HCPF/County Directors & Leadership

Monthly Support Call

August 26, 2025

COLORADO
Department of Health Care
Policy & Financing

Meeting Purpose

The purpose of the HCPF/County Directors & Leadership Monthly Call is:

- To provide a forum for county directors to get critical information from HCPF before it is shared broadly
- To provide a forum for county directors to bring important, timely issues to HCPF and have their voices heard
- To give an opportunity for certain HCPF Leadership to engage with counties at different times throughout the year

Title	Presented By	Time
Welcome & New Agenda Update	Danielle Henry - HCPF	5 min.
Leadership Update ● Federal update ● Highlights from the Stakeholder meeting	Joshua Montoya - HCPF	60 min.
MAP ● Update on Map Work Group	Arturo Serrano - HCPF	5 min.
Compliance & Oversight ● ME Review Listening Session Debrief	Aric Bidwell - HCPF	15 min.
Important Eligibility Updates ● Presumptive Eligibility	Amy Dearmore - HCPF	10 min.
Upcoming & Recently Released Guidance ● Review of all upcoming Memos	Aric Bidwell- HCPF	15 min.
County Trending Topics ● Recognizing High Performance & Successes!	Danielle Henry- HCPF	5 min

Federal Update: Implementation of HR1

Presented By: Josh Montoya

HCPF : Colorado Dept. of Health Care Policy & Financing

Health First Colorado (Colorado's Medicaid program)

Child Health Plan *Plus*

Buy-In Programs

Hospital Discounted Care

Long Term Services and Supports

Senior Dental Program

Family Planning

Cover All Coloradans

Federal Match, Continuous Coverage

Health Related Social Needs

School Health Services

- Covering **1.3 million or 22%** of Coloradans, **40%+** state's children, **40%+** births

- Administer the programs on the left

- FY2025-26 budget **$18.2B** total funds, **$5.5B** General Fund, about **1/3** state budget

- **96%** budget pays providers, **4%** admin including **0.5%** staff

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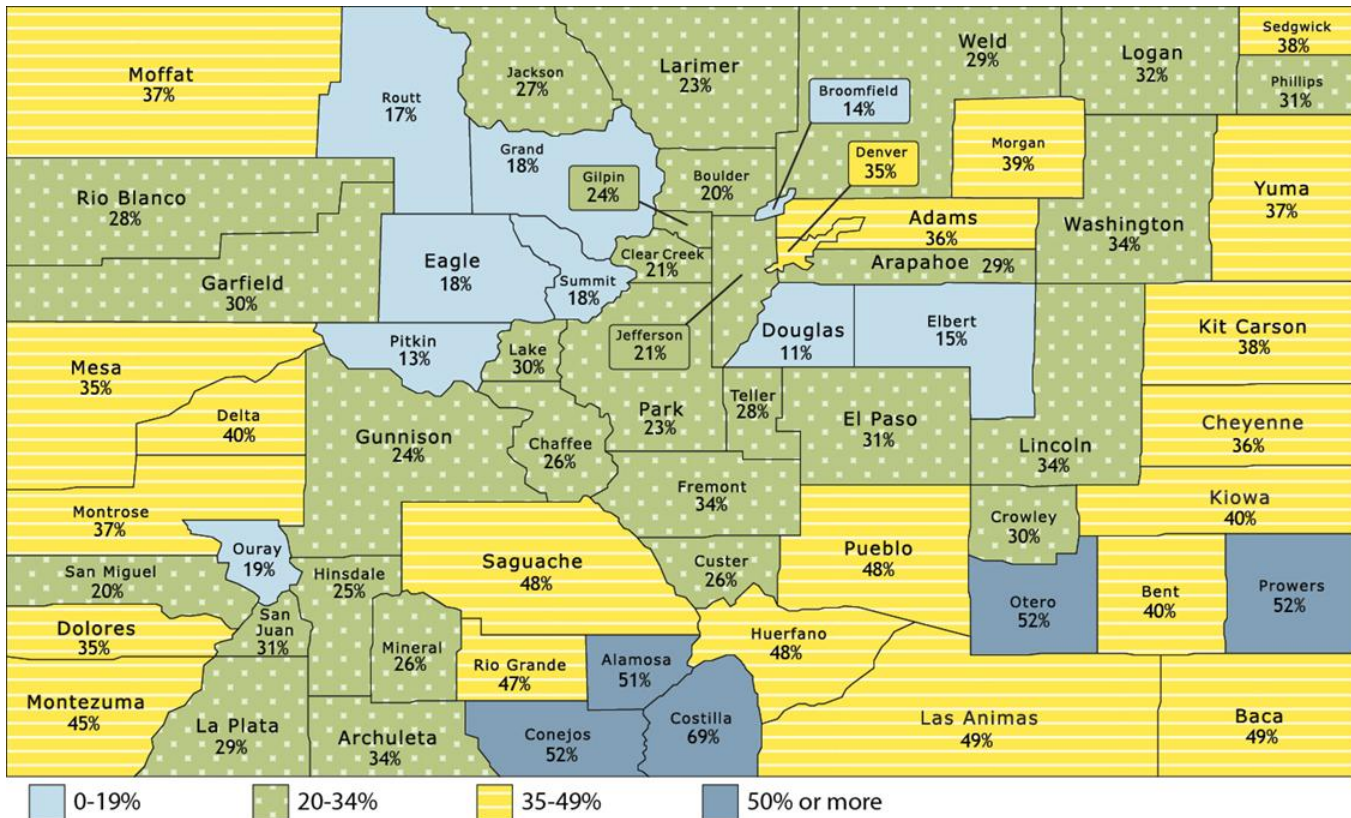
Who we Serve

In fiscal year 2023-2024:
- 55%: adults ages 19-64
- 39%: children, ages 18 and younger
- 6%: adults age 65 and older
- 5% are people with disabilities
- 87% live in urban areas
- 14% live in rural/frontier

