ANNUAL INSURANCE UPDATE 2017
Health Insurance in Kansas

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Acknowledgments
The authors thank Linda Sheppard, J.D., KHI senior analyst and strategy team leader, for her contributions to the report.
The American Community Survey Data Source

The ACS is an ongoing nationwide survey sent to approximately 250,000 addresses per month. The survey form is followed with an in-person interview for a smaller number of households. Survey respondents are asked if they have health insurance coverage at the time they are surveyed or interviewed. The survey results, therefore, represent "point-in-time" coverage for a large sample of individuals throughout the year. The 2015 ACS sample of noninstitutionalized individuals—persons not living in institutions such as correctional facilities or state hospitals—included 28,465 Kansas households.1

The ACS provides reliable, single-year estimates of health insurance coverage, which are available due to the large sample size of the ACS in Kansas. One year of ACS data can be used to generate estimates for counties or cities with populations of 65,000 or more. Three years of data can be combined to generate estimates for counties or cities with populations of 20,000 or more. The ACS started including basic health insurance questions in 2008. In addition, the ACS Public Use Microdata Sample (PUMS) data set—also used for this report—provides a more detailed analysis of health insurance status by several demographic characteristics at the state level. The 2015 PUMS sample included 27,987 noninstitutionalized Kansans.

Because ACS respondents can report more than one type of insurance for the calendar year, KHI used a standard hierarchy to assign health insurance status. At the top of the hierarchy was Medicaid, followed by Medicare, employment-based insurance, Military/TRICARE, other public and other private. Private insurance includes health insurance provided through the military or for veterans. Individuals that mention the Indian Health Service (IHS) as their only source of insurance are included in the uninsured category. This report considers Military/TRICARE coverage as private insurance, consistent with how the ACS defines this type of insurance. Other private insurance includes direct purchase of health insurance coverage either on or off the federally facilitated marketplace for Kansas.

This report uses the American Community Survey (ACS), conducted by the U.S. Census Bureau, as the primary data source for information about the health insurance status of Kansans. The latest available data from the ACS is for year 2015. The 2015 ACS data reflect the second full year of implementation of the Affordable Care Act (ACA). Examining how insurance coverage in Kansas has changed since the passage of the ACA in 2010 provides some insight into how the economy, job market and changes in federal and state health policy affect coverage.

After providing an overview of major findings, the report examines sources and trends of health insurance coverage in Kansas and the relationship between insurance coverage and demographics (e.g., family income and race/ethnicity). Kansans age 65+ are eligible for public insurance; therefore, detailed analysis in this report focuses on Kansas adults age 19 to 64 and Kansas children age 0 to 18. This report is divided into three groups: All Kansans; Kansas adults, Age 19–64; and Kansas children, Age 0–18.

This Annual Insurance Update highlights how the ACA impacted health insurance coverage in Kansas in 2015 and the Kansans who remain uninsured.

About this Report

The 2017 Annual Insurance Update provides an overview of health insurance coverage in 2015 for the state of Kansas and further examines sources and trends of health insurance coverage. As state and federal efforts to reform the health care system continue, this report also provides detailed information on Kansans who remain uninsured. This report is intended to help policymakers, consumers and other stakeholders understand the many factors influencing health insurance coverage rates and trends in Kansas.

This report uses the American Community Survey (ACS), conducted by the U.S. Census Bureau, as the primary data source for information about the health insurance status of Kansans. The latest available data from the ACS is for year 2015. The 2015 ACS data reflect the second full year of implementation of the Affordable Care Act (ACA). Examining how insurance coverage in Kansas has changed since the passage of the ACA in 2010 provides some insight into how the economy, job market and changes in federal and state health policy affect coverage.

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### Key Findings on Health Insurance Coverage, 2015

#### ALL KANSANS

The uninsured rates in both Kansas and the U.S. dropped to under 10 percent in 2015. An estimated 263,975 (9.2 percent) Kansans did not have health insurance coverage in 2015.

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<tr>
<td></td>
<td>– The decrease in the uninsured rate for all Kansans could be, in part, due to a significant increase in private coverage—including employer, Military/TRICARE or other private coverage such as direct purchase on or off the marketplace.</td>
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<td></td>
<td>– Approximately 2.6 million (almost 91 percent) Kansans had health insurance coverage in 2015 through private and public sources.</td>
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<td>– More than half (53.3 percent or 1.53 million) of all Kansans are covered through employment-based health insurance, and over one quarter (27.4 percent or 786,353) of Kansans are covered through public health insurance programs like Medicare, Medicaid or the Children’s Health Insurance Program (CHIP).</td>
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<td>– More Kansans have a marketplace plan than in the previous year (85,490 Kansans for plan year 2015 compared to 49,502 for plan year 2014).</td>
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<td></td>
<td>– Almost all (97.3 percent) Kansans age 65 and older have public health insurance including Medicare, Medicaid or Veterans Affairs.</td>
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<th>AGE</th>
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<td></td>
<td>– Kansas adults age 19–44 make up more than half of the uninsured in the state (58.7 percent or 154,832).</td>
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<td></td>
<td>– The high uninsured rate among Kansas adults age 26–34 may be due to a period without insurance for young adults aging off their parents' policies at age 26.</td>
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### Key Findings on Health Insurance Coverage, 2015

<table>
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<th>ALL KANSANS</th>
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<td><strong>FAMILY INCOME</strong></td>
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<td>— More than seven in 10 (70.7 percent or 184,703) uninsured Kansans have</td>
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<td>family incomes above the poverty line. This has increased from the</td>
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<td>previous year (67.5 percent in 2014).</td>
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<td>— One in five (20.9 percent) Kansans with family incomes below 100 percent</td>
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<td>of the federal poverty level (FPL) are uninsured.</td>
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<td><strong>RACE/ETHNICITY</strong></td>
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<td>— There was a significant decrease in the uninsured rate for White, non-</td>
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<td>Hispanic Kansans (6.3 percent in 2015 compared to 7.9 percent in 2014).</td>
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<td>— However, uninsured rates for Kansans belonging to a racial or ethnic</td>
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<td>minority group did not change significantly and those Kansans continue</td>
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<td>to have higher uninsured rates than White, non-Hispanics.</td>
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The uninsured rate for Kansas adults age 19–64 decreased by nearly two percentage points (13.0 percent in 2015 compared to 14.8 percent in 2014).

### SOURCES OF COVERAGE

- Nearly two-thirds (64.7 percent or 1.1 million) of Kansas adults age 19–64 have employment-based coverage.
- Less than 10 percent (9.6 percent or 163,596) of Kansas adults have public insurance.

### EMPLOYMENT

- More than three in four (76.0 percent or 168,640) uninsured Kansas adults age 19–64 are working.
- Kansas adults with full-time, part-year jobs have the highest uninsured rate (20.0 percent) when compared to other employed or unemployed Kansas adults.

### FAMILY INCOME

- An estimated 158,234 (71.9 percent) uninsured Kansas adults age 19–64 have family incomes above 100 percent of FPL ($24,250 for a family of four in 2015).

