



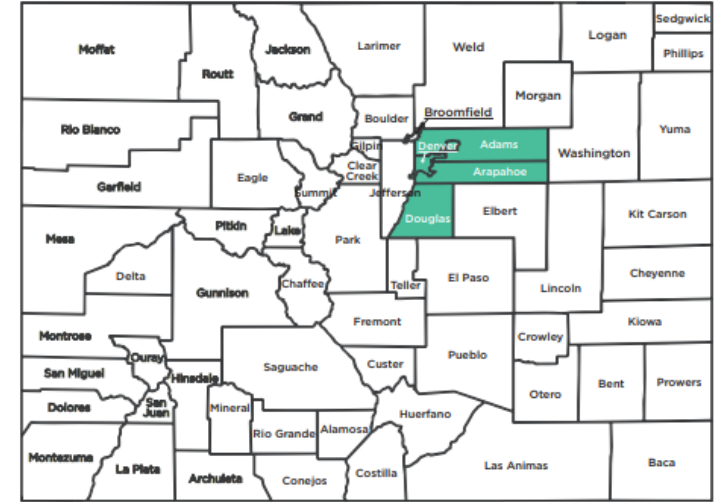
Keeping Coloradans Covered: Preventing Medicaid Coverage Loss Under H.R. 1

Liz Owens, Chief External Relations Officer

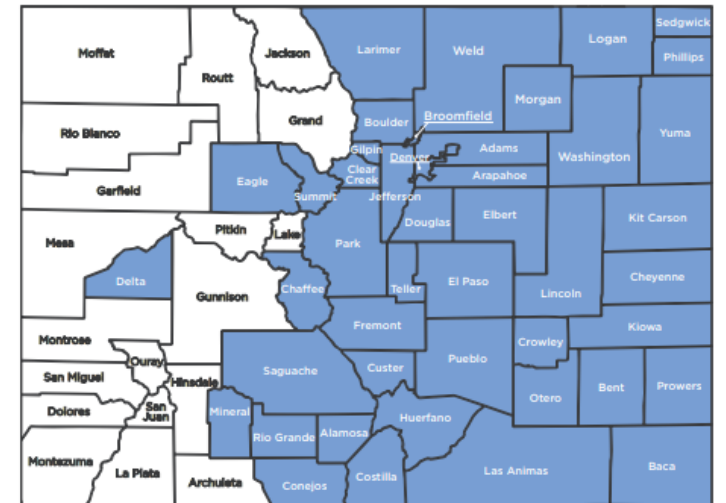


About Colorado Access

- **Colorado Access** is the largest, most experienced, local **public sector health plan** in Colorado.
- We serve more than 500,000 Medicaid members in **Adams, Arapahoe, Denver, and Douglas counties**, and Child Health Plan *Plus* (CHP+) members in 45 counties statewide.
- We are contracted by the state Medicaid agency, the Colorado Department of Health Care Policy and Financing (HCPF) to:
 - administer the **behavioral health** Medicaid benefit and CHP+ benefit,
 - establish and support **networks of providers**,
 - **coordinate medical and community-based services** for members in our region.



Health First Colorado offered by Colorado Access Service Map



About Medicaid

Health First Colorado (Medicaid)

- Provides health coverage to over 77.9 million Americans, including 1.2 million Coloradans (nearly 20% of Coloradans).
 - Single largest source of health coverage in the country for children and adults, pregnant people, older adults, individuals with disabilities, and other special populations eligible for services and supports.
- Joint federal-state program
 - Funding is mixed
 - Eligibility determined by federal and state-specific rules
 - Coverage includes both federally mandated and state-elected benefits

What H.R.1 Means for Medicaid

- On July 4, 2025, **H.R. 1: The One Big Beautiful Bill Act** was signed into law.
- This law increased federal spending on border security, defense, and energy. To partially offset this spending, it **reduces federal healthcare spending by nearly \$1 trillion** over the next decade, primarily through Medicaid.
- The law significantly reshaped the health care landscape by enacting the **largest Medicaid cut in U.S. history** and requiring fundamental shifts to Colorado's Medicaid program structure and operations, impacting **members, providers, and communities**.

Changes for Certain Immigrants

October 1, 2026: Non-pregnant adults with certain lawful immigration statuses will no longer be eligible for Medicaid.

Who loses coverage? Refugees, asylees, and other categories of lawfully present immigrants.

Who remains eligible?

- All lawfully residing children and pregnant adults
- Lawful permanent residents (“green card” holders)
- Certain Cuban and Haitian immigrants
- Citizens of the Freely Associated States (COFA migrants) lawfully residing in the US

Member notices were sent in May 2026 and again in September to affected members.

Member Impact: ~6,000 lawfully present immigrants will lose coverage



Retroactive Coverage Restrictions

Starting on January 1, 2027: New Medicaid members will have retroactive coverage for a shorter time before their application date.

Retroactive coverage will be only for:

- one month prior to application for “expansion” adults
- two months prior to application for all other Medicaid enrollees (seniors, people with disabilities, and children)

Member impact: All new applicants

This means all Medicaid members will no longer have access to 90 days of retroactive coverage.