2025 Federal Poverty Levels (Medicaid Eligibility)
- Family of 1: $20,820
- Family of 4: $42,768

*some earning more may still qualify

% of population enrolled in Medicaid & CHP+ by county

Legend:
- 0-19%
- 20-34%
- 35-49%
- 50% or more

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More detailed county level enrollment and spending available at CO.gov/hcpf/county-fact-sheets
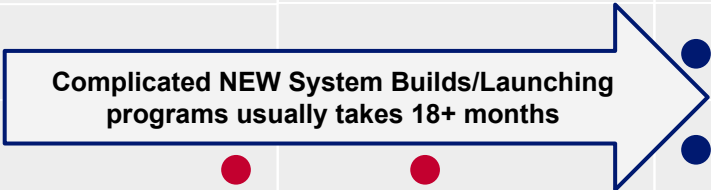More information on those we serve at CO.gov/hcpf/2024-report-to-community

H.R. 1 Medicaid Eligibility
High Level Implementation Timeline

● CMS Guidance Expected - Initial no later than 180 days after enactment, final rules in June 2026

	2025			2026			2027			2028		
	Jan	July	Dec	Jan	July	Dec	Jan	July	Dec	Jan	July	Dec
Prohibited Entity Funding					July 2025, 14,000 impacted							
"Qualified Alien" Changes					● Oct. 2026, 7,000 impacted							
6 month verifications							● Jan. 2027, 377,000 impacted					
NEW Work Requirements							● Jan. 2027, 377,000 impacted					
Retro Coverage Rollbacks							● Jan. 2027 ~new enrollees impacted					
LTC Asset Ceiling Change										● Jan.2028 - impact TBD		
Expansion Cost Sharing										● Oct 2028, 60k+ impacted		

Complicated NEW System Builds/Launching programs usually takes 18+ months

H.R. 1 Benefit & Eligibility Provision Impacts

Provision	Date	Member Impact	Other Considerations
Prohibited Entity Funding	July 2025	14,000+ members	Reduces access to services
"Qualified Alien" Changes	October 2026	~7,000 lawful immigrants will lose Medicaid coverage	Increases uninsured & uncompensated care
6 month renewals	January 2027	377,000 members	$$ admin costs & burden likely will result in coverage loss
Retroactive coverage restrictions	January 2027	Anyone applying for new coverage	Increases uncompensated care
Work Requirements	January 2027	377,000 members (before exemptions)	Paperwork burden for members, coverage loss, $$ high costs to administer

LTC Asset Ceiling Changes & Cost Sharing are in effect in 2028.

Expansion Population Impacts

Increased Paperwork Effective Jan. 2027

Eligibility renewals every 6 months vs 12. Effects 377k low income adults.

Retroactive coverage changes for all new applicants.

Work requirements ➡️

- **Adults aged 19-64** must document 80 hours/month of work, job training, education or community service.

- **Exempt populations:** pregnant; AI/AN; parents of kids with disabilities or a child 13 years of age or younger; veterans; medically frail; already meet TANF or SNAP work requirements or have Medicare.

- **Implementation Date:** January 1, 2027 (Shouldn't rely on CMS waiver extension)

- **Impact:**
  - Administrative burden and costs
  - New technology need and costs
  - **Non exempt individuals at risk of disenrollment due to procedural or not meeting the requirements**

H.R.1 Key Medicaid Provisions, Continued

Fed Administrative Changes effective over coming years:

- **Fraud, Waste and Abuse:** HCPF existing processes address elements of new H.R.1 provisions:
  - Address verifications & data matches with other states to check for dual enrollment, disenrolling members covered by other states
  - Processes to ensure deceased members or providers are respectfully removed from systems to mitigate inappropriate payments
- **Fed has changed PERM audit provisions**, increasing risks of federal clawbacks if eligibility errors exceed 3% (current averages 3-4%)
- **Financing Changes:** Caps on State Directed Payments - eff July 4, 2025 and a NEW Rural Health Transformation Program

H.R.1 Medicaid Coverage Threats

Medicaid Expansion population - 377,000 Medicaid members:

- **Federal CHASE Funding Reductions** impacting this population
- **Eligibility redeterminations increased from every 12 months to every 6,** starting Jan. 1, 2027
- **Work requirements** for most "able-bodied adults", starting Jan. 1, 2027
  - Working, Going to school, or Volunteering at least 80 hrs/mo to qualify
- **Coloradans may lose coverage because** they don't meet the new requirements or because of administrative complications

North Star: Mitigate coverage losses and its catastrophic consequences to Coloradans, providers, economy

Loss of health coverage risk to Connect for Health Marketplace enrollment, too

- Enhanced Premium Tax Credits expire Dec. 31, 2025. Premium increases will impact 321,000 Coloradans

- Est. 100,000 - 110,000 Coloradans will lose coverage due to affordability

- 40% cut to reinsurance program due to less funding, which will raise premiums

- 2026: 28% avg. requested prem. increase
  - Much higher in rural communities
  - Avg. statewide increases were 5.6% in 2025, 9.7% in 2024, 10.4% in 2023 and 1.1% in 2022

Family of Four Premium Increase			
Rating Area	2026 Annual Premium	Approx. Net Premium Increase - 400% FPL	Percent Change
1. Boulder	$24,453	$13,353	26.7%
2. CO Springs	$26,027	$15,027	24.2%
3. Denver	$25,129	$14,129	25.4%
4. Fort Collins	$25,676	$14,676	29.4%
5. Grand Junction	$29,091	$18,091	38.4%
6. Greeley	$25,686	$14,686	29.0%
7. Pueblo	$26,419	$15,419	30.4%
8. East	$32,309	$21,309	33.4%
9. West	$36,832	$25,832	38.8%