### RACE/ETHNICITY

- Among Kansas adults age 19–64, White, non-Hispanics have the lowest uninsured rate (9.0 percent).
- One in three (35.4 percent) Hispanic Kansas adults are uninsured.
- One in five (20.6 percent) Black/African American, non-Hispanic Kansas adults are uninsured.
# Key Findings on Health Insurance Coverage, 2015

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The uninsured rate for Kansas children age 0–18 did not significantly improve from 2014 to 2015 (5.5 percent in 2015 compared to 6.4 percent in 2014). The uninsured rate for Kansas children in 2015 was similar to the U.S. rate (5.1 percent).

### SOURCES OF COVERAGE

- More than half (55.1 percent or 417,914) of Kansas children age 0–18 are covered by employment-based insurance, typically through a parent’s employer.

- A significantly lower proportion of Kansas children were enrolled in public coverage such as Medicaid or CHIP in 2015 compared to 2014 (29.9 percent and 32.4 percent, respectively).

### FAMILY INCOME

- Nearly two out of three (64.1 percent or 25,751) uninsured Kansas children age 0–18 live in families that earn more than 100 percent of FPL.

- Kansas children living in families earning less than 100 percent of FPL have the highest uninsured rate (11.1 percent).

- Two out of three (69.5 percent) uninsured Kansas children are currently eligible for Medicaid or CHIP but not enrolled. Another 15.1 percent of uninsured Kansas children may qualify for financial assistance for a marketplace plan.

### RACE/ETHNICITY

- Among Kansas children age 0–18, White, non-Hispanics have the lowest uninsured rate (3.9 percent).

- Kansas children belonging to a racial or ethnic minority group continue to have higher uninsured rates than White, non-Hispanic Kansas children. Among Black/African American, non-Hispanic Kansas children, the uninsured rate is 10.5 percent; among those who are Hispanic, any race, the uninsured rate is 9.3 percent.
**Sources of Insurance Coverage**

In 2015—for the first time—the uninsured rate for all Kansans fell below 10 percent (9.2 percent) (Figure 1). Prior to the full implementation of the ACA in 2014, the uninsured rates in Kansas remained about the same (from 2009–2013) and were statistically lower than the uninsured rates for the U.S. However, between 2013 and 2015, the uninsured rate decreased significantly in both Kansas and the U.S. Then, in 2015, there was no statistical difference between the Kansas and U.S. uninsured rates. Thus, the gap between Kansas and the U.S. uninsured rates has narrowed. This may be attributed to factors such as Kansas not expanding Medicaid under the ACA or the uninsured rates for minority Kansans not improving from...  

**Why are some Kansans still uninsured?**

- Affordability may be a barrier regardless of financial assistance on the Kansas marketplace.
- Some Kansans may have lost coverage due to a life-changing event, such as a job loss.
- Some Kansans may not know how to get health insurance coverage. They may not know they are eligible, or may not know how to complete the paperwork.
- A number of Kansans may not have sought health insurance coverage due to factors such as good health status or disinterest in government aid.
- Some Kansans may be ideologically opposed to health insurance or the ACA.
- Kansas chose not to expand Medicaid. Therefore, as shown in the infographic on page 22, 52,020 uninsured Kansas adults age 19-64 fall into the “eligibility gap,” meaning they do not qualify for Medicaid but also do not earn enough to qualify for financial assistance on the federally facilitated marketplace.
Notably, the uninsured rate in 2015 for Kansas children age 0–18 did not change significantly (5.5 percent in 2015 compared to 6.4 percent in 2014). This uninsured rate also was not significantly different than the rate for U.S. children of 5.1 in 2015. However, the uninsured rate for U.S. children did significantly improve (5.1 percent in 2015 compared to 6.3 percent in 2014).

Nearly two-thirds (63.4 percent) of Kansans are covered through private insurance,² mostly through employment-based coverage (53.3 percent) but also through Military/TRICARE (2.3 percent) and other private insurance (7.8 percent) purchased directly from insurance companies, either on or off the marketplace for Kansas (Figure 2).³ More Kansans enrolled in a marketplace plan than in the previous year (85,490 in 2015 compared to 49,502 in 2014). Public health insurance—including Medicare, Medicaid and CHIP—covers 27.4 percent (786,353) of Kansans.⁴

Nearly all Kansans age 65 and older (97.3 percent) have public health insurance: 88.0 percent have Medicare coverage and an additional 9.2 percent have combined coverage through both Medicare and Medicaid. Some (2.2 percent) older Kansans have employment-based coverage alone (instead of Medicare), as shown in Figure 3. There were 882 older Kansans (0.2 percent) who did not have health insurance in 2015, but were likely eligible for Medicare. Because essentially all older Kansans are insured, the analysis in this report focuses on Kansas adults age 19–64 and Kansas children age 0–18.
For Kansans, several trends in health insurance coverage emerged between 2009 and 2015 (Figure 4).

- The decrease in the uninsured rate for all Kansans could be, in part, due to a significant increase in private coverage—including employment-based and Military/TRICARE or other private coverage such as direct purchase on or off the marketplace.
- In 2014, there was a significant increase in public insurance coverage (28.5 percent in 2014 versus 27.3 percent in 2013). However, in 2015, there was no significant change in the proportion of Kansans with public insurance—27.9 percent in 2015 compared to 28.5 percent in 2014.

**Figure 4. All Kansans: Trends in Sources of Health Insurance Coverage, 2009–2015**

Note: These estimates include respondents who reported multiple forms of insurance and may not sum to 100 percent, nor match the percentages on Figure 2, page 7. Military/TRICARE coverage is included in employment-based coverage.

Source: KHI analysis of data from the U.S. Census Bureau’s 2009–2015 American Community Survey Public Use Microdata Samples.
Adults age 19–44 make up more than half of the uninsured in Kansas (58.7 percent or 154,832). Kansas children age 0–18 make up a smaller percentage of uninsured Kansans (15.7 percent or 41,349) (Figure 5).

The high uninsured rate among Kansas adults age 26–34 may be due to young adults aging off their parents’ policies at age 26. The uninsured rate for Kansas adults age 19–25 continues to be much higher than the uninsured rate for Kansas children age 6–18. This may be attributed to children aging off Medicaid or CHIP, and Kansas not expanding Medicaid to adults age 19–64.
Young Adults, Age 19–25

Prior to the implementation of the ACA in 2010, Kansas adults age 19–25 had the highest uninsured rates. The uninsured rate for this age group has declined significantly since 2009 (16.3 percent in 2015 compared to 24.6 percent in 2009) (Figure 7). This may be due to the insurance expansion provision of the ACA which allows young adults to stay on their parents’ insurance plans until age 26. However, there was no significant difference in uninsured rates in 2015 from the previous year. This may indicate that the uninsured rate for this age group has leveled off.

Since 2009, there has been a significant increase in employment-based coverage for Kansas adults age 19–25 (65.3 percent in 2015 compared to 56.4 percent in 2009) and a significant increase in other private insurance since 2013 (16.0 percent in 2015 compared to 11.8 percent in 2013). Attracting more young adults to the Kansas marketplace and expanding Medicaid could help continue to bring uninsured rates down for this age group.

