

# Colorado Children: How Many are Eligible but not Enrolled?

*2014 Update*

**All Kids Covered**

April 4, 2014

# Three Takeaways

- We see a decline in the number of EBNE children.
- EBNE rates vary by region.
- This year's estimates serve as a baseline.

# Data Sources



+



American Community Survey

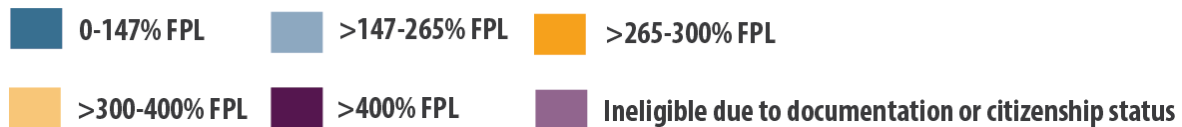
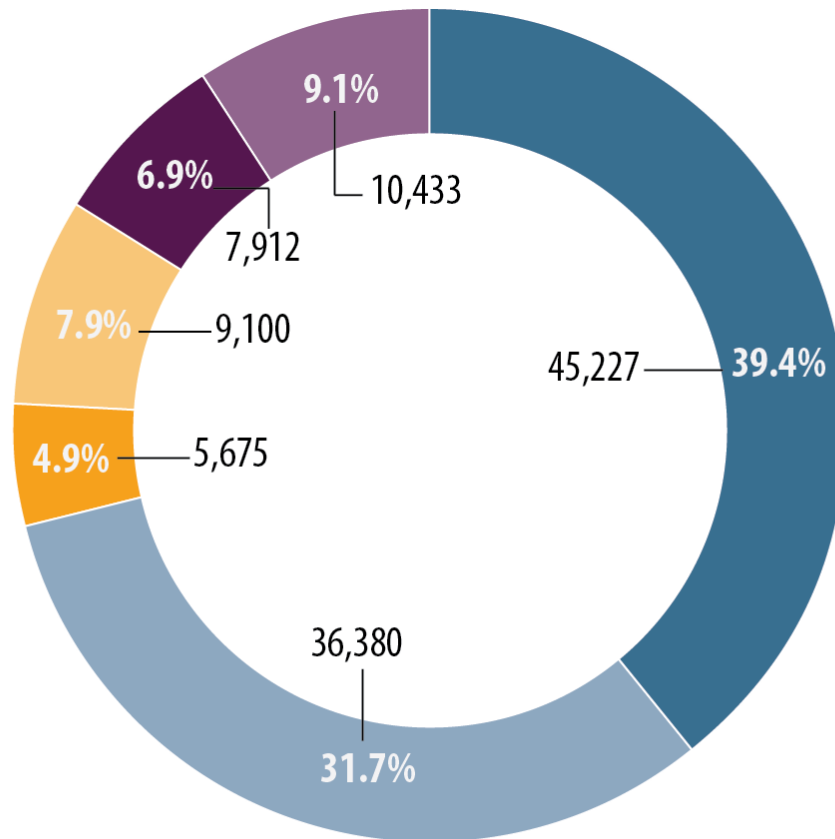
Budget Division



