ANNUAL INSURANCE UPDATE | 2018
Health Insurance in Kansas
ANNUAL INSURANCE UPDATE 2018
HEALTH INSURANCE IN KANSAS

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Authors
Robert F. St. Peter, M.D.
Hina B. Shah, M.P.H.
Cheng-Chung Huang, M.P.H.
Lawrence J. Panas, Ph.D.
Wen-Chieh Lin, Ph.D.

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About This Report

The Annual Insurance Update 2018 provides a comprehensive review of health insurance coverage in Kansas using the most recent data available at this time. As state and federal efforts to reform the health care system continue, it is important that policymakers, providers, consumers and advocates understand how these changes are affecting insurance coverage in Kansas and around the nation. This report provides detailed information on the kinds of insurance Kansans have, which groups are most at risk of remaining uninsured, and trends in coverage since the years preceding the implementation of the Affordable Care Act (ACA).

This report uses data from the 2009 through 2016 U.S. Census Bureau's American Community Survey (ACS) Public Use Microdata Samples (PUMS) as the primary data source. These data are the most recent and comprehensive data available on insurance coverage in Kansas and across the U.S. The 2016 PUMS survey sample included 27,810 non-institutionalized Kansans, providing accurate and robust state-level estimates of insurance coverage.

After providing a national perspective and an overview of health insurance coverage for all Kansans, the analyses in this report focus on Kansas adults, age 19-64, and children, age 0-18, because nearly all Kansans age 65 and older are covered by the federal Medicare program.

Readers of previous versions of this annual report by KHI may notice a few changes this year. In the ACS survey questions related to sources of health insurance coverage, respondents were allowed to report more than one kind of insurance coverage. All figures in this report use a standard hierarchy to report only the main coverage. When reporting insurance coverage by family income, this report adds findings for income ranges relevant to various age groups in Kansas based on the applicable income eligibility thresholds. The report also includes an analysis of the employment status of the head of household for Kansas children age 0-18 to better describe the employment status of families. More information on the data and other technical aspects is available in the Appendices.
Qualify for subsidies on the marketplace;
Would qualify for Medicaid if expanded

100–138% FPL

2,362

(Seniors (65+)

36,752

Children (0–18)

2,362

Likely eligible for Medicare)

Parents

24,885

<38% FPL

11,389

≥38% – <100% FPL

13,496

Could purchase a marketplace plan without subsidies — 29,772

Would qualify for Medicaid if expanded — 74,341

Currently eligible for Medicaid and/or CHIP — 35,577

LEGEND

Do not qualify for Medicaid or subsidies on the marketplace;
Would qualify for Medicaid if expanded

<100% FPL

62,818

Parents

24,885

<38% FPL

11,389

≥38% – <100% FPL

13,496

Could purchase a marketplace plan without subsidies — 29,772

Would qualify for Medicaid if expanded — 74,341

Currently eligible for Medicaid and/or CHIP — 35,577

Federal Poverty Level (FPL) — Family of Four, 2016

38% of FPL = $9,234
100% of FPL = $24,300
138% of FPL = $33,534

$9,234
$24,300
$59,049

805,285

PUBLIC COVERAGE

399,788

Medicare

323,859

Medicaid/CHIP

72,370

Both Medicare & Medicaid/CHIP

7,230

Could purchase a marketplace plan without subsidies — 29,772

Would qualify for Medicaid if expanded — 74,341

Currently eligible for Medicaid and/or CHIP — 35,577

PRIVATE COVERAGE

KANSAS POPULATION

2,865,871

239,502

Employment-Based

239,578

Children (0–18)

36,752
(Family income not available for 1,099 children)

≥243% FPL

1,146,5

200,464

(Family income not available for 1,776 adults)

Adults (19–64)

≥100–400% FPL

110,043

>400% FPL

25,827

<100% FPL

62,818

Parents

24,885

<38% FPL

11,389

≥38% – <100% FPL

13,496

Could purchase a marketplace plan without subsidies — 29,772

Would qualify for Medicaid if expanded — 74,341

Currently eligible for Medicaid and/or CHIP — 35,577

1,821,008

PRIVATE COVERAGE

Military/TRICARE

22,912

1,513,114

Employment-Based

189,435

Other Private

186,370

Kansans with a marketplace plan.

68,392

Military/TRICARE

1,821,008

PRIVATE COVERAGE

Military/TRICARE
Summary of Key Points

• In 2016, there were **239,578 KANSANS** who were uninsured, including 36,752 children age 0-18. This translates to an uninsured rate of 8.4 percent, **RANKING KANSAS BELOW 30 OTHER STATES**, and similar to the U.S. average of 8.5 percent.

• State uninsured rates ranged from 2.5 percent in Massachusetts to 16.6 percent in Texas.

• The uninsured rate in both Kansas and the U.S. dropped by about one-third between 2009 and 2016.

• People living in states that expanded Medicaid had an uninsured rate almost half that of people living in **NON-EXPANSION STATES** (6.5 percent compared to 11.6 percent).

• Most Kansans (52.8 percent) were covered by insurance obtained through a job.

