

# Colorado’s Eligible but Not Enrolled Population Holding Steady

Rapid Enrollment Following ACA Expansion Begins to Slow

**JUNE 2018**

## 2016 UPDATE METHODOLOGY

*This document describes the methods used by the Colorado Health Institute (CHI) to develop estimates of health insurance coverage of Colorado’s children and working-age adults for 2016. It accompanies the brief, “Colorado’s Eligible but Not Enrolled Population Holding Steady” and the associated data tables and maps. All materials are available on our website at [coloradohealthinstitute.org](http://coloradohealthinstitute.org).*

### Estimates of Coloradans Who Are Eligible for Medicaid, CHP+ or Tax Credits

The eligible population is the sum of those enrolled in Medicaid, Child Health Plan Plus (CHP+) or an exchange plan using the advanced premium tax

credits (APTC) and those uninsured residents who are eligible for one of these insurance assistance programs but not enrolled (EBNE).

Eligibility for Medicaid, CHP+ and APTCs is based on age, income and residency status. We defined children as ages 0-18 years, and adults as 19-64 years. These criteria are summarized below:

Qualifying Category	Eligible For
Children under 148% FPL (citizen or legal resident)	Medicaid
Adults under 139% FPL (citizen or legal resident for 5+ years)	
Children 148 – 265% FPL (citizen or legal resident)	CHP+
Children under 266 – 400% FPL (citizen or legal resident)	APTC
Adults under 139% FPL (non-citizen legal resident for < 5 years)	
Adults 139 – 400% FPL (citizen or legal resident)	

## Enrollment Data for Medicaid, CHP+ and APTCs

The Budget Division of the Colorado Department of Health Care Policy and Financing (HCPF) provided state and county Medicaid and CHP+ enrollment figures.

CHI used the average monthly enrollment for the calendar year being analyzed — in this case, January through December 2016. HCPF does not release data for counties with fewer than 30 enrollees. Therefore, the sum of enrollees by county or Regional Care Collaborative Organization (RCCO) will not equal the state enrollment totals.

The reported enrollment in the CHP+ program includes only children. Adult prenatal CHP+ enrollment is not estimated in this analysis because pregnancy status is not available in data from the American Community Survey (ACS). Adult prenatal CHP+ enrollment represents only one percent of total CHP+ enrollment.

Advanced Premium Tax Credit (APTC) enrollment data were provided by Connect for Health Colorado.

The Affordable Care Act (ACA) initiated or expanded other programs that are not measured in this analysis, including the pediatric dental benefit for Medicaid and CHP+ members and the cost sharing reduction benefit for certain marketplace plans.

## Eligible But Not Enrolled (EBNE) Estimates

Estimates of the eligible but uninsured (referred to as the eligible but not enrolled) population come from the U.S. Census Bureau's 2016 American Community Survey (ACS). The ACS in Colorado is an annual stratified random sample survey of approximately 55,000 individuals from 20,000 households. Data are weighted to represent the state population as well as geographic subregions within Colorado.

CHI applied a method developed by the University of Missouri to apportion the ACS regions and yield county-level estimates.

An adult was counted as uninsured if he or she reported no type of health insurance when the

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

Eligibility is based on family income as a percentage of the federal poverty level (FPL). In order to calculate the ratio of annual family income to federal poverty guidelines, CHI developed a method to identify and calculate nuclear family income for families living in households with other related families. This approach more closely approximates eligibility determination guidelines. These analyses are limited to Coloradans for whom ACS income data were collected. Income and poverty data are not available for foster children or for people living in prisons, nursing homes, mental hospitals, college dormitories or military quarters.

## Citizenship and Documentation Status

The ACS contains variables on citizenship but not on whether a person has legal documentation status. CHI updated its method for estimating undocumented immigrants in Colorado in December 2015. The updated method is based on a Pew Hispanic Center report describing the characteristics of the undocumented immigrant population in the U.S. CHI created a logistic regression model of the likelihood that a non-citizen was an undocumented immigrant based on these characteristics.

For example, Pew's 2006 report estimated that 49 percent of undocumented immigrants in the United States are adult men, compared with 44 percent of non-citizens who have legal documentation. Therefore, CHI estimated a non-citizen was 12.5 percent more likely to lack legal documentation if he is an adult male — the difference between 49 percent and 44 percent. The full model was based on age, sex, employment status and country of origin.

## Offer of Affordable Employer-Sponsored Insurance

To qualify for APTCs, an applicant must show that he or she does not have an offer of affordable employer-sponsored insurance. The ACS does not include a variable that indicates whether this

is the case, so estimates from the 2015 Medical Expenditure Panel Survey (MEPS) and Colorado Health Access Survey (CHAS) were used instead.

According to this approach, 49 percent of children and 15 percent of adults who would otherwise be eligible for the APTCs were offered affordable employer-sponsored insurance. CHI assumed those ratios applied to all counties and demographic groups to estimate a true count of the APTC-eligible populations.

In 2016, the ACA considered employer-sponsored insurance unaffordable if premiums cost more than 9.7 percent of household income.

## Demographic Breakdowns

Breakdowns by FPL, race/ethnicity and age are all based on characteristics from the ACS.

## For More Information

CHI welcomes the opportunity to discuss any questions or provide additional information about the methods, data sources and assumptions. Please contact Emily Johnson, Associate Director of Economic Analysis, at [johnsone@coloradohealthinstitute.org](mailto:johnsone@coloradohealthinstitute.org)

## Sources

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