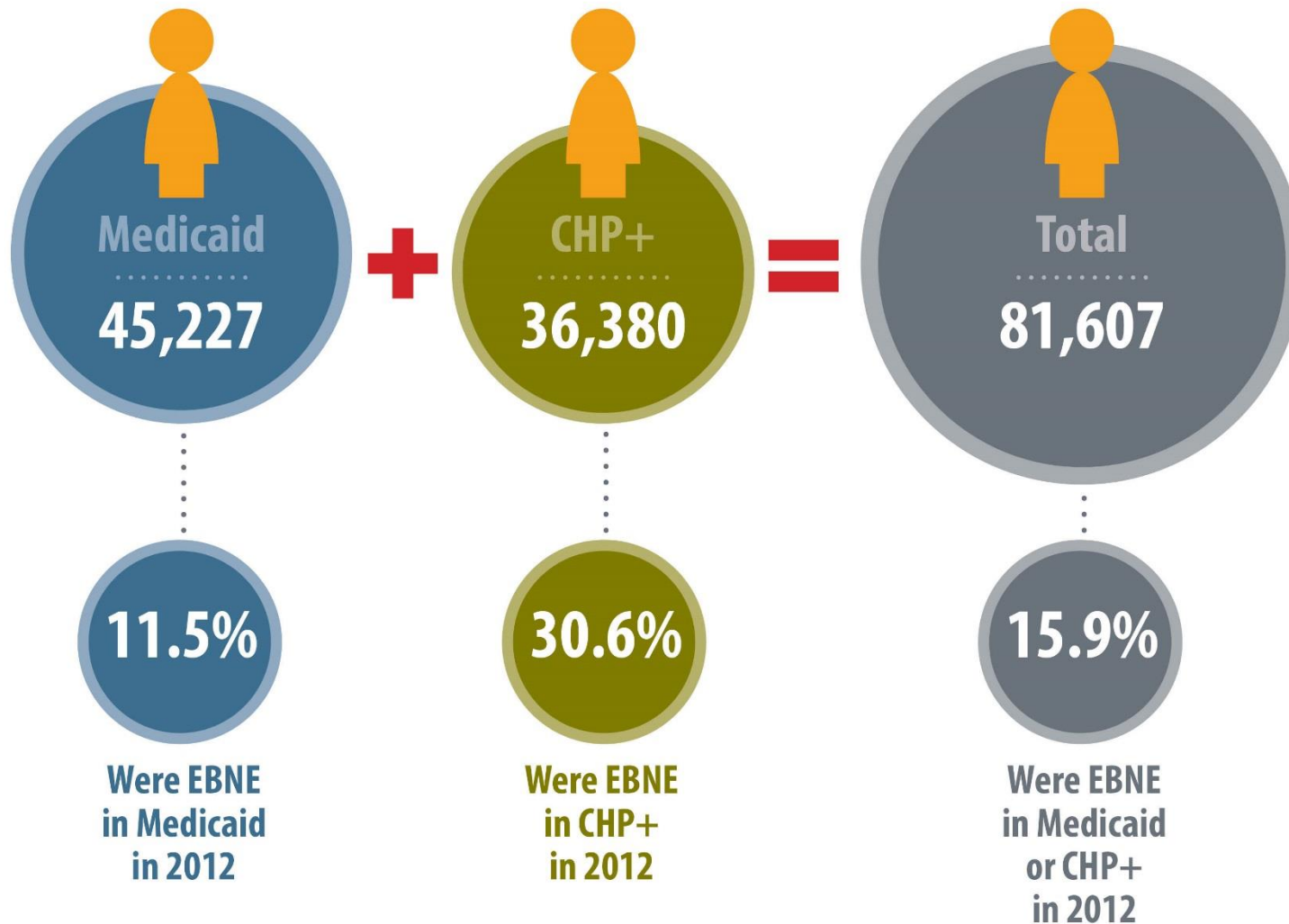
Uninsured estimates

Caseload counts

# Uninsured Kids by Income and Citizenship



# How Many Kids Are EBNE?



# Calculating EBNE

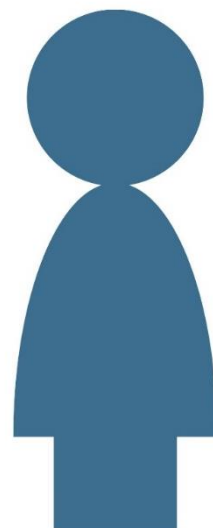
Program	A. Number Enrolled	B. Number EBNE	C. Total Eligible (A+B)	D. Percentage EBNE (B/C)	E. Percentage Enrolled (A/C)
<b>Medicaid</b>	348,142	45,227	393,354	11.5%	88.5%
<b>CHP+</b>	82,533	36,380	118,913	30.6%	69.4%
<b>Medicaid or CHP+</b>	430,675	81,607	512,267	15.9%	84.1%

# Important Methodology Changes

- Estimates not comparable to previous years.

