



How Many Uninsured Adults are Eligible for Medicaid?

The number of Colorado adults who are eligible for Medicaid has soared, reflecting sweeping changes in state and federal health policy.

Colorado and 26 other states opted in 2013 to expand Medicaid eligibility for adults as part of the Affordable Care Act. This means that many adults without

dependent children (AwDCs) became eligible for Medicaid for the first time. And thousands of low-income parents gained eligibility because the income limit was raised from 100 percent to 138 percent of the federal poverty level (FPL).

In 2014, **138 percent** of poverty meant a family income at or below \$32,913 for a family of four.

The changes went into effect January 1, 2014. The result: Nearly 210,000 uninsured Colorado adults became newly eligible for Medicaid.

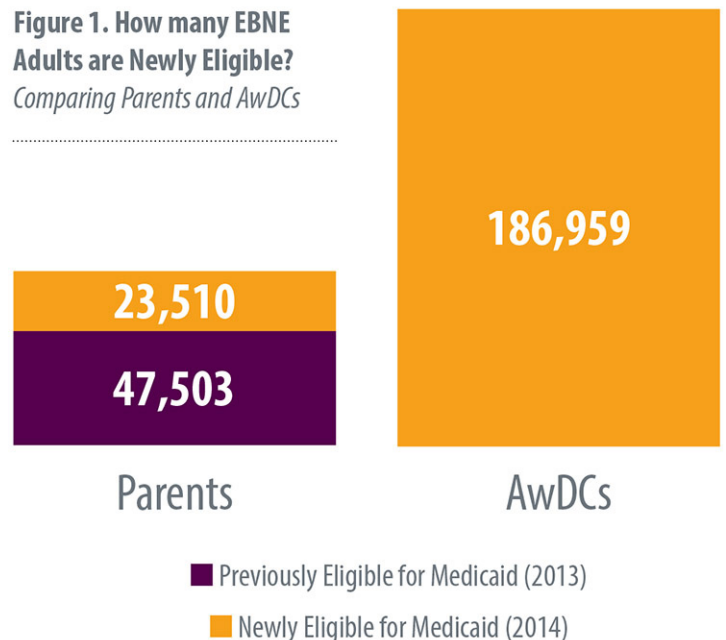
The Colorado Health Institute (CHI) monitors the impact of health policies on the number of Coloradans who are uninsured – particularly those who are eligible for but not enrolled (EBNE) in public insurance programs. So we set out to estimate the number of adults who were EBNE in Medicaid at the *start* of the expansion. It is important to note that many adults – about 100,000 – have since enrolled in Medicaid.¹

CHI estimates that approximately 258,000 adults were EBNE in public insurance on “day one” of the Medicaid expansion, based on 2012 American Community Survey (ACS) data. These included the newly eligible as well as people who were already eligible but hadn’t enrolled.

The number of EBNE adults shot up from 47,000 to 258,000 when comparing last year’s EBNE analysis. Of the 258,000 EBNE adults as of January 1, 2014, approximately 187,000 were AwDCs and the other 71,000 were parents.



Figure 1. How many EBNE Adults are Newly Eligible?
Comparing Parents and AwDCs



¹ The Colorado Department of Health Care Policy and Financing. Medicaid Client Caseload by County Reports. (January – May 2014).

Comparing Parents and Adults Without Dependent Children Who Are Eligible But Not Enrolled (EBNE) in Medicaid

CHI, using the most current data available, analyzed the characteristics of Colorado's adult EBNE population at the start of expansion implementation. This gives us baseline data to measure the impact of the policy changes, as well as providing information for those charged with reaching and enrolling the newly eligible.

• *Employment*

About 60 percent of parents were employed, compared to approximately half of AwDCs. Likewise, AwDCs were more likely to be unemployed.



• *Education*

Overall, EBNE adults were less likely to have a high school or college degree compared to the general population. Parents were about twice as likely to lack a high school diploma or equivalent (29.4 percent) as AwDCs (15.6 percent). They were also less likely to have a college degree.

• *Language Status*

There was a noticeable difference between parents and AwDCs related to the percentage who speak Spanish at home. Forty percent of parents reported speaking Spanish at home compared to 17 percent of AwDCs.

• *Reasons for Being Uninsured*

The Colorado Health Access Survey (CHAS) allows us to take the EBNE analysis a step further because it asks uninsured Coloradans to report their reasons for not having health insurance. Respondents were able to choose all reasons that applied.

