

H.R. 1: Understanding the Changes, Impacts, & Colorado Access's Response

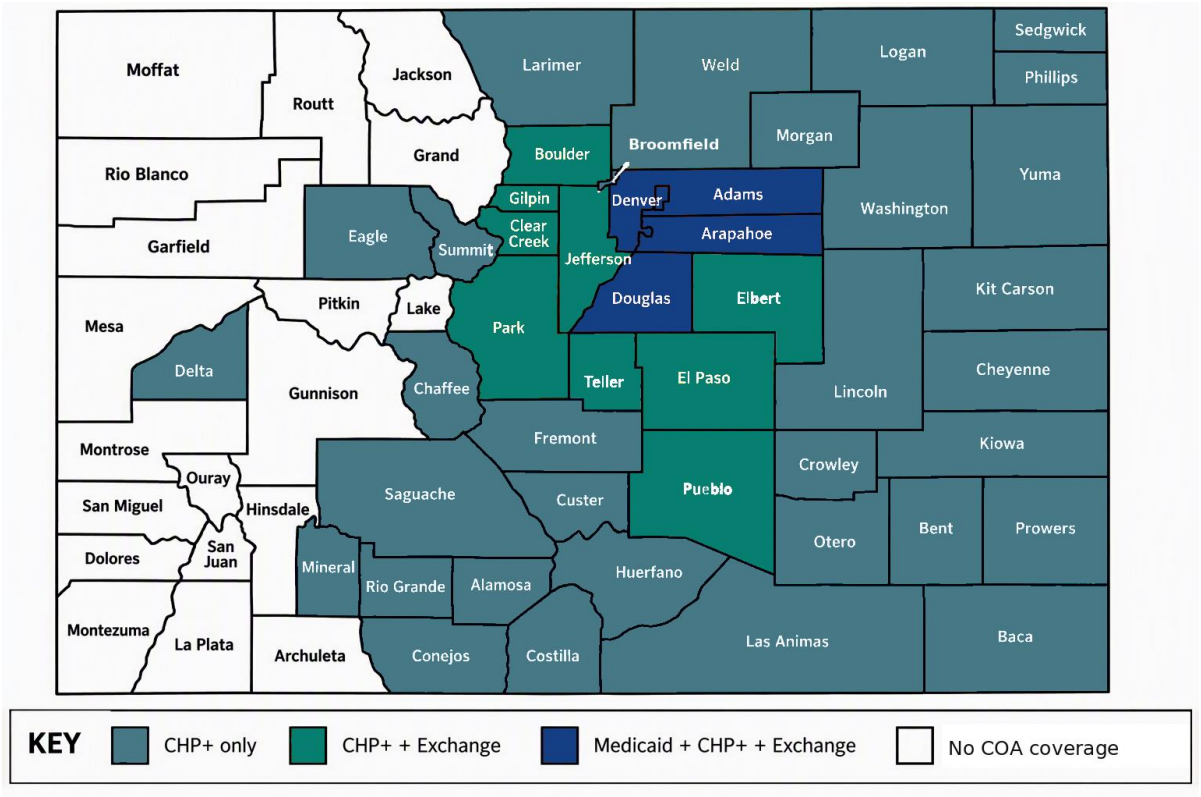
October 29, 2026

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About Colorado Access and What We Do

Annie Lee • President and CEO

- **Colorado Access** is the largest, most experienced, and only local **public sector health plan** in Colorado.
    - **480k Medicaid members** across 4 counties
    - **50k CHP+ members** across 45 counties statewide
- Exchange coverage in 14 counties beginning in 2027 through **Colorado Access Choice**



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Agenda

1. **Welcome & Introductions** — 5 min
   Annie Lee • President and CEO
2. **H.R. 1 Overview & Known Policy Changes** — 12 min
   Stephanie Glover • Director, Advocacy, Policy and Research
3. **Policy Q&A** — 8 min
   Stephanie Glover • Director, Advocacy, Policy and Research
4. **Data on Affected Populations** — 10 min
   Claire Peters • Director of Population Health
5. **Colorado Access H.R. 1 Strategy** — 15 min
   Liz Owens • Chief External Relations Officer
6. **County Perspectives & Readiness** — 20 min
   County representatives
7. **Final Q&A, Resources, & Thank You** — 20 min
   Katie O'Donnell • Director, Marketing and Communications

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H.R. 1 Overview & Known Policy Changes

Stephanie Glover • Director, Advocacy, Policy and Research

GOAL

Establish a shared baseline understanding

Provide an overview of H.R. 1, the One Big Beautiful Bill Act (OBBBA), and the coming Medicaid changes

1

Share what we know now

Present the information currently available about H.R. 1 and anticipated Medicaid changes

2

Acknowledge open questions

Many operational questions remain unanswered

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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

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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**.

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Changes for Certain Immigrants

As of October 1, 2026: Adults with certain immigration statuses are **no longer eligible for Medicaid**.

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

Who remains eligible?

- Lawful permanent residents ("green card" holders) who meet the 5-year requirement
- Certain Cuban and Haitian immigrants
- Citizens of the Freely Associated States (COFA migrants) lawfully residing in the US
- Pregnant and postpartum people and children under 19

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

Member Impact: ~6,000 lawfully present immigrants lost coverage

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Changes Affecting Medicaid Expansion Adults

Who?

Some adults ages 19 – 64 who earn up to 138% of the federal poverty level

What?

- Retroactive Coverage
- Six-Month Renewals
- Work Requirements

When?

January 1, 2027

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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 new Medicaid members will no longer have access to 90 days of retroactive coverage.

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Six-Month Renewals

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

The six-month renewal period begins in January for new enrollees and on a rolling basis starting in March for renewals.

Member Impact: Approximately 378,000 members

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

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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 and by the end of this month.