## Why?

- Elimination of the stair step
- MAGI/ACA income disregard



**Medicaid**

**0-147% FPL**

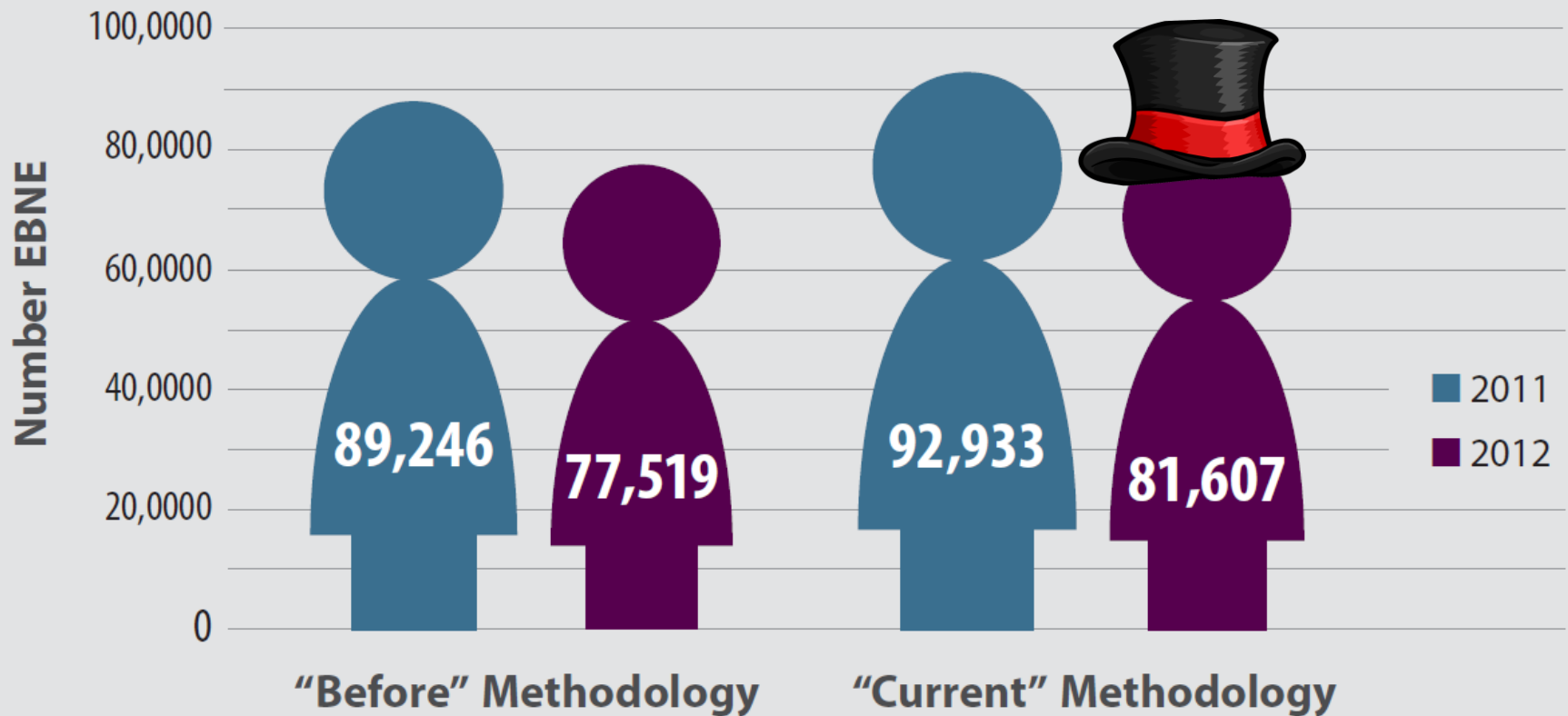


**CHP+**

**148-265% FPL**

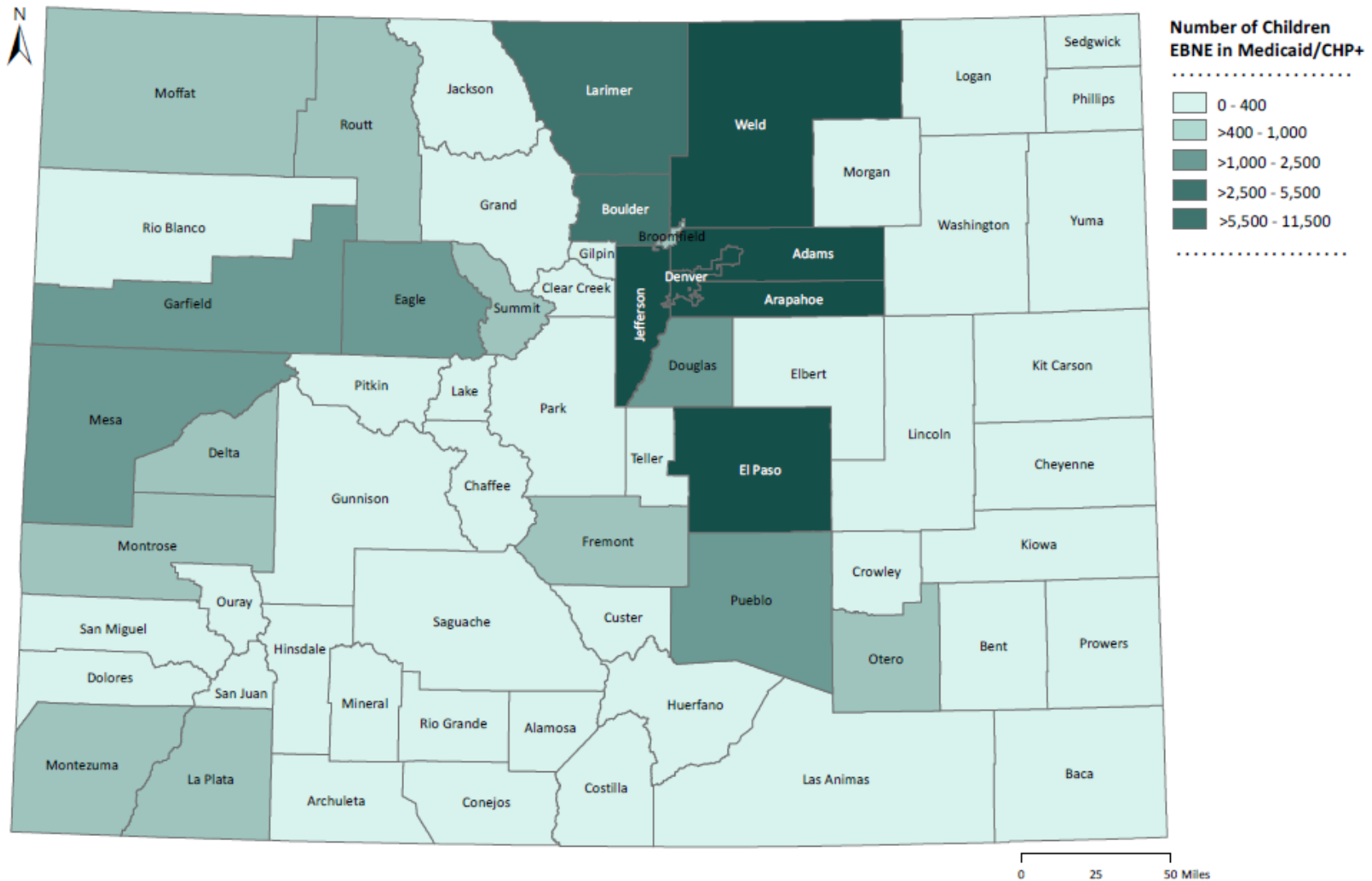
# Number of EBNE Kids Declining

Figure 2. Comparing Methodology: Number of Uninsured Low-Income Children (Ages 0-18) Eligible For But Not Enrolled in Medicaid or CHP+, Colorado, 2011-12