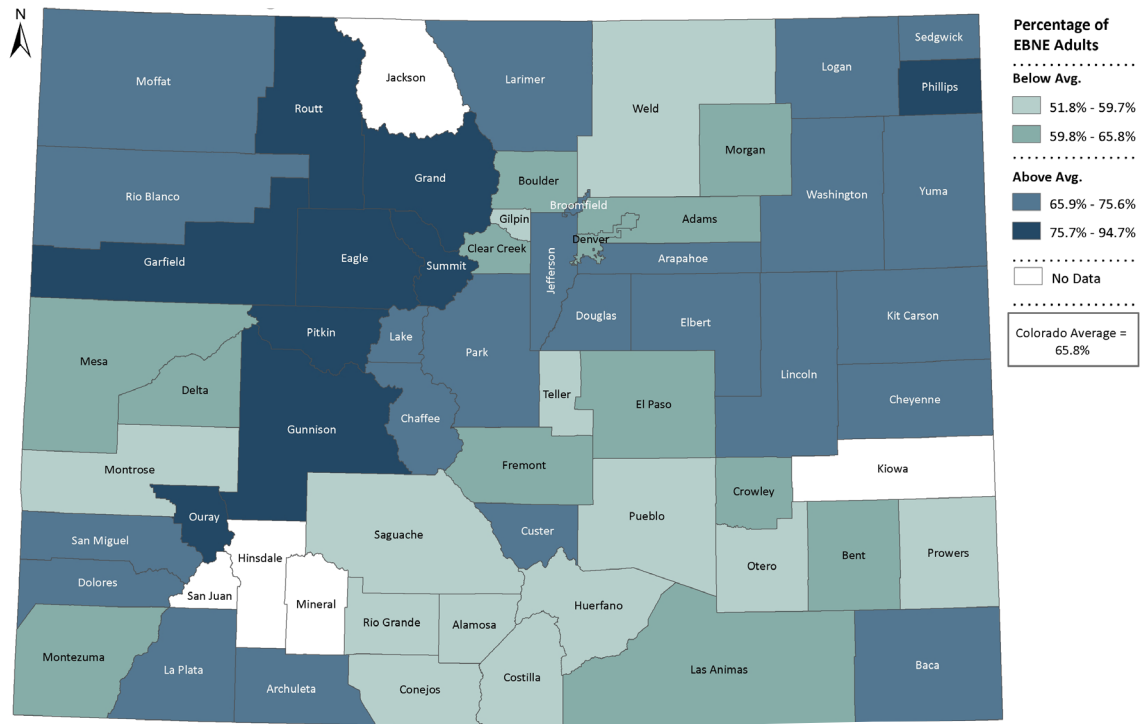
- **Cost:** High cost ranked as the most common reason for being uninsured among parents and AwDCs, with 88.5 percent of parents citing this reason and 78.4 percent of AwDCs.
- **Don't Know How To Get Insurance:** An estimated 23.0 percent of parents and 22.4 percent of AwDCs said they did not know how to get health insurance.
- **Don't Need Health Insurance:** Parents reported not needing health insurance more frequently than AwDCs (32.1 percent compared to 24.1 percent).
- **Lost Eligibility for Public Insurance:** More than 40 percent of parents reported that they were not insured because they lost eligibility for public insurance compared to 12.4 percent of AwDCs. This could be a result of a life event – such as a change in income.

• *Geography*

Characteristics of the adult EBNE population vary significantly across Colorado, according to the data.

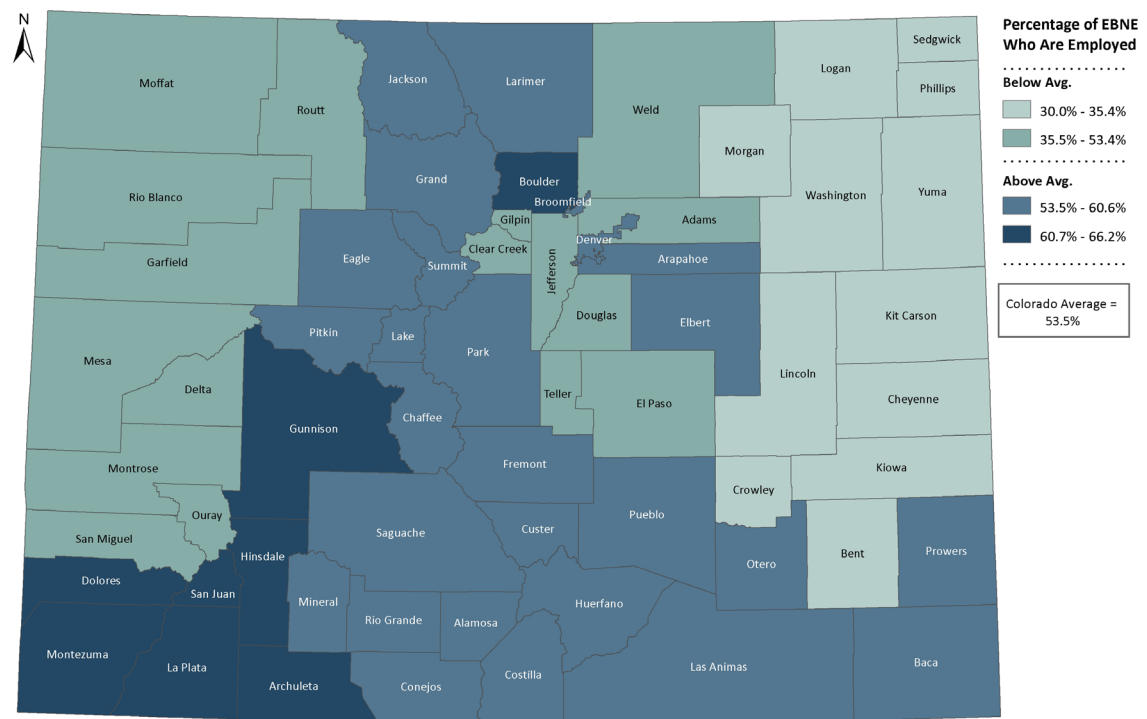
Map 1: Percentage of Uninsured Adults Who are Eligible But Not Enrolled (EBNE) in Medicaid, 2012

- While the highest numbers of EBNE adults are found along the Front Range, the highest percentages are in the mountain resort communities. Pitkin County has the highest percentage of EBNE adults at 94.6 percent – or an estimated 765 Pitkin County residents. NOTE: Keep in mind, these EBNE estimates use 2012 ACS data and represent the EBNE population at the start of January 2014.