Figure 7. Young Kansas Adults Age 19–25: Trends in Sources of Coverage, 2009–2015

Note: These percentages include respondents who reported multiple forms of insurance and may not sum to 100 percent. Military/TRICARE coverage is included in employment-based coverage.

Source: KHI analysis of data from the U.S. Census Bureau’s 2009–2015 American Community Survey Public Use Microdata Samples.

The percentage of uninsured young adults in Kansas declined from 24.6% in 2009 to 16.3% in 2015.
7 in 10 uninsured Kansans have incomes above the poverty line.

Family Income

More than half (57.0 percent) of uninsured Kansans have family incomes between 100 and 400 percent of FPL (Figure 8). Under the ACA, these Kansans may be eligible to receive financial assistance in the form of premium tax credits to help them pay for health insurance coverage on the marketplace.

One in five (20.9 percent) Kansans with family incomes below 100 percent of FPL are uninsured. In contrast, the uninsured rate is only 3.4 percent for Kansans with family incomes greater than 400 percent of FPL (Figure 9).

Note: Uninsured Kansans with poverty information = 261,225. Percentages may not sum to 100 percent because of rounding.

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.
**Race/Ethnicity**

White, non-Hispanic Kansans make up more than half of uninsured Kansans (52.4 percent or 138,352) (Figure 10).

There was a significant decrease in the uninsured rate for White, non-Hispanic Kansans (6.3 percent in 2015 compared to 7.9 percent in 2014) (Figure 11). However, uninsured rates for Kansans belonging to a racial or ethnic minority group did not change significantly. Nationally, decreases in the uninsured rate have been seen across all racial and ethnic populations.

In 2015, Kansans who were Hispanic, any race, were 3.7 times more likely to be uninsured than White, non-Hispanics. Black/African American, non-Hispanic Kansans were 2.5 times more likely than White, non-Hispanics to be uninsured.

**Figure 10. All Uninsured Kansans: Percentage of Uninsured by Race/Ethnicity, 2015**

- Other/Multiple Races, Non-Hispanic: 8.2%
- Black/African American, Non-Hispanic: 9.8%
- Hispanic, Any Race: 29.6%
- White, Non-Hispanic: 52.4%

Note: Uninsured Kansans = 263,975. Percentages may not sum to 100 percent because of rounding. The Racial/Ethnic Group “Other/Multiple Races, non-Hispanic” includes the following: American Indian alone, Alaska Native alone, American Indian and Alaska Native tribes specified; or American Indian or Alaska Native, Not Specified and No Other Races, Asian alone, Native Hawaiian and Other Pacific Islander alone, Some Other Race alone and/or Two or More Races.

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.

**Figure 11. All Kansans: Uninsured Rates by Race/Ethnicity, 2015**

- White, Non-Hispanic: 6.3%
- Hispanic, Any Race: 23.5%
- Black/African American, Non-Hispanic: 15.8%
- Other/Multiple Races, Non-Hispanic: 12.0%
- All Kansans: 9.2%

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.
Kansas Adults
Sources of Insurance Coverage

An estimated 13.0 percent of Kansas adults age 19–64 were uninsured in 2015. This was a significant decrease from the previous year (14.8 percent in 2014). Employers are the largest source of private insurance coverage for Kansas adults under age 65, with almost two-thirds (64.7 percent or 1.1 million) of this group covered by employment-based coverage. Additionally, 10.2 percent (174,185) of Kansas adults age 19–64 had other private insurance that they purchased directly from insurance companies—including insurance purchased on the marketplace for Kansas. About one in ten (9.6 percent) Kansas adults had public insurance in 2015 (Figure 12).\(^7\)

**Figure 12. Kansas Adults, Age 19–64: Sources of Health Insurance, 2015**

Note: All Kansas adults, age 19–64 (not in institutions such as correctional facilities or state hospitals) = 1,705,091. Percentages may not sum to 100 percent because of rounding. "Other Private" is coverage directly purchased by individuals, and includes those covered by insurance purchased on the Kansas marketplace established by the ACA. "Military/TRICARE" coverage is considered private insurance.

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.

Nearly 2 in 3
Kansas adults are covered by employment-based health insurance.
For Kansas adults age 19–64, several trends in health insurance coverage have emerged (Figure 13).

- The uninsured rate for Kansas adults age 19–64 declined significantly to 13.0 percent in 2015 from 17.0 percent in 2009.
- Since 2009, other private coverage has significantly increased, from 11.1 percent to 13.6 percent in 2015.

Figure 13. Kansas Adults, Age 19–64: Trends in Sources of Coverage, 2009–2015

Note: These percentages include respondents who reported multiple forms of insurance and may not sum to 100 percent, nor match the percentages on Figure 12, page 14. Military/TRICARE coverage is included in employment-based coverage.

Source: KHI analysis of data from the U.S. Census Bureau’s 2009–2015 American Community Survey Public Use Microdata Samples.
Employment

While employment makes a person more likely to be insured, affordability is still a concern. Three out of four uninsured Kansas adults age 19–64 (76.0 percent or 168,640) are working, and 53.7 percent are employed full-time for at least part of the year (Figure 14).

Whether Kansas adults age 19–64 obtain health insurance through employment may depend upon one or more factors, including:

- Whether the employer offers health insurance to any or all employees;
- Whether the employee is eligible for employment-based health insurance (e.g., part-time employees may not qualify for coverage);
- Whether the employee can afford the health insurance offered by the employer; and
- Whether the employee views health insurance as a valuable benefit and chooses to participate in the employer’s health plan.

Figure 14. Uninsured Kansas Adults, Age 19–64: Percentage of Uninsured by Employment Status, 2015

Figure 15. Kansas Adults, Age 19–64: Uninsured Rates by Employment Status, 2015

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.
Kansas adults age 19–64 with either part-year or part-time jobs had higher uninsured rates compared to those who work full-time, year-round (Figure 15, page 16).

Nearly two out of three uninsured Kansas adults age 19–64 (63.0 percent or 139,755) work for private employers (Figure 16). Those who are employed by a government agency have the lowest uninsured rate (3.5 percent) as compared to other types of employers (Figure 17).

More than 1/2 of uninsured Kansas adults work full-time, at least part of the year.
Family Income

More than one in four uninsured Kansas adults age 19–64 have family incomes less than 100 percent of FPL (Figure 18). Based on income, more than half (58.0 percent) of uninsured Kansas adults could be eligible for financial assistance to purchase coverage on the federally facilitated health insurance marketplace.8

Kansas adults age 19–64 with family incomes below 100 percent of FPL ($24,250 for a family of four in 2015) have the highest uninsured rate (29.9 percent) when compared to adults at other income levels (Figure 19).

Figure 18. Uninsured Kansas Adults, Age 19–64: Percentage of Uninsured by Poverty Category, 2015

Note: Uninsured Kansas adults, age 19–64, with poverty information = 220,168. Percentages may not sum to 100 percent because of rounding.
Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.