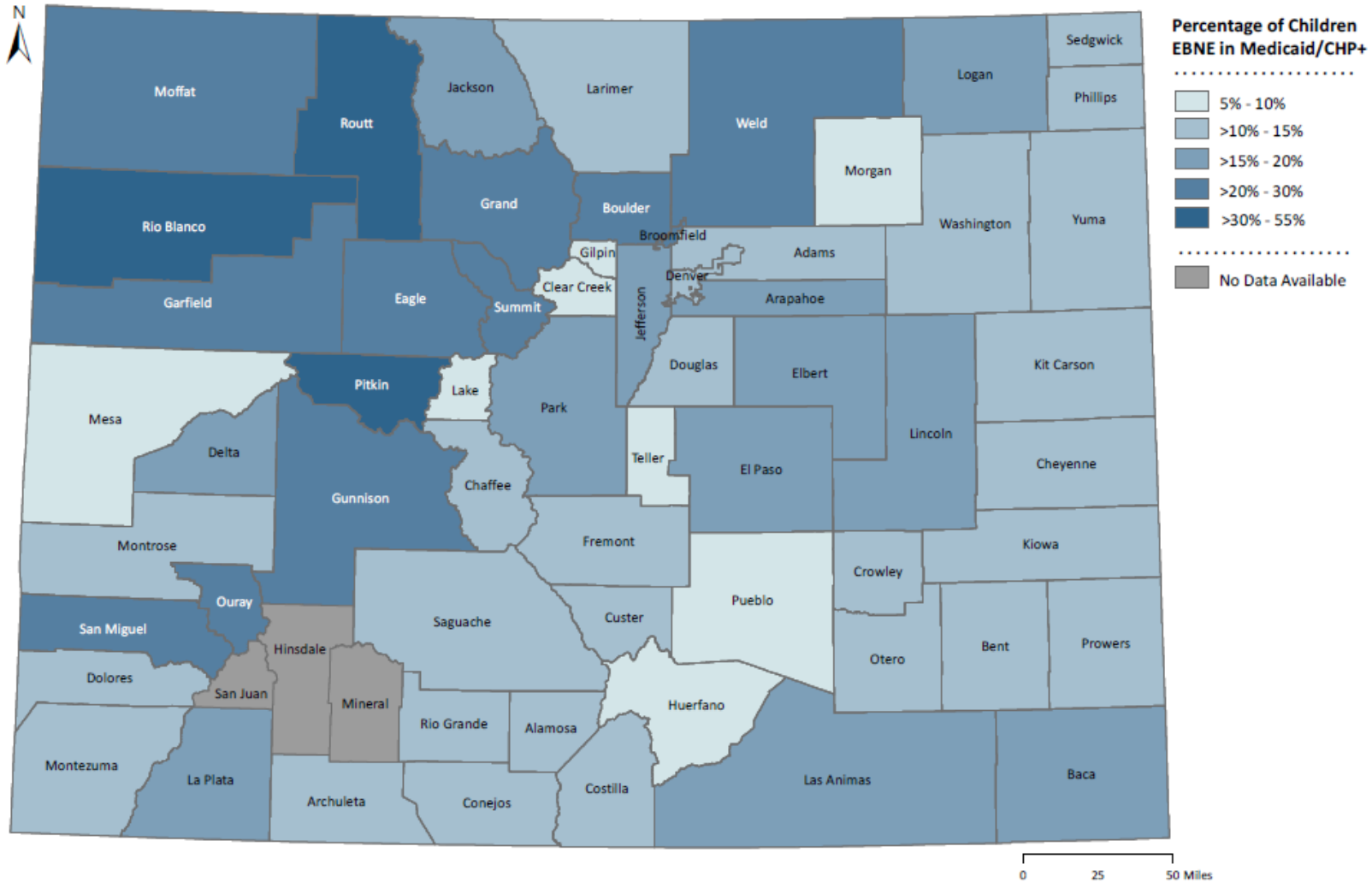




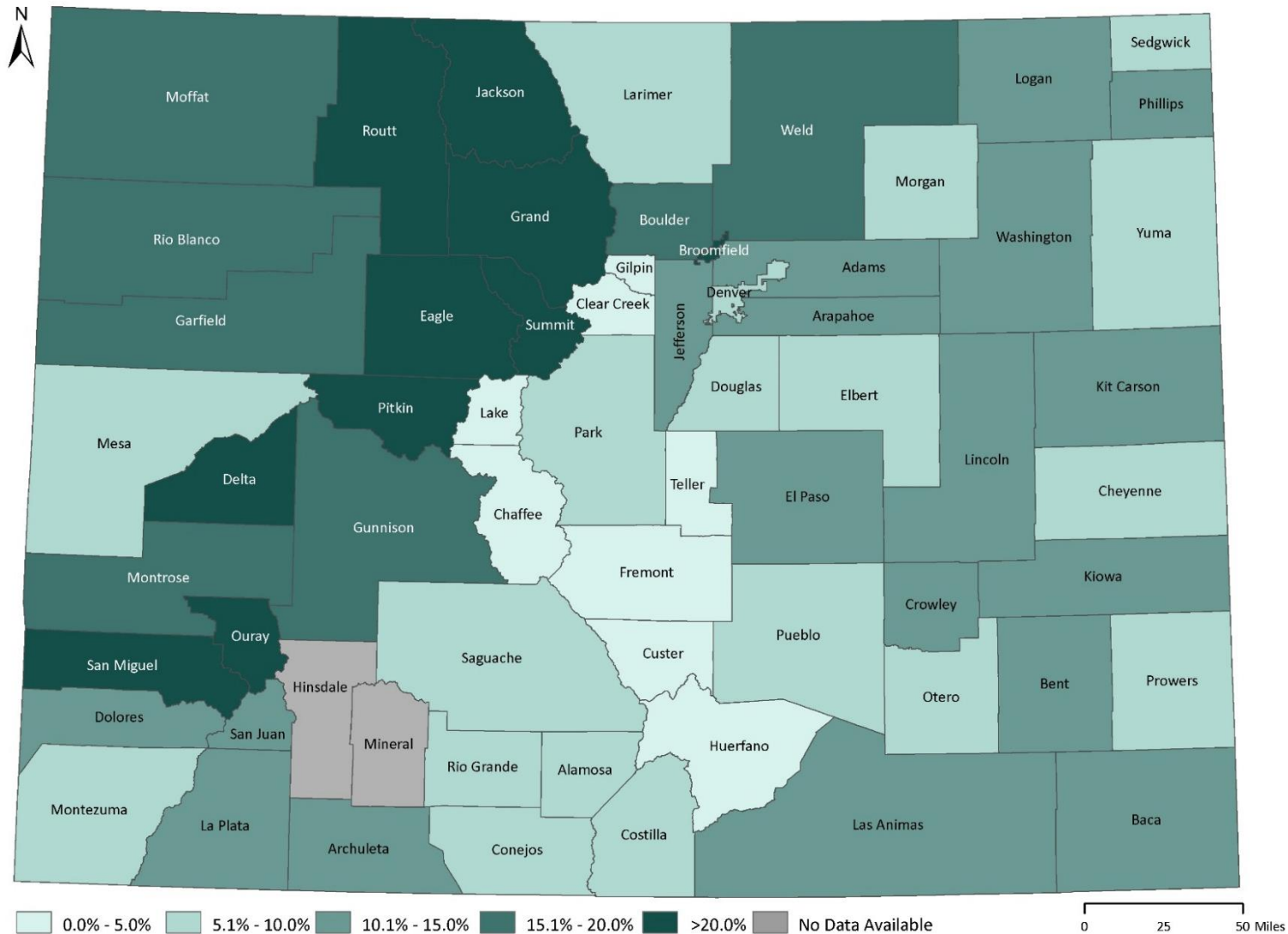
# Number of Kids EBNE in Medicaid or CHP+



