Colorado Children's Health Insurance Status

2013 Update

March 1, 2013
All Kids Covered



Three Takeaways

- How many Colorado children are uninsured and eligible for public insurance programs?
 - How many kids are EBNE in CHP+ following the HB-1293 expansion?
- How has this number changed since the start of the recession?
- How does this number vary by county?



New Colorado Health Institute Issue Briefs

Fact Sheet

FACT SHEET 🙀 Colorado Children's Health Insurance Status: 2013 Update

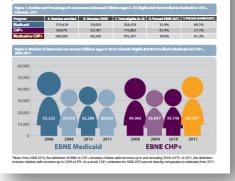
How Many Children Are Eligible But Not Enrolled in Medicaid or CHP+?

Beginning in 2014, most Coloradans - including children realth insurance programs.

Each year, the Colorado Health Institute esti

The Colorado Health Care Affordability Act expanded CHP+ tegionnegin zu la, most Cuoratans - incluing control will be required to share hash insuzure or pay ta tap penaly An estimated 12,500 Colorado children were uninsured in 2011. More than werh hashin custore or pay ta tap penaly to bis children in their share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the declar poverty level (FPL). Because 2010. Source and the share of the de up to 250 percent of FPL, starting with 2011. This expansion of CHP+ eligibility helps explain the increase in the number of children EBNE in CHP+ between 2010 and 2011. (For more information, see page 8 of the Data Supplement.)

number of uninsured children who are eligible for but not enrolled in Medicaid and the Child Health Plan Plus (CHP+) to help health care leaders understand enrollment patterns in these programs. In 2011, of the 89,000 children who were eligible for these public insurance programs but not enrolled in them, 44 percent (39,000) were EBNE in Medicaid and 56 cent (50,000) were EBNE in CHP+



Data Supplement

Colorado Children's Health Insurance Status

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

rance coverage can have adverse care leaders have focused on initiatives that incre-ent in public health insurance programs in order or the number of uninsured children. These effor ch targeted at eligible but not enrolled (EENE) children upplement contains the Colorado Health Institu of crimeward children who are EBNE in Medicaid

of uninsured, chedren who are some lealth Plan Plus (CHP+). A fact sheet

In May 2010, the Colorado Health Care Atlondability Act mmap 2010; Tak Calabab Installist, and Abardabar Pice approach GP-4 and a significant of a significant processing the change, the Calabado Haush Installist with incomes up to 20 percent of FPs, tasting with 2011. The separation of GPs (Signifity Tables of point in the limits in the number of citabit UIN III. OF +- one index in the number of citabit UIN III. OF +- one index in the number of citabit UIN III. OF +- between 2010 and 2011. For more informatic sep space 1.

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As displayed in Table 1, an estimated 125,000 Colorado children (0.0%) were uninsured in 2011. Of these children approximately 89,000 had family incomes at or below 250 percent of the FPL and were eligible for Medicaid or CHP nicial at www.Coloradol4xathinetitute.cm

	Uninaured		Insurad			
Family income (percent of FPL)*	Estimate	Margin of Error (+/-)	Estimate	Margin of Error (+/-)	Tetal	
0.205%	77,672	11,409	455,001	21,323	\$32,673	
>205-250%	11,574	3,622	81,847	10,569	93,421	
>258-300%	6,543	2,734	82,879	11,703	89,435	
>300-400%	6,551	2,141	136,559	12,661	145,110	
>400%	7,063	2,118	378,910	18,246	385,973	
truligible children based on documentation or citizenship status	15,613	3,975	11,055	3,734	28,672	
Children not in powerty universe	434	380	18,740	2,463	20,174	
TOTAL	125,449	26,385	1,170,013	80,699	1,295,463	

DATA SOURCES

The data source used for this analysis was the U.S. Geroan Bureauk 2011 American Community Survey (ACE). The ACE is an annual manifed neuronn angles survey of approximating \$2,000 Colonadam. These estimates include only unimumed children	County and state Medicael and OH*+ encolment figure provided by the Colorado Department of Health Care I/o Financing (HOT) Budget Division. These encolment figu- matice the encoder counting encoding encoders
white were U.S. citizens or legal residents who had lived in the	December 2011
country for at least five years and met the income eligibility guidelines. A child was counted as unitoured if his or her parent reported that the child did not have any form of featth insurance	For more information on how these estimates were calculate see the description of the Calculat Health Institu