Changes Affecting Medicaid Expansion Adults

Who?

Some adults
ages 19 – 64
who earn up
to 133% of
the federal
poverty level.

What?

Six-Month
Renewals

Work
Requirements

When?

January 1,
2027

Six-Month Renewals

After January 1, 2027: Medicaid expansion members must have their eligibility **redetermined** (or “renew their coverage”) **every six months**, instead of once a year.

Member notices will go out to Medicaid expansion members with January renewal dates in November 2026.

Member Impact: Approximately 378,000 members

This means members who must report work requirements may need to do so **twice per year**.

Work Requirements

Starting January 1, 2027: Medicaid expansion members must comply with work requirements. To comply and maintain Medicaid coverage, these individuals must:

- Earn at least **\$580 per month**, or
- Report at least **80 hours per month** of work, volunteer, attend school, or a combination.

Member notices went out to Medicaid expansion members in September 2026.

Member impact: Approximately 378,000 members (before exemptions)



Work Requirements: Exemptions

- People with disabilities, including disabled veterans
 - LTSS and Medicaid buy-in programs
- People considered medically frail whose condition makes it prohibitively difficult to work
 - Blind or have a disability
 - Substance use disorder
 - Disabling mental health condition
 - Physical, intellectual, or developmental disability that makes it hard to do daily activities
 - Serious or complex medical condition
- Parents or caregivers of a dependent child up to age 14 or an individual with disabilities
- People who are pregnant or postpartum
- Foster youth and former foster youth under age 26
- American Indians and Alaska Natives
- People who are incarcerated or released from incarceration in the past 90 days
- People eligible for Medicare
- People already meeting requirements for TANF or SNAP
- People receiving treatment for drug or alcohol addiction

The State's Approach: What We Know

Medical frailty must “significantly impair” the individual’s ability to meet the work requirements.

Self-attestation is allowed broadly in the first year of implementation.

Colorado will require one month of work activities at renewal or application.

New requirements are in effect in January for new enrollees (looking back to December 2026) and in March for renewals.

Many implementation questions remain.

Working Timeline Overview

Timing is subject to change as guidance is finalized

2026



May 2026

Notices, emails and texts sent to affected immigrant members

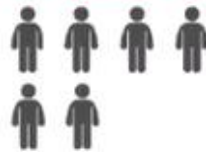
September 2026

Notices, emails and texts sent to members subject to work requirements

October 2026

Changes to coverage for some immigrants

6,000 impacted



November 2026

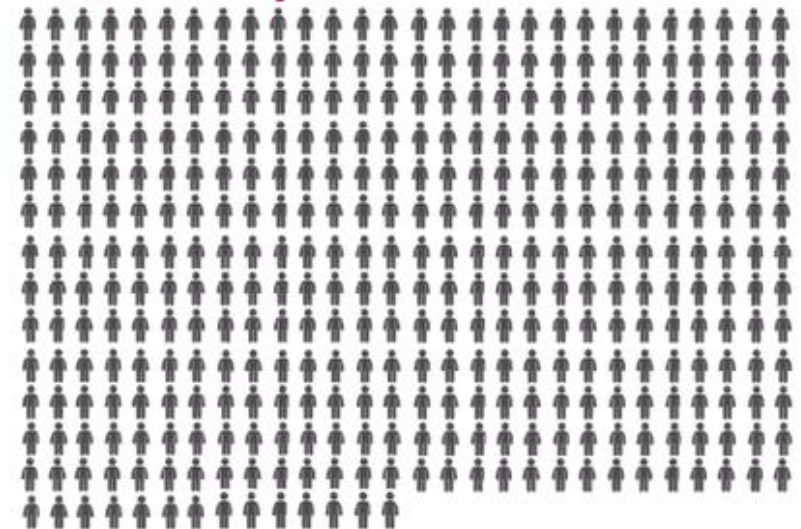
Notices, emails and texts for January renewals sent

2027

January 2027

6-Month Renewals
Work Requirements
Retro Coverage
Rollback

378,000 impacted



2027

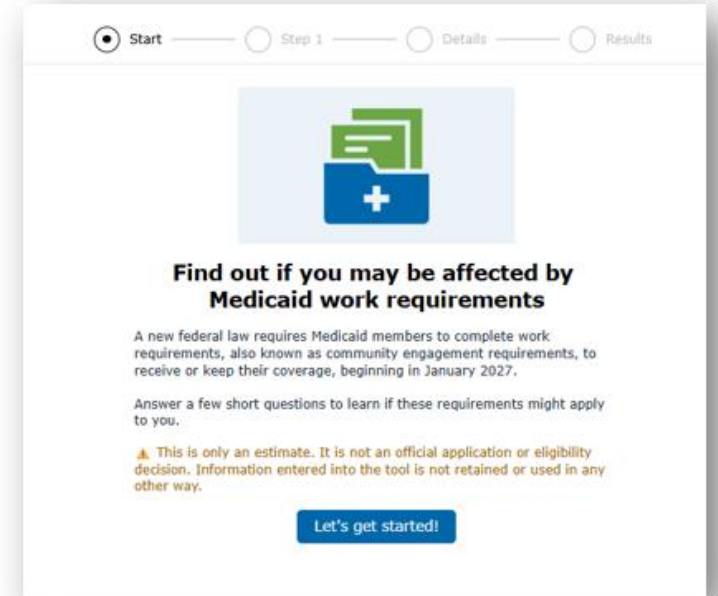
Direct outreach to members continues based on renewal date