Figure 19. Kansas Adults, Age 19–64: Uninsured Rates by Poverty Category, 2015

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.
Coverage trends for Kansas adults age 19–64 with family incomes below 100 percent of FPL include (Figure 20):

- The uninsured rate has declined significantly to 29.9 percent in 2015 from 42.2 percent in 2009;
- Other private insurance coverage was relatively flat for several years, then increased significantly to 17.6 percent in 2015 from 10.7 percent in 2013;
- Employment-based coverage has fluctuated since 2009, but increased significantly to 29.0 percent in 2015 from 24.2 percent in 2013; and
- Public insurance coverage did not significantly change between 2015 and 2014 (29.7 percent compared to 29.0 percent, respectively).

Figure 20. Kansas Adults, Age 19–64, with Family Incomes Less than 100 Percent of FPL: Trends in Sources of Coverage, 2009–2015

Note: These percentages include respondents who reported multiple forms of insurance and percentages may not sum to 100 percent. Military/TRICARE coverage is included in employment-based coverage.

Source: KHI analysis of data from the U.S. Census Bureau’s 2009–2015 American Community Survey Public Use Microdata Samples.

Medicaid Expansion

To date, Kansas has decided not to expand Medicaid to adults age 19–64 making up to 138 percent of the federal poverty level. There are 80,021 uninsured Kansas adults age 19–64 who would have become eligible for Medicaid if Kansas had expanded its program. In addition, 9,914 are already eligible for Medicaid under existing guidelines but not enrolled. And 28,001 qualify for subsidies on the marketplace. Targeted outreach efforts may encourage eligible Kansans to enroll in a marketplace plan or Medicaid.
Race/Ethnicity

White, non-Hispanic Kansas adults age 19–64 make up more than half of uninsured adults in the state (53.2 percent or 117,877) (Figure 21).

The uninsured rate for White, non-Hispanic Kansas adults age 19–64 significantly decreased to 9.0 percent in 2015 from 11.3 percent in 2014. Kansans belonging to a racial or ethnic minority group did not have significant changes in their uninsured rates from 2014, and continue to have higher uninsured rates than White, non-Hispanics (Figure 22):

- One in three (35.4 percent) Hispanic Kansas adults age 19–64 are uninsured;
- One in five (20.6 percent) Black/African American, non-Hispanic Kansas adults age 19–64 are uninsured; and
- Other/Multiple Races, non-Hispanic Kansas adults age 19–64 have an uninsured rate of 17.2 percent.

Continued on page 25.
Infographic Pullout
HEALTH INSURANCE IN KANSAS 2015: WHO’S COVERED?

PRIVATE COVERAGE 1,819,835

1,530,178 Employment-Based
66,283 Military/TRICARE
223,374 Other Private

Includes 85,490 Kansans with a marketplace plan.

PUBLIC COVERAGE 263,975

391,405 Medicare
69,083 Medicaid/CHIP
11,781 Other Public

CHILDREN (0–18) 41,349
(Family income not available for 1,174 children)

<244% FPL 28,755
Currently eligible for Medicaid/CHIP.

≥244% FPL 11,420
Not eligible for Medicaid/CHIP.

>244–400% FPL 6,227
Qualify for subsidies on the marketplace.

>400% FPL 5,193
Could purchase a marketplace plan without subsidies.

ADULTS 221,744
(Family income not available for 1,576 adults)

<100% FPL 61,934

100–400% FPL 127,771

100–138% FPL 28,001
Qualify for subsidies on the marketplace. Would qualify for Medicaid if expanded.

≥38–<100% FPL 19,014

<38% FPL 9,914
Currently eligible for Medicaid.

<100% FPL Childless Adults 33,006
Do not qualify for Medicaid or subsidies on the marketplace. Would qualify for Medicaid if expanded.

<100% FPL Parents 28,928

<244% FPL 11,420
Not eligible for Medicaid/CHIP.

≥244% FPL 11,420
Not eligible for Medicaid/CHIP.

Federal Poverty Level (FPL) — Family of Four, 2015

≥244% FPL $59,170/year
≥400% FPL $97,000/year
<100% FPL $9,215/year
<244% FPL $24,250/year

Source: Kansas Health Institute, 2017.
### KANSAS POPULATION

- **Total Population:** 2,870,163
- **Children (0–18):** 263,975
- **Seniors (65+):** 221,744
- **Adults (19–64):** 1,530,178

#### Private Coverage

- **Employment-Based:** 223,374
- **Other Private:** 358,544 (Includes 85,490 Kansans with a marketplace plan)

#### Public Coverage

- **Medicare:** 314,084
- **Medicaid/CHIP:** 69,083
- **Both Medicare & Medicaid:** 69,083
- **Other Public:** 11,781

### TOTAL UNINSURED

- **Total Uninsured:** 386,353

#### Adults (19–64)

- **<244% FPL:** 28,755
- **>400% FPL:** 5,193
- **244–400% FPL:** 6,227
- **<100% FPL:** 61,934
- **100–400% FPL:** 127,771

#### Children (0–18)

- **<244% FPL:** 26,092
- **>400% FPL:** 2,297
- **244–400% FPL:** 2,725
- **<100% FPL:** 26,354
- **100–400% FPL:** 71,231

#### Seniors (65+)

- **<244% FPL:** 1,303
- **>400% FPL:** 53
- **244–400% FPL:** 45
- **<100% FPL:** 2,405
- **100–400% FPL:** 9,489

### Health Insurance in Kansas 2015

**Source:** Kansas Health Institute, 2017.
To continue to improve health insurance coverage rates among uninsured Kansans, two key provisions in the Affordable Care Act (ACA) and its implementation in Kansas should be examined—the marketplace and Medicaid.

The federally facilitated health insurance marketplace is available in Kansas and tax subsidies are provided to reduce the cost of health insurance for Kansans making between 100–400 percent of the federal poverty level (FPL). However, not all eligible uninsured Kansans are enrolled.

In addition, Kansas did not choose to expand Medicaid to cover all adults with incomes up to 138 percent of FPL. However, even at current Medicaid eligibility levels, there are eligible, uninsured Kansans who are not enrolled.

Nearly two in three (65.4 percent) uninsured Kansans are currently eligible for public or subsidized private coverage, but not enrolled. This includes 38,669 Kansans eligible for Medicaid and/or the Children's Health Insurance Program (CHIP), and 133,998 Kansans eligible for subsidies on the marketplace.

There are many reasons why these Kansans may still be uninsured, including but not limited to:

- Cost, regardless of the availability of financial assistance;
- Lack of information;
- Inability to understand the options available; or
- Ideological opposition to the ACA or health insurance.

Also, some uninsured Kansans may have been affected by technical challenges on the federally facilitated marketplace or processing backlogs for Medicaid/CHIP.
Kansas Children
Sources of Insurance Coverage

As discussed earlier (page 7), the uninsured rate for Kansas children age 0–18 was not significantly different than the rate for U.S. children. Also, the uninsured rate did not change significantly (5.5 percent in 2015 compared to 6.4 percent in 2014), leaving 41,349 Kansas children uninsured.