• The uninsured rate among **YOUNG ADULT KANSANS**, age 19-25, has been nearly cut in half since 2010 when 28.2 percent were uninsured. With an uninsured rate of 14.2 percent in 2016, young adults age 19-25, and those age 26-44 (14.9 percent in 2016), remained the age groups most likely to lack insurance.

• **RACIAL AND ETHNIC MINORITIES** in Kansas were much more likely to lack insurance than non-Hispanic Whites. For instance, Kansans who are Hispanic, Any Race, were three times more likely, and non-Hispanic Blacks were two-and-a-half times more likely, to be uninsured than non-Hispanic Whites (19.8 percent, 16.1 percent, and 6.0 percent, respectively).

• Uninsured rates have improved for all racial and ethnic groups in Kansas except for non-Hispanic Blacks, for whom the rate in 2016 was 16.1 percent, statistically no better than in 2009, when it was 20.5 percent.

• **KANSANS LIVING IN POVERTY** (less than 100 percent of the federal poverty level (FPL)) were seven times more likely to be uninsured than those above 400 percent FPL (21.3 percent compared to 2.9 percent).

• Four out of ten (43.1 percent) uninsured adult Kansans had family income at or below 138 percent FPL, and **MAY QUALIFY FOR MEDICAID IF EXPANDED**.

• Two-thirds (67.8 percent) of uninsured children in Kansas were in families with income below 243 percent FPL, and **MAY HAVE ALREADY BEEN ELIGIBLE FOR MEDICAID OR CHIP**.

• Three-fourths (75.3 percent) of **UNINSURED ADULT KANSANS WERE WORKING**. Those working part-time were more than twice as likely to be uninsured as those working full-time, year-round (18.1 percent compared to 7.4 percent).
1.1 Uninsured Rates, by State, 2016

NATIONAL PERSPECTIVE

How many people are uninsured in each state depends on a combination of local, state and federal policy, as well as economic conditions, availability of employment-based coverage, cost of health care, demographics, and state Medicaid and Children’s Health Insurance Program (CHIP) eligibility levels.

Kansas Ranks 31st Among States for Insurance Coverage

Figure 1.1 Percentage of Uninsured Residents, by State, 2016

Key Points

- The uninsured rate in Kansas was 8.4 percent in 2016, ranking 31st in the country.
- The upper Midwest and Northeastern states continued to have lower uninsured rates, while the South had higher rates.
- The uninsured rates vary by nearly seven-fold, ranging from a high of 16.6 percent in Texas, to a low of 2.5 percent in Massachusetts.
- The uninsured rate in Kansas was similar to the U.S. average of 8.5 percent.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
1.2 Medicaid Expansion Status, by State, 2016

NATIONAL PERSPECTIVE

The ACA allows states, beginning January 1, 2014, to expand Medicaid to adults age 19-64 with family incomes at or below 138 percent of the federal poverty level (FPL). As of January 2, 2016, 30 states and the District of Columbia had expanded their Medicaid programs. Kansas has not expanded its program.

Lower Uninsured Rates in Medicaid Expansion States Compared to Non-Expansion States

Figure 1.2 Medicaid Expansion Status and Percentage of Uninsured Residents, 2016

Key Points

- The uninsured rate among persons living in Medicaid expansion states (6.5 percent) was substantially lower than among those in non-expansion states (11.6 percent).
- The uninsured rate in Kansas (8.4 percent) was lower than the uninsured rate for those living in non-expansion states overall (11.6 percent).
1.3 Trends in Insurance Coverage in U.S. and Kansas, 2009-2016

NATIONAL PERSPECTIVE

Looking back to the year before the ACA shows how Kansas has fared relative to the U.S. as a whole. In earlier years, Kansas had an uninsured rate below the national average. As states have responded differently to changes in federal law, the favorable advantage for Kansas has disappeared.

Broad Improvement in Insurance Coverage Over Recent Years

Figure 1.3 Percentage of Uninsured Residents, Kansas and U.S., 2009-2016

Source: KHI analysis of data from the U.S. Census Bureau's 2009-2016 American Community Survey Public Use Microdata Samples.

Key Points

- The uninsured rate has dropped significantly for both the U.S. and Kansas, for all ages and children, from 2009 to 2016.
- The gap in the uninsured rate between Kansas and the U.S. has narrowed in recent years, and in 2016, the uninsured rate in Kansas was no longer better than the national average for either adults or children.
ALL KANSANS
2. All Kansans

2.1 Sources of Health Insurance Coverage

ALL KANSANS

Health insurance coverage has typically been divided into private and public coverage. Private coverage is most commonly through a current or former employer, including the military, but may also include insurance directly purchased by individuals, including buying insurance on the Kansas marketplace established by the ACA. Public coverage includes Medicaid, CHIP, Medicare, and VA Health Care (see Appendix A.3).

Half of All Kansans Get Insurance Through a Job

Figure 2.1a All Kansans: Sources of Health Insurance Coverage, 2016

Note: All Kansans (not in ins/g2462tu/g2462ons) = 2,865,871. Percentages may not sum to 100 percent because of rounding. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA Health Care is care provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. Armed Forces.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
Just over half (52.8 percent) of Kansans obtained their health insurance through a job.

About one-fourth (28.1 percent) had public coverage, primarily Medicare and Medicaid/CHIP.