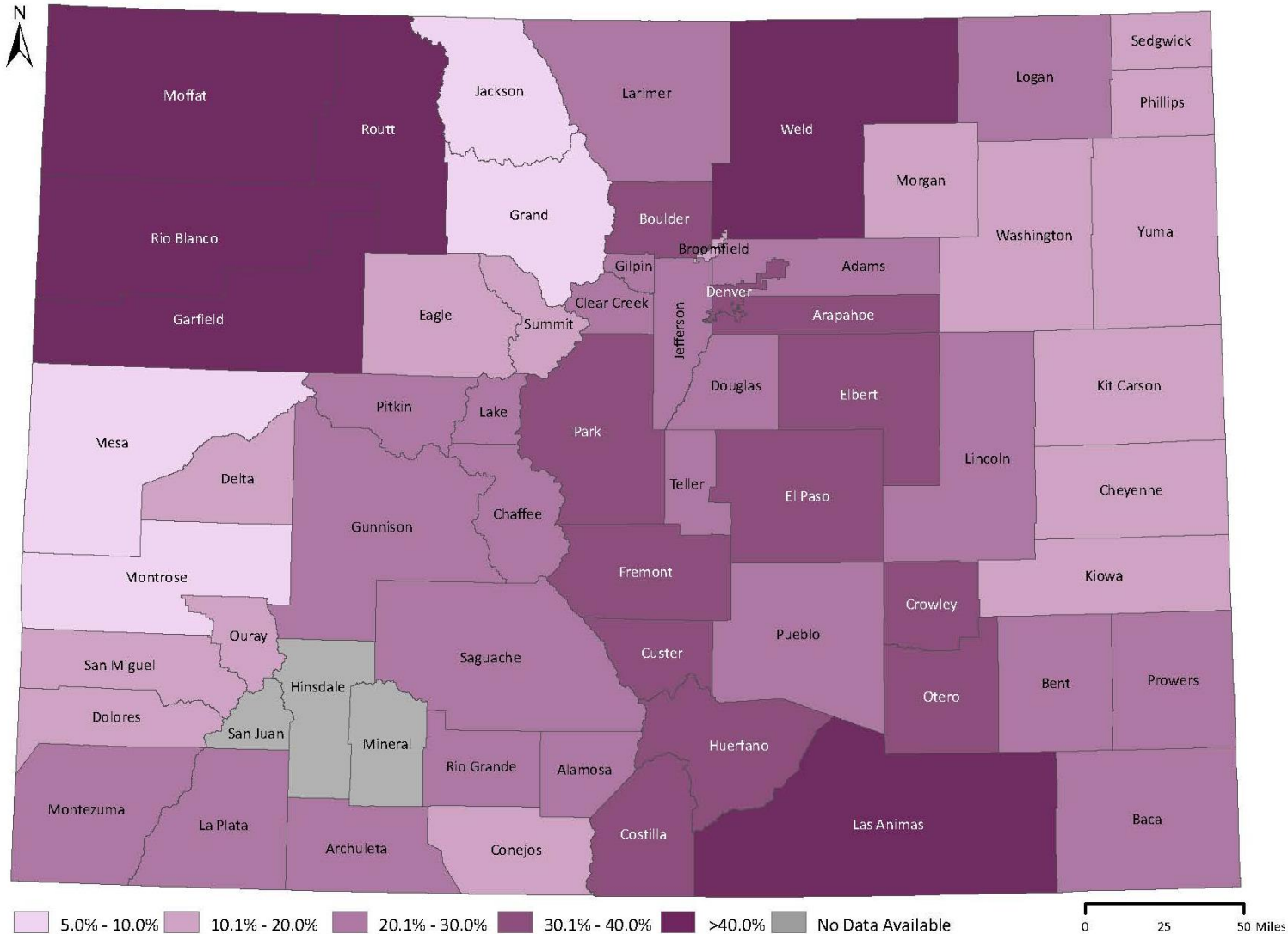
# Percentage of Kids EBNE in Medicaid or CHP+