Federal Changes Impact & Implementation Transparency: Resources

Understand how federal cuts may impact Medicaid

- [Colorado Medicaid Insights and Potential Federal Medicaid Reduction Impact Estimates](#) - July 2, 2025
- [Hospital Provider Fees Fact Sheet](#) - May 22, 2025 - update in process
- [Medicaid Work Requirements Fact Sheet](#) - April 16, 2025 - update in process
- [Long Term Services and Supports Fact Sheet](#) - May 20, 2025
- [Protecting Against Fraud, Waste and Abuse Fact Sheet](#) - April 29, 2025
- [Medicaid Coverage and Funding by Congressional District](#)

Learn about Medicaid in Colorado

- [Medical Assistance Coverage Fact Sheet](#) - March 2025
- [County Medicaid Fact Sheets -](#) updated annually with new fiscal year information, One-page fact sheets that provide a snapshot of key data for Medicaid in every county
- [Medicaid Coverage and Funding by Congressional District](#)
- [2024 Report to the Community](#)
- [Medicaid Sustainability Framework](#) - Jan 2025

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Please help us reach members by sharing this video.

Our Ask of YOU: Share Resources and Partner with us on implementation of federal changes

- **Share Our** Member Message from Exec. Dir. Bimestefer - a short, high level overview of what is in H.R. 1 and when members may see changes. Critical that we reach members along the way.

- Bookmark our resource center Colorado.gov/hcpf/impact and sign up for HCPF newsletters to receive key implementation updates and understand how federal cuts impact Medicaid.

Thank you for your partnership and engagement as we work together to implement H.R. 1 and focus on our North Star.

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Visit Colorado.gov/hcpf/publications **(click on sign up for newsletters, choose At A Glance)**　15

County Preparation for HR1

HCPF is working towards what CMS has termed a "minimal viable product" for work requirements (Phase I)

- Phase I will NOT include any workforce supports or work programs
- It will only focus on implementing the eligibility check for work participation/verification
- It will also implement 6 month renewals for the 377k expansion population

Important Data Points

Ex Parte Rate for MAGI (July 2025): 78%

[Caseload Reports](): See your expansion population

- MAGI Adults
- MAGI Parents (69%-133% FPL)

Use Report-XLS format

Remember, LTSS applicants and members are exempt from both work requirements and six month renewals

Other data asks from CHSDA: Medicaid population w/ SNAP, etc.

State Updates and Annual Stakeholder Webinar Highlights

Presented By: Josh Montoya

What is the Medicaid Sustainability Framework?

The Medicaid Sustainability Framework is an outline to HCPF's approach to addressing fiscal challenges and mitigate additional cuts, with new information regularly added to the Federal Resources section of the Legislator Resource Center webpage.

It is meant to drive conversations with stakeholders and legislators as the state deals with continuing budget challenges.

See the full [Medicaid Sustainability Framework](#) on our website

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Medicaid Sustainability Framework helps us better manage Medicaid trends and avoid draconian cuts

1. **Address Drivers of Trend:** Better address all the controllable factors that drive Medicaid cost trends

2. **Maximize Federal Funding:** Leverage and maximize HCPF's ability to draw down additional federal dollars

3. **Invest in Coloradans:** Continue investing in initiatives to drive a Colorado economy and educational system to reduce the demand for Medicaid over the long term as Coloradans rise and thrive

4. **Make Reasonable Medicaid Cuts or Adjustments:** Identify where programs, benefits, and reimbursements are comparative outliers or designed in such a way that we are seeing - or will experience - higher than intended trends or unintended consequences

5. **Reassess New Policies:** Consider pausing or adjusting recently passed policies not yet implemented

6. **Exercise Caution in Crafting Increases** to the Medicaid program going forward

Behavioral Health Services

Drivers:
- Network growth: 6k to 13k+
- Increased provider rates
- Added new benefits
- Medicaid intended to sustain BH transformation initiatives

Potential Solutions:
- Nat'l standards for service limits
- Address unexpected, outlier growth in specific services
- Address providers with outlier utilization
- Limit services and directed payments to specific provider types or settings

Chart legend: Paid Amount (bars), PMPM (line)

Fiscal Year	Paid Amount	PMPM
FY 18-19	$586M	$40.35
FY 19-20	$634M	$45.46
FY 20-21	$797M	$49.15
FY 21-22	$1,046B	$58.19
FY 22-23	$1,167B	$60.58
FY 23-24	$1,032B	$67.12
FY 24-25	$1,261B	$95.21
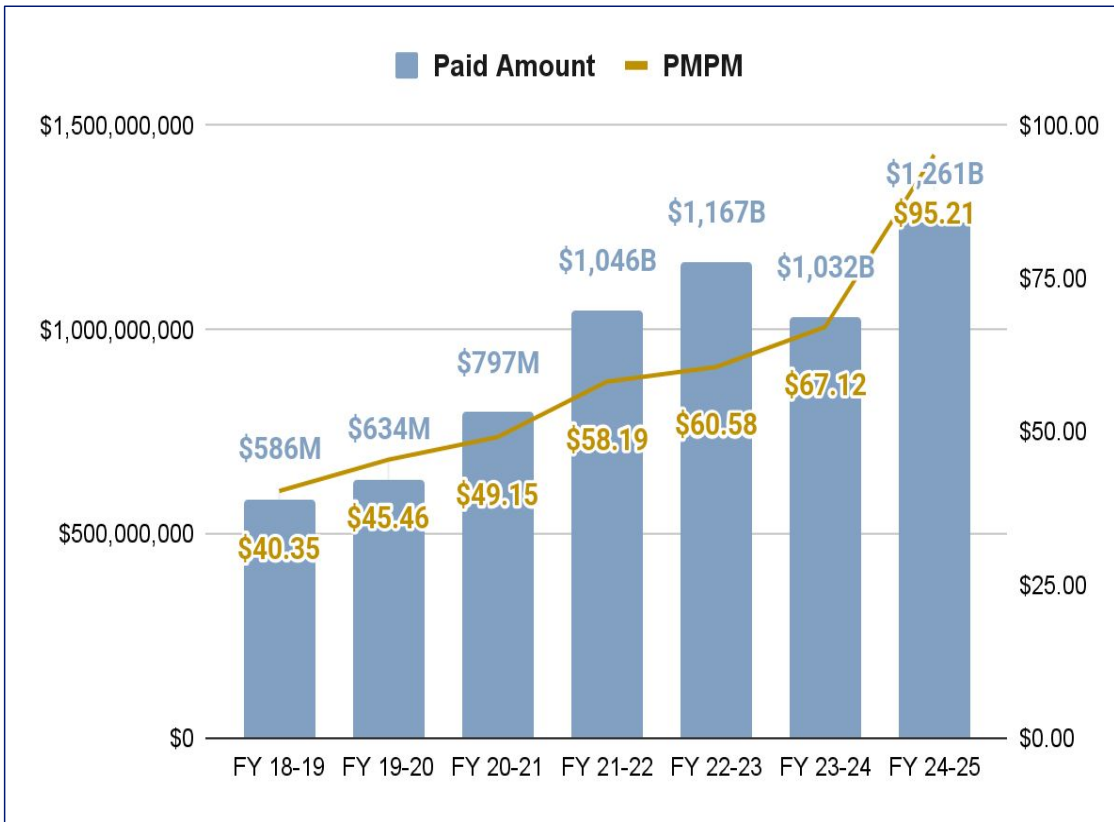
Monitoring Cost Trends In BH