Employment-based coverage—typically through a parent's employer—continues to be the largest source of coverage for this group (55.1 percent). Another 6.3 percent had other private insurance, purchased directly by parents or caregivers either on or off the federally facilitated health insurance marketplace. Almost one third (30.0 percent) have coverage through public programs like Medicaid or CHIP (Figure 23). \(^9\)

Insuring Low-Income Children

In 2015, 41,349 Kansas children were uninsured (see infographic on page 22). Of these, almost 70 percent (28,755 children) were already eligible for public insurance programs like Medicaid or the Children’s Health Insurance Program (CHIP), and 6,227 lived in families that could be eligible to receive financial assistance to purchase health insurance on the marketplace. That constitutes almost 85 percent of all uninsured Kansas children.

Targeted enrollment through increased outreach and other efforts may lower the uninsured rate and positively impact the health status of Kansas children in the future. Outreach activities may include:

- Working with public schools to reach children receiving free and reduced-price lunches;
- Collaborating with government entities providing programs like the Supplemental Nutrition Assistance Program (SNAP); and
- Partnering with employers (particularly those with low-wage employees).
In 2015, the proportion of Kansas children covered by public health insurance decreased significantly to 29.9 percent from 32.4 percent in 2014 (Figure 24). The proportion of children covered by employment-based health insurance increased significantly to 62.2 percent in 2015 from 58.5 percent in 2014. These changes may be due, in part, to:

- Fewer children being eligible for public insurance because of a change in a parent’s income;
- Implementation of a new KanCare eligibility processing system in late June 2015, creating backlogs for Medicaid/CHIP enrollment; or
- More parents opting to enroll their children in their employment-based plans.

Figure 24. Kansas Children, Age 0-18: Trends in Sources of Coverage, 2009–2015

Note: These estimates include respondents who reported multiple forms of insurance and may not sum to 100 percent, nor match the percentages on Figure 23, page 26. Military/TRICARE coverage is included in employment-based coverage.

Source: KHI analysis of data from the U.S. Census Bureau’s 2009–2015 American Community Survey Public Use Microdata Samples.
Family Income

More than one out of three (35.9 percent) uninsured children live in families that earn less than 100 percent of FPL (Figure 25). About half (51.2 percent) live in families that may be eligible for premium tax credits to purchase insurance on the federally facilitated health insurance marketplace.¹⁰

Children living in families earning less than 100 percent of FPL ($24,250 for a family of four in 2015) have a significantly higher uninsured rate than children living in families at higher income levels (Figure 26).

Further, the uninsured rate for Kansas children living in families earning less than 100 percent of FPL did not significantly change (11.1 percent in 2015 compared to 12.7 percent in 2014) (Figure 27, page 29). However, there was an uptick in employment-based coverage among this group (21.8 percent in 2015 compared to 15.9 percent in 2014), possibly due to parents gaining employment or more employers offering affordable coverage.

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**2 in 3 uninsured children live in families with incomes above the poverty line.**

---

Note: Uninsured Kansas children, age 0–18, with poverty information = 40,175. Percentages may not sum to 100 percent because of rounding.

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.

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Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.
Figure 27. Kansas Children, Age 0–18, with Family Incomes Less than 100 Percent of FPL: Trends in Sources of Coverage, 2009–2015

[Graph showing trends in sources of coverage for Kansas children, 2009–2015.]

Note: These percentages include respondents who reported multiple forms of insurance and total more than 100 percent. Military/TRICARE coverage is included in employment-based coverage.

Source: KHI analysis of data from the U.S. Census Bureau’s 2009–2015 American Community Survey Public Use Microdata Samples.

The “Family Glitch”

Some Kansas children may be uninsured because of the “family glitch”—where a parent is offered employment-based health insurance which is considered affordable for a single person but not affordable for the entire family. In this case, the family members do not qualify for subsidies on the health insurance marketplace.11
Race/Ethnicity

White, non-Hispanic Kansas children age 0–18 make up nearly half of uninsured children in the state (48.3 percent or 19,977) (Figure 28).

Kansas children age 0–18 belonging to a racial or ethnic minority group continue to have significantly higher uninsured rates than White, non-Hispanic Kansas children (Figure 29).

Figure 28. Uninsured Kansas Children, Age 0–18: Percentage of Uninsured by Race/Ethnicity, 2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>3.9%</td>
</tr>
<tr>
<td>Hispanic, Any Race</td>
<td>9.3%</td>
</tr>
<tr>
<td>Black/African American, Non-Hispanic</td>
<td>10.5%</td>
</tr>
<tr>
<td>Other/Multiple Races, Non-Hispanic</td>
<td>5.8%</td>
</tr>
<tr>
<td>Other/Multiple Races, Non-Hispanic</td>
<td>3.9%</td>
</tr>
<tr>
<td><strong>ALL KANSAS CHILDREN, AGE 0–18</strong></td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Note: Uninsured Kansas children, age 0–18 = 41,349. Percentages may not sum to 100 percent because of rounding. The Racial/Ethnic Group “Other/Multiple Races, non-Hispanic” includes the following: American Indian alone, Alaska Native alone, American Indian and Alaska Native tribes specified; or American Indian or Alaska Native, Not Specified and No Other Races, Asian alone, Native Hawaiian and Other Pacific Islander alone, Some Other Race alone and/or Two or More Races.

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.

Figure 29. Kansas Children, Age 0–18: Uninsured Rates by Race/Ethnicity, 2015

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.
Minorities in Kansas continue to be disproportionately uninsured compared to White, non-Hispanic Kansans. Insurance rates among Hispanic Kansas children did not improve significantly in 2015. More Kansas minority children could gain insurance coverage through effective outreach and education strategies to encourage enrollment in public programs such as Medicaid and the Children's Health Insurance Program (CHIP), or private health insurance purchased on the marketplace with subsidies. In 2017, a project called Connecting Kids to Coverage began outreach to rural Hispanic families with children eligible for Kansas Medicaid/CHIP in four counties in a region of Southwest Kansas. If successful in enrolling children and reducing uninsured rates, this approach may be replicated across the state for not only Hispanic Kansans but for other minority groups as well.
Looking Ahead

While thousands of Kansans have gained health insurance since 2014, when the insurance provisions of the ACA were fully implemented, nearly 264,000 remain uninsured.

For the 2018 plan year, the Kansas marketplace will include at least two insurance carriers offering health plans in all 105 Kansas counties. While the U.S. Congress continues to consider legislation to repeal and replace the ACA, Kansans, like all Americans, are faced with uncertainty about health insurance options that will be available to them in the future.

Anticipating that Congress will resume its health reform efforts in the fall, KHI will be closely monitoring the action in Washington and state and federal efforts to stabilize health insurance markets across the country.
Appendix
About the Data

The U.S. Census Bureau’s American Community Survey

The American Community Survey (ACS), administered by the U.S. Census Bureau, was the primary data source for this report. The ACS is an ongoing nationwide survey sent to about 250,000 addresses per month. The survey form is sent through the mail, and followed with an in-person interview for a smaller number of households. Survey respondents are asked whether they have health insurance coverage at the time they are surveyed or interviewed. The survey results, therefore, represent “point-in-time” health insurance coverage for a large sample of individuals throughout the year. The 2015 ACS sample of noninstitutionalized Kansas residents included 28,465 households, composed of 26,796 housing units and 1,669 group quarters.12

Because of the sample size, one-year of ACS data can be used to generate estimates for counties or cities with populations of 65,000 or more. Three years of aggregated ACS data can be used to generate estimates for counties or cities with populations of 20,000 or more. The ACS began including basic health insurance questions in 2008, and does not provide consistent historical data prior to 2008. The Current Population Survey (CPS), also conducted by the U.S. Census Bureau, is widely used.