= 1,000 PEOPLE

How Colorado Is Preparing

- The State is working to **automate compliance or exemptions for 60%** of the expansion population (roughly 226,200 members).
 - Working to mitigate coverage losses for the remaining 155,000 members.
- The State created screening tools to help members **check** if work requirements and the immigration changes apply to them.
- The State has launched a **communications toolkit** for partners.



How Colorado Access is Preparing for H.R.1.

- **Outreach:** Targeted on-the-ground outreach in affected communities.
- **Data:** Sharing redetermination data with providers, including whether members fall into the expansion population
- **Partnerships and funding:** Working with coalitions, funders, and county partners on strategy, eligibility support, and application assistance.
- **Communications:** Preparing members and providers through paid ads and shareable resources for immigrant communities; to be expanded to include work requirement and six-month redetermination information as well.
- **Costs:** Tracking investments and staff time to show H.R. 1 delivers no savings.

What We Expect will be Required of RAEs

- Two forms of renewal outreach by RAE-identified modality
 - Likely at 45 days before deadline and roughly 15 days before deadline
- HCPF will do multiple renewal outreaches as well, spaced out from RAE outreach
- HCPF will also do disenrollment outreach

Marketing: Multicultural Outreach to Trusted Community Audiences

Colorado Access launched a coordinated, multilingual campaign to increase awareness of the October 1 immigrant eligibility changes and connect members with trusted information and resources.

Multicultural Media

- Digital advertising across 4 community media outlets

Print & Radio

- English and Spanish print placements plus on-air mentions on KUVU 89.3 and The Drop 104.7

Digital Hub

- Dedicated H.R. 1 landing page connecting audiences to official guidance and resources

Community Amplification

- Organic social, provider communications and community partner outreach extend campaign messaging

EARLY CAMPAIGN RESULTS

- 82K+ Digital Ad Views through 9/16
- 27K Households in Print Distribution
- 9.04% Organic Social Engagement Rate



IMPORTANT!

Federal changes to
Colorado's Medicaid program

Starting October 1, 2026,
some immigrants may
lose Medicaid coverage.

[Learn More](#)



coaccess.com/changes

NOTICIAS LOCALES
Sabor duranguense enamora a Colorado
3 Margaritas llega al Northfield

CHASE
IMPULSO A EDUCACIÓN FINANCIERA
Chase ofrece talleres gratuitos para proteger y crecer su dinero

¡IMPORTANTE!
Cambios federales en el programa Medicaid de Colorado

IMPORTANT!

Federal Changes to
Colorado's Medicaid Program

October 1, 2026, some
immigrants will lose
Colorado's Medicaid, Health
First Colorado, coverage.

Local organizations are ready to help
review your options.

- Many people are not affected
- Update your contact information
- Watch for and respond to official letters

For official guidance visit:
HealthFirstColorado.com/Changes



¡IMPORTANTE!

Cambios federales en
el programa Medicaid de Colorado

A partir del 1 de octubre de
2026, algunos inmigrantes
perderán la cobertura de
Medicaid de Colorado,
Health First Colorado.

Las organizaciones locales están listas
para ayudarle a analizar sus opciones.

- Muchas personas no se verán afectadas
- Actualice su información de contacto
- Esté atento a las cartas oficiales y responda a ellas

Para orientación oficial, visite:
HealthFirstColorado.com/es/cambios



CBO Convening Delivered Strong Learning, Connection & Satisfaction

COA Community Based Organization Convening | 63 participants

95%

Satisfied / Very Satisfied

4.59 / 5 average

+1.32

Increase in HR 1 Familiarity

3.00 before → 4.32 after

68 NPS

Strong Advocacy

9.18 / 10 average likelihood to recommend

What We Heard

Networking was a standout: the convening created meaningful networking opportunities.

Content was relevant: topics were relevant to their organizations' work.

Learning was practical: HR 1, Medicaid, FindHelp, and referrals.

"I learned A LOT more about HR 1 and have a much better understanding of how it's going to directly impact many people that we work with."

What This Means for Next Time

KEEP

HR 1 / Medicaid content + high-value networking

ADD

Structured collaboration, expert policy perspectives, and funding/data-sharing discussions

Participants want the convening to evolve from information sharing and connection toward coordinated action.

Other Expected H.R. 1 Efforts

Exploring additional funding to our RAE counties to support eligibility efforts.

Considering funding a community partner who would do door-to-door outreach and tabling.

Participating in the Medicaid Participatory Action Incubator Challenge through Prime Health to identify the best technology solutions for work requirements.

