

## **Medicaid Changes under the One Big Beautiful Bill Act (OBBBA) FAQ**

### **A Note From Our Therapy Team**

System transitions can activate fear, confusion, and uncertainty, especially for individuals already navigating stress or trauma. We are committed to walking alongside you as these changes unfold. If you receive a notice and have questions, bring it to session or feel free to call our office. If you're unsure what to do next, we can problem-solve together.

You can download our pamphlet [here](#) that includes information on OBBBA and next steps.

You can share your feedback on these materials and any other questions about OBBBA [here](#).

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### **1. What is OBBBA and why does it affect Medicaid?**

The One Big Beautiful Bill Act (OBBBA), passed July 4, 2025, introduces federal changes that states must implement in their Medicaid programs. In Colorado, this impacts eligibility checks, work requirements, documentation processes, and cost-sharing over the next few years.

Most major changes begin **January 2027**.

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### **2. How often will Medicaid eligibility be reviewed?**

Beginning **January 2027**, Medicaid redeterminations will occur every **6 months** instead of every 12 months.

That means:

- You may receive more frequent notices.
- You'll need to respond more quickly to requests for documents.
- Keeping contact information updated is critical.

Update contact info or check your status at the [Colorado PEAK Portal](#)

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### **3. What are the new work requirements?**

Starting **January 2027**, some adults must document at least **80 hours per month** of one or more of the following:

- Employment

- School
- Volunteer service

There are exemptions (such as for certain disabilities, children under 19, and other qualifying circumstances). If you believe you qualify for an exemption, documentation may be required.

More FAQ on this subject can be found on the state website [here](#).

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#### **4. What if my mental health makes it hard to work?**

Some individuals may qualify for an exemption based on disability or medical need. This may require documentation.

If you have concerns:

- Talk with your therapist.
  - Ask Medicaid specifically about exemption criteria.
  - Consider legal consultation if needed.
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#### **5. What happens if I miss paperwork or a deadline?**

Coverage can be paused or terminated if required documentation is not submitted in time.

If you receive a notice:

- Open it immediately.
- Call to clarify what's needed.
- Keep copies of everything you submit.
- Appeals are allowed; losing coverage does not automatically mean services stop immediately.

Appeals information: <https://www.healthfirstcolorado.com/appeals/>

Legal assistance: Colorado Legal Services, 303-837-1313

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#### **6. What is retroactive coverage and what changes are happening to it?**

Retroactive coverage means your insurance can pay for medical bills from a set period before you officially apply. It helps protect you from high costs during emergencies and makes sure providers get paid for care you received before you were enrolled.

Beginning **January 2027**, retroactive Medicaid coverage will shorten from 3 months to 1–2 months depending on eligibility category.

It is especially important to:

- Apply promptly if income changes.
  - Do not delay submitting documents.
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### **7. Will therapy still be covered?**

Therapy remains a covered service under Medicaid. However, eligibility interruptions may affect access if coverage lapses.

We encourage clients to:

- Verify coverage if you receive a notice.
- Check whether authorizations are required.
- Bring any Medicaid letters to session so we can help review them.

If coverage changes, we will discuss next steps and available options together.

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### **8. Will there be co-pays?**

Starting **October 2028**, some adults without disabilities above certain income levels may have co-pays.

Details are still evolving. If co-pays apply:

- Medicaid will notify you.
  - There may be hardship processes available.
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### **9. Are immigrant eligibility rules changing?**

Beginning **October 2026**, some humanitarian immigration categories (including certain refugees and asylees) are no longer qualified under Medicaid rules.

If this may impact you:

- Contact your county human services office.

- Seek legal guidance promptly.
- Explore alternative coverage options.

Find your county office: <https://cdhs.colorado.gov/contact-your-county>

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## 10. What is a Regional Accountability Entity (RAE) and how does it help me?

If you have Health First Colorado (Colorado Medicaid), you are automatically assigned two important supports:

- A **Primary Care Medical Provider (PCMP)** – your main doctor or clinic
- A **Regional Accountable Entity (RAE)** – sometimes called a regional organization

A **RAE** is the organization that helps coordinate your Medicaid benefits. They:

- Help manage your physical and behavioral health services
- Connect you to providers and specialists
- Assist with care coordination
- Help answer questions about coverage or authorizations

Your RAE is assigned based on where your primary care provider is located. You can find the name of your RAE in your Health First Colorado enrollment letter.

You can change your primary care provider at any time. If you do, your RAE may also change depending on the new provider's location.

If you're unsure who your RAE is, you can:

- Check your enrollment letter
  - Log into the PEAK portal
  - Call the Medicaid Member Line at 800-221-3943
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## 11. How Can You Advocate for Yourself and Others Impacted by These Changes?

Policy changes can feel overwhelming — but you have the right to ask questions, appeal decisions, and make your voice heard.

Here are ways you can advocate:

### ✓ **Stay Informed**

- Read all notices carefully.
- Ask for clarification when something is unclear.
- Request language interpretation or accessibility accommodations if needed.

### ✓ **Use the Appeals Process**

If you believe a decision is incorrect:

- File an appeal promptly.
- Request continuation of benefits during appeal when applicable.
- Seek assistance from Legal Services.

Appeals resource: <https://www.healthfirstcolorado.com/appeals/>

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### ✓ **Contact State Officials**

You can contact your Colorado state legislators to share how these changes impact you or your family. Your voice matters.

Find your representative: <https://leg.colorado.gov/find-my-legislator>

When contacting them, you might say:

“I’m a constituent and Medicaid recipient/provider. These policy changes are impacting access to mental health care in our community. I’d like to share my concerns.”

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### ✓ **Engage in Community Advocacy**

- Connect with community health navigators like Benefits in Action (720-221-8354).
  - Contact state department to share how this is impacting you: [hcpf\\_HR1@state.co.us](mailto:hcpf_HR1@state.co.us)
  - Share accurate information within your community.
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### ✓ **For Providers and Staff**

- Document coverage disruptions and patterns.
- Share concerns with professional associations.
- Stay informed through the Colorado Department of Health Care Policy & Financing updates: <https://hcpf.colorado.gov/impact>

Advocacy does not have to be loud to be powerful. It can look like helping someone make a phone call, explaining a letter, or writing one email to a legislator.

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## **Support Resources**

[HCPF Page Outlining State Changes](#)

Medicaid Member Line: 711, or 800-221-3943, M-F: 8am-4:30pm

Colorado PEAK Portal: <https://peak.my.site.com/peak/s/peak-landing-page>

Health First Colorado Help: <https://www.healthfirstcolorado.com/get-help/>

Find your county office: <https://cdhs.colorado.gov/contact-your-county>

Colorado Legal Services: 303-837-1313

Benefits in Action (Community Navigators): 720-221-8354

Regional Accountable Entities (RAEs): find your regional care navigator on this [link](#),

or call 303-839-2120

Colorado Crisis Services (24/7): Call or Text 988