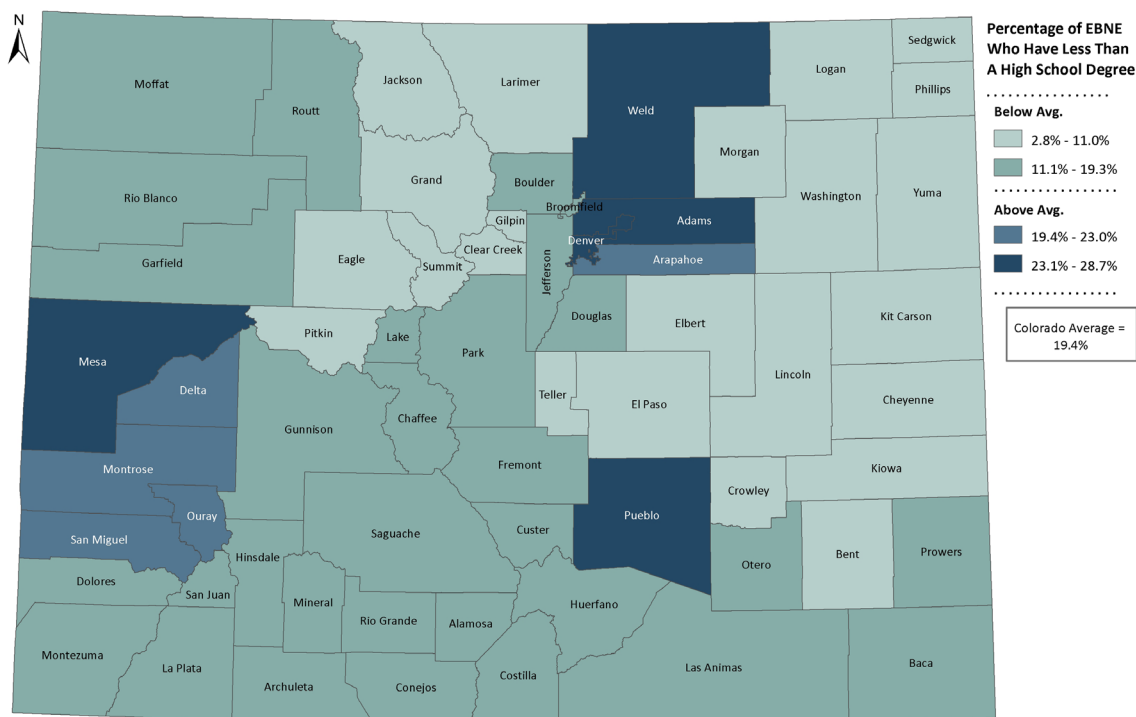
Map 2: Percentage of Uninsured Adults Who Are Eligible For But Not Enrolled (EBNE) in Medicaid And Who Are Employed, 2012

- EBNE adults in the southwestern part of the state are more likely to be employed than those in other regions. Two of three (66.2 percent) EBNE adults in Gunnison, Hinsdale, San Juan, Dolores, Montezuma, La Plata and Archuleta counties are employed compared to the state EBNE average of 53.5 percent. Employers in this region may not be offering employer-sponsored insurance as frequently as employers in other parts of the state.



Map 3: Percentage of Uninsured Adults (Between Ages 19 and 64) Who Are Eligible For But Not Enrolled (EBNE) in Medicaid Who Have Less Than a High School Degree, 2012

- High rates of EBNE adults who haven't graduated from high school are found in various pockets around the state, including Mesa, Weld, Adams, Denver and Pueblo counties. Nearly three of 10 (28.7 percent) EBNE adults in Mesa County did not graduate from high school, the highest rate in the state.



Thinking Ahead

The EBNE estimates in this brief provide important baseline data that will help us quantify the impact of the Medicaid expansion and track how it affects populations differently across Colorado. Understanding where there are high concentrations of people who are eligible but not enrolled, and whether patterns change over time, can inform future policy discussions as well as targeted strategies for outreach workers, insurance companies and advocacy groups.

Would you like the numbers behind these maps?

CHI analyzed the 2012 American Community Survey and enrollment data from the Colorado Department of Health Care Policy and Financing to develop these estimates. For more information on how the estimates were derived or to view the more detailed companion piece, *Health Insurance Status of Colorado Adults: Data Supplement*, please visit coloradohealthinstitute.org.

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Photos by Brian Clark



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