Requested approval to subcontract with AI-powered telephonic agents that help Medicaid members navigate eligibility and enrollment processes.

COA MEMBERS AT RISK OF LOSING MEDICAID COVERAGE UNDER H.R. 1

County Profiles

Profiles of Medicaid Expansion enrollees with incomes under 44% FPL — the cutoff for 80 hours of work per month at minimum wage — who must take action to keep their Medicaid coverage beginning in 2027.

105,315

COA members at risk across all counties

70.8%

Share of COA Medicaid Expansion enrollees

Four Counties: H.R. 1 At-Risk Population

105,315
COA Medicaid Expansion members
at risk of losing coverage

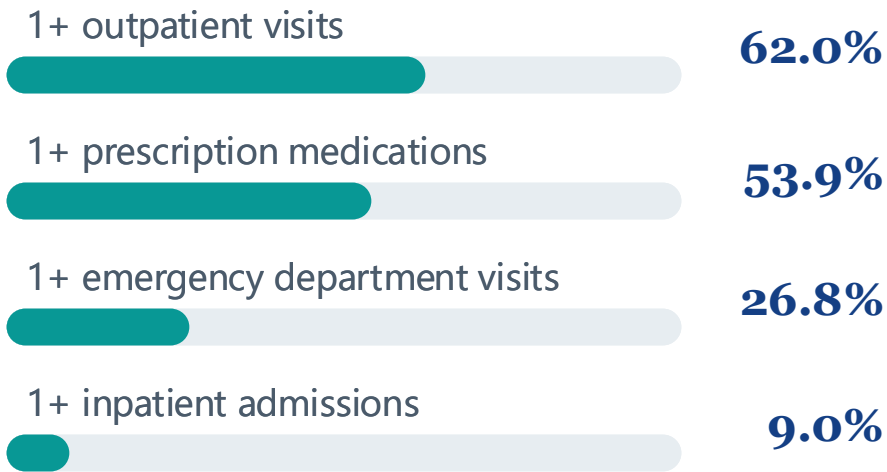
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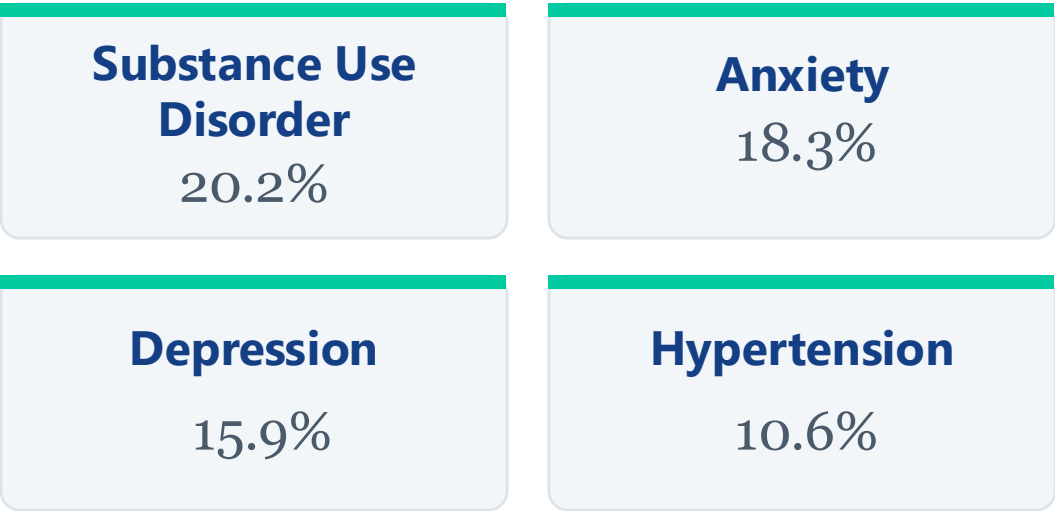
RACE / ETHNICITY