Supported and funded expanded benefits, increased access and rates

- Substance Abuse Disorder (SUD) full continuum of care
- Increase intensive outpatient for adults & youth to decrease inpatient needs
- Provider recruitment and workforce supports

Monitor for unexpected, unfunded growth

- Impacts of ending prior auth on psychotherapy services
  - 1 yr PHE Unwind: +$38M increase
  - 61% increase in 25+ visits/yr
  - 98% increase in 56+ visits/yr
- Peer support utilization

Payments to Providers

Service Groups
- High Intensity Outpatient (HIOP)
- Inpatient Hospital
- Outpatient Prevention and Treatment

	FY21	FY22	FY23	FY24
High Intensity Outpatient (HIOP)	$14M	$16M	$22M	$26M
Inpatient Hospital	$83M	$73M	$86M	$94M
Outpatient Prevention and Treatment	$368M	$370M	$448M	$476M
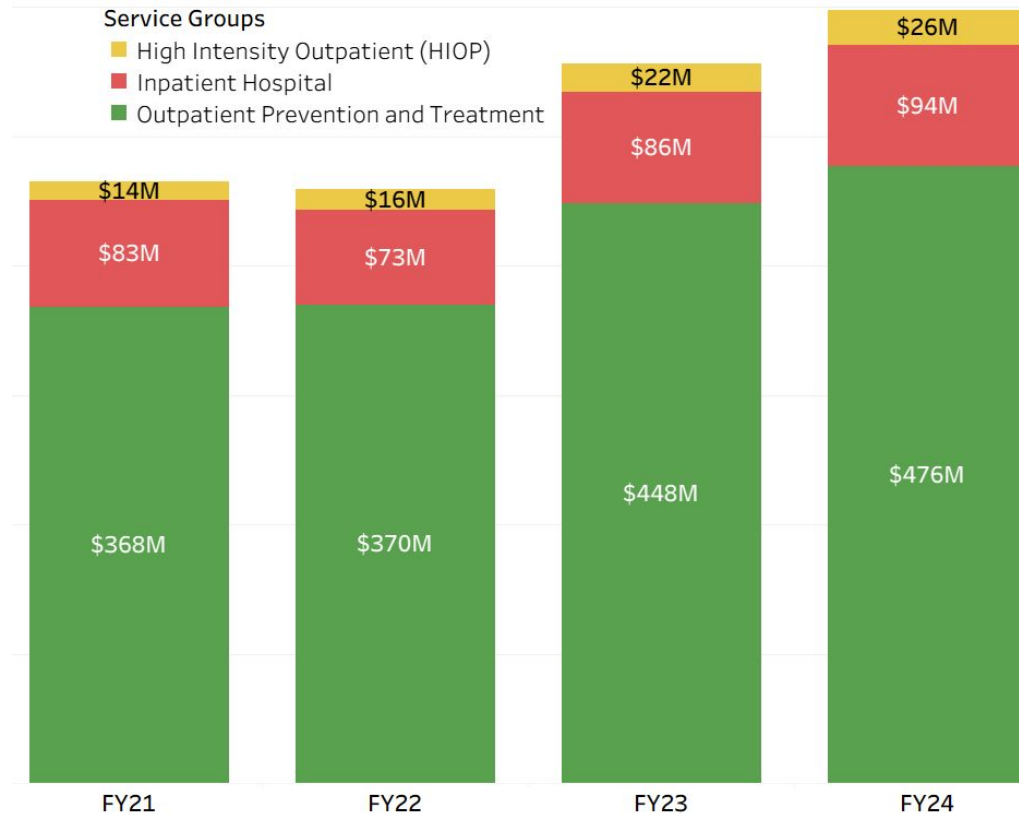
Peer Support Services Growth Trends

+286% increase in paid $ from FY21/22 to FY23/24. That's +95% trend per year.

