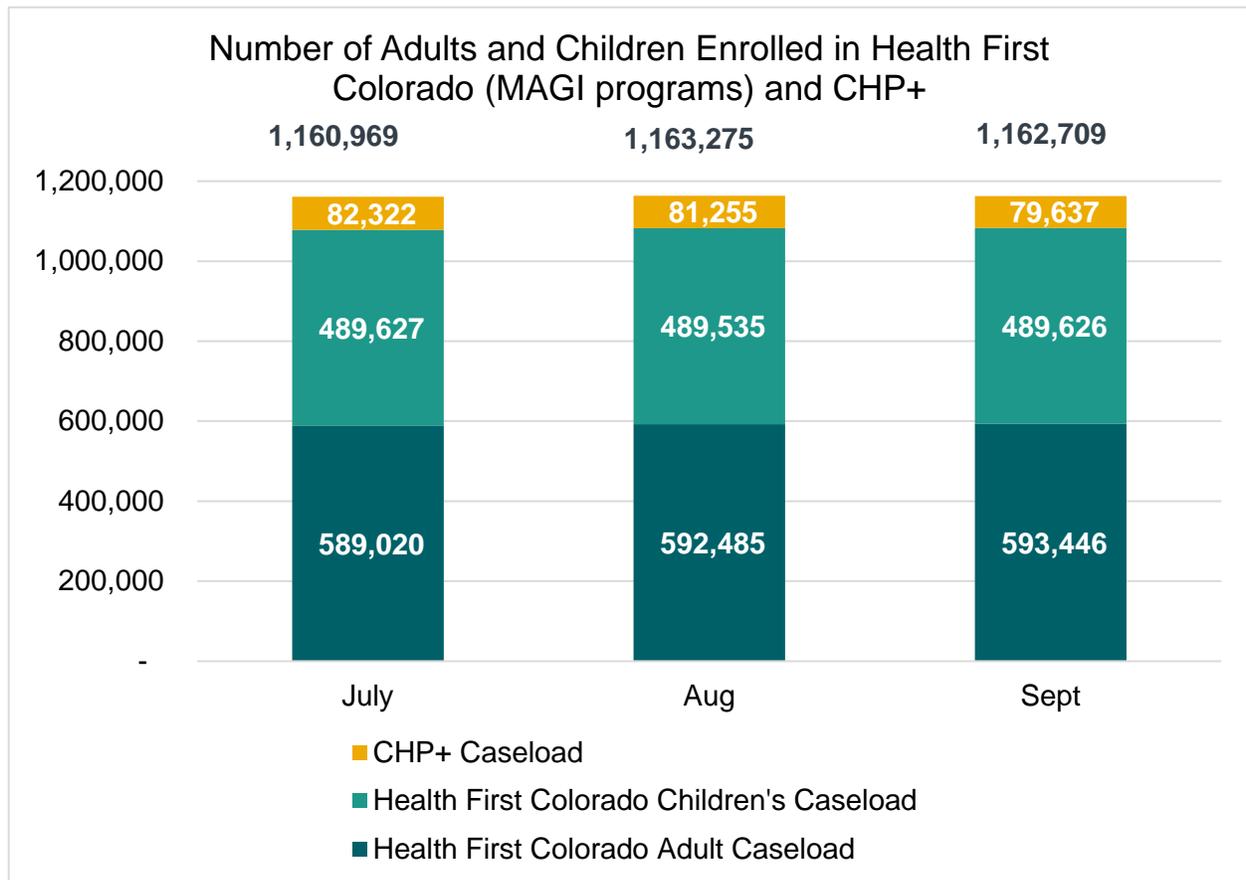


This series of reports analyzes enrollment changes in Health First Colorado (Colorado's Medicaid Program) and Child Health Plan Plus (CHP+) and identifies factors that may have contributed to an increase or decrease in enrollment. The data source used is the Colorado Department of Health Care Policy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