Care utilization in the past year



Chronic health conditions



Adams County: H.R. 1 At-Risk Population

22,562

COA Medicaid Expansion members
at risk of losing coverage

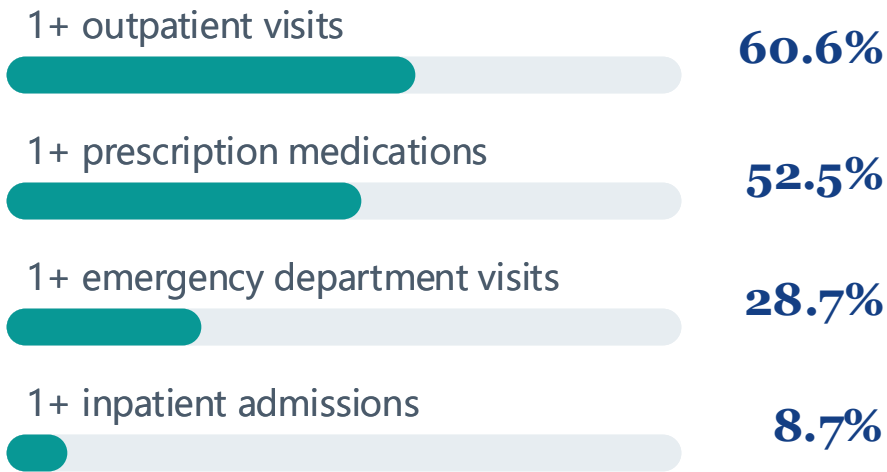
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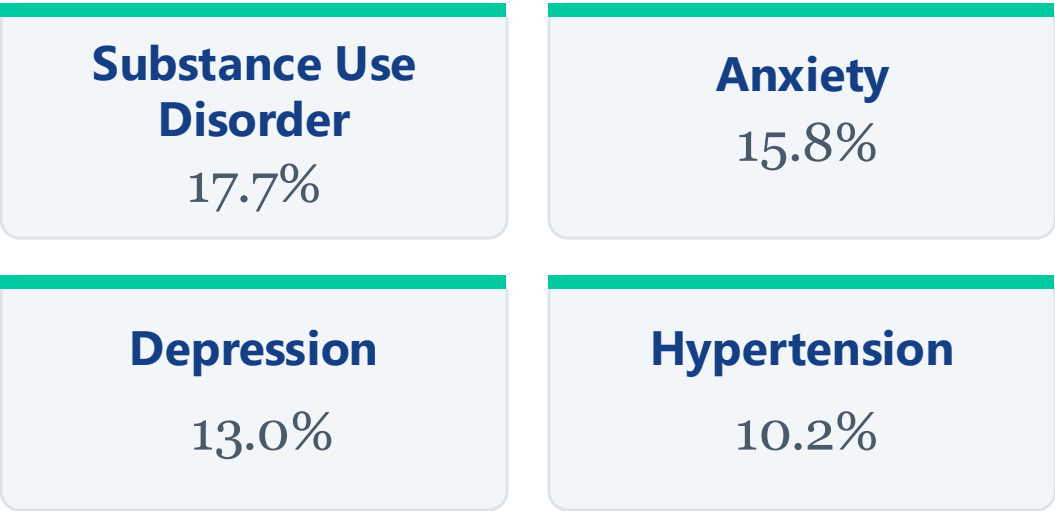
RACE / ETHNICITY



Care utilization in the past year



Chronic health conditions



Arapahoe County: H.R. 1 At-Risk Population

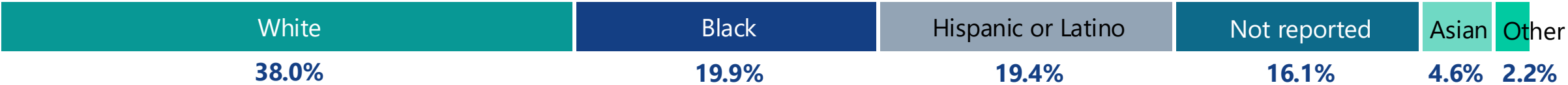
25,646

COA Medicaid Expansion members
at risk of losing coverage

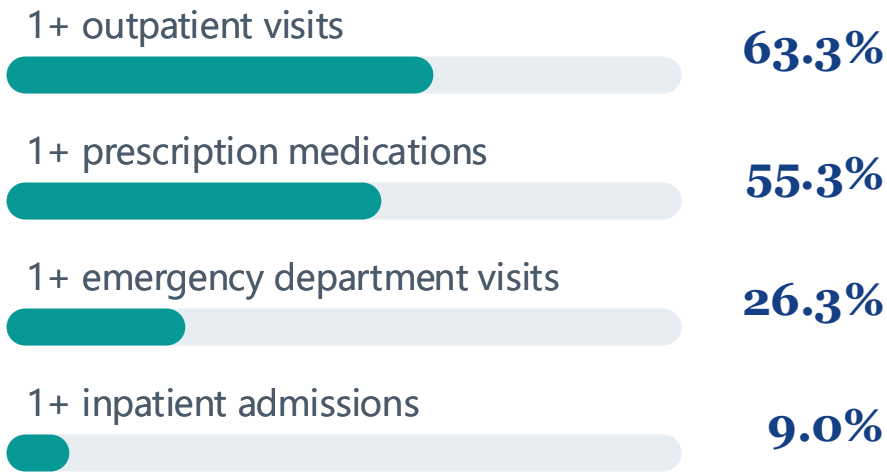
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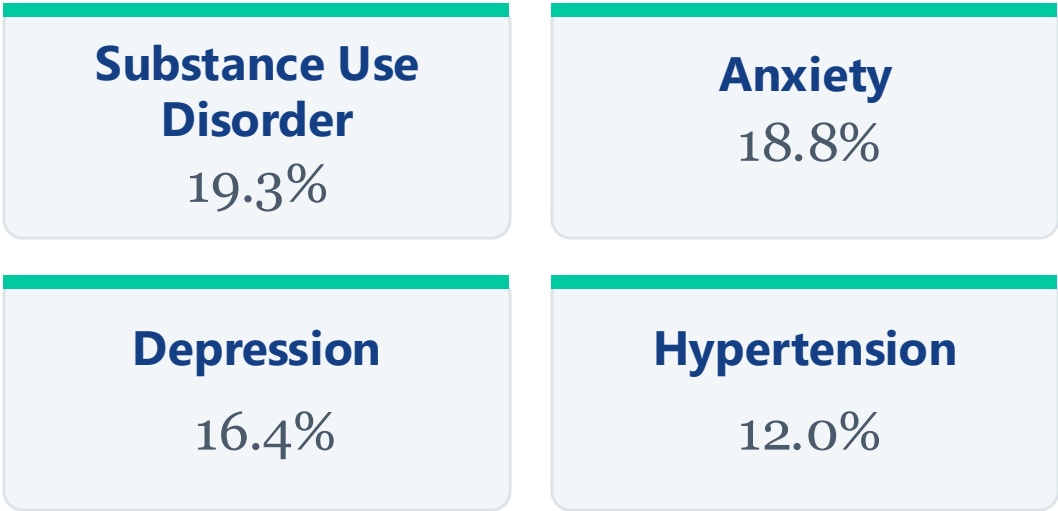
RACE / ETHNICITY