ACS Public Use Microdata Sample (PUMS)

The ACS PUMS files are records about individual people or housing units. The U.S. Census Bureau produces the PUMS files so that data users can create custom tables that are not available through summary ACS data products. Public Use Microdata Areas (PUMAs) are predefined areas with a population of 100,000 or more residents. PUMAs do not cross state borders and are established based on input from the U.S. Census Bureau’s State Data Centers. The U.S. Census Bureau produces one-year, three-year and five-year PUMS files. The three-year and five-year PUMS files are multiyear combinations of the one-year PUMS file with appropriate adjustments to the weights and inflation adjustment factors.

Statistical Significance

Using Kansas ACS data, KHI estimated and compared the percentages of uninsured Kansans across time and by subgroups of interest (e.g., age, poverty category). KHI also examined the percentages of Kansans with various forms of private and public health insurance. The observed differences in the percentages were not necessarily statistically different, particularly when there was a small number of Kansans from a particular group of interest represented in the survey. Therefore, statistical tests were performed that took into account the number of people in each group and variability in the data. Differences specifically noted in the text are statistically significant at the p<0.05 level.
Glossary

The glossary includes definitions or further explanation of terms used throughout this report.

**Age**

- **Children**: Persons age 0–18.
- **Non-elderly Adults**: Persons age 19–64.
- **Young Adults**: Persons age 19–25.
- **Seniors**: Persons age 65 or older.

**Employment**

- **Full-time Worker**: Works 35 hours or more per week, not necessarily for one employer. May work year-round or only part of the year.
- **Part-time Worker**: Works fewer than 35 hours per week. May work year-round or only part of the year.

**Income**

**Federal Poverty Level (FPL)**: Also called the poverty line, FPL is an income threshold that designates which individuals or families are considered poor by the federal government. In this report, family income relative to FPL is determined using the official U.S. Census Bureau poverty thresholds that correspond to the survey year. The Federal Poverty Guidelines (Figure A-1, page 38) are the dollar amounts taken from the 2015 Federal Register publication. The U.S. Census Bureau dollar amount guidelines differ slightly from those published in the Federal Register.
Types of Health Insurance Coverage

As a part of the ACS, the U.S. Census Bureau collects data about types of health insurance coverage and broadly classifies those types as private coverage or public coverage, all of which are described below.

Private Insurance

Private health insurance is coverage by a health plan provided through an employer or union, or purchased by an individual from a private health insurance company. The U.S. Census Bureau classifies private health insurance in the following ways.

Employment-based health insurance is coverage offered through an individual’s or relative’s employment. It may be offered by an employer or by a union.

Individually purchased health insurance, referred to as “other private” coverage in this report, is coverage through a plan that an individual purchases from a private company or through coverage purchased on the federally facilitated Kansas marketplace.

Military health care includes TRICARE and Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). The American Community Survey considers Military/TRICARE coverage as private insurance.

TRICARE is a military health care program for active duty and retired members of the uniformed services, their families and survivors.

CHAMPVA is a medical program through which the U.S. Department of Veterans Affairs helps pay the cost of medical services for eligible veterans, veterans’ dependents and survivors of veterans.

Public Insurance

The major types of public or government health insurance include Medicare, Medicaid and the Children’s Health Insurance Program (CHIP). In this report, “public insurance” refers to coverage provided through government-sponsored health programs—plans funded at the federal, state or local levels, and includes Medicare, Medicaid, CHIP and U.S. Department of Veterans Affairs coverage.

Medicare is the federal program that helps pay health care costs for persons age 65 and older, and for certain persons under age 65 with long-term disabilities.

Medicaid is a program administered at the state level that provides medical assistance to the needy. Families with dependent children, pregnant women and the aged, blind and disabled who are in financial need, may be eligible for Medicaid.

In order to participate in Medicaid, federal law requires states to cover certain population groups (mandatory eligibility groups) and gives them the flexibility to cover other population groups (optional eligibility groups). States set individual eligibility criteria within federal minimum standards. States can apply to the Centers for Medicare and Medicaid Services for a waiver of federal law to expand health insurance coverage beyond these groups. Figure A-2 (page 39) outlines Kansas eligibility requirements for these programs.

CHIP is administered at the state level, providing health care to children who live in families that earn less than 244 percent of FPL ($59,170 for a family of four in 2015).

U.S. Department of Veterans Affairs provides medical assistance to eligible veterans of the U.S. Armed Forces.

KanCare, the program through which the state of Kansas administers Medicaid and CHIP, began in January 2013. Kansas contracted with three publicly traded, for-profit health plans—or managed care organizations (MCOs)—to coordinate health
care for nearly all Medicaid and CHIP beneficiaries. The KanCare health plans are Amerigroup of Kansas, Inc. (Amerigroup), Sunflower Health Plan (Sunflower), and UnitedHealthcare Community Plan of Kansas (United). The Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS) administer KanCare within the state of Kansas. KDHE maintains financial management and contract oversight of the KanCare program while KDADS administers the Medicaid programs for disability services, mental health and substance abuse, operates the state hospitals, and oversees long-term care facilities.

**Uninsured**

Indian Health Service (IHS) is a health care program, offered through the U.S. Department of Health and Human Services, that provides medical assistance to eligible American Indians through IHS facilities. In addition, the IHS helps pay the cost of selected health care services provided at non-IHS facilities. In this report, Kansans with only IHS coverage are included with those who lack traditional health insurance (uninsured).
### Income and Eligibility Requirements for Public Coverage

#### Federal Poverty Guidelines

*Figure A-1. Federal Poverty Guidelines for 48 Contiguous United States, District of Columbia, Guam and Territories, 2015*

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual Income</th>
<th>Monthly Income</th>
<th>Weekly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,770</td>
<td>$981</td>
<td>$226</td>
</tr>
<tr>
<td>2</td>
<td>$15,930</td>
<td>$1,328</td>
<td>$306</td>
</tr>
<tr>
<td>3</td>
<td>$20,090</td>
<td>$1,674</td>
<td>$386</td>
</tr>
<tr>
<td>4</td>
<td>$24,250</td>
<td>$2,021</td>
<td>$466</td>
</tr>
<tr>
<td>5</td>
<td>$28,410</td>
<td>$2,368</td>
<td>$546</td>
</tr>
<tr>
<td>6</td>
<td>$32,570</td>
<td>$2,714</td>
<td>$626</td>
</tr>
<tr>
<td>7</td>
<td>$36,730</td>
<td>$3,061</td>
<td>$706</td>
</tr>
<tr>
<td>8</td>
<td>$40,890</td>
<td>$3,408</td>
<td>$786</td>
</tr>
</tbody>
</table>

For each additional family member, add: $4,160, $347, $80.