Drivers:
- No limits on daily hours, place of care
- Outlier provider utilization/billings

Solution:
- Eff July 2025, adjusted providers who could bill for services and when
- Tracking/educating providers
- Corrective actions

Peer Payments to Providers

Chart axis: $0, $5,000,000, $10,000,000, $15,000,000, $20,000,000, $25,000,000

Categories (each with FY21-22, FY22-23, FY23-24):
- Behavioral Health Outreach Service (H0023)
- Self-Help/Peer Services (H0038)
- Skills Training and Development (H2014)
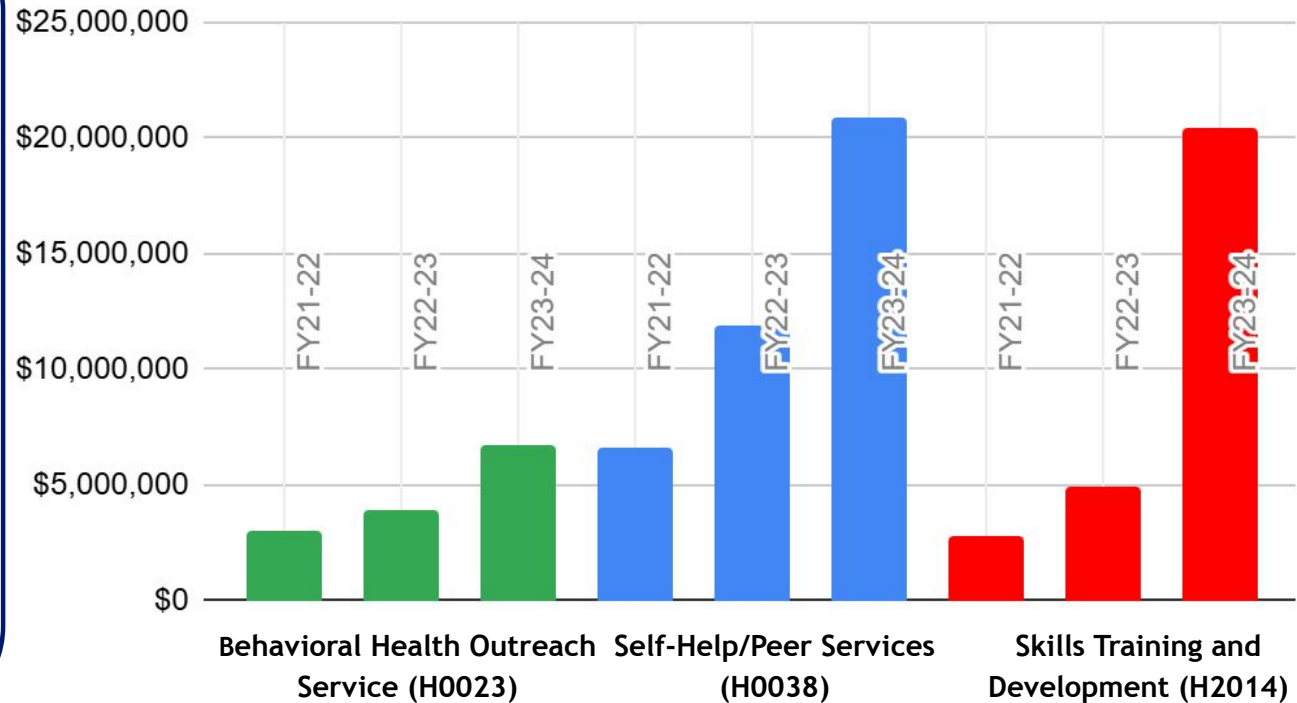
Residential and Step Down Care

Payments to Residential Providers

Right care. Right place.

- Medicaid Systems of Care services cost 80% less than residential.
- Invest upstream to reduce condition escalation
- Intensive Outpatient and Partial Hosp.
- Mental Health Transitional Living
- 1115 waiver supports

Legend:
- ■ Psychiatric Residential Treatment Facility (PRTF) & Qualified Residential Treatment Program (QRTP)
- ■ Other Residential

	FY21	FY22	FY23	FY24
PRTF & QRTP	$2M	$1M	$7M	$17M
Other Residential	$22M	$44M	$60M	$67M

