the income limit.

	Population	FPL Level Covered	State Funding	Federal Matching Funds %	Can this change through state law?	State Authority	Federal Authority	Enrolled as of November 2024
Breast & Cervical Cancer Program	Women ages 21-69 who are low income and not otherwise eligible for Medicaid	250%	Breast and Cervical Cancer Prevention and Treatment Fund	65%	Yes	25.5-5-308	1902(a)(10)(A)(ii)(XVIII)	124
MAGI Eligible Children	Children ages 0-6 up to 142% FPL and children ages 6-18 up to 108% FPL	108%/142%	General Fund	50%	Mandatory population	25.5-5-101 25.5-5-201 25.5-5-205	1902(a)(10)(A)(i)(III)	366,355
(SB 11-008) Expansion Children ages 6-18	Children ages 6-18 with 108% - 142% FPL	142%	General Fund	65%	Mandatory population	25.5-5-101	1902(a)(10)(A)(i)(VII)	44,930
Foster Care	Children up to age 21 who have been in foster care or subsidized adoption under Title IV of the SSA	No income limit	General Fund	50%	Mandatory population	25.5-5-101 25.5-5-201	1902(a)(10)(A)(i)(I)	18,458
MAGI Pregnant Adults	Pregnant adults to 142%	142%	General Fund	50%	Mandatory population	25.5-5-101 25.5-5-201 25.5-5-205	1902(a)(10)(A)(ii)(I)	23,567
Pregnant Adults Expansion (SB11-250)	Pregnant adults 142-195%	195%	General Fund	65%	Yes	25.5-5-201	1902(a)(10)(A)(i)(III)	4,847
Non-Citizens Emergency Services	Anyone eligible for Medicaid but for immigration status.	Variable	General Fund	50%	Mandatory population	25.5-5-103	1903(v)	40,284
Partial Dual Eligibles	Medicare eligible adults who qualify for some assistance from Medicaid	QMB - 100% SLMB - 120% QI-1-135% QDWI - 200%	General Fund	50%	Mandatory population	25.5-5-101 25.5-5-104 25.5-5-105	1905(p); 1902(a)(10)(E)(i); 1902(a)(10)(E)(ii); 1902(a)(10)(E)(iii); 1902(a)(10)(E)(iv)(I)	30,427
SB 21-025 Family Planning Services	People who exceed the eligibility limits for Medicaid can receive limited family planning benefits up to 260%	260%	General Fund	90% (all family planning services get 90% match in Medicaid)	Yes	25.5-5-329	1902(a)(10)(A)(ii)(XI)	24,933

	Population	FPL Level Covered	State Funding	Federal Matching Funds %	Can this change through state law?	State Authority	Federal Authority	Enrolled as of November 2024
SB21-009 Family Planning Services	People who are eligible for Medicaid but for their immigration status can receive limited family planning benefits	133% (138% with disregards)	General Fund	0%	Yes	25.5-2-103	N/A	subset of Emergency Services category
Cover all Coloradans Children	People who qualify for Medicaid or CHP+ but for their immigration status	260%	General Fund	0%	Yes	HB22-1289	N/A	N/A
Cover all Coloradans Pregnant	People who qualify for Medicaid or CHP+ but for their immigration status	260%	General Fund	65%	Yes	HB22-1289	42 CFR 457.10	N/A
CHP+ Children to 205% FPL	Children who are not eligible for Medicaid and are not covered by other insurance	142-205%	CHP+ Trust and General Fund	65%	Yes, CHIP is optional for states. All states have CHIP programs and only 2 have eligibility under 200%	25.5-8-101--25.5-8-113	2102(b)(1)(B)(v)	56,092
CHP+ Expansion Children to 260% FPL	Children who are not eligible for Medicaid and are not covered by other insurance	260%	HAS Fee	65%	Yes, CHIP is optional for states. All states have CHIP programs and only 2 have eligibility under 200%	25.5-8-101--25.5-8-114	2102(b)(1)(B)(v)	33,960
CHP+ Prenatal to 205% FPL	Pregnant individuals who are not eligible for Medicaid and are not covered by other insurance	195-205%	CHP+ Trust and General Fund	65%	Yes, CHIP is optional for states. All states have CHIP programs and only 2 have eligibility under 200%	25.5-8-101--25.5-8-115	2112	965
CHP+ Expansion Prenatal to 260% FPL	Pregnant individuals who are not eligible for Medicaid and are not covered by other insurance	260%	HAS Fee	65%	Yes, CHIP is optional for states. All states have CHIP programs and only 2 have eligibility under 200%	25.5-8-101--25.5-8-116	2112	1,052