Methodology



methods were updated on March 26, 2012

Income and poverty status is calculating the ratio of annual family income to poverty puldelines. CHI developed a method that which multiple related families reside. This approach mo audelines. These analyses are limited to Coloradans fo whom ACS income data were collected; income and povert data are not available for forter children and inc iving in prisons, nursing homes, mental hospitals, colleg ries or military guarters.

illarly, the estimates of children (28NE) in the O

Plan Plus (DHP+) displayed in the children's fact sheet and Tables 3-4 of the data supplement were calculated using 201 percent of the FPL as the upper limit for CHP+ eligibility. This as done because the data, which are from 2010 (the later

will done because the data, which are from 2010 (the laters performed to the scalable of the proceeding of the proceeding of the scalable of the proceeding of the proceeding of the calable of the scalable of the proceeding of the scalable than the Medical IIInts four a to believe 300 percent of FU data the Medical IIInts four a to believe 300 percent of FU proceeding of the scalable of the scalable of the scalable proceeding of the scalable of the scalable of the scalable proceeding of the scalable of the scalable of the scalable proceeding of the scalable of the scalable of the scalable proceeding of the scalable of the scalable of the scalable Medical durate and duban ages to 10 percent of figure and the scalable of the scalable of the scalable of the scalable of the Medical durate and scalable on a to to believe of the scalable of the Medical durate and scalable on a to the scalable of the scalable of the Medical durate and scalable on a to the scalable of the scalable of

Uninsured estimates

The U.S. Centus Bureau's 2010 American The U.S. Census Bureau's 2000 American Community Surve (ACS) was the data source used for this analysis. The ACS is an annual stratified random sample survey of approximate \$0,000 individuals from 22,000 Colorado households. The data have been weighted to represent the state popul as well as geographic sub-regions within Colorado. CH ap-plied a method developed by the University of Missouri to oportion the ACS regions and yield county-level estimate estimates do not exclude uninsured adults with a disabiity who may be eligible for the Medicaid buy-in provisions of HB09-1293, the Colorado Health Care Affordability Act.

An adult was counted as uninsured if he or she reported re

type of health insurance when the ACS questionnaire was administered. Likewise, a child was counted as uninsured of his or her parent reported that the child do not have any form of health insurance when the ACS questionnaire was

er of currently uninsured children and adults who became r will become; eligible for Medicaid as a result of HBO9-

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Medicaid and CHP+ enrollment County and state Medicaid and OrP+ enrollme were provided by the Colorado Department of

ry-December 2010. e In for a few small co-

Citizenship and documentation status The ACS contains variables on citizenship but not on doct tion status. In July 2011, CHI updated its assumption for estimating undocumented immigrants in Colorado sumptions are based on a Pew Hispanic estimate of according tells 180,000 und



Available at www.ColoradoHealthInstitute.org

CHI's EBNE Analysis

• Data sources:



American Community Survey



Budget Division

- Snapshot of Medicaid and CHP+ eligibility in 2011
- CHP+ eligibility: Up to **<u>250</u>%** of FPL

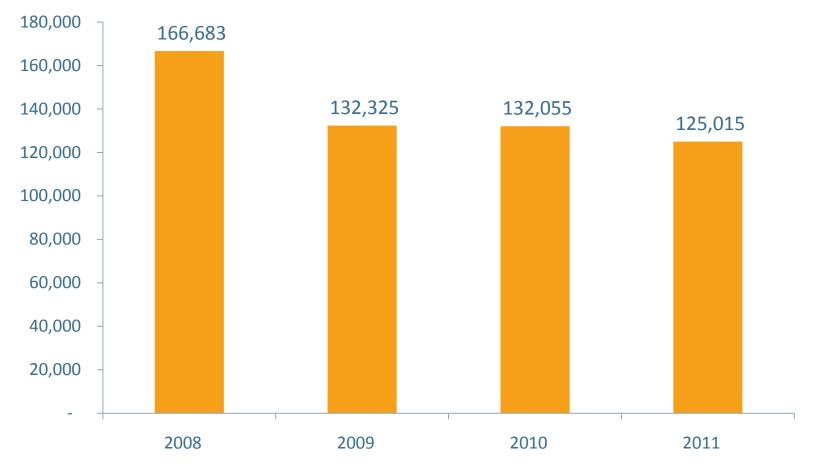


Can I Compare These Numbers With Previous Estimates?