Medicaid and CHIP Eligibility

Kansas offers public health insurance through KanCare (Medicaid and CHIP) for those who meet certain income requirements. This assistance is mainly offered to children, pregnant women, parents or caretakers of children and disabled Kansans. Assistance is also available to seniors age 65 or older who have limited resources. This assistance is based on a variety of factors (e.g., assets) and varying income requirements. See Figure A-2 for KanCare eligibility requirements in 2015. Children are eligible for CHIP if they live in families that earn less than 244 percent of FPL ($59,170 annually for a family of four in 2015).

*Figure A-2. Income Eligibility Levels for Kansas Medicaid, January 2015*

Note: The eligibility levels reflect 2015 Modified Adjusted Gross Income (MAGI) income rules, including a 5 percent income disregard that may be applied on an individual basis. Income levels are only applicable to non-elderly adults without disabilities or other health needs that would make them eligible at a different income level.

Source: KHI analysis of eligibility information from the Division of Health Care Finance, Kansas Department of Health and Environment, 2015.
### Detailed Tables

*Figure A-3. All Kansans, 2015*

<table>
<thead>
<tr>
<th>Age</th>
<th>Number Uninsured</th>
<th>Total Population</th>
<th>Uninsured Rates</th>
<th>Percentage of Total Uninsured Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children, Age 0–18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 0–5</td>
<td>10,700</td>
<td>231,376</td>
<td>4.6%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Age 6–18</td>
<td>30,649</td>
<td>526,899</td>
<td>5.8%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Adults, Age 19–64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 19–25</td>
<td>46,888</td>
<td>287,675</td>
<td>16.3%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Age 26–34</td>
<td>59,729</td>
<td>341,068</td>
<td>17.5%</td>
<td>22.6%</td>
</tr>
<tr>
<td>Age 35–44</td>
<td>48,215</td>
<td>346,965</td>
<td>13.9%</td>
<td>18.3%</td>
</tr>
<tr>
<td>Age 45–54</td>
<td>40,288</td>
<td>363,660</td>
<td>11.1%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Age 55–64</td>
<td>26,624</td>
<td>365,723</td>
<td>7.3%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Seniors, Age 65+</td>
<td>882</td>
<td>406,797</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>All Kansans</td>
<td>263,975</td>
<td>2,870,163</td>
<td>9.2%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Note: Percentages and counts for subgroups may not sum to the totals because of rounding.
Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.

*Figure A-4. All Kansans: Poverty Category, 2015*

<table>
<thead>
<tr>
<th>Poverty (income-to-poverty ratio)</th>
<th>Number Uninsured</th>
<th>Total Population</th>
<th>Uninsured Rates</th>
<th>Percentage of Total Uninsured Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 100% FPL</td>
<td>76,522</td>
<td>365,436</td>
<td>20.9%</td>
<td>29.3%</td>
</tr>
<tr>
<td>100%–400% FPL</td>
<td>148,848</td>
<td>1,409,634</td>
<td>10.6%</td>
<td>57.0%</td>
</tr>
<tr>
<td>Greater than 400% FPL</td>
<td>35,855</td>
<td>1,056,435</td>
<td>3.4%</td>
<td>13.7%</td>
</tr>
<tr>
<td>All Kansans</td>
<td>261,225</td>
<td>2,831,505</td>
<td>9.2%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Note: Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansans may differ due to availability of poverty group information for respondents.
Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.
### Figure A-5. All Kansans: Race/Ethnicity, 2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number Uninsured</th>
<th>Total Population</th>
<th>Uninsured Rates</th>
<th>Percentage of Total Uninsured Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>138,352</td>
<td>2,193,281</td>
<td>6.3%</td>
<td>52.4%</td>
</tr>
<tr>
<td>Hispanic, Any Race</td>
<td>78,071</td>
<td>332,587</td>
<td>23.5%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Black/African American, Non-Hispanic</td>
<td>25,902</td>
<td>163,776</td>
<td>15.8%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Other/Multiple Races</td>
<td>21,650</td>
<td>180,519</td>
<td>12.0%</td>
<td>8.2%</td>
</tr>
<tr>
<td>All Kansans</td>
<td>263,975</td>
<td>2,870,163</td>
<td>9.2%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Note: The Racial/Ethnic Group “Other/Multiple Races, non-Hispanic” includes the following: American Indian alone, Alaska Native alone, American Indian and Alaska Native tribes specified; or American Indian or Alaska Native, Not Specified and No Other Races, Asian alone, Native Hawaiian and Other Pacific Islander alone, Some Other Race alone and/or Two or More Races. Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansans may differ due to availability of race/ethnicity information for respondents.

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.
### Detailed Tables

#### Figure A-6. Kansas Adults, Age 19–64: Poverty Category, 2015

<table>
<thead>
<tr>
<th>Poverty (income-to-poverty ratio)</th>
<th>Number Uninsured</th>
<th>Total Population</th>
<th>Uninsured Rates</th>
<th>Percentage of Total Uninsured Population, Age 19–64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 100% FPL</td>
<td>61,934</td>
<td>207,019</td>
<td>29.9%</td>
<td>28.1%</td>
</tr>
<tr>
<td>100%–400% FPL</td>
<td>127,771</td>
<td>780,549</td>
<td>16.4%</td>
<td>58.0%</td>
</tr>
<tr>
<td>Greater than 400% FPL</td>
<td>30,463</td>
<td>694,893</td>
<td>4.4%</td>
<td>13.8%</td>
</tr>
<tr>
<td>All Kansas Adults, Age 19–64</td>
<td>220,168</td>
<td>1,682,461</td>
<td>13.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Note: Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansas Adults may differ due to availability of poverty group information for respondents.

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.

#### Figure A-7. Kansas Adults, Age 19–64: Race/Ethnicity, 2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number Uninsured</th>
<th>Total Population</th>
<th>Uninsured Rates</th>
<th>Percentage of Total Uninsured Population, Age 19–64</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>117,877</td>
<td>1,316,098</td>
<td>9.0%</td>
<td>53.2%</td>
</tr>
<tr>
<td>Hispanic, Any Race</td>
<td>65,156</td>
<td>183,958</td>
<td>35.4%</td>
<td>29.4%</td>
</tr>
<tr>
<td>Black/African American, Non-Hispanic</td>
<td>20,779</td>
<td>101,013</td>
<td>20.6%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Other/Multiple Races, Non-Hispanic</td>
<td>17,932</td>
<td>104,022</td>
<td>17.2%</td>
<td>8.1%</td>
</tr>
<tr>
<td>All Kansas Adults, Age 19–64</td>
<td>221,744</td>
<td>1,705,091</td>
<td>13.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Note: The Racial/Ethnic Group “Other/Multiple Races, non-Hispanic” includes the following: American Indian alone, Alaska Native alone, American Indian and Alaska Native tribes specified; or American Indian or Alaska Native, Not Specified and No Other Races, Asian alone, Native Hawaiian and Other Pacific Islander alone, Some Other Race alone and/or Two or More Races. Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansas Adults may differ due to availability of race/ethnicity information for respondents.