Care utilization in the past year



Chronic health conditions



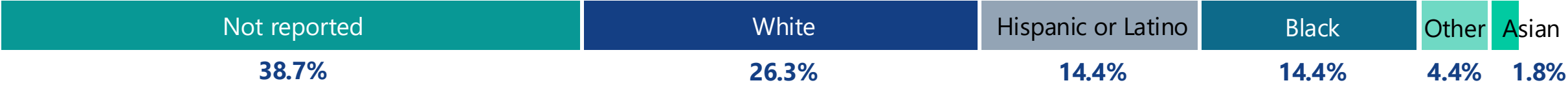
Denver County: H.R. 1 At-Risk Population

41,253
COA Medicaid Expansion members
at risk of losing coverage

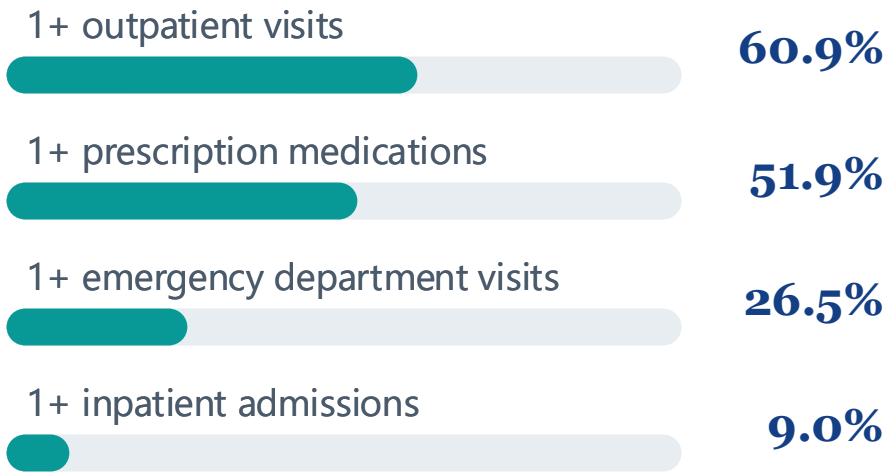
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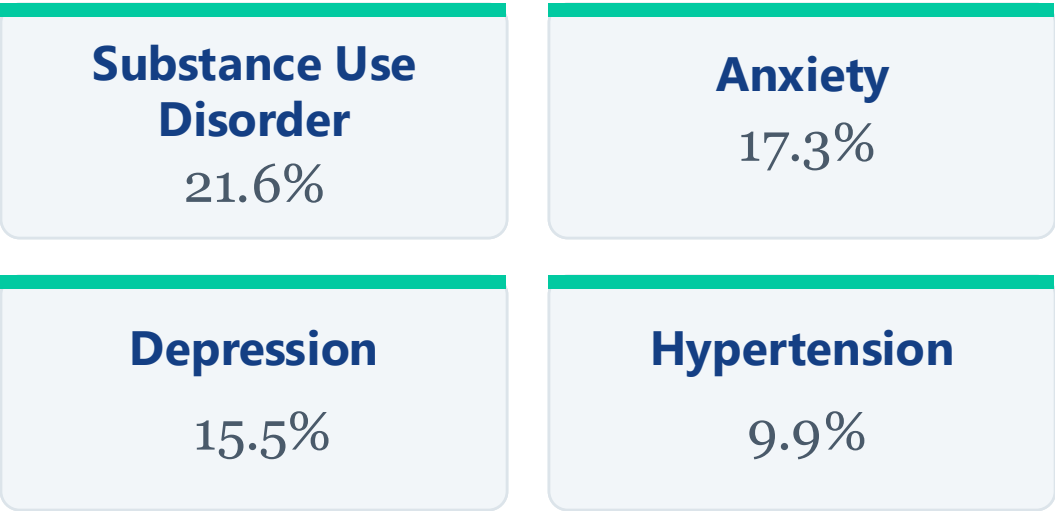
RACE / ETHNICITY



