

2018 Health First Colorado and CHP+ Enrollment Analysis

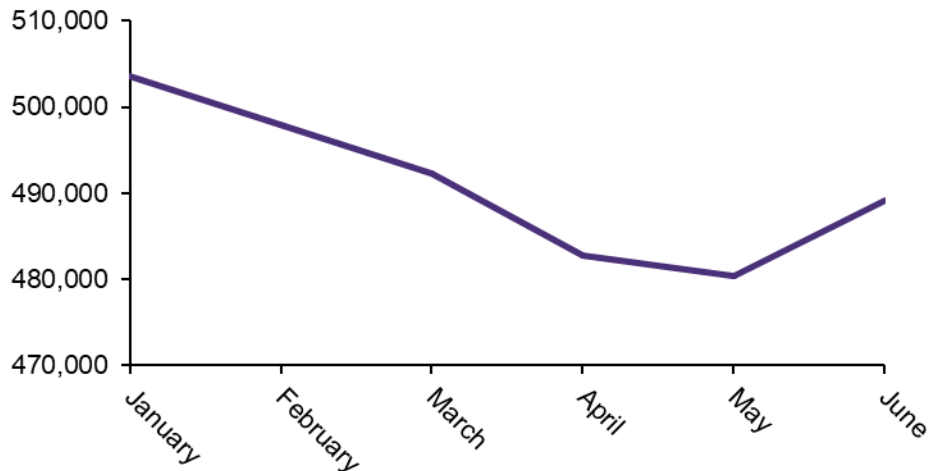


Colorado Covering Kids and Families

This series of reports analyzes children's enrollment changes in Health First Colorado (Colorado's Medicaid Program) and Child Health Plan Plus (CHP+) and identifies factors that may have contributed to an increase or decrease in enrollment. The data source used is the Colorado Department of Health Care Policy and Financing's [Premiums, Expenditures and Caseload Reports](#). Previous enrollment analyses can be found at ckf.cchn.org/quarterly-enrollment-reports.