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

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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 13 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 complying with work requirements for TANF or SNAP
- People receiving treatment for drug or alcohol addiction

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The State's Approach: What We Know

Medical frailty must "significantly impair" the individual's ability to meet the work requirements. (Federal requirement for all states.)

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

Self-attestation for medical frailty will be allowed after 2027 and will be verified annually.

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

Many implementation questions remain.

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Timeline: Where We Are Now



May 2026

Notices, emails and texts sent to affected immigrant members

September 2026

Notices, emails, texts to members subject to work require-ments

Oct. 1, 2026

Changes to coverage for some immi-grants

Oct. 31, 2026

Notices, emails texts to members subject to work require-ments

Jan. 1, 2027

- **6-Month Renewals**
- **Work Require-ments**
- **Retroactive Coverage Rollback**

2027

Direct outreach to members continues based on renewal date

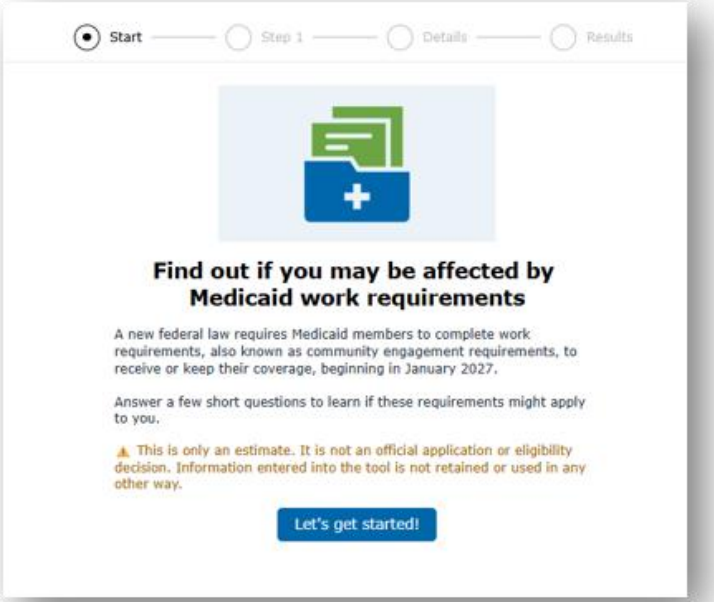
COLORADO
Department of Health Care Policy & Financing

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How Colorado Is Preparing

- The State is working to **automate compliance or exemptions for a little over half** of the expansion population (roughly 202,000 members).
    - Working to mitigate coverage losses for the remaining 175,000 members who will need to take action.
- The State created **screener tools to help members check** if work requirements and the immigration changes apply to them.
- The State has launched a series of **communications toolkit** for partners. The State will also conduct individual outreach to members.

More information shortly on how COA is preparing.



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Policy Q&A

Stephanie Glover • Director, Advocacy, Policy and Research



Questions?

Let’s pause for questions and clarification.

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Data on Potentially Affected Populations

Claire Peters • Director of Population Health

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 Medicaid Expansion enrollees