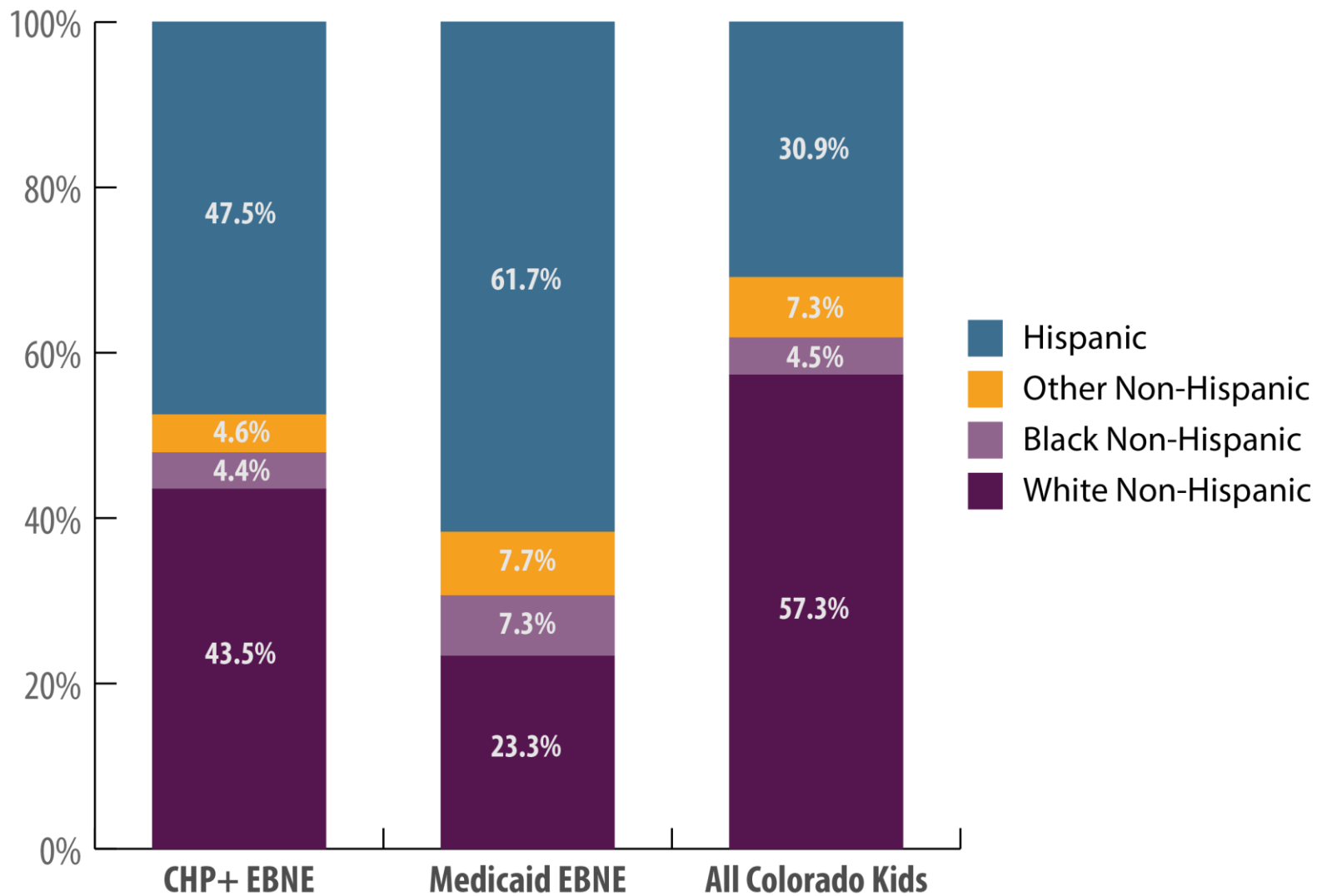
# Percentage Kids EBNE in Medicaid by County



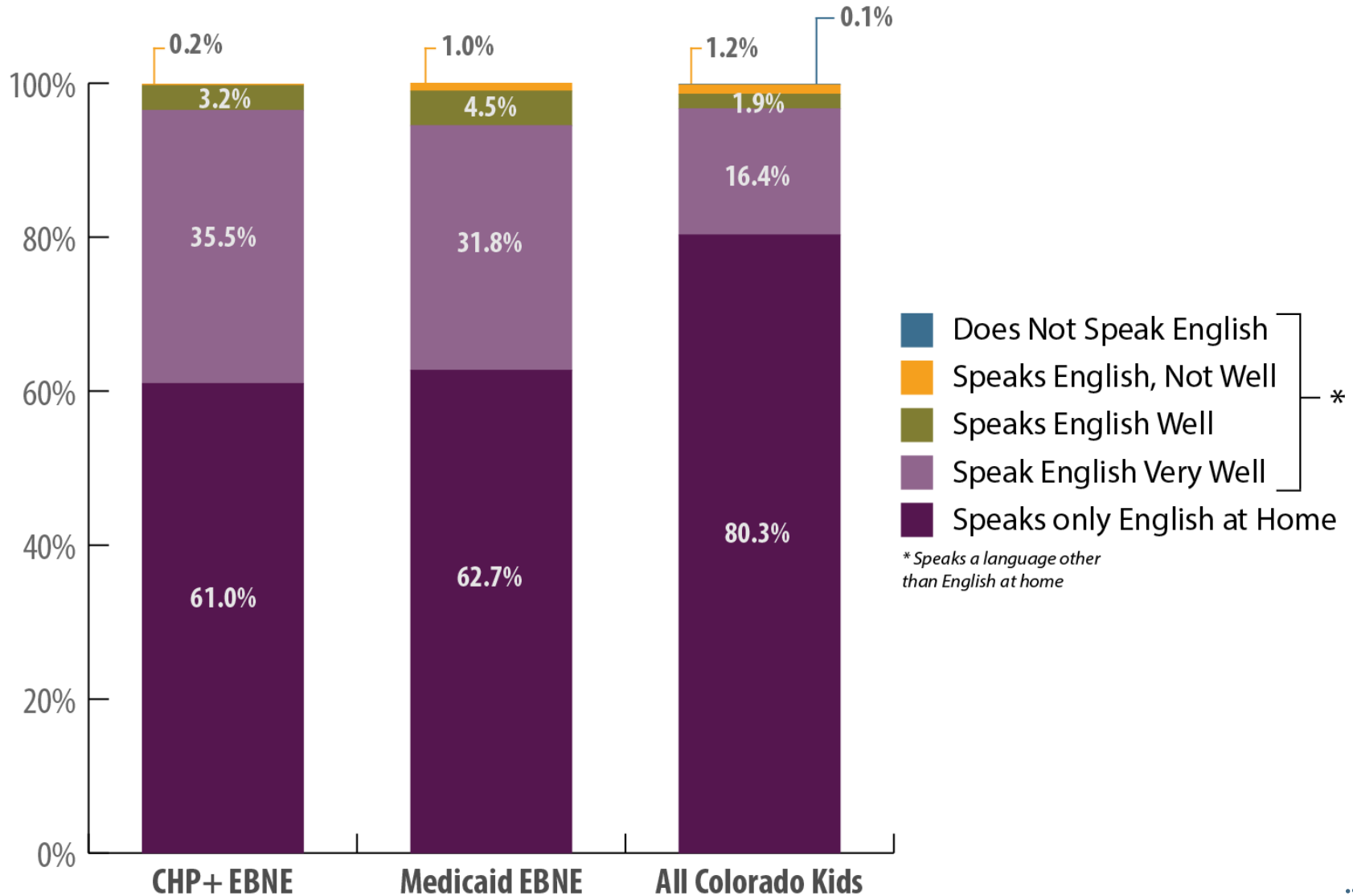
# Percentage of Kids EBNE in CHP+ by County