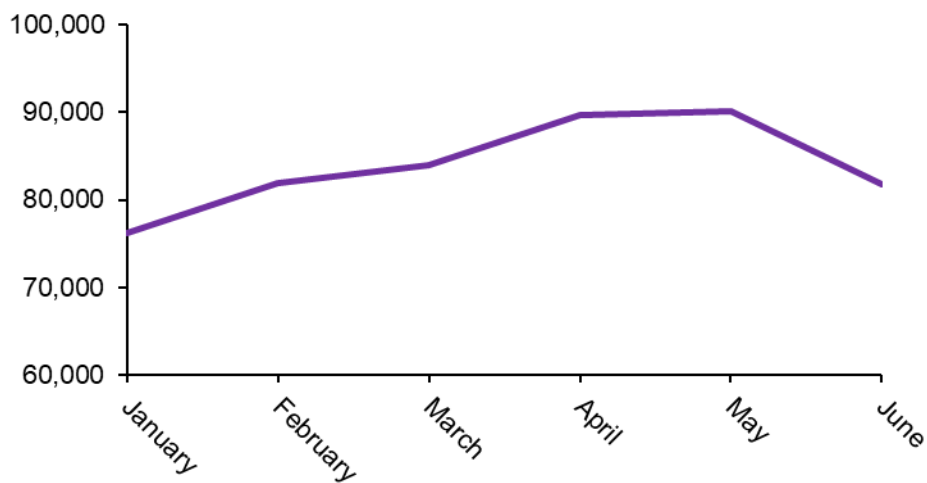
2018 Q2 Enrollment Trends

Health First Colorado Children's Caseload

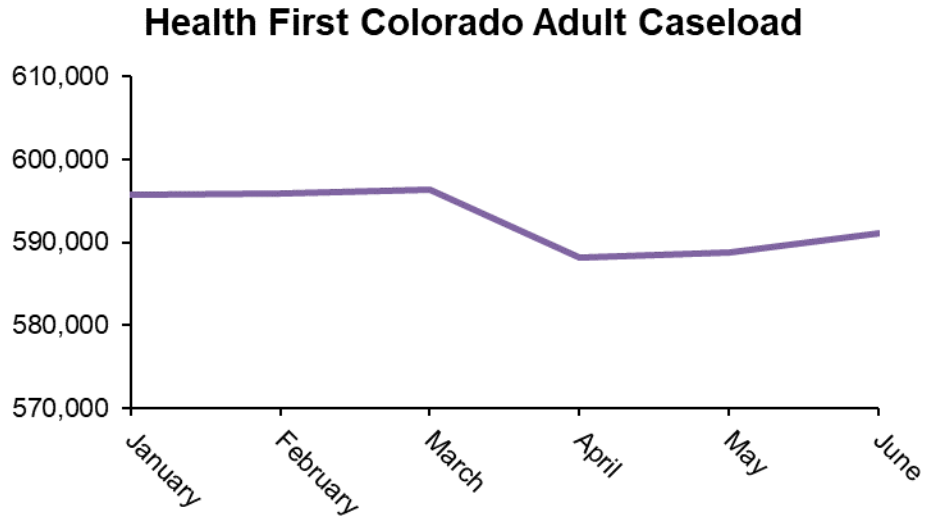


Over the second quarter of 2018, April through June, the total number of children enrolled in Health First Colorado (excluding children in foster care) increased by **6,362**, or approximately one percent. This quarter's total increase reflects that the caseload had continuously declined by more than 23,000 January through May, but increased by **8,777** from May to June. At the end of June 2018, **489,102** children were enrolled in Health First Colorado.

CHP+ Caseload



The total number of children enrolled in CHP+ decreased by **7,930**, or nine percent, between April and June of 2018. However, the majority of the CHP+ caseload decrease occurred between May and June, when the caseload decreased by **8,422** children, or 11 percent. As of June 2018, **81,775** children are enrolled in CHP+.



The number of non-disabled adults (MAGI adults plus parent and caretaker relatives) enrolled in the Health First Colorado caseload increased by a total of **1,979** from April to June.

What Impacted Enrollment in Q2 2018?

The reasons behind the fluctuations in the children’s Health First Colorado caseload, CHP+ caseload, and adult Health First Colorado caseload are currently unclear. CKF is working with HCPF to understand the cause of these changes. The children’s Health First Colorado caseload increased by 8,777 between May and June and mirrors the decrease of 8,422 children in the CHP+ caseload during this period. It is possible that the apparent transfer from CHP+ to Health First Colorado is the result of a large batch of redeterminations in June resulting in Medicaid eligibility. However, these trends in the Health First Colorado and CHP+ caseloads were not present during the same period of 2017.

Systems changes implemented in June may have impacted children’s caseload. For example, Colorado Department of Health Care Policy and Financing (HCPF) made changes to the Colorado Benefits Management System (CBMS) rules that determine household size in June. Because children should have 12-month continuous eligibility, it is unclear if these systems changes could have impacted children’s caseload. Additionally, in June, HCPF enrolled Health First Colorado members in Regional Accountable Entities and assigned them to primary care providers. The second phase of the Accountable Care Collaborative (ACC) should not impact the children’s caseloads, however, because these changes were made in the Medicaid billing system, Colorado interChange, rather than the eligibility system, CBMS.

Caseload for adult Health First Colorado clients increased every month between January and June 2018, except in April when caseload decreased by 9,578. This decrease did not occur during the same time period in 2017. CKF will continue to monitor adult caseload and work with HCPF to understand why this decrease happened.

Looking Forward

The upcoming proposed federal rule that will expand the definition of public charge may cause a decline in the Health First Colorado and CHP+ caseloads after it is released. If the anticipated proposed rule is implemented as a draft indicates, immigrants' and their citizen children's use of Health First Colorado and CHP+ will be counted towards their public charge determinations. Just the posting of the proposed rule may cause additional confusion and concern for families, and they may choose to disenroll from their health coverage plans. It is also possible that the proposed rule will not cause a decline in these caseloads because the impacted members were aware the draft of the proposed rule.

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