Public coverage increased from 23.9 percent in 2009 to 28.1 percent in 2016.

There has been an increase in the percent of Kansans who have direct-purchase insurance from 6.4 percent in 2009 to 8.4 percent in 2016. This includes those who purchased coverage on the Kansas marketplace.

There has been no significant change since 2009 in the proportion of Kansans who get their insurance through an employer.
2.2 Uninsured by Age

ALL KANSANS

Adults who are in the prime of their earning years are more likely to have jobs with more generous benefits, including health insurance. Public policy has targeted coverage to other groups such as children, young adults who may be just entering the job market, seniors and people with disabilities. The result is the large majority of the uninsured are working age adults.

Most Uninsured Kansans are Working Age Adults

Figure 2.2a Uninsured Kansans by Age, 2016

Note: Uninsured Kansans (not in institutions) = 239,578. Percentages may not sum to 100 percent because of rounding.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.

Adults Under Age 45 Most Likely to be Uninsured

Figure 2.2b All Kansans: Uninsured Rates by Age, 2016

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
Four out of ten (42.7 percent) uninsured Kansans were age 26-44, adults entering their prime working years and many having young families.

Another quarter (23.5 percent) of the uninsured were age 45-64, a pre-Medicare-eligible population more likely to have pre-existing conditions and higher out of pocket costs.

Adults age 19-25 (14.2 percent) and age 26-44 (14.9 percent) were much more likely to be uninsured than other age groups. Adults age 65+ (0.6 percent) and children (4.9 percent) were least likely to be uninsured.

Between 2009 and 2016, children experienced the largest drop in uninsured rates (from 8.6 percent to 4.9 percent, a 43.0 percent decrease); followed by adults, age 19-25 (from 24.6 percent to 14.2 percent, a decrease of 42.3 percent).
2.3 Uninsured by Race/Ethnicity

ALL KANSANS

Minorities have had higher uninsured rates than non-Hispanic Whites since first measured in the U.S. and Kansas. Many historic, economic and social factors explain this persistent inequity. State policies and additional outreach and education can reduce the inequity by addressing the higher uninsured rates among minorities.

Half of Uninsured in Kansas Are White, Non-Hispanic

Figure 2.3a Uninsured Kansans by Race/Ethnicity, 2016

Note: Uninsured Kansans (not in institutions) = 239,578. Percentages may not sum to 100 percent because of rounding. All Minorities includes any race/ethnicity other than White, Non-Hispanic (see Appendix A.2).

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.

Minorities Much More Likely to be Uninsured

Figure 2.3b All Kansans: Uninsured Rates by Race/Ethnicity, 2016

Note: See Appendix A.2 for definitions of specific racial/ethnic groups.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
More than half (55.0 percent) of uninsured Kansans were non-Hispanic White.

Another quarter (27.6 percent) were Hispanic, Any Race.

Hispanics, Any Race, were more than three times as likely to be uninsured (19.8 percent), and non-Hispanic Blacks were more than two-and-one-half times as likely to be uninsured (16.1 percent), compared to non-Hispanic Whites (6.0 percent).

Non-Hispanic Blacks were the only group that did not see a significant improvement in insurance coverage since 2009. Although the uninsured rate was 20.5 percent in 2009 and 16.1 percent in 2016, the change was not statistically significant.

Earlier gains in insurance coverage for non-Hispanic Whites and Hispanics, Any Race, tapered off between 2015 and 2016, as there was no significant improvement for either group.

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**Key Points**

- More than half (55.0 percent) of uninsured Kansans were non-Hispanic White.
- Another quarter (27.6 percent) were Hispanic, Any Race.
- Hispanics, Any Race, were more than three times as likely to be uninsured (19.8 percent), and non-Hispanic Blacks were more than two-and-one-half times as likely to be uninsured (16.1 percent), compared to non-Hispanic Whites (6.0 percent).

Note: See Appendix A.2 for definitions of specific racial/ethnic groups.

Source: KHI analysis of data from the U.S. Census Bureau’s 2009-2016 American Community Survey Public Use Microdata Samples.
2.4 Uninsured by Family Income

ALL KANSANS

Several provisions of the ACA target affordability of health insurance for low- and middle-income, working people, including financial assistance paying premiums and reduced out-of-pocket expenses. Nonetheless, health insurance and health care itself remain unaffordable for many working persons. Those with lower income also have higher rates and greater severity of disease, as well as shorter life expectancy.

Two-Thirds of Uninsured Kansans Live Above Poverty Line

Figure 2.4a Uninsured Kansans by Family Income, 2016

Note: Uninsured Kansans with income information (not in institutions) = 236,703. Percentages may not sum to 100 percent because of rounding.
Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.

Lack of Insurance Closely Linked to Family Income

Figure 2.4b All Kansans: Uninsured Rates by Family Income, 2016

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
More than two-thirds (69.3 percent) of uninsured Kansans had family incomes above the poverty level in 2016. Kansans with family incomes below the poverty line were seven times more likely to be uninsured than those above 400 percent of FPL (21.3 percent compared to 2.9 percent).