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

22,562
COA Medicaid Expansion members at risk of losing coverage

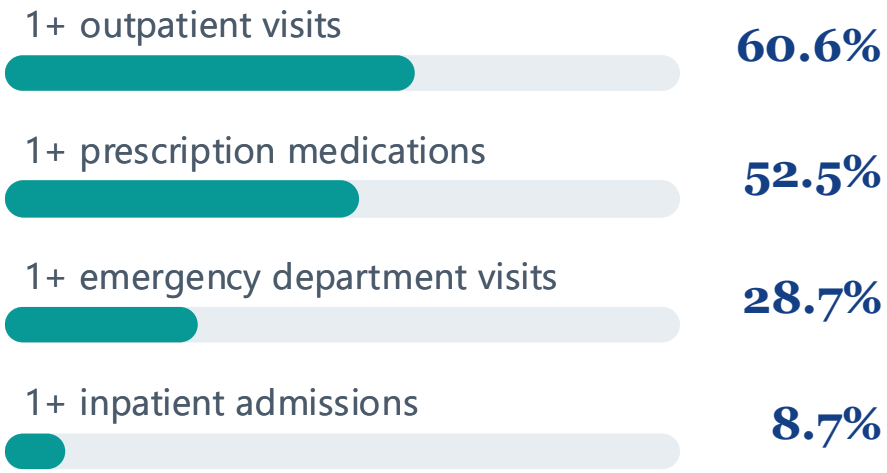
AGE GROUP



RACE / ETHNICITY



Care utilization in the past year



Chronic health conditions

Substance Use Disorder
17.7%

Anxiety
15.8%

Depression
13.0%

Hypertension
10.2%

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

25,646
COA Medicaid Expansion members at risk of losing coverage

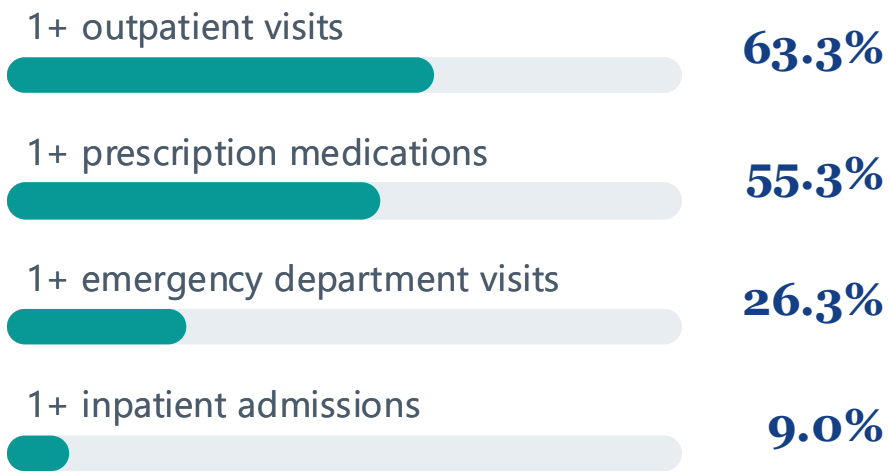
AGE GROUP



RACE / ETHNICITY



Care utilization in the past year



Chronic health conditions

Substance Use Disorder
19.3%

Anxiety
18.8%

Depression
16.4%

Hypertension
12.0%

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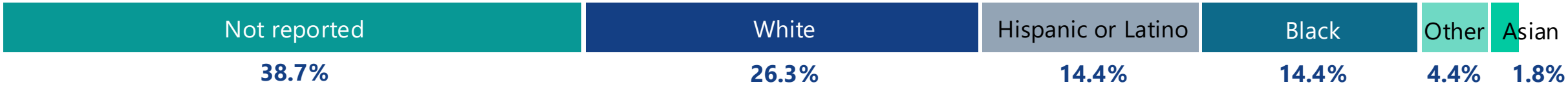
Denver County: H.R. 1 At-Risk Population

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

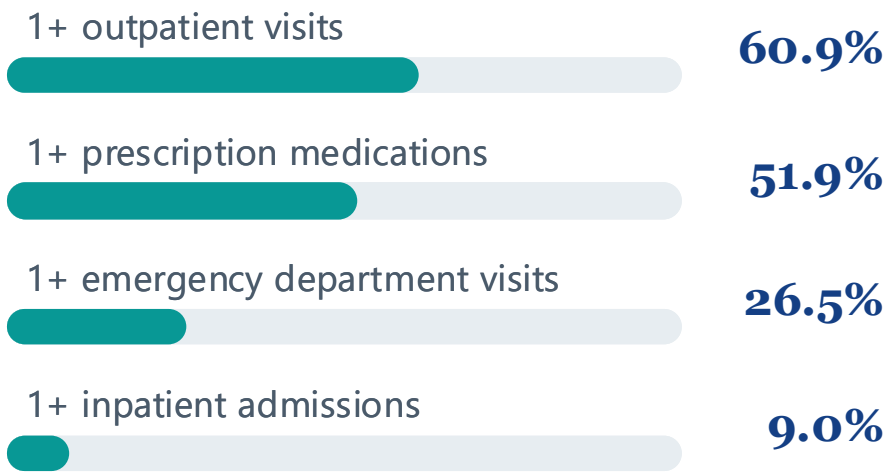
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RACE / ETHNICITY



Care utilization in the past year



Chronic health conditions

Substance Use Disorder
21.6%

Anxiety
17.3%

Depression
15.5%

Hypertension
9.9%

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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

1+ outpatient visits	59.3%
1+ prescription medications	54.9%
1+ emergency department visits	17.9%
1+ inpatient admissions	6.9%

Chronic health conditions

Anxiety
22.7%

Depression
19.3%

Substance Use Disorder
11.7%

Hypertension
10.2%

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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

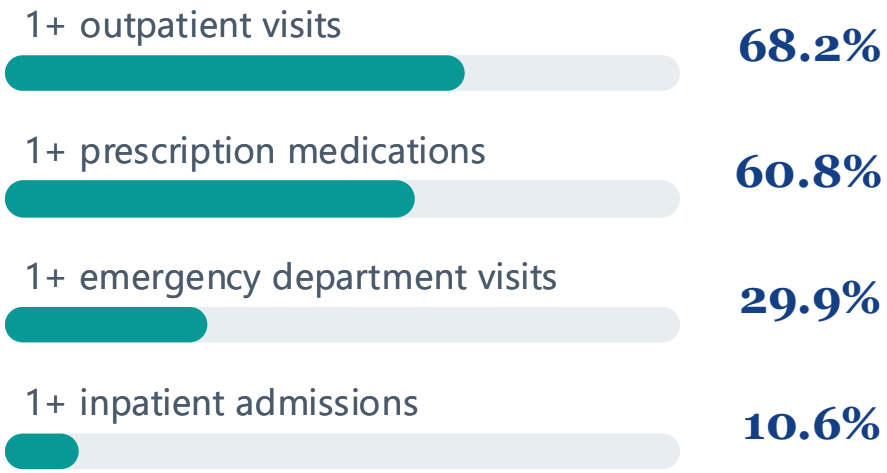
AGE GROUP



RACE / ETHNICITY



Care utilization in the past year



Chronic health conditions

Substance Use Disorder
27.4%

Anxiety
24.5%

Depression
20.6%

Hypertension
11.3%

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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.

Enterprise H.R. 1 Strategy

Liz Owens • Chief External Relations Officer

We are combining member outreach, actionable data, policy advocacy, and eligibility support to prepare for coverage changes.

1 Targeted Member Outreach

Launch communications, outreach, and advertising campaigns for impacted populations.

Align timing and messages with HCPF communications.

2 Actionable Data Across Region

Equip all member-facing staff, providers, and CBOs with timely, actionable information.

Prioritize support by renewal timing, coverage risk, and member need.

3 Advocacy

Advocate for clear implementation guidance, usable data, and approaches that minimize member and provider burden.

Elevate provider and member impacts to inform decisions.

4 Eligibility Support

Coordinate outreach and eligibility support with counties.

Build consistent referral pathways and connect members to local resources.

For providers: COA will translate this internal strategy into clear information, targeted data, and connections to eligibility and community support.