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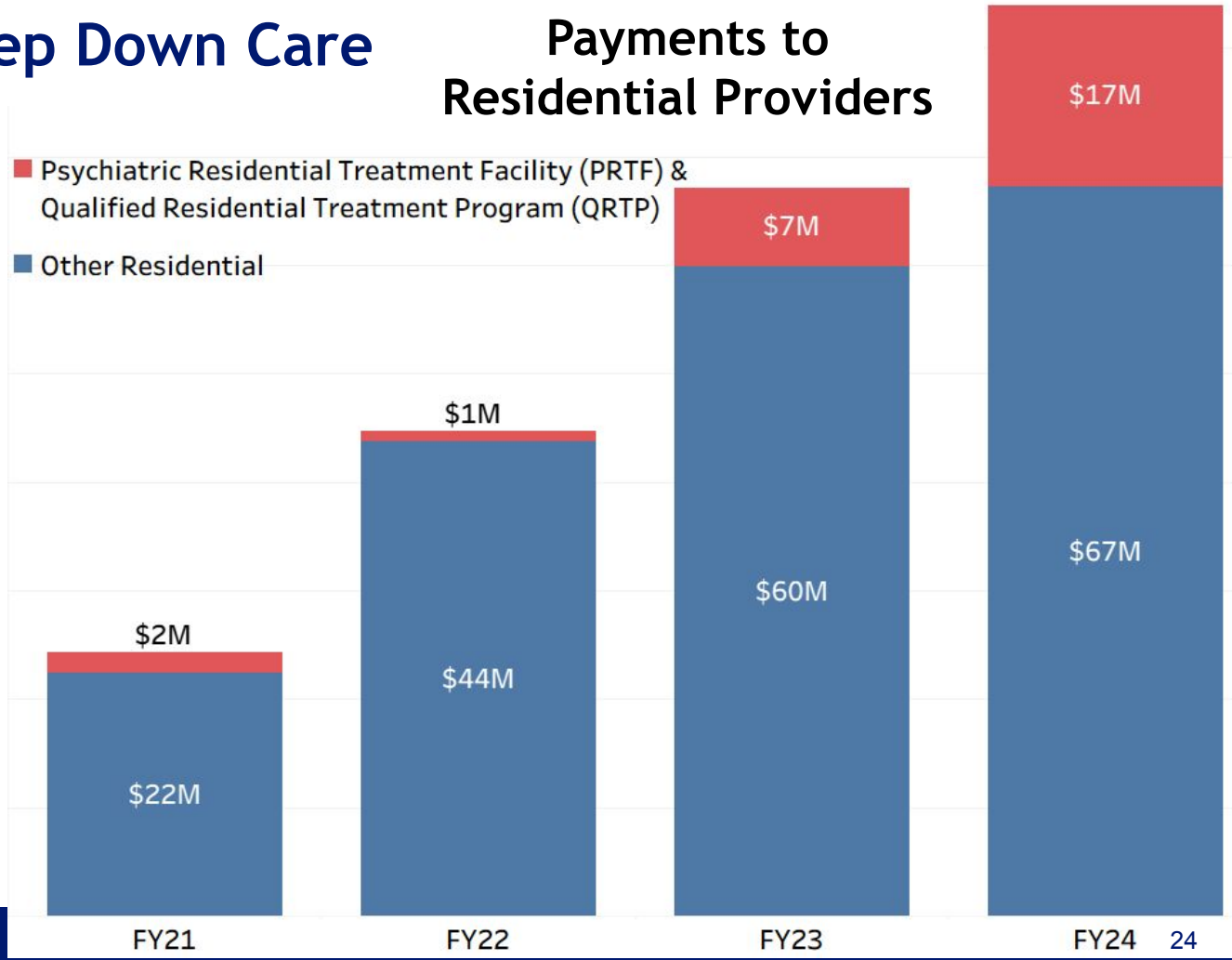
2025 Annual Stakeholder Webinar

See the full presentation, recording and supporting documentation on the 2025 webinar on our website

- Recording of Presentation
- Slide Deck

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MAP Work Group Update

Presented By: Arturo Serrano

CMS Renewal Requirements Project: MAP Timeline

- ○ **July to December 2025:**

    - ■ Current State: continue utilizing the current renewal Structured Query Language SQL and logic to support MAP compliance and County Incentive Contract Scoring.
    - ■ The MAP Team will update the current renewal SQL to incorporate the new project fields and ensure alignment with CMS timeliness requirements.
    - ■ The updated renewal SQL will be tested with the **MAP workgroup** to identify any new scenarios requiring SQL or logic adjustments, or to obtain policy clarification as needed.

- ○ February 2026 Implementation: After we confirm testing, the new renewal SQL and logic will be implemented in the February 3rd MAP update for *January 2026 MAP data*.

MAP 2.0: Enhancing the User Experience

○ The MAP team is planning to enhance the current user experience on the MAP
   Dashboard in response to feedback from eligibility sites. Planned updates include:
   - The MAP Workgroup will be provided with multiple design versions to review
     and offer feedback, ensuring the final design meets their needs.
   - Reducing the number of clicks needed to access information
   - Visually connecting related measures that impact one another
   - Aligning the style and design with other Tableau dashboards used by CDHS
     partners
○ Eligibility-site focused office hours will be offered to support a successful launch by
   the end of the calendar year, accompanied by updated desk aids to assist Eligibility
   Sites. More to come in the next couple of months!

○ **EQA Quarterly Overview – October 30, 2025:** Meeting communication and
   invitation details will be shared toward the end of September 2025.

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ME Listening Session Debrief

Presented By: Aric Bidwell

Feedback that is Addressed

- Rebuttal review
- Action Plans and Finding Submissions
- Lack of TA when Findings Submitted
- Request for step prior to MDL phase
- Information requirement to BOCC
- Request for additional information day of
- Relationship between appeal and rebuttal
- Being on/off camera during reviews

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Feedback to be Addressed

- Sharing of JRA information and factors
- Questions different on website than in review
- Supportive documents on questionnaires
- Continued reduction in overall questions
- Additional partnership in planning process
- Dedicated ME Review training
  - steps and process
  - how to's of correcting findings
- Improving Response Timelines

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Feedback we cannot "Fix"

- Continued questions after the site visit
  - Additional clarification is often needed
- Amount of materials that are reviewed
  - CMS requires review of ALL Medicaid
- Burden of timeline for process
  - Cannot give more time, without adding time
- Some items seem unimportant that are cited
  - Every citation is based on rule somewhere

Feedback that was Positive

- Kick off meeting very helpful and supportive
- Overall reduction of questions helpful
- Appreciation for expanded resolution timelines
- Appreciation for reduction of overall timeline for entire ME Review process

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LTSS PE Update

Presented By: Amy Dearmore

LTSS Presumptive Eligibility

- Allows those in crisis situations to access select services and supports while their Long-Term Care (LTC) Medicaid application is processed

  - Crisis criteria:
    - Loss/incapacitation of caregiver
    - Recent acute medical/mental health episode
    - Danger to self/others

- Available to adults who attest to meeting Home and Community-Based Services (HCBS) financial and functional eligibility criteria

Progress to Date

- Legislative approval of House Bill 24-1229

- 1115 application

- System updates

- New staff to support program

- Stakeholder outreach

- Targeted implementation date: 01/2026

Implementation Priorities

- Allowing self-attestation of eligibility through online referral form

- Availability of select services while Long-Term Medicaid eligibility is processed
  - Personal care, homemaker, electronic monitoring, respite, transition coordination

- Provision of member support during PE period

- Minimal change to county and Case Management Agency processes

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LTSS PE Swim Lanes

LTSS PE Enrollment Coordinator

| Receive LTSS PE Referral Form | Call applicant, submit MA application if needed. | Forward PE referral to Transition Coordination Agency | Track LTC eligibility status | Once eligibility is determined, notify CMA, TCA |