All income categories experienced significant improvements in insurance coverage between 2009 and 2016. The drop in the uninsured rate was especially strong for earners with family income between 100-199 percent FPL (22.2 percent in 2009 and 14.4 percent in 2016, a drop of 35.1 percent), and among those with family income between 200-400 percent FPL (10.5 percent in 2009 and 6.6 percent in 2016, a drop of 37.1 percent).
2.5 Kansas Adults, Age 65+

Essentially all seniors in the U.S. have comprehensive public health insurance, typically Medicare and/or Medicaid. With 99.4 percent insurance coverage, this group is not the focus of this report on insurance coverage and seniors are excluded from analyses after this section, even though many challenging health policy issues remain for them.

Essentially All Kansas Seniors Covered by Public Insurance

*Figure 2.5 Kansas Adults, Age 65+: Sources of Health Insurance Coverage, 2016*

- 87.4% Medicare
- 0.6% Uninsured
- 1.5% Employment-Based
- 0.3% Direct-Purchase

Note: Kansas adults age 65 and older (not in institutions) = 416,793. Percentages may not sum to 100 percent because of rounding. Military/TRICARE (0.02%), VA Health Care (0.01%), and Medicaid but not Medicare (less than 0.01%) are not labeled due to small percentage. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA Health Care is care provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. Armed Forces.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.

Key Points

- One in ten (10.2 percent) Kansas adults age 65+ had Medicaid in addition to Medicare. These so-called “dual eligible” seniors qualify for dual coverage due to limited financial resources and high expected service needs.
- Types of care provided to dual eligible seniors include hospital, physician, outpatient, home health and pharmacy services, as well as institutional care, such as nursing home care, and home and community-based services.
KANSAS ADULTS
AGE 19-64
3.1 Sources of Health Insurance Coverage

KANSAS ADULTS, AGE 19-64

Health insurance coverage has typically been divided into private and public coverage. Private coverage is most commonly through a current or former employer, including the military, but may also include insurance directly purchased by individuals, including buying insurance on the Kansas marketplace established by the ACA. Public coverage for adults includes Medicaid, Medicare (for those with certain disabilities) and VA Health Care (see Appendix A.3).

Two-Thirds of Kansas Adults Get Insurance Through a Job

Figure 3.1a Kansas Adults, Age 19-64: Sources of Health Insurance Coverage, 2016

Note: Kansas adults age 19-64 (not in institutions) = 1,696,921. Percentages may not sum to 100 percent because of rounding. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA Health Care is care provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. Armed Forces.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
More Adults Covered by Public and Direct-Purchase Coverage

Figure 3.1b Kansas Adults, Age 19-64: Sources of Health Insurance Coverage, 2009-2016

Note: Military/TRICARE coverage is included in Employment-Based coverage. Public Coverage includes Medicaid/CHIP, Medicare, Both Medicare and Medicaid and VA Health Care. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace.

Source: KHI analysis of data from the U.S. Census Bureau’s 2009-2016 American Community Survey Public Use Microdata Samples.

Key Points

- Adults were more likely than other age groups to have insurance through an employer (65.3 percent) and through direct-purchase (10.5 percent).
- Adults were less likely than other age groups to have Medicaid (5.6 percent).
- The uninsured rate fell by nearly one-third among Kansas adults age 19-64, from 17.0 percent in 2009 to 11.8 percent in 2016.
- The proportion of adults (67.9 percent) getting insurance through an employer has been consistent over time.
- Direct-purchase coverage increased by more than one-third, from 7.6 percent in 2009 to 10.5 percent in 2016.
- Public coverage increased by one-fifth, from 8.2 percent in 2009 to 9.8 percent in 2016.
3.2 Uninsured by Race/Ethnicity

KANSAS ADULTS, AGE 19-64

Minorities have had higher uninsured rates than non-Hispanic Whites since first measured in the U.S. and Kansas. The differences have been larger among adults. Many historic, economic and social factors explain this persistent inequity. State policies and additional outreach and education can reduce the inequity by addressing the higher uninsured rates among minorities.

Half of Uninsured Adults in Kansas are White, Non-Hispanic

Figure 3.2a  Uninsured Kansas Adults, Age 19-64, by Race/Ethnicity, 2016

Note: Uninsured Kansas adults age 19-64 (not in institutions) = 200,464. Percentages may not add up to 100 percent because of rounding. All Minorities includes any race/ethnicity other than White, Non-Hispanic (see Appendix A.2).

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.

Minority Adults More Likely to be Uninsured

Figure 3.2b  Kansas Adults, Age 19-64: Uninsured Rates by Race/Ethnicity, 2016

Note: See Appendix A.2 for definitions of specific racial/ethnic groups.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
More than half (54.7 percent) of the uninsured adults in Kansas were non-Hispanic Whites.

Kansas adults who are Hispanic, Any Race, were 3.6 times more likely to be uninsured than those who are non-Hispanic White (29.9 percent compared to 8.4 percent).

Non-Hispanic Black adults in Kansas were 2.7 times more likely to be uninsured than those who are non-Hispanic White (23.0 percent compared to 8.4 percent).