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Provider Partnerships to Keep Members Covered

COA is the conduit; providers are the trusted messenger. *Members tell us their provider is one of their most trusted sources of health information.*

FOUR WAYS COA SUPPORTS PROVIDERS

Information & Resources

- Developing a patient-facing H.R. 1 and community resource guide
- No-cost storefront for clinics to order printed H.R. 1 materials for their offices and patients
- Provider updates via monthly meetings, newsletters, and webinars

Data & Network Intelligence

- Share timely and accurate data so practices can identify members who need to take action at the time of care
- Use data to identify practices with the most at-risk members

Provider Eligibility Partnerships

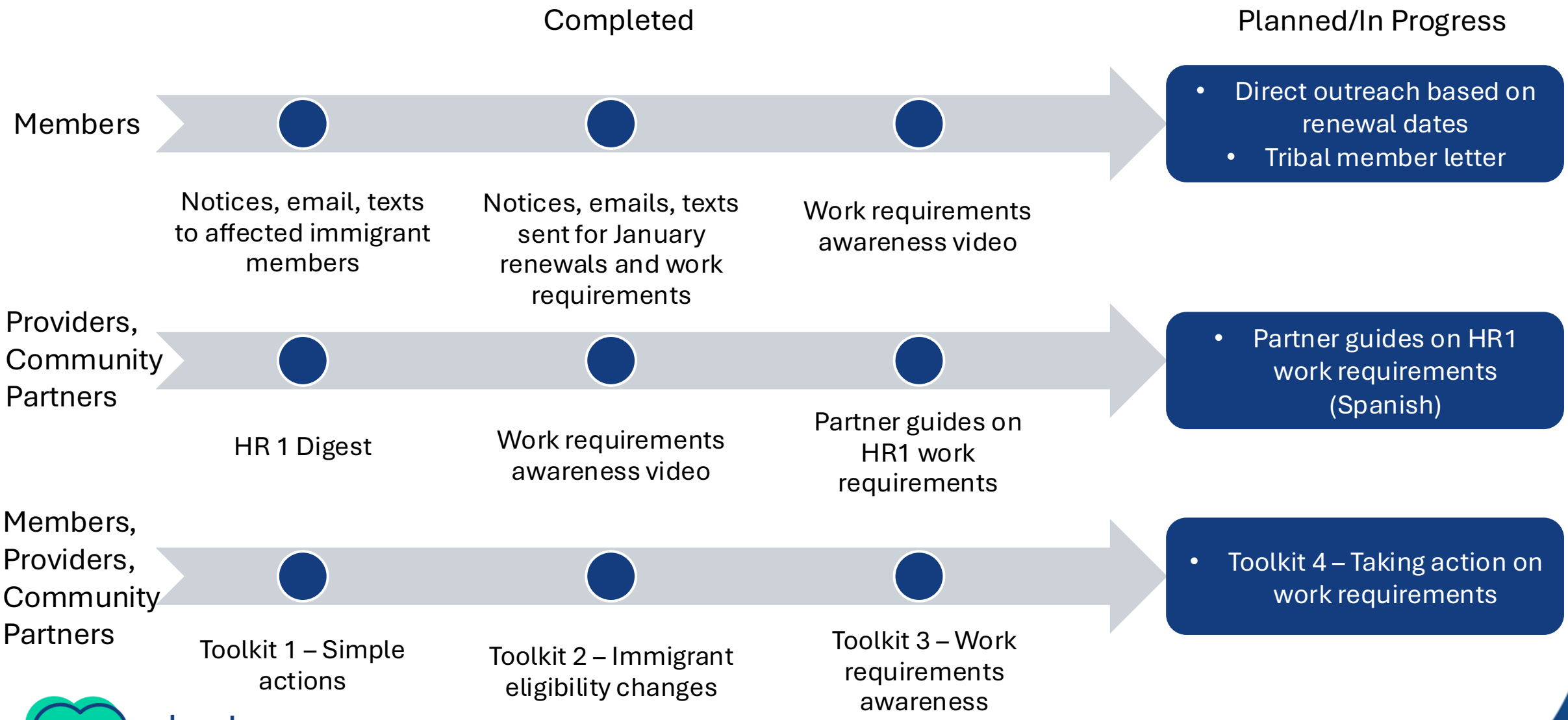
- Embed COA eligibility support in community and provider settings where members already are
- Create stronger referral and communication pathways for timely COA eligibility support: right time, right place, right information

Future Planning & Advocacy

- Track H.R. 1 developments and elevate provider and member voice in implementation design
- Advocate for a data-first model that minimizes provider burden

Aim: Get accurate, timely, actionable information to members through the people they trust.

Outreach and Communication Plan



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Targeted Outreach: RAE and HCPF Assignments

Below is the proposed renewal outreach cadence.

Timing (#days before deadline)	Sender	Outreach
60 days before	**HCPF and Colorado PEAK**	**Renewal packet** to members who fail ex parte. Members opted in to paperless receive an email and/or text message renewal reminder from Colorado PEAK.
~45 days before	**COA and other MCEs**	**Renewal reminder outreach #1**
~30 days before	**Health First Colorado**	**Email and/or text** reminder "nudge" to members who haven't taken action on a renewal.
18 days before	**HCPF and Colorado PEAK**	**Notice of Action letter** about health coverage decision. Members opted in to paperless communication receive **email and/or text** from Colorado PEAK telling them they have a new letter.
~15 days before	**COA and other MCEs**	**Renewal reminder outreach #2**
First Tuesday after deadline	**Health First Colorado**	90-day reconsideration **email and/or text** to members who did not return their packet.
Within two weeks post-disenrollment	**COA**	IVR call offering return to coverage options of Medicaid or marketplace if not Medicaid eligible

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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 KUVO 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







CAMPAIGN RESULTS (9/1-10/1)

- **138K+** Digital Ad Views
- **27K** Households in Print Distribution
- **9.04%** Organic Social Engagement Rate

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H.R. 1 Engagement Components

Connecting strategy, equity, and community to create better health for Coloradans.

