



Media Contact
Palwasha (Sasha) Khan
Palwasha.Khan@coaccess.com
720.744.5436

October 1, 2015

FOR IMMEDIATE RELEASE

COLORADO ACCESS RESTRUCTURES FOR THE FUTURE

DENVER – Colorado Access, a 501(c)4 nonprofit health plan, announced today that it is restructuring its core business operations. These changes will position the company for the future and ensure their continued leadership role in Colorado’s public managed care.

With the restructure, Colorado Access announced the decision to stop offering Medicare plans in 2016. The company’s subsidiary, New Health Ventures (dba Access Health Colorado) will also not offer plans in 2016. As a result of these changes, the company made staff reductions in early September. “We made these difficult decisions to protect the integrity of our mission and ability to continue serving our members into the future,” said Dr. Marshall Thomas, President & Chief Executive Officer.

Members of both Colorado Access Medicare and Access Health Colorado will continue to be covered with existing benefits through December 31, 2015. Key personnel have been retained through the end of the year to ensure continuity of care and smooth operations for all programs. Colorado Access notified approximately 5,500 members of the changes this week. The company will also continue working with the Division of Insurance, Connect for Health Colorado, and the Centers for Medicare & Medicaid Services to ensure its members are informed and assisted throughout the transition process.

With these changes, Colorado Access continues to serve more than one million members who access care through Child Health Plan *Plus* and Medicaid programs.

Some of the factors contributing to the company’s restructuring include changes to rate reimbursements and risk scoring, low membership levels, unusually high healthcare costs, and the inability to continue subsidizing financial losses in Medicare and commercial businesses. “Smaller health insurance carriers without significant cash reserves are finding it difficult to compete with large heavily funded carriers, especially in highly competitive markets like Colorado. You’re seeing this nationwide and it’s also true for us,” said Dr. Thomas. “In the end, we could not sustain the subsidization of small Medicare and commercial programs without continued adverse financial impact on our core business and mission,” he added.

As Colorado Access settles into these changes, the company says it will also sharpen focus and resources on proving itself highly capable of administering and innovating physical, behavioral and long-term care coordination for members of Colorado public health programs. As evidence of their intentions to maintain leadership position in public managed care, they point to the expansion of integrated care and innovative approaches like telehealth development. Their efforts were highlighted in recent announcements by the Governor’s office about the State Innovation Model.

About Colorado Access:

Founded in 1994, Colorado Access is a local, nonprofit health plan that serves more than one million members. The company’s members receive healthcare under Child Health Plan *Plus* (CHP+), Medicaid behavioral and physical health and long term support programs, and/or Medicare. Colorado Access provides care coordination and management for three (3) of the seven (7) Regional Care Collaborative Organizations (RCCOs) under Colorado Medicaid’s Accountable Care Collaborative program. The company administers three regional Behavioral Health Organizations, serving more than 700,000 members accessing behavioral health services with Medicaid. Colorado Access is the State’s largest Single Entry Point agency, coordinating long-term service and supports for more than 10,000 Medicaid recipients. To learn more about Colorado Access, visit coaccess.com.

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