Between 2009 and 2016, the uninsured rate decreased by about one-third for all adult racial/ethnic groups in Kansas except for non-Hispanic Blacks, for whom the uninsured rate decreased by only about one-fifth (28.7 percent compared to 23.0 percent).
3.3 Uninsured by Family Income

**KANSAS ADULTS, AGE 19-64**

Several provisions of the ACA target affordability of health insurance for low- and middle-income, working people, including financial assistance paying premiums and reduced out-of-pocket expenses. Nonetheless, health insurance and health care itself remain unaffordable for many working persons. Those with lower income also have higher rates and greater severity of disease, as well as shorter life expectancy.

**Four Out of Ten Uninsured Kansas Adults May Qualify for Medicaid if Expanded**

*Figure 3.3a  Uninsured Kansas Adults, Age 19-64, by Family Income, 2016*

Note: Uninsured Kansas adults age 19-64 with income information (not in institutions) = 198,688. Percentages may not sum to 100 percent because of rounding. Adults with family incomes at or below 138 percent of FPL ($33,534 for a family of four in 2016) may qualify for Medicaid if expanded.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.

**One in Ten Middle-Income Earners Still Uninsured**

*Figure 3.3b  Kansas Adults, Age 19-64: Uninsured Rates by Family Income, 2016*

Note: Adults with family incomes less than or equal to 138 percent of FPL ($33,534 for a family of four) may qualify for Medicaid if expanded.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
Four out of every ten (43.1 percent) uninsured Kansas adults age 19-64 had family incomes at or below 138 percent of FPL and may qualify for Medicaid if expanded.

More than two-thirds (68.4 percent) of uninsured adults had family incomes above the poverty line.

Kansas adults age 19-64 with incomes at or below 138 percent of FPL (29.0 percent) were 7.6 times more likely to be uninsured than those above 400 percent of FPL (3.8 percent).

Among adults with family income between 200 and 400 percent FPL, one in ten (9.5 percent) still remained uninsured.

The uninsured rate dropped by 20 to 35 percent between 2009 and 2016 for all income categories. The biggest drop was for those with family incomes between 200 and 400 percent FPL.
3.4 Uninsured by Employment Status

**KANSAS ADULTS, AGE 19-64**

While employment makes it more likely a person will be insured, it does not guarantee it. Whether or not an employer offers health insurance, the eligibility of the employee and their dependents for coverage, and affordability and value are all factors that contribute to the likelihood an employee gets insurance.

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**Three-Fourths of Uninsured Kansas Adults are Working**

*Figure 3.4a  Uninsured Kansas Adults, Age 19-64, by Employment Status, 2016*

Note: Uninsured Kansas adults age 19-64 (not in ins/g2462tu/g2462ons) = 200,464. Percentages may not sum to 100 percent because of rounding.

*Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.*

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**Part-Time Workers Twice as Likely as Full-Time Workers to Lack Insurance**

*Figure 3.4b  Kansas Adults, Age 19-64: Uninsured Rates by Employment Status, 2016*

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
Three-fourths (75.4 percent) of uninsured Kansas adults were working in 2016, divided evenly between full-time, year-round (36.6 percent) and part-time (38.7 percent) workers.

Part-time workers (17.5 to 19.1 percent) were more than twice as likely to be uninsured as full-time, year-round workers (7.4 percent).

Part-time workers (17.5 to 19.1 percent) were no more likely to have insurance than those not employed (17.7 percent).

Full-time, year-round and part-time workers experienced similar drops (30.8 and 35.4 percent, respectively) in uninsured rates between 2009 and 2016.

Only those who were employed full-time, year-round saw a significant drop in uninsured rate (8.8 to 7.4 percent) between 2015 and 2016.
3.5 Young Adults, Age 19-25

Historically, young adults have had the highest uninsured rate, partly because they tended to have entry-level jobs less likely to offer health insurance, and partly because they often felt invincible and did not see the value of health insurance. The ACA specifically targeted this age group by allowing children to stay on their parent’s insurance until age 26.

Uninsured Rate Among Young Adults Nearly Cut in Half

Figure 3.5  Kansas Young Adults, Age 19-25: Sources of Health Insurance Coverage, 2009-2016

Key Points

- The uninsured rate among young adults in Kansas was nearly cut in half between 2009 and 2016 (24.6 to 14.2 percent).
- The percent of young adults with employment-based coverage increased from 55.7 percent in 2009 to 65.5 percent in 2016. This is likely from young adults staying on their parent’s plan.
KANSAS CHILDREN
AGE 0-18
4.1 Sources of Health Insurance Coverage
KANSAS CHILDREN, AGE 0-18

Health insurance coverage has typically been divided into private and public coverage. Private coverage for children may be available through a parent’s job, or parents may directly purchase coverage for their child, including on the Kansas marketplace established by the ACA. More children have public coverage, most commonly Medicaid or CHIP, than other age groups because of the more generous eligibility rules for children (see Appendix A.4).

Nearly One-Third of Kansas Children Covered by Medicaid or CHIP

*Figure 4.1a  Kansas Children, Age 0-18: Sources of Health Insurance Coverage, 2016*

Note: Kansas children age 0-18 (not in institutions) = 752,157. Percentages may not sum to 100 percent because of rounding. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA Health Care (<0.1%) is care provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. Armed Forces and is not labeled due to small percentage.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
Like their parents, most (53.1 percent) children in Kansas get insurance through a parent’s job.