Convening

- **6** Advisory Bodies
- CBO Convening
- Webinar

Education

- **3,253** Individuals Educated
- **12** Local Presentations

Community Insights

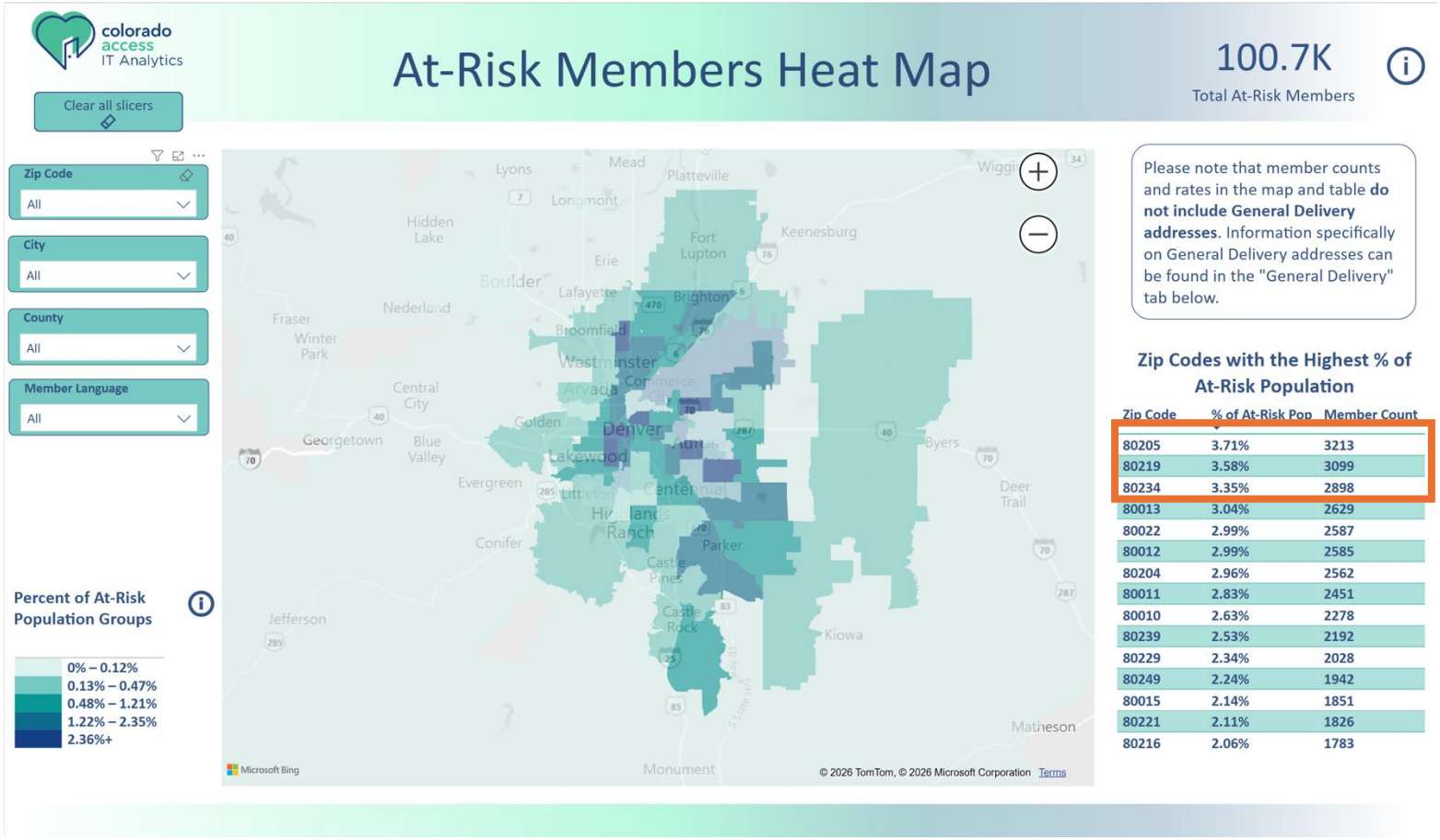
- What We Are Hearing Tracker
- Pulse Check Tool
- **3** Focus Groups (2 pending)

Targeted Navigation

- Increased AMES Staff Capacity
- Partnering with CBOs for targeted outreach and education
- Digital Communication

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Actionable Data



TOP 3 ZIP CODES

9,210

at-risk members combined, out of 100.7K total

80205 3,213 members · 3.71%

80219 3,099 members · 3.58%

80234 2,898 members · 3.35%

Action: prioritize outreach and eligibility support here first.

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Advocacy

FEDERAL ADVOCACY

30 **meetings with Colorado's Congressional delegation on H.R. 1**

- Lobbied against H.R. 1 during key Congressional votes
- Provided feedback on how federal rules should implement H.R. 1
- Stay in regular communication with Congressional members

STATE ADVOCACY

15+ **community groups briefed on H.R. 1 to raise awareness**

- Participated in the state rulemaking process on H.R. 1
- Shared H.R. 1 recommendations with Colorado's Medicaid Commission
- Maintain regular conversations with the Colorado Department of Health Care Policy and Financing (HCPF)

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Eligibility Support: Colorado Access' AMES team

How AMES supports you

- The AMES Eligibility Team helps individuals apply for Health First Colorado (Medicaid) benefits, with expertise in MAGI, Non-MAGI, and Long-Term Care eligibility programs, as well as connect with marketplace options through our partnership with Connect for Health Colorado (C4).
- We support community-based organizations through presentations, case inquiries (with a signed Release of Information), and general Medicaid eligibility guidance.
- Our team has access to CBMS, allowing us to provide face-to-face application assistance and help clients navigate the eligibility process.

Contact information

Community organizations

Contact Brandy.Cobos@accessenrollment.org to discuss partnership opportunities, presentations, or eligibility support needs.

Clients

Reach the AMES team at 303-755-4138 or appassist@accessenrollment.org for application assistance and Medicaid-related questions.