# EBNE Children (Ages 0-18) by Race/Ethnicity

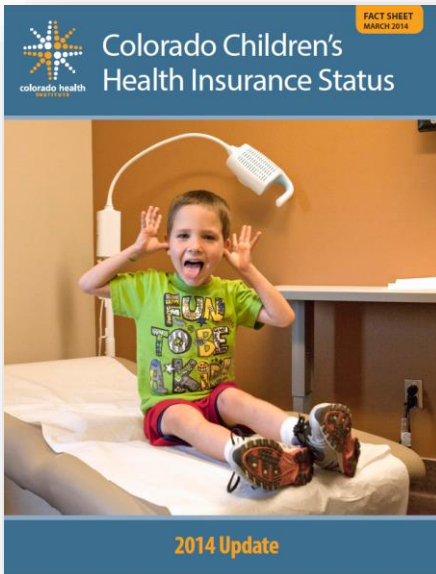


# EBNE Children (Ages 5-18) by English Language Proficiency



# More Data Available!

## Fact Sheet

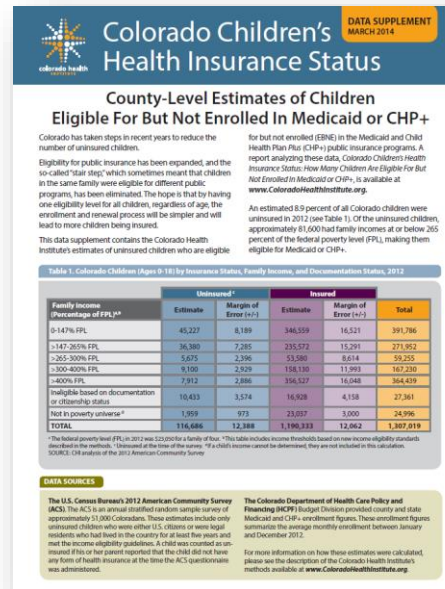


**FACT SHEET**  
MARCH 2014

Colorado Children's Health Insurance Status

2014 Update

## Data Supplement



**DATA SUPPLEMENT**  
MARCH 2014

Colorado Children's Health Insurance Status

County-Level Estimates of Children Eligible For But Not Enrolled In Medicaid or CHP+

Colorado has taken steps in recent years to reduce the number of uninsured children. Eligibility for public insurance has been expanded, and the so-called "star step," which sometimes meant that children in the same family were eligible for different public programs, has been eliminated. The hope is that by having one eligibility level for all children, regardless of age, the enrollment and renewal process will be simpler and will lead to more children being insured. This data supplement contains the Colorado Health Institute's estimates of uninsured children who are eligible for but not enrolled (ENR) in the Medicaid and Child Health Plus (CHP+) public insurance programs. A report analyzing these data, Colorado Children's Health Insurance Status: How Many Children Are Eligible For But Not Enrolled in Medicaid or CHP+, is available at [www.ColoradoHealthInstitute.org](http://www.ColoradoHealthInstitute.org).

An estimated 8.9 percent of all Colorado children were uninsured in 2012 (see Table 1). Of the uninsured children, approximately 81,600 had family incomes at or below 265 percent of the federal poverty level (FPL), making them eligible for Medicaid or CHP+.

**Table 1. Colorado Children (Ages 0-18) by Insurance Status, Family Income, and Documentation Status, 2012**

Family Income (Percentage of FPL) <sup>a</sup>	Uninsured <sup>b</sup>		Insured		Total
	Estimate	Margin of Error (+/-)	Estimate	Margin of Error (+/-)	
0-147% FPL	48,227	8,189	348,559	16,321	391,786
>147-265% FPL	36,380	7,285	295,572	15,291	271,952
>265-300% FPL	5,873	2,296	51,588	8,814	59,255
>300-400% FPL	9,100	2,929	154,130	11,993	167,230
>400% FPL	7,912	2,886	356,127	16,048	364,439
Eligible based on documentation or citizenship status	10,433	3,574	16,928	4,158	27,361
Not in poverty universe <sup>c</sup>	1,959	973	23,057	3,000	24,996
<b>TOTAL</b>	<b>116,686</b>	<b>12,888</b>	<b>1,190,833</b>	<b>12,062</b>	<b>1,307,019</b>

<sup>a</sup> The federal poverty level (FPL) in 2012 was \$22,050 for a family of three. This table includes income thresholds based on new income eligibility standards used based on the method. <sup>b</sup> Disenrolled at the time of the survey. <sup>c</sup> A (CHP+) income cannot be determined; they are not included in the calculation.