Nearly one-third (30.5 percent) of Kansas children were covered by Medicaid or CHIP.

The uninsured rate among Kansas children dropped by more than one-third (from 8.6 percent in 2009 to 4.9 percent in 2016).

Public coverage increased for children from 25.2 percent in 2009 to 30.9 percent in 2016. Kansas, like other non-expansion states, still saw increases in Medicaid enrollment following enactment of the ACA.

Employment-based coverage was relatively stable over this time period.
4.2 Uninsured by Race/Ethnicity

KANSAS CHILDREN, AGE 0-18

Even among children, minorities historically have had higher uninsured rates than non-Hispanic Whites. Various social policies have led to smaller disparities among children than adult minorities, but the inequities have persisted. State policies and additional outreach and education can further reduce the inequity by continuing to address the higher uninsured rates among minority children.

More Than Half of Uninsured Kansas Children are White, Non-Hispanic

Figure 4.2a  Uninsured Kansas Children, Age 0-18, by Race/Ethnicity, 2016

Note: Uninsured Kansas children age 0-18 (not in institutions) = 36,752. Percentages may not sum to 100 percent because of rounding. All Minorities includes any race/ethnicity other than White, Non-Hispanic (see Appendix A.2).

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.

Hispanic Children More Likely to be Uninsured than White, Non-Hispanics

Figure 4.2b  Kansas Children, Age 0-18: Uninsured Rates by Race/Ethnicity, 2016

Note: See Appendix A.2 for definitions of specific racial/ethnic groups.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
Over half (58.2 percent) of uninsured children in Kansas were non-Hispanic Whites.

Children who are Hispanic, Any Race, were 1.8 times more likely to be uninsured than non-Hispanic Whites (7.6 percent compared to 4.2 percent).

Non-Hispanic Black children (5.5 percent) had a similar uninsured rate as non-Hispanic Whites (4.2 percent).

In 2009, All Minorities as a group were 2.5 times more likely than non-Hispanic White children to be uninsured (15.2 percent compared to 6.0 percent). In 2016, this gap had narrowed to 1.5 times, but is no longer statistically significant (6.2 percent compared to 4.2 percent).
4.3 Uninsured by Family Income

KANSAS CHILDREN, AGE 0-18

The CHIP program and other policies have made insurance for children more affordable. The ACA created mechanisms to help make coverage for even more children affordable. Nonetheless, health insurance and health care itself remain unaffordable for many children in working families. Children in low-income families are at greater risk for worse health outcomes without access to preventive and primary care.

Two-Thirds of Uninsured Children in Kansas Live in Families That May Already Qualify for Medicaid/CHIP

Figure 4.3a  Uninsured Kansas Children, Age 0-18, by Family Income, 2016

Low-Income Children Four Times More Likely to Lack Insurance

Figure 4.3b  Kansas Children, Age 0-18: Uninsured Rates by Family Income, 2016
### Key Points

- **Two-thirds (67.8 percent)** of uninsured Kansas children were in families with incomes under 243 percent of FPL and may already have been eligible for Medicaid or CHIP.

- An additional one in five (21.1 percent) uninsured Kansas children was in a family with income between 243 and 400 percent FPL and may have been eligible for financial assistance on the ACA marketplace.

- Children living below the poverty line were 4.5 times more likely than those in families with income over 400 percent FPL to be uninsured in 2016 (8.6 percent compared to 1.9 percent).

- The uninsured rate for children under 243 percent FPL was cut in half over the last several years. (13.4 percent in 2009 compared to 6.9 percent in 2016).

---

Uninsured Rate Cut in Half for Children Eligible for Medicaid/CHIP

*Figure 4.3c Kansas Children, Age 0-18: Uninsured Rates by Family Income, 2009-2016*

Note: In 2016, children living in families with incomes below 243 percent of FPL ($59,049 for a family of four in 2016) may qualify for Medicaid/CHIP.

Source: KHI analysis of data from the U.S. Census Bureau’s 2009-2016 American Community Survey Public Use Microdata Samples.
4.4 Uninsured by Householder Employment Status

KANSAS CHILDREN, AGE 0-18

While having an employed parent makes it more likely that a child in that household will be insured, it does not guarantee it. Whether or not an employer offers insurance, the eligibility of dependents for the coverage, and how much, if anything, the employer pays towards the premium, all affect the likelihood a child will be covered.

Nearly Nine Out of Ten Uninsured Kansas Children Live in Working Families

Figure 4.4a Uninsured Kansas Children, Age 0-18, by Householder Employment Status, 2016

Uninsured Rates for Children Similar Regardless of Householder Employment Status

Figure 4.4b Kansas Children, Age 0-18: Uninsured Rates by Householder Employment Status, 2016

Note: Uninsured Kansas children, age 0-18, (not in institutions) = 36,752. Percentages may not sum to 100 percent because of rounding.
Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
Nearly nine out of ten (86.5 percent) uninsured Kansas children lived in families where the head of household was working at least part-time during the year. Over half (56.4 percent) of uninsured children lived in families where the head of household worked full-time, year-round.