County office/MA site

| Process MA application if applicable | Provide LTC eligibility updates in CBMS | Track for ongoing LTC eligibility or denial steps |

Transition Coordination Agency

| Receive referral from Enrollment Coordinator and meet with member

Confirm referral to CMA for LOC | If active Medicaid, enter LTSS PE authorization in Bridge

Initiate LTSS PE services | Provide service coordination, resources, assist with LTC Medicaid application

Follow up on PMIP request from CMA | Complete weekly check-ins

Send PE service update to CMA | Continue to support as indicated by risk assessment |

Case Management Agency

| Receive referral through CBMS, contact member and schedule LOC | LOC is completed and CMA monitors financial eligibility | Initiate enrollment steps for HCBS and/or CFC | Oversee LOC eligibility for HCBS and/or CFC |

MA application submitted by PE workers

TCA assists with steps in PEAK for LTC

Enrollment Coordinator tracks disability application

County processes MA application if applicable → County provides LTC eligibility updates in CBMS → LTC Medicaid eligibility is determined

Noticing sent to member → Track for ongoing eligibility and/or denial steps

TCA assists as needed with obtaining and submitting verifications

Enrollment Coordinator monitors financial eligibility

Next Steps:

- Complete review with Centers for Medicare and Medicaid Services (CMS)
  - Continue to address questions as needed

- Continued internal collaboration on parallel program implementations, system updates, policy alignment

- Develop training materials, plan additional engagement

- Contingency planning

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LTSS PE FAQs

- How does LTSS PE differ from other PE?
  - LTSS PE will allow certain supports and services beyond state plan benefits during the PE period for those eligible
  - LTSS PE will not operate through PE sites

- Who will determine LTSS PE eligibility?
  - State personnel will review and approve LTSS PE

- What if someone on LTSS PE is found ineligible for LTC Medicaid?
  - Funding for LTSS PE services rendered is built into our 1115 budget and request
  - Stakeholder partners will not be held financially responsible for LTSS PE benefits, regardless of LTC eligibility determination

- What if a member already has Medicaid coverage?
  - LTSS PE eligibility will be authorized in the Bridge instead of in CBMS
  - Noticing will be manually sent instead of automated

Open Discussion

- Future outreach

- Questions/feedback?

How To Reach Us

- Website: hcpf.colorado.gov/ltss-pe

- Email: HCPF_LTSSPE@state.co.us

- Voicemail line: 303-866-4882

Contact Information

Amy Dearmore
Access Eligibility Coordinator
amy.dearmore@state.co.us

Review of all upcoming Memos

Presented By: Aric Bidwell

Memos In the Works!

- Personnel Screening Requirements
- Administration of Medical Assistance Desk Review
- State Requirements for Eligibility Site Medical Assistance Training
- Digital Accessibility Memo
- Internal Controls Performance Management
- Merit-based Staffing Memo

Recognizing High Performance & Successes!

Presented By: Danielle Henry

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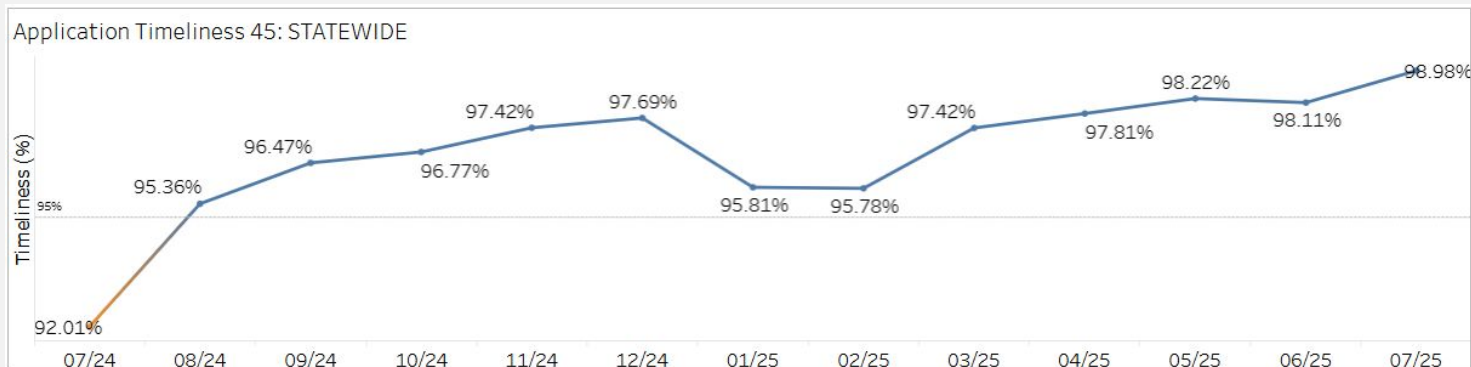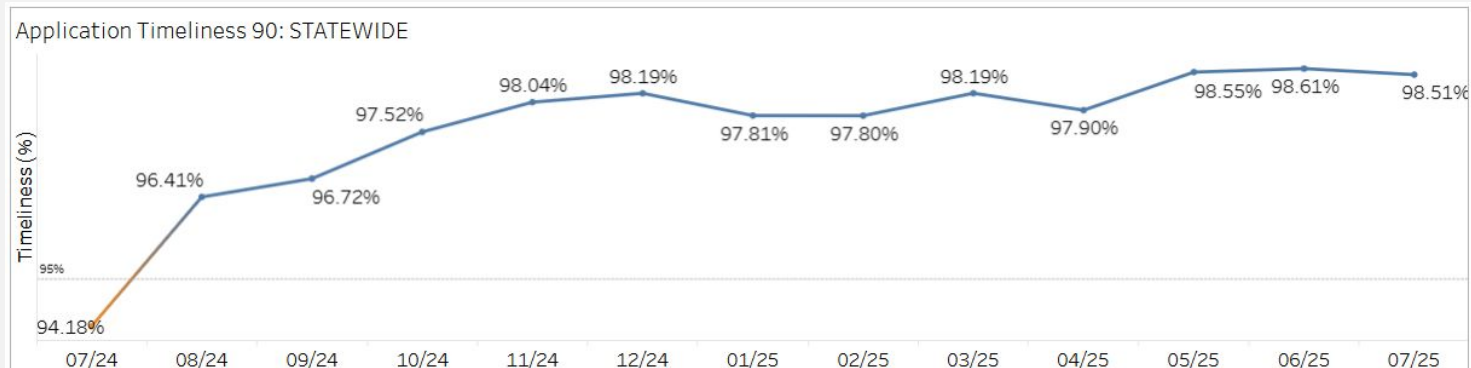Policy & Financing