Care utilization in the past year



Chronic health conditions



Douglas County: H.R. 1 At-Risk Population

5,721

COA Medicaid Expansion members
at risk of losing coverage

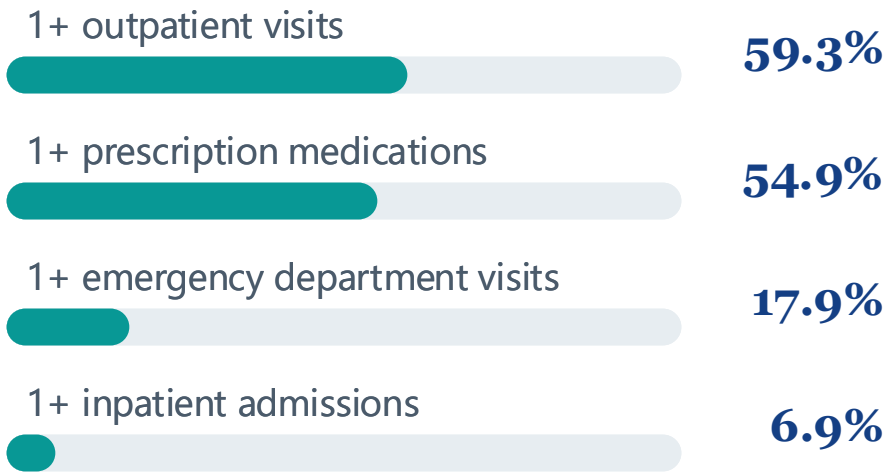
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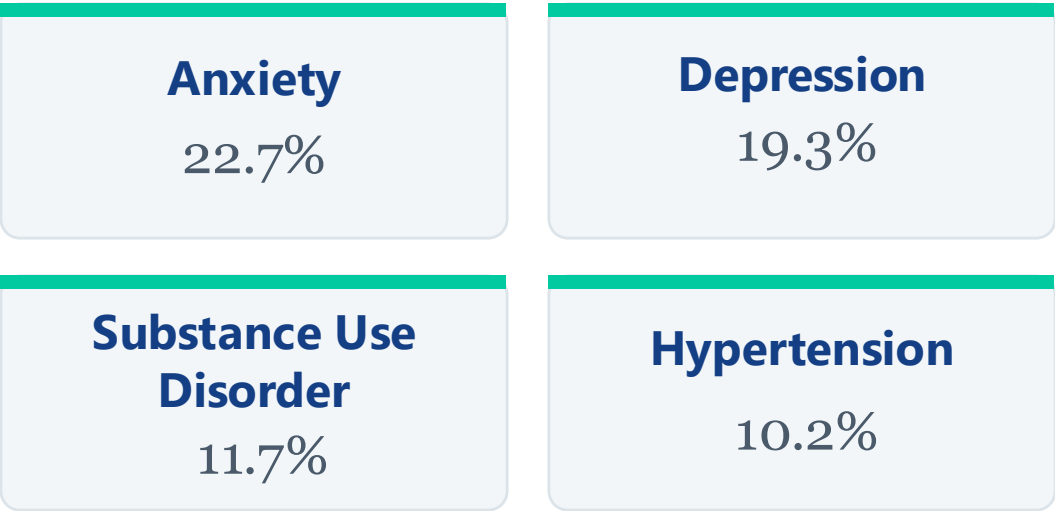
RACE / ETHNICITY