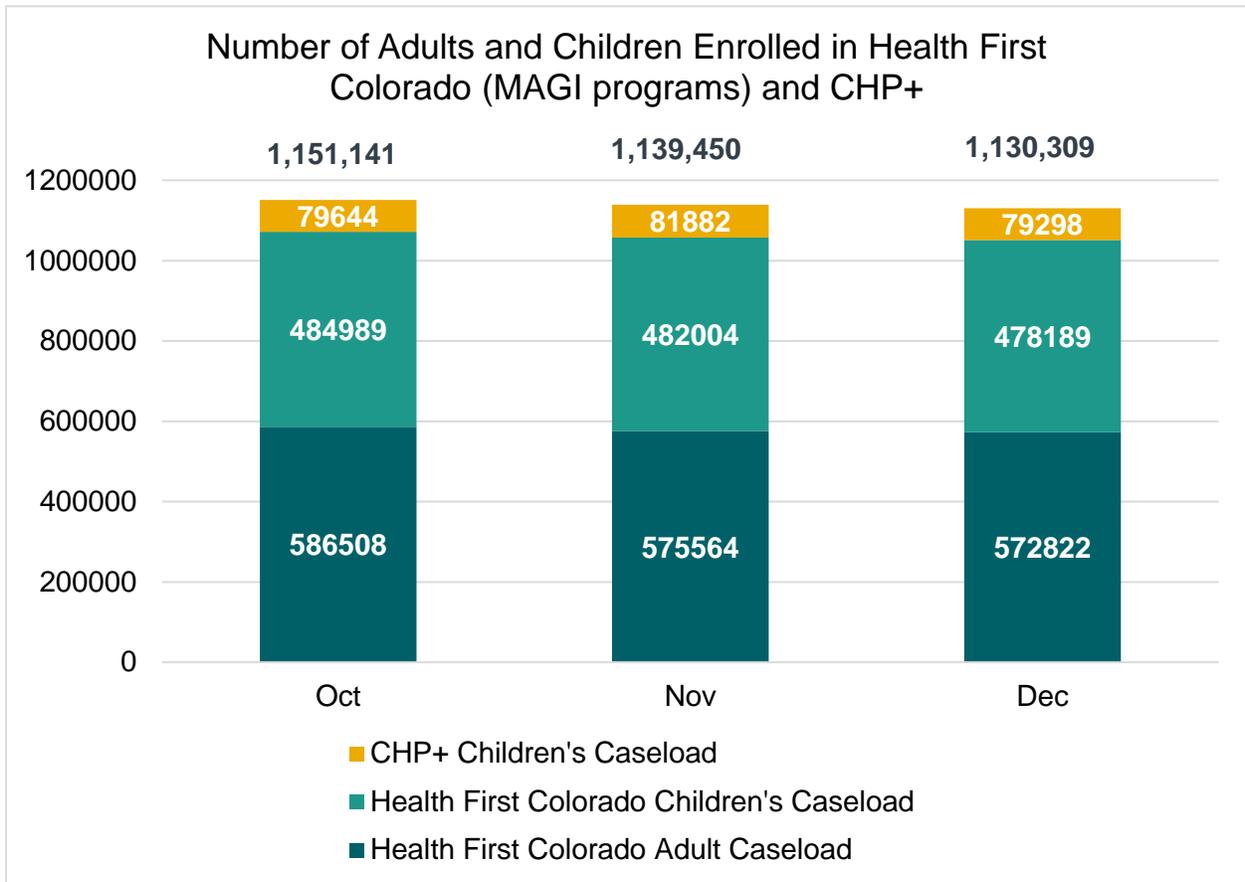
Q3 Enrollment Data



The total number of adults and children enrolled in non-disability programs (i.e. Modified Adjusted Gross Income, or MAGI programs) for Health First Colorado and CHP+ increased by **1,742, or 0.15%**, between July and September 2018. The number of children enrolled in Health First Colorado stayed steady throughout the quarter. More changes occurred in the CHP+ and Health First Colorado Adult Caseloads.

- CHP+ enrollment decreased by **2,685, or 3.3%**.
- Health First Colorado enrollment for children decreased by **1**.
- Health First Colorado enrollment for adults increased by **4,426, or 0.7%**.

Q4 Enrollment Data



The total number of adults and children enrolled in non-disability programs (i.e. Modified Adjusted Gross Income, or MAGI programs) for Health First Colorado and CHP+ decreased by **21,660, or 1.8%**, between October and December 2018. Enrollment in CHP+ decreased slightly throughout the quarter, with more significant enrollment decreases in Health First Colorado for both adults and for children.

- CHP+ enrollment decreased by **346, or 0.4%**.
- Health First Colorado enrollment for children decreased by **6,800, or 1.4%**.
- Health First Colorado enrollment for adults decreased by **13,686, or 2.3%**.

What Impacted Enrollment in Q3 and Q4 2018?

Overall, enrollment in CHP+ and Health First Colorado declined slightly in the last two quarters of 2018, but the drop happened at a higher rate in Q4. It is unclear what may be driving these declines; however, several possible factors are listed below:

- In October, the U.S. Department of Homeland Security issued a proposed change to the public charge rule that, if finalized, would include enrollment in Medicaid as a factor in denying a lawful immigrant the option of receiving a Green Card. Immigrant fear around this proposed rule may have resulted in some of the stronger enrollment declines in Q4 compared to Q3.
- In Q4, beginning November 1 through January 15, 2019, the open enrollment period for health insurance in the private market began. In past years, this often resulted in an

increase in Health First Colorado and CHP+ enrollments. This year, it does not appear that the open enrollment period had any impact on CHP+ or Health First Colorado enrollment. Connect for Health Colorado's New Eligibility System also launched this year, which disconnected eligibility determinations for Health First Colorado, CHP+, and Connect for Health Colorado.

Other factors considered:

- On July 1, 2018, new Regional Accountable Entities (RAEs) began serving as the single entity responsible for coordinating both physical and behavioral health for Health First Colorado members. Although not directly tied to caseload, on July 1, new methodology was applied for Health First Colorado members to attribute them to a primary care provider. This process resulted in some confusion for members and providers but did not impact caseloads.
- The first phase of CBMS transformation went live in September 2018. Caseload did decline minimally during Q4 after this transition, but it cannot be tied to CBMS transformation.
- HCPF [reported](#) sending incorrect Income and Eligibility Verification System (IEVS) letters to 2,200 Health First Colorado households between November 2 – 3, 2018. HCPF reported that there were not interruptions in benefits for the members impacted and the system error was resolved. This error is unlikely to have impacted caseloads.

Looking Forward

In 2019, further declines in Health First Colorado enrollment are expected due to a strong economy, and continued immigrant fear of staying enrolled in public programs due to possible changes with public charge.