- Medicaid EBNE estimates <u>are</u> comparable to CHI's *revised* analysis of the 2008-2010 American Community Survey
 - Not comparable to any estimates published before 2008
- CHP+ EBNE estimates <u>are not</u> comparable to previous years.
 - New definition: Up to 250% of FPL



Number of Uninsured Children Declining





SOURCE: CHI analysis of the 2008-11 American Community Survey

Calculating EBNE

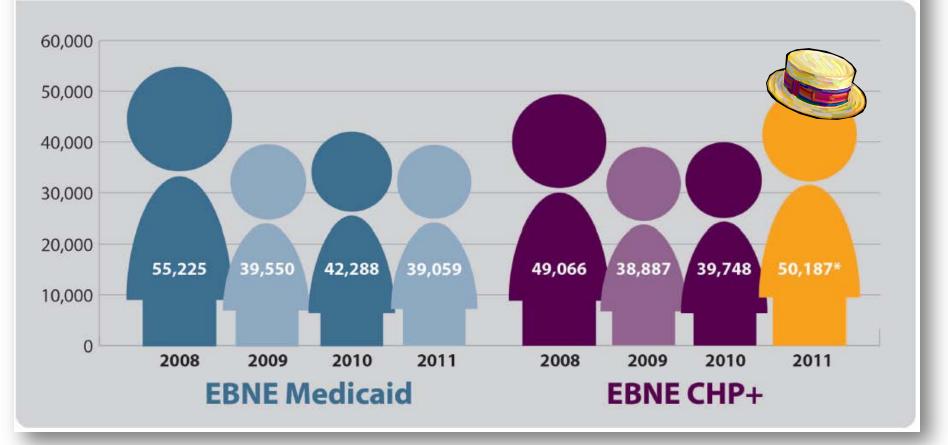
Figure 1. Number and Percentage of Low-Income Uninsured Children (ages 0-18) Eligible But Not Enrolled in Medicaid or CHP+, Colorado, 2011

Program	A. Number enrolled	B. Number EBNE	C. Total eligible (A+B)	D. Percent EBNE (B/C)	E. Percent enrolled (A/C)
Medicaid	319,419	39,059	358,478	10.9%	89.1%
CHP+	66,676	50,187	116,863	42.9%	57.1%
Medicaid or CHP+	386,095	89,246	475,341	18.8%	81.2%



Medicaid and CHP+ EBNE: The Trends

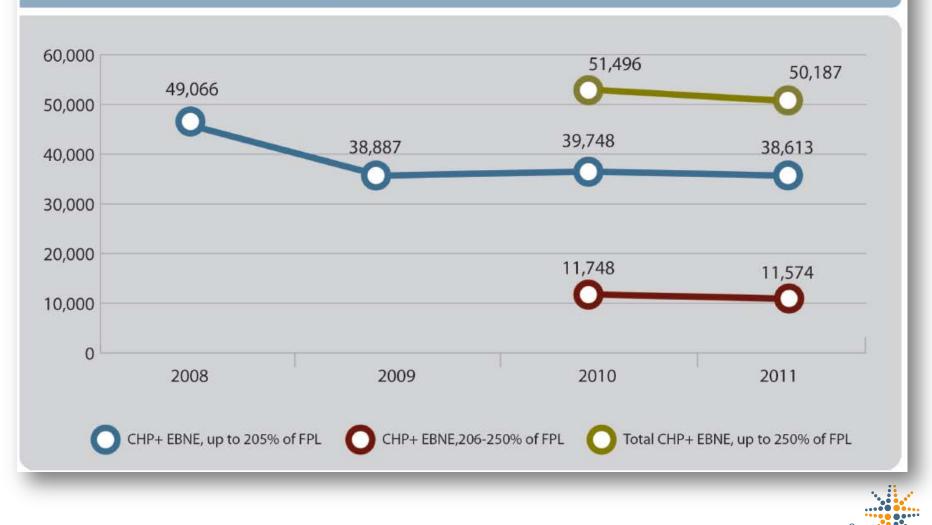
Figure 2. Number of Uninsured Low-Income Children (ages 0-18) in Colorado Eligible But Not Enrolled in Medicaid and CHP+, 2008-2011