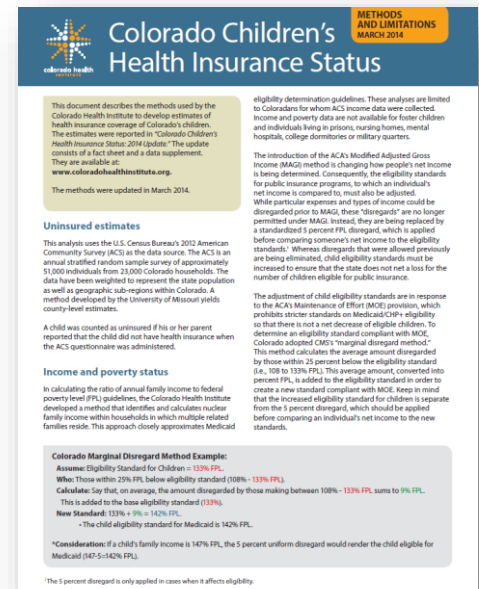
**DATA SOURCES**

The U.S. Census Bureau's 2012 American Community Survey (ACS). The ACS is an annual stratified random sample survey of approximately 35,000 Colorado residents. These estimates include only uninsured children who were either U.S. citizens, or were legal residents who had lived in the country for at least five years and met the income eligibility guidelines. A child was counted as uninsured if his or her parent reported that the child did not have any form of health insurance at the time the ACS questionnaire was administered.

The Colorado Department of Health Care Policy and Financing (DHCF) Budget Division provided county and state Medicaid and CHP+ enrollment figures. These enrollment figures summarize the average monthly enrollment between January and December 2012.

For more information on how these estimates were calculated, please see the description of the Colorado Health Institute's methods available at [www.ColoradoHealthInstitute.org](http://www.ColoradoHealthInstitute.org).

## Methodology



**METHODS AND LIMITATIONS**  
MARCH 2014

Colorado Children's Health Insurance Status

This document describes the methods used by the Colorado Health Institute to develop estimates of health insurance coverage of Colorado's children. The estimates were reported in "Colorado Children's Health Insurance Status: 2014 Update." The update consists of a fact sheet and a data supplement. They are available at: [www.coloradohealthinstitute.org](http://www.coloradohealthinstitute.org).

The methods were updated in March 2014.

**Uninsured estimates**

This analysis uses the U.S. Census Bureau's 2012 American Community Survey (ACS) as the data source. The ACS is an annual stratified random sample survey of approximately 35,000 individuals from 23,000 Colorado households. The data have been weighted to represent the state population as well as geographic sub-regions within Colorado. A method developed by the University of Missouri yields county-level estimates.

A child was counted as uninsured if his or her parent reported that the child did not have health insurance when the ACS questionnaire was administered.

**Income and poverty status**

In calculating the ratio of annual family income to federal poverty level (FPL) guidelines, the Colorado Health Institute developed a method that identifies and calculates nuclear family income within households in which multiple related families reside. This approach closely approximates Medicaid eligibility determination guidelines. These analyses are limited to Coloradoans for whom ACS income data were collected. Income and poverty data are not available for foster children and individuals living in prisons, nursing homes, mental hospitals, college dormitories or military quarters.

The introduction of the ACA's Modified Adjusted Gross Income (MAGI) method is changing how people's net income is being determined. Consequently, the eligibility standards for public insurance programs, to which an individual's net income is compared, must also be adjusted. While particular expenses and types of income could be disregarded prior to MAGI, these "disregards" are no longer permitted under MAGI. Instead, they are being replaced by a standardized 5 percent FPL disregard, which is applied before comparing someone's net income to the eligibility standards. Whereas disregards that were allowed previously are being eliminated, child eligibility standards must be increased to ensure that the state does not net a loss for the number of children eligible for public insurance.

The adjustment of child eligibility standards are in response to the ACA's Maintenance of Effort (MOE) provision, which prohibits stricter standards on Medicaid/CHP+ eligibility so that there is not a net decrease of eligible children. To determine an eligibility standard compliant with MOE, Colorado adopted CMS' "marginal disregard method." This method calculates the average amount disregarded by those within 25 percent below the eligibility standard (i.e., 108 to 133% FPL). This average amount, converted into percent FPL, is added to the eligibility standard in order to create a new standard compliant with MOE. Keep in mind that the increased eligibility standard for children is separate from the 5 percent disregard, which should be applied before comparing an individual's net income to the new standards.

**Colorado Marginal Disregard Method Example:**  
Assume Eligibility Standard for Children = 133% FPL.  
Who: Those within 25% FPL below eligibility standard (108% - 133% FPL sums to 9% FPL.  
This is added to the base eligibility standard (133%).  
New Standard: 133% + 9% = 142% FPL.  
\*The child eligibility standard for Medicaid is 142% FPL.

\*Consideration: If a child's family income is 147% FPL, the 5 percent uniform disregard would render the child eligible for Medicaid (147-5=142% FPL).

The 5 percent disregard is only applied in cases when it affects eligibility.



# Three Takeaways

- We see a decline in the number of EBNE children.
- EBNE rates vary by region.
- This year's estimates serve as a baseline.





# colorado health INSTITUTE






Natalie Triedman 720.382.7077

Tamara Keeney 720.382.7088

[triedmann@coloradohealthinstitute.org](mailto:triedmann@coloradohealthinstitute.org)

[keeneyt@coloradohealthinstitute.org](mailto:keeneyt@coloradohealthinstitute.org)

# The Colorado Health Report Card

	Life Stage	Grade & Avg. Rank
	Healthy Beginnings	<b>C</b> 23.8
	Healthy Children	<b>C</b> 24.8
	Healthy Adolescents	<b>B</b> 15.2
	Healthy Adults	<b>B</b> 15.2
	Healthy Aging	<b>B+</b> 11.5

RANK	GRADING SCALE	
1 = Best	A (1–10) Excellent	D (31–40) Poor
50 = Worst	B (11–20) Good	F (41–50) Unacceptable
	C (21–30) Average	