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.
Figure A-8. Kansas Adults, Age 19–64: Employment Status, 2015

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Number Uninsured</th>
<th>Total Population</th>
<th>Uninsured Rates</th>
<th>Percentage of Total Uninsured Population, Age 19–64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time, Year-Round</td>
<td>86,875</td>
<td>988,380</td>
<td>8.8%</td>
<td>39.2%</td>
</tr>
<tr>
<td>Full-Time, Part-Year</td>
<td>32,047</td>
<td>160,071</td>
<td>20.0%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Part-Time, Year-Round</td>
<td>23,164</td>
<td>137,070</td>
<td>16.9%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Part-Time, Part-Year</td>
<td>26,554</td>
<td>140,831</td>
<td>18.9%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Not Employed</td>
<td>53,104</td>
<td>278,739</td>
<td>19.1%</td>
<td>24.0%</td>
</tr>
<tr>
<td>All Kansas Adults, Age 19–64</td>
<td>221,744</td>
<td>1,705,091</td>
<td>13.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Note: Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansas Adults may differ due to availability of employment information for respondents.

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.

Figure A-9. Kansas Adults, Age 19–64: Employer Type, 2015

<table>
<thead>
<tr>
<th>Employer Type</th>
<th>Number Uninsured</th>
<th>Total Population</th>
<th>Uninsured Rates</th>
<th>Percentage of Total Uninsured Population, Age 19–64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Employer</td>
<td>139,755</td>
<td>1,072,761</td>
<td>13.0%</td>
<td>63.0%</td>
</tr>
<tr>
<td>Government Employer</td>
<td>8,008</td>
<td>226,913</td>
<td>3.5%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Self-Employed</td>
<td>20,877</td>
<td>126,678</td>
<td>16.5%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Not Employed</td>
<td>53,104</td>
<td>278,739</td>
<td>19.1%</td>
<td>24.0%</td>
</tr>
<tr>
<td>All Kansas Adults, Age 19–64</td>
<td>221,744</td>
<td>1,705,091</td>
<td>13.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Note: Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansas Adults may differ due to availability of employment information for respondents.

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.
## Detailed Tables

**Figure A-10. Kansas Children, Age 0–18: Poverty Category, 2015**

<table>
<thead>
<tr>
<th>Poverty (income-to-poverty ratio)</th>
<th>Number Uninsured</th>
<th>Total Population</th>
<th>Uninsured Rates</th>
<th>Percentage of Total Uninsured Population, Age 0–18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 100% FPL</td>
<td>14,424</td>
<td>130,179</td>
<td>11.1%</td>
<td>35.9%</td>
</tr>
<tr>
<td>100%–400% FPL</td>
<td>20,558</td>
<td>400,238</td>
<td>5.1%</td>
<td>51.2%</td>
</tr>
<tr>
<td>Greater than 400% FPL</td>
<td>5,193</td>
<td>211,830</td>
<td>2.5%</td>
<td>12.9%</td>
</tr>
<tr>
<td>All Kansas Children, Age 0–18</td>
<td>40,175</td>
<td>742,247</td>
<td>5.5%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Note: Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansas Children may differ due to availability of poverty group information for respondents.

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.

**Figure A-11. Kansas Children, Age 0–18: Race/Ethnicity, 2015**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number Uninsured</th>
<th>Total Population</th>
<th>Uninsured Rates</th>
<th>Percentage of Total Uninsured Population, Age 0–18</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>19,977</td>
<td>509,905</td>
<td>3.9%</td>
<td>48.3%</td>
</tr>
<tr>
<td>Hispanic, Any Race</td>
<td>12,642</td>
<td>136,011</td>
<td>9.3%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Black/African American, Non-Hispanic</td>
<td>5,012</td>
<td>47,787</td>
<td>10.5%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Other/Multiple Races, Non-Hispanic</td>
<td>3,718</td>
<td>64,572</td>
<td>5.8%</td>
<td>9.0%</td>
</tr>
<tr>
<td>All Kansas Children, Age 0–18</td>
<td>41,349</td>
<td>758,275</td>
<td>5.5%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Note: The Racial/Ethnic Group “Other/Multiple Races, non-Hispanic” includes the following: American Indian alone, Alaska Native alone, American Indian and Alaska Native tribes specified; or American Indian or Alaska Native, Not Specified and No Other Races, Asian alone, Native Hawaiian and Other Pacific Islander alone, Some Other Race alone and/or Two or More Races. Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansas Children may differ due to availability of race/ethnicity information for respondents.

Source: KHI analysis of data from the 2015 American Community Survey Public Use Microdata Sample.
Endnotes


2. Private insurance includes employment-based, Military/TRICARE, or other private coverage including direct purchase by individuals or families on or off the federally facilitated marketplace for Kansas.

3. Since the federally facilitated marketplace for Kansas opened on October 1, 2013, the following number of Kansans enrolled: 57,013 in 2014; 85,490 in 2015; 89,566 in 2016; and 86,310 in 2017.

4. Because ACS respondents can report more than one type of insurance for the calendar year, KHI used a standard hierarchy to assign health insurance status. At the top of the hierarchy was Medicaid, followed by Medicare, employment-based insurance, Military/TRICARE, other public and other private. Private insurance includes health insurance provided through the military or for veterans. Individuals that mention the Indian Health Service (IHS) as their only source of insurance are included in the uninsured category.

5. Analysis is based on all Kansans including 38,658 children and adults whose poverty status isn’t determined. Among them, 2,750 were uninsured.

6. Kansas marketplace enrollees received tax credits to reduce the cost of their monthly health insurance premiums. For 2015, 80 percent of Kansans used premium tax credits and the average premium cost for enrollees after the credits was $90 per month. For 2016, 82 percent of Kansans used tax credits and the average premium cost for enrollees after those credits increased to $106 per month. For 2017, 84 percent of Kansans used tax credits and the average premium cost for enrollees after applying tax credits was $110 per month.

7. Although Medicare is primarily for adults age 65 and older, the program allows others to receive Medicare if they meet certain conditions. For example, children that are unmarried and under the age of 22 may qualify if they have a disability or special needs.

8. Under the ACA, people with incomes between 100 percent ($24,250 for a family of four in 2015) and 400 percent ($97,000 for a family of four in 2015) of FPL may be eligible to receive financial assistance in the form of premium tax credits to help pay for private health insurance.

9. Although Medicare is primarily for adults age 65 and older, the program allows others to receive Medicare if they meet certain conditions. For example, children that are unmarried and under the age of 22 may qualify if they have a disability or special needs.

10. Under the ACA, people with incomes between 100 percent ($24,250 for a family of four in 2015) and 400 percent ($97,000 for a family of four in 2015) of FPL may be eligible to receive financial assistance in the form of premium tax credits to help pay for private health insurance.


The Kansas Health Institute delivers credible information and research enabling policy leaders to make informed health policy decisions that enhance their effectiveness as champions for a healthier Kansas. The Kansas Health Institute is a nonprofit, nonpartisan health policy and research organization based in Topeka that was established in 1995 with a multiyear grant from the Kansas Health Foundation.