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Partner Requests

- ☐ **Understand H.R. 1:** Identify questions and support needs; let us know.
- ☐ **Support expansion members:** Define a workflow at your practice/organization to keep expansion members covered. Let us know if you need help.
- ☐ **Track impacts:** Log effects on your practice/organization and members. Review trends and share findings with us.
- ☐ **Emphasize data sharing:** Encourage the Department to provide RAEs with timely, actionable member-level renewal and redetermination data including, for example, whether a member can be verified ex parte for meeting work requirements or will need to take action, and reasons why a member lost coverage.

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Meet the County Panelists

Liz Owens • Chief External Relations Officer



PANELIST

Amy Anderson

Economic Mobility Deputy Division Director

Adams County Human Services Department



PANELIST

Jennifer Jones-Day

Administrator

Arapahoe County



PANELIST

Beth Nelson

Administrator

Arapahoe County



PANELIST

Cari Olsen

Administrator

Arapahoe County



PANELIST

Travis Avila

Training and Development Supervisor

Denver Human Services



PANELIST

Kaye Templeton

Deputy Executive Director – Eligibility Branch

Denver Human Services



PANELIST

Raven Stuart

Human Services Support Programs Manager

Douglas County Human Services

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Questions for County Panelists

Liz Owens • Chief External Relations Officer

Discussion prompts for county perspectives and readiness

1	**Impacts and Challenges**	What are the challenges your county is facing or expects to face?
2	**Strategies and Partnerships**	How is your county preparing for H.R. 1, including any strategies or partnerships?
3	**Message**	What is one message we should leave with?

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Adams County ~ Colorado Access Partner Webinar

October 29, 2026

ADAMS COUNTY
COLORADO
HUMAN SERVICES

Navigating Change with Intention:

- Communication
- Business Processes
- Administration
- Community Support & Involvement

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Adams County Focus:

- Maintain enrollment of all eligible individuals and families in public assistance programs through education and support
- Provide and connect supports for individuals and families who have or will lose benefits
- Educate and enroll new individuals and families in public assistance programs
- Minimize and mitigate harm to residents
- Proactively support the community as they navigate ongoing changes

Strategies in Preparing for H.R. 1

External Strategies

- Ongoing outreach and communication planning with community partners to collaboratively serve residents (Rapid Response Meetings & Community Roundtables held in August 2026).
- Navigating Your Benefits Newsletter & Webpage serve as direct education & communication
- Adams County Serves campaign focused on community involvement
- Coordinated specialized events across divisions and with community partners to meet immediate community needs.



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Strategies in Preparing for H.R. 1

Internal Strategies

- Continue to streamline processes to reduce backlog and prepare for workload increase.
- Hired project funded staff to help absorb the additional work
- Prioritize paperwork for impacted customers to quickly complete updates to keep as many people enrolled as possible.
- Prepared staff with talking points and information to provide consistent messaging.

Our ask of community partners and external agencies:

- Encourage and support clients with applying for and renewing their Medicaid applications
- Share volunteer opportunities for clients via Adams County Serves
- Consider entering a **Medicaid Eligibility Partnership** with Adams County or another county

Adams County Serves

Support Your Community



Volunteer Donate Support

Learn more about the different ways you can support your Adams County community.

adamscountyco.gov/adams-county-serves

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Medicaid Eligibility Partnership

Partner with Adams County Human Services in a collaborative cost-sharing agreement for dedicated support in turning care into coverage. Work with an embedded eligibility specialist who will process Medicaid cases and provide customer support to ensure timely enrollment and access to care.

The Benefits:

- A dedicated Medicaid eligibility specialist
  - Direct client assistance
  - Medicaid and long-term care expertise, and compliance knowledge
- Application and renewal processing
- Flexible onsite or remote services
- A direct connection to Adams County Human Services

Learn More about Medicaid Eligibility Partnership:

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Preparing for H.R. 1

ARAPAHOE COUNTY

Getting staff ready

Attending training and reviewing state guidance. Adapting future training and exploring dedicated staffing.

Supporting members now

Sharing information at the front desk. Reviewing reports and potentially affected cases to prevent avoidable closures.

Working with partners

HCPF, Employment First, resettlement agencies, CMA, Developmental Pathways, and other community partners.

Looking ahead

Hoping to offer a member webinar and monthly drop-in meetings. Proposed: an internal H.R. 1 hub on TIPS.

Our biggest challenge

ARAPAHOE COUNTY

There are still a lot of “what ifs.”

Planning with unknowns

The full scope and implementation details are still developing. That makes workload and staffing needs hard to estimate.

Maintaining service

We need to prepare for new work while continuing timely, accurate service with the resources available.

Our concern: eligible members losing coverage because notices or required steps are difficult to navigate.

Keeping eligible members covered

ARAPAHOE COUNTY

It will take all of us working together.

What counties need

Early, actionable guidance and clear timelines. Reliable systems and resources that match the workload.

How partners can help

Share consistent information. Connect members with assistance early, before their coverage is at risk.