Care utilization in the past year



Chronic health conditions



Other Counties: H.R. 1 At-Risk Population

All Colorado counties except Adams, Arapahoe, Denver, and Douglas

10,133

COA Medicaid Expansion members
at risk of losing coverage

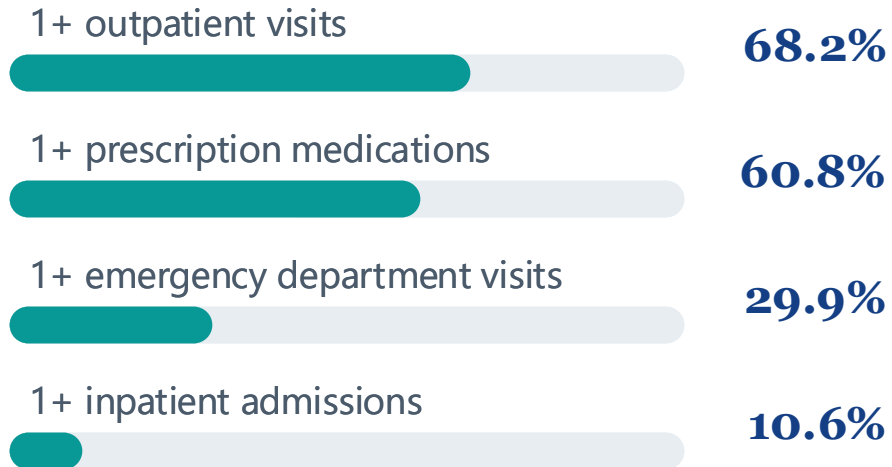
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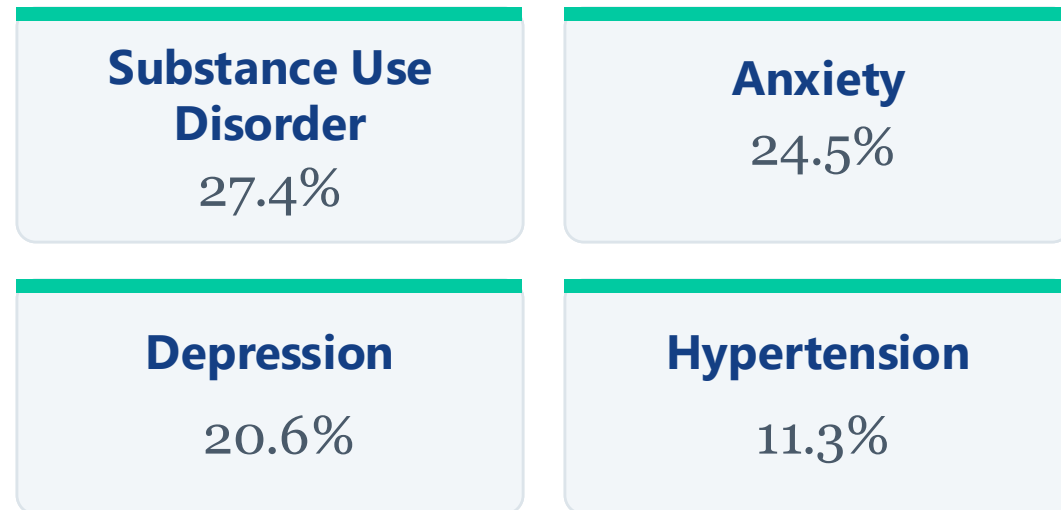
RACE / ETHNICITY



Care utilization in the past year



Chronic health conditions



County Comparison: Colorado Access H.R. 1 At-Risk Population

County	Adams	Arapahoe	Denver	Douglas	Other Counties
Members at risk	22,562	25,646	41,253	5,721	10,133
Share of expansion members at risk	67.4%	68.4%	74.8%	66.5%	72.8%
Largest race / ethnicity group	Hispanic 40.1%	White 38.0%	Not reported 38.7%	White 58.8%	White 44.9%
1+ outpatient visits	60.6%	63.3%	60.9%	59.3%	68.2%
1+ prescription medications	52.5%	55.3%	51.9%	54.9%	60.8%
1+ emergency department visits	28.7%	26.3%	26.5%	17.9%	29.9%
1+ inpatient admissions	8.7%	9.0%	9.0%	6.9%	10.6%
Substance use disorder	17.7%	19.3%	21.6%	11.7%	27.4%
Anxiety	15.8%	18.8%	17.3%	22.7%	24.5%
Depression	13.0%	16.4%	15.5%	19.3%	20.6%
Highest acuity (Tier 3)	8.4%	9.5%	9.2%	8.4%	12.8%

Percentages are shares of each county’s H.R. 1 at-risk population (Medicaid Expansion enrollees under 44% FPL). Other Counties = all Colorado counties except Adams, Arapahoe, Denver, and Douglas.

What Members Need to Know Now

- **Not everyone will be affected** in the same way
- **Keep your contact information and communication preferences up to date.**
- **Regularly check your mail, email, text messages, or PEAK message inbox** for any notices from the state
- **Make sure citizenship or immigration information** is up to date in your member record
- **Take action right away** if you get an official communication about your health coverage
- **Make preparations for possible loss of coverage** by scheduling appointments and filling prescriptions.
 - Many prescriptions are available for more than a one-month supply.
 - Contact your RAE for help getting in to see a provider quickly.

A Request

- **Communicate with your RAE and HCPF about what you don't understand about H.R. 1 and what you need.**
- **Have a workflow for expansion population members when they interact with your practice.**
- **Keep track of the impacts to your practice and your patients.**

Related Resources and Helpful Tools

- **H.R. 1 Resources for Stakeholders, Providers and Partners**
 - This HCPF resource page is a centralized, accessible hub of information to support our stakeholders, providers and partners with implementation of H.R. 1.
- **H.R. 1 Communications Toolkit for Colorado's Medicaid Program**
 - This HCPF resource hub provides partners with ready-to-use communication materials designed to help Health First Colorado members understand upcoming federal changes and know what actions they may need to take. Resources will be added over time.
- **H.R. 1 Medicaid Partner Frequently Asked Questions**
 - This HCPF page answers common questions about important changes to Health First Colorado (Colorado's Medicaid program) mandated by the federal legislation H.R. 1.
- **Resources for Members: Changes are coming to Colorado Medicaid**
 - This Health First Colorado webpage addresses questions and common concerns from members.
- **Work requirements screener tool**
 - This screener tool allows members to anonymously answer a few short questions to learn if work requirements might apply to them.
- **Immigrant eligibility screener tool**
 - This screener tool allows members to anonymously answer a few short questions to learn if the immigration changes might apply to them.





Thank you!



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