HCBS Eligibility Levels

Group	Population	Year Eff.	FPL Level Covered	State Funding	Federal Matching Funds %	Can this change through state law?	State Authority	Federal Authority	Enrolled as of November 2024
HCBS - Developmental Disabilities	Individuals with developmental disabilities ages 18 or older who meet an ICF/IID level of care.	1983	300%	General Fund	50%	Yes	25.5-6-401-411	§1915(c) of the Social Security Act	8397
HCBS - Supported Living Services	Individuals with developmental disabilities ages 18 or older who meet an ICF/IID level of care.	1996	300%	General Fund	50%	Yes	25.5-6-401-411	§1915(c) of the Social Security Act	4647
HCBS - Children's Extensive Support	Individuals with developmental disabilities ages 0-17 years who meet an ICF/IID level of care.	1996	300%	General Fund	50%	Yes	25.5-6-401-411	§1915(c) of the Social Security Act	3479
HCBS - Children's Habilitation Residential Program	Individuals with developmental disabilities or with serious emotional disturbance ages 0-20 years who meet a hospital, nursing facility, or an ICF/IID level of care.	1996	300%	General Fund	50%	Yes	25.5-6-903	§1915(c) of the Social Security Act	331

Group	Population	Year Eff.	FPL Level Covered	State Funding	Federal Matching Funds %	Can this change through state law?	State Authority	Federal Authority	Enrolled as of November 2024
HCBS - Elderly, Blind, and Disabled	Individuals ages 65 or older, individuals with physical disabilities ages 18-64 years, and individuals with HIV/AIDS ages 18 or older who meet a nursing facility level of care.	1985	300%	General Fund	50%	Yes	25.5-6-301-313	§1915(c) of the Social Security Act	27778
HCBS - Community Mental Health Supports	Individuals with mental illness ages 18 or older who meet a nursing facility level of care	2002	300%	General Fund	50%	Yes	25.5-6-601-607	§1915(c) of the Social Security Act	3570
HCBS - Complimentary Integrative Health	Individuals ages 65 or older and individuals with physical disabilities ages 18-64 years who meet a hospital or nursing facility level of care.	2012	300%	General Fund	50%	Yes	25.5-6-13.01- 13.04	§1915(c) of the Social Security Act	348
HCBS - Brain Injury	Individuals with brain injury ages 16 or older who meet a hospital or nursing facility level of care.	1995	300%	General Fund	50%	Yes	25.5-6.701-706	§1915(c) of the Social Security Act	750

Group	Population	Year Eff.	FPL Level Covered	State Funding	Federal Matching Funds %	Can this change through state law?	State Authority	Federal Authority	Enrolled as of November 2024
HCBS - Children with Life Limiting Illness	Individuals who are medically fragile ages 0-18 years who meet a hospital level of care	2007	300%	General Fund	50%	Yes	25.5-5-305	§1915(c) of the Social Security Act	118
HCBS - Children's HCBS	Individuals who are medically fragile ages 0-17 years who meet a hospital or nursing facility level of care.	1990	300%	General Fund	50%	Yes	25.5-6-901	§1915(c) of the Social Security Act	2287