There were no significant differences between uninsured rates for children based on parent’s employment status, but children in families with a head of household working other than full-time, year-round tended to have higher uninsured rates. Between 2009 and 2016, the drops in uninsured rates for children were significant regardless of the employment status of the head of household (full-time, year-round decreased 34.4 percent; part-time decreased 45.6 percent; and, not employed decreased 57.6 percent).
A.1 About the Data

THE AMERICAN COMMUNITY SURVEY PUBLIC USE MICRODATA SAMPLE

The American Community Survey (ACS), administered by the U.S. Census Bureau, 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.

For this report we use the ACS Public Use Microdata Sample (PUMS) data set, which is a subsample of ACS housing units and group quarters that contains the full range of responses collected on individual ACS questionnaires. The PUMS allows a more detailed and custom analysis of health insurance status by several demographic characteristics at the state-level than the predefined ACS 1-year estimate tables published in American FactFinder. The PUMS provides reliable, single-year estimates of health insurance coverage. The 2016 PUMS sample included 27,810 non-institutionalized Kansans —persons not living in institutions such as correctional facilities, nursing facilities or state hospitals— representing about 1 percent of the population. 2009 is the baseline year before the enactment of the Affordable Care Act (ACA) in 2010, although the major insurance expansion provisions of the ACA were not implemented until 2014. For trend analyses, 2009-2016 data were used to cover this entire period.

MARKETPLACE ENROLLMENT

The federally facilitated marketplace for Kansas opened on October 1, 2013. The marketplace enrollment data used in the Infographic were retrieved from the 2016 Marketplace Open Enrollment Period (between November 1, 2015 and January 31, 2016) Public Use Files from the Centers for Medicare and Medicaid Services website[i]. Kansas was among the 38 states that used the federal HealthCare.gov platform.

STATISTICAL SIGNIFICANCE

Using PUMS data, KHI estimated and compared the percentages of uninsured Kansans across time and by subgroups of interest (e.g., age, poverty category, etc.). 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 population group represented in the survey. Therefore, statistical tests were performed to take into account the number of people in each population group and variability in the data. Differences specifically noted in the text are statistically significant at the p<0.05 level.

A.2 Glossary of Terms

AGE
• Children: Persons age 0-18.
• Adults: Persons age 19-64.
• Young Adults: Persons age 19-25.
• Adults 65+: Persons age 65 and older.

RACE AND ETHNICITY
• White, Non-Hispanic: Race reported as White (origins in any of the original peoples of Europe, the Middle East, or North Africa) but not of Hispanic or Latino Origin.
• Black, Non-Hispanic: Race reported as Black or African American (origins in any of the Black racial groups of Africa) but not of Hispanic or Latino Origin.
• Other/Multiple Races, Non-Hispanic: the group includes non-Hispanic ethnicity in the following racial categories: 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.
• Hispanic, Any Race: ethnicity of Hispanic or Latino origin and can be of any race.
• All Minorities: includes any race/ethnicity other than White, Non-Hispanic.

INCOME
The Federal Poverty Level (FPL) is 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 are the dollar amounts taken from the 2016 Federal Register publication (Figure A.4a).

EMPLOYMENT STATUS
• Full-Time, Year-Round: works 35 hours or more per week (not necessarily for one employer) and was employed or worked for 50 weeks or more in the last 12 months.
• Part-Time: reported Full-Time, Part-Year; Part-Time, Year-Round; or, Part-Time, Part-Year employment defined as:
  › Full-Time, Part-Year: works 35 hours or more per week (not necessarily for one employer) and was employed or worked fewer than 50 weeks in the last 12 months.
  › Part-Time, Year-Round: works fewer than 35 hours per week (not necessarily for one employer) and was employed or worked for 50 weeks or more in the last 12 months.
  › Part-Time, Part-Year: works fewer than 35 hours per week (not necessarily for one employer) and was employed or worked fewer than 50 weeks in the last 12 months.
• Not Employed: has not worked for the last 12 months, or not in the labor force.
A.3 Types of Health Insurance Coverage

PRIVATE HEALTH 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.

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

• Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. Under the ACA, people with incomes between 100 percent ($24,300 for a family of four in 2016) and 400 percent FPL ($97,200 for a family of four in 2016) may be eligible to receive financial assistance in the form of premium tax credits to help pay for private health insurance purchased on the marketplace. In 2016, 82 percent of Kansans used tax credits and the average premium cost for enrollees after those credits was $106 per month.

PUBLIC HEALTH INSURANCE

Public health insurance refers to coverage provided through government-sponsored health programs—plans funded at the federal, state or local levels. The U.S. Census Bureau classifies public health insurance in the following ways:

• Medicare
• Medicaid
• Children’s Health Insurance Program (CHIP)
• VA Health Care

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.

CHIP is administered at the state-level, providing health care to children who are not eligible for the Title XIX Medicaid program and live in families that earn less than a certain percent of Federal Poverty Level. The Kansas CHIP income eligibility for 2016 was a family income under 243% FPL, or $59,049 for a family of four.

Figure A.4b outlines current Kansas income eligibility requirements for Medicaid and CHIP.

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.

VA Health Care is care provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. Armed Forces.