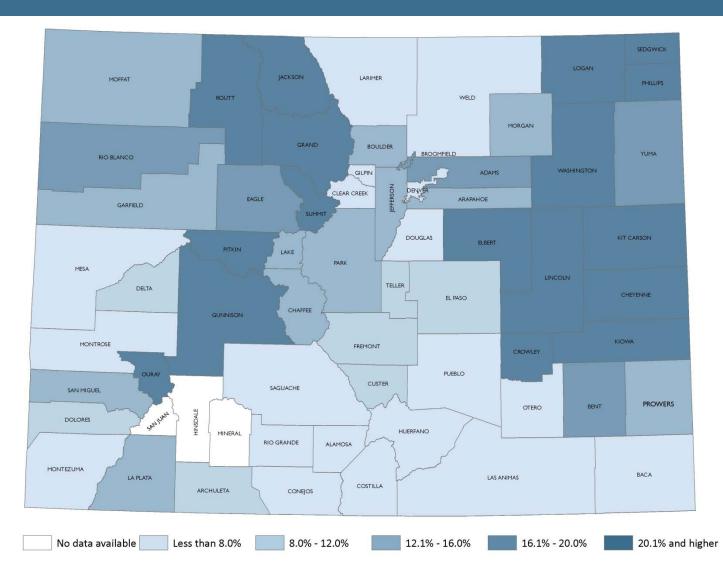


Breaking Out CHP+ EBNE Numbers

Graph 1. Number of Uninsured Children (ages 0-18) Eligible But Not Enrolled in CHP+ By Income, Colorado, 2008-2011



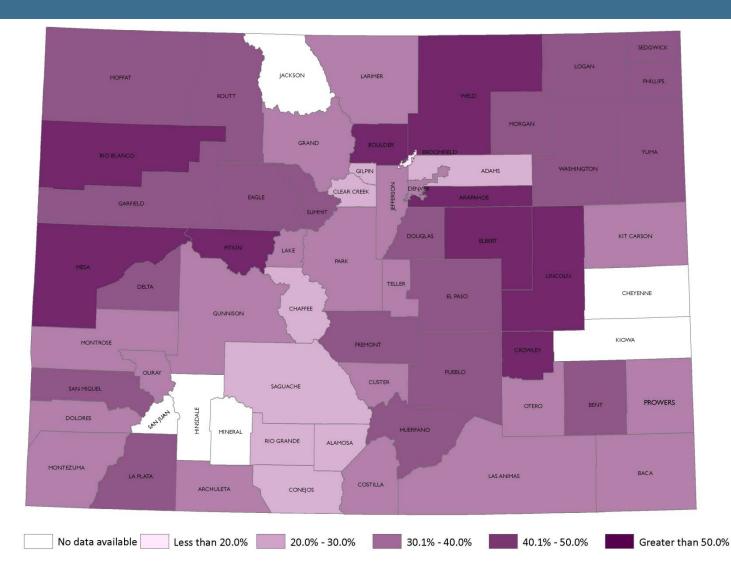
Percentage of Uninsured Kids EBNE in Medicaid





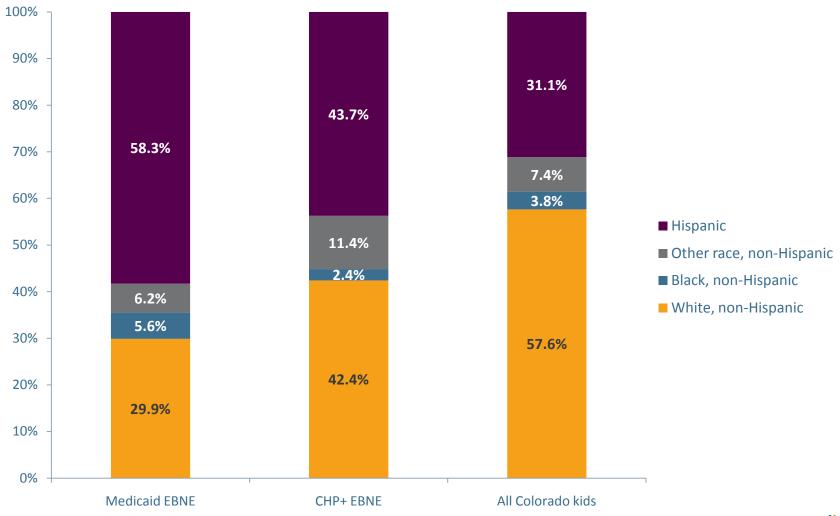
SOURCE: CHI analysis of the 2011 American Community Survey; Medicaid and CHP+ enrollment data from the Colorado Department of Health Care Policy and Financing

