Medicaid’s Role in Colorado

Medicaid in Colorado

- Nearly 1.4 million people in Colorado are covered by Medicaid (19% of the population). While eight in ten (80%) enrollees are children and adults, more than half (59%) of the state’s Medicaid spending is for the elderly and people with disabilities.

- 77,500 (12%) of Colorado Medicare enrollees are also covered by Medicaid, which accounts for over a third (34%) of Medicaid spending.

- 40% of all children in Colorado are covered by Medicaid, including 29% of children with special health care needs.

- 61% of nursing home residents in Colorado are covered by Medicaid and 33% of Medicaid long-term care spending is for nursing home care. Medicare beneficiaries rely on Medicaid for assistance with services not covered by Medicare, particularly long-term care.

- Colorado has a federal Medicaid matching assistance percentage (FMAP) of 50%. For every $1 spent by the state, the Federal government matches $1. Over half (52%) of all federal funds Colorado receives are for Medicaid. In Calendar Year 2017, the federal match rate for the Medicaid expansion population is 95%.

What is at Risk under a Per Capita Cap?

- Capping Medicaid funding would reduce the federal assistance for Colorado to maintain its current Medicaid program.
  - Under the Better Care Reconciliation Act of 2017 (BCRA), to maintain its current Medicaid program, Colorado would have to make up $9.2 billion in loss of federal funds between 2020-2029, including $6.4 billion for the phase-out of the enhanced match for the ACA expansion and $2.8 billion for the per enrollee cap on all groups.
  - If Colorado dropped the Medicaid expansion in response to the loss of enhanced federal financing, the state would forgo an additional $12 billion over the 2020-2029 period, and by 2029, 534,000 Coloradoans estimated to be covered in the expansion group would lose Medicaid coverage.

- Capping Medicaid could lock in historical state differences in state spending, disproportionately affecting states with low Medicaid spending per enrollee. Colorado has lower than national average Medicaid spending per enrollee ($4,898).

- Capping federal Medicaid funding could jeopardize Medicaid programs designed to improve quality of life and access to long-term care for people with disabilities. 10% of Colorado’s non-institutionalized population reported a disability.
• Reducing federal funds through a per capita cap or block grant would limit Colorado’s ability to respond to public health crises such as the opioid epidemic, HIV, or Zika.
  
  o Colorado’s opioid death rate is 8.7 deaths per 100,000 population in 2015. From 2013 to 2015, Colorado’s opioid death rate has grown by 9%.
  
  o There are more than 11,000 people living with HIV in Colorado and Medicaid is the single largest source of coverage for people with HIV in the U.S.
  
  o Colorado has one of the highest share of reported poor mental health status (37%) in the country and more than half (57%) of people are overweight or obese.

• Capping Medicaid can limit states’ ability to respond to demographic changes in their state that affect demand for Medicaid and other public health services. The projected growth rate of the 85+ population in Colorado is 54% between 2015 and 2030, a population more likely to require nursing home care. Medicaid is the primary payer for nursing home care.