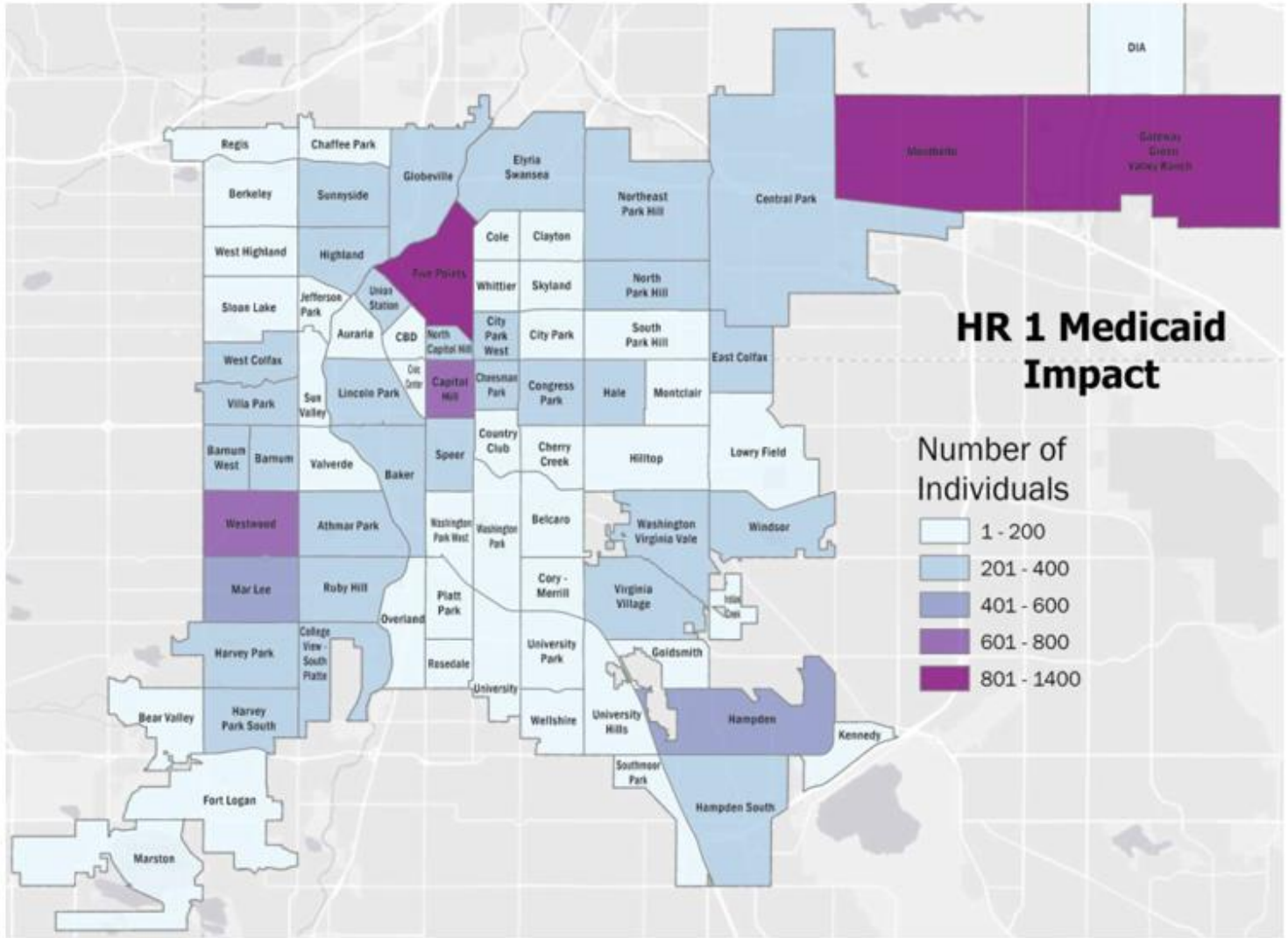
Staff and partners are already reviewing cases, sharing information, and planning support. That gives us reason to hope.

Denver Human Services HR1 Response

Presented by
Kaye Templeton, Deputy Executive Director, Assistance

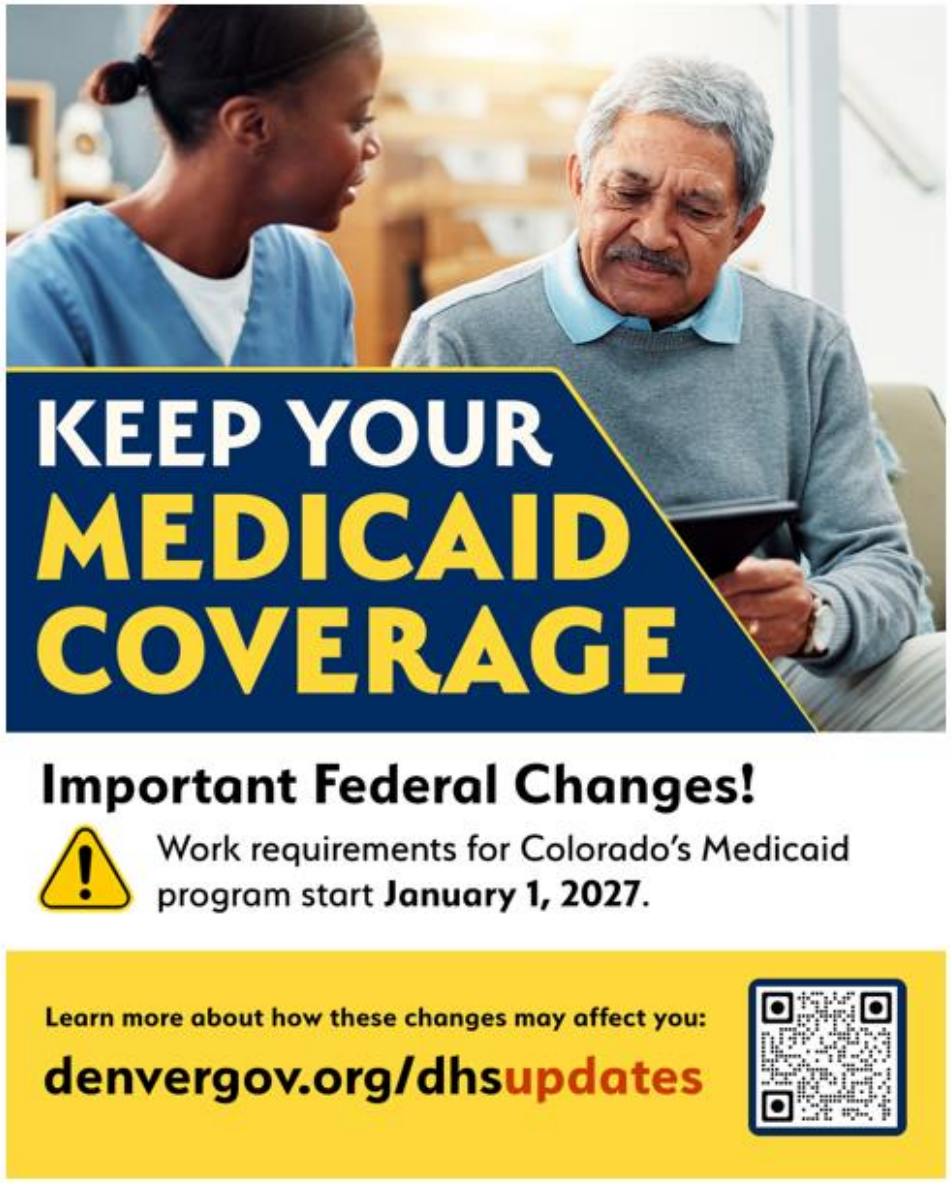
Our data team has identified most-impacted customers