Percentage of Uninsured Kids EBNE in CHP+



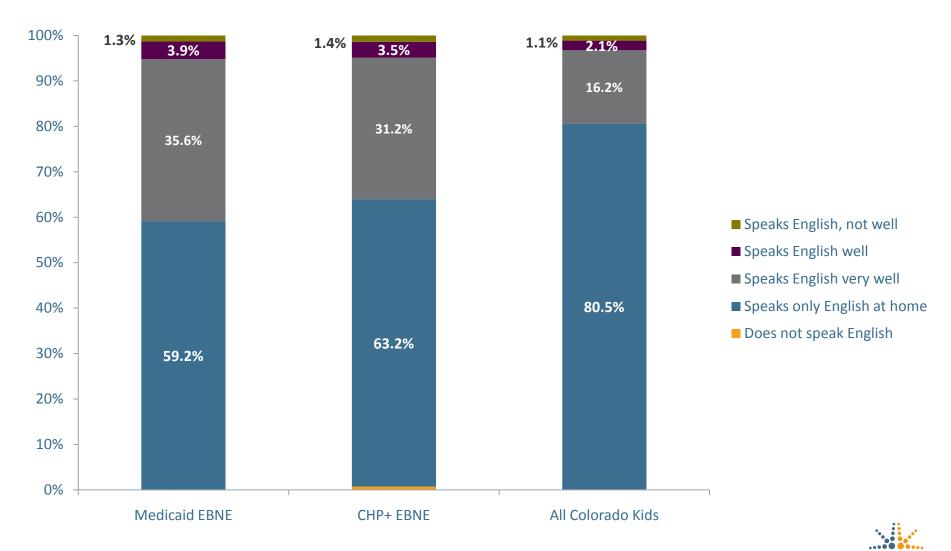


EBNE Children by Race/Ethnicity

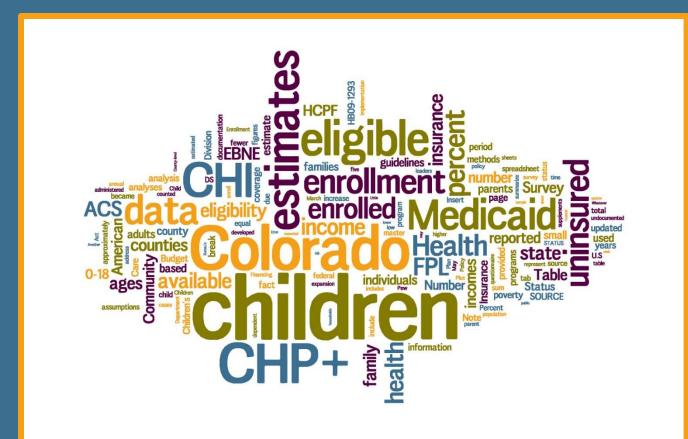




EBNE Children by English Language Proficiency



SOURCE: CHI analysis of the 2011 American Community Survey





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Comparison of Uninsured Numbers and Rates

Uninsured estimates for children 0-18 years from four sources, Colorado, 2008-2011

	2008	2009	2010	2011
ACS	13.3%	10.4%	10.3%	9.8%
CHS (Ages 0-14)	8.2%	8.7%	5.1%	
CPS	12.5%		8.7%	
COHS/CHAS		7.9%		8.2%

	2008	2009	2010	2011
ACS	166,683	132,325	132,055	125,015
CPS	158,034		115,007	
COHS/CHAS		105,082		112,200

Source: CHI analysis of the American Community Survey (ACS), 2008-09 Colorado Household Survey (COHS) and 2011 CHAS; CDPHE analysis of Child Health Survey (CHS); and U.S. Census Bureau data from Current Population Survey (CPS). CPS reflects two-year averages covering CY2007-08 and CY2009-10.