MAP Top Performers

- Small
  - Kiowa
  - Phillips
  - San Miguel Phillips
- Medium
  - Alamosa
  - Fremont Moffat
  - Moffat
- Large
  - All ten large counties are performing exceptionally well overall.

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Statewide Applicants Processing Timeliness

Statewide Renewal Processing Timeliness

Non-LTSS

Renewal Timeliness Non LTSS: STATEWIDE

95%
- 08/24: 78.63%
- 09/24: 92.65%
- 10/24: 92.28%
- 11/24: 93.05%
- 12/24: 94.86%
- 01/25: 93.59%
- 02/25: 90.16%
- 03/25: 90.68%
- 04/25: 93.22%
- 05/25: 94.76%
- 06/25: 98.38%
- 07/25: 98.20%

LTSS

Renewal Timeliness LTSS: STATEWIDE

95%
- 08/24: 68.62%
- 09/24: 74.17%
- 10/24: 74.41%
- 11/24: 73.80%
- 12/24: 82.19%
- 01/25: 94.94%
- 02/25: 92.21%
- 03/25: 82.70%
- 04/25: 89.53%
- 05/25: 91.70%
- 06/25: 95.94%
- 07/25: 93.17%

Note: Statewide Target is 95%
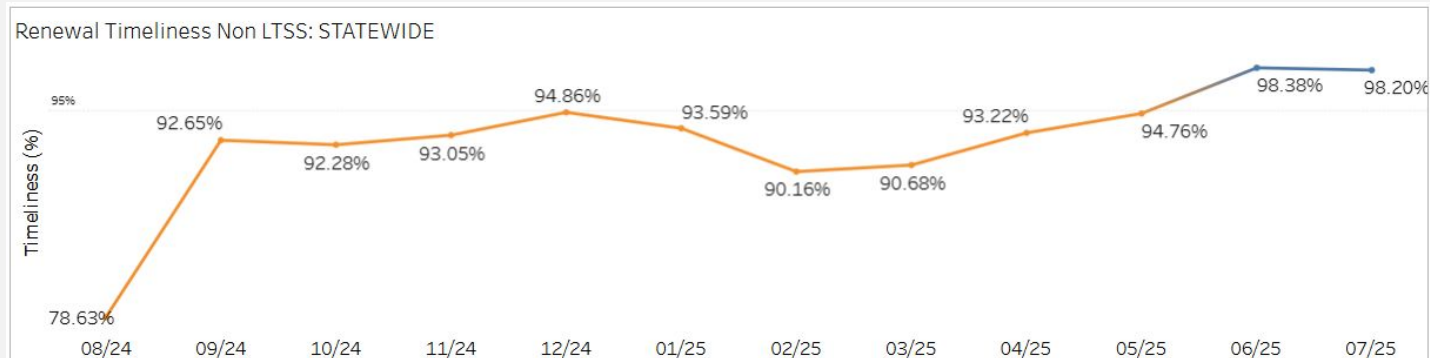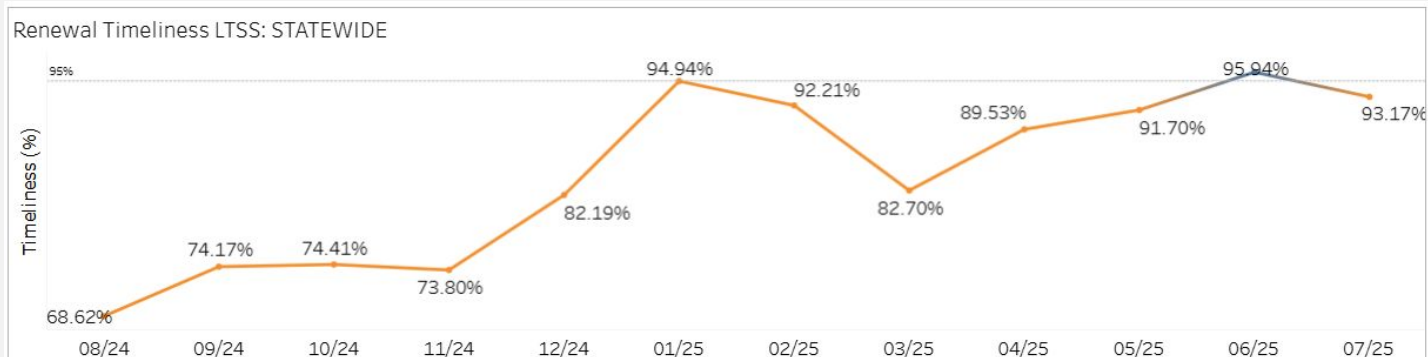
County Hot Topics

Contact Information

For Agenda Items & Meeting Set-Up or for Questions:

please submit a **County Relations webform ticket** or Email HCPF_CountyRelations@state.co.us

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Thank you!