- An estimated 24K Denver Medicaid customers appear to not have exemptions and are not currently meeting community engagement requirements



Comms strategy

- We have adapted messaging from HCPF's toolkit to Denver Human Services' brand, contact info, and location information to encourage customers to review guidance and reach out with questions.



Comms – cont.

- We will utilize the following channels to amplify this message:

- **Mass Email.** A one-time message to MAGI adult customers: "As you may have heard, Medicaid rules are changing…"
- **Print Collateral.** Flyers in English, Spanish, and Vietnamese.
- **Social Media.** Facebook & Instagram posts boosted in neighborhoods with largest MAGI customer base.
- **Website.** Landing page includes full scope of rules, exemptions, and resources such as job/volunteer boards from state

In-person case support, resource navigation

- In addition to our eligibility technicians, our outreach & engagement team will provide customers with face-to-face support reviewing the rules and navigating resources.
- This team is both available for walk-ins, referrals and appointments at DHS locations and in community sites such as select Denver Public Schools and the Central Library.

Workload Increase Has Been Assessed

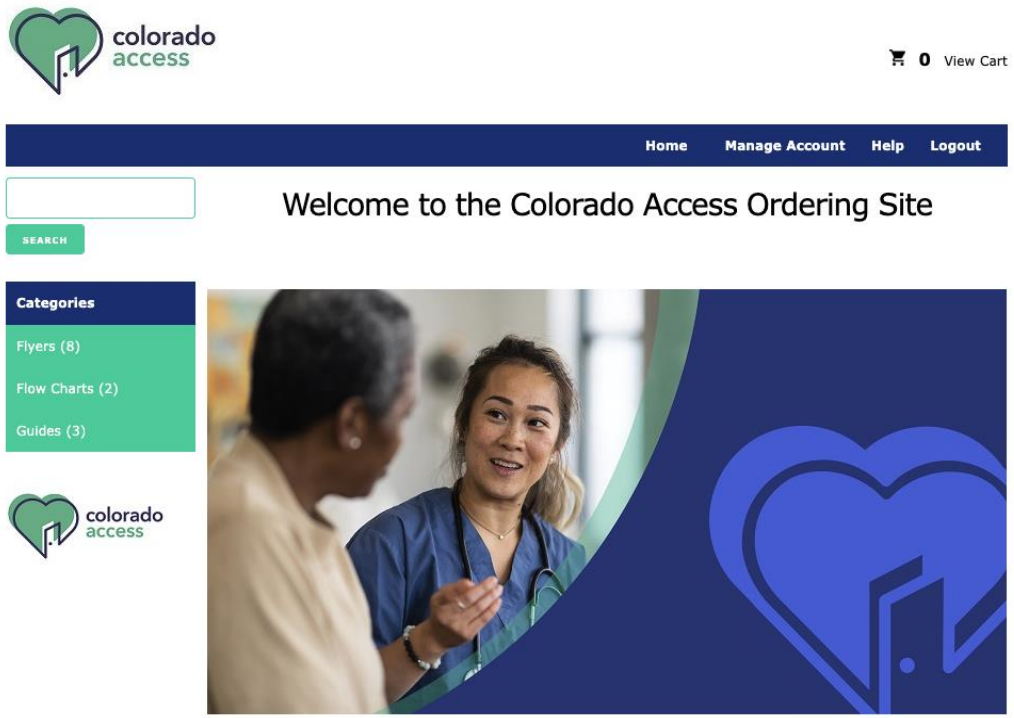
- Throughout 2027, approximately 70,000 Medicaid clients in Denver will move from annual to six-month certification periods.
- DHS will begin seeing an increase in the volume of Medicaid renewals in April 2027. The full impact will be felt as early as June 2027.
- This shift will increase the volume of renewals requiring manual processing by over 1,200 cases a month (an 18% increase).
- This will lead to an increased risk of Medicaid coverage interruptions for clients when renewals are not submitted on time.

35% of Denver's Medicaid population will be required to renew every six months.



Provider & Community Resources

Katie O'Donnell • Director, Marketing and Communications











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Health Care Options

- Limited Medicaid: Emergency Medicaid covers services used to treat emergency medical conditions. Reproductive Health Care Services cover family planning services.
- Cover All Coloradans: is available to pregnant adults and children aged 18 and younger who are ineligible for full Medicaid due to immigration status (primarily undocumented).
- Connect for Health Colorado: is the official state-based health insurance marketplace for individuals to buy health coverage.
    - OmniSalud: Affordable private health insurance program through Connect for Health Colorado for people who are ineligible for full Medicaid and discounted care on the Marketplace due to immigration status.
- Other options:
    - Community Health Centers
    - School-Based Health Centers
    - Colorado LIFTS (behavioral health)

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Final Q&A, Resources, & Thank You

Liz Owens • Chief External Relations Officer

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Questions?

Let’s pause for questions and clarification.

COA H.R. 1 Webinar Participant Feedback

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