UNINSURED

The 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. Kansans with only IHS coverage are included in the uninsured category, consistent with how the ACS classifies such persons.

HEALTH INSURANCE COVERAGE HIERARCHY

Because ACS respondents can report more than one type of insurance for the calendar year, KHI uses a standard hierarchy to assign health insurance status. At the top of the hierarchy is having both Medicaid and Medicare coverage together, followed by Medicaid/CHIP alone, Medicare alone, employment-based insurance, Military/TRICARE, VA Health Care and direct-purchase insurance coverage. As described above, individuals that list the Indian Health Service (IHS) as their only source of insurance are included in the uninsured category.

Previous editions of the Annual Insurance Update from KHI have also included some figures showing the results for respondents who reported more than one type of insurance coverage for the calendar year. This led to reporting two slightly different numbers on the sources of health insurance coverage that had little meaning. For that reason, this edition reports only the results using the hierarchy.

TREND ANALYSES

In our analysis of the trends in sources of health insurance coverage, 2009-2016, the insurance categories are defined as: public coverage, including Medicaid or CHIP (collectively known in Kansas as KanCare), Medicare and VA Health Care; employment-based coverage including employment-based insurance and military/TRICARE insurance; and, direct-purchase insurance, defined as health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace.
### A.4 Income Eligibility Guidelines for Public Coverage

**FEDERAL POVERTY GUIDELINES**

*Figure A.4a Federal Poverty Guidelines for 48 Contiguous States, District of Columbia, Guam and Territories, 2016*

<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>$11,880</td>
<td>$990</td>
<td>$228</td>
</tr>
<tr>
<td>2</td>
<td>$16,020</td>
<td>$1,335</td>
<td>$308</td>
</tr>
<tr>
<td>3</td>
<td>$20,160</td>
<td>$1,680</td>
<td>$388</td>
</tr>
<tr>
<td>4</td>
<td>$24,300</td>
<td>$2,025</td>
<td>$467</td>
</tr>
<tr>
<td>5</td>
<td>$28,440</td>
<td>$2,370</td>
<td>$547</td>
</tr>
<tr>
<td>6</td>
<td>$32,580</td>
<td>$2,715</td>
<td>$627</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:

<table>
<thead>
<tr>
<th></th>
<th>Annual Income</th>
<th>Monthly Income</th>
<th>Weekly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>For each additional family member add:</td>
<td>$4,160</td>
<td>$347</td>
<td>$80</td>
</tr>
</tbody>
</table>

*Source: Federal Register (January 15, 2016), Vol. 81, Page 4036-4037.*
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.

Figure A.4b Income Eligibility Levels for Kansas Medicaid and CHIP, May 2016

Note: The eligibility levels reflect 2016 Modified Adjusted Gross Income (MAGI) income rules, including a 5 percent income disregard that may be applied on an individual basis. This chart does not reflect the income eligibility levels for persons with disabilities, seniors and the medically needy.

Source: KHI analysis of eligibility information from the Division of Health Care Finance, Kansas Department of Health and Environment.
### A.5 Detailed Tables

**Figure A.5a All Kansans by Source of Coverage, Age, Race/Ethnicity, Family Income, and Employment Status, 2016**

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Number Covered</th>
<th>Coverage Rate</th>
<th>Number Uninsured</th>
<th>% of Total Uninsured Population</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Kansans</td>
<td>2,865,871</td>
<td>2,626,293</td>
<td>91.6%</td>
<td>239,578</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

**Sources of Health Insurance Coverage**

<table>
<thead>
<tr>
<th>Public Coverage</th>
<th>Total</th>
<th>Coverage Rate</th>
<th>Number Covered</th>
<th>Uninsured</th>
<th>% of Total Uninsured Population</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid/CHIP</td>
<td>323,859</td>
<td>11.3%</td>
<td>399,788</td>
<td>72,370</td>
<td>13.9%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Medicare</td>
<td>296,187</td>
<td>17.5%</td>
<td>41,943</td>
<td>102,337</td>
<td>14.9%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Both Medicaid and Medicare</td>
<td>72,370</td>
<td>2.5%</td>
<td>9,268</td>
<td>239,502</td>
<td>8.4%</td>
<td>8.4%</td>
</tr>
<tr>
<td>VA Health Care</td>
<td>9,268</td>
<td>0.3%</td>
<td>713,250</td>
<td>2,362</td>
<td>1.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Private Coverage</td>
<td>1,821,008</td>
<td>63.5%</td>
<td>1,513,114</td>
<td>68,392</td>
<td>4.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Employment-Based</td>
<td>1,513,114</td>
<td>52.8%</td>
<td>68,392</td>
<td>713,250</td>
<td>23.5%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Military/TRICARE</td>
<td>68,392</td>
<td>2.4%</td>
<td>68,392</td>
<td>239,502</td>
<td>8.4%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Direct-Purchase</td>
<td>239,502</td>
<td>8.4%</td>
<td>239,502</td>
<td>2,362</td>
<td>1.0%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

**Age**

<table>
<thead>
<tr>
<th>Kansas Children, Age 0-18</th>
<th>752,157</th>
<th>15.3%</th>
<th>4.9%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas Adults, Age 19-64</td>
<td>1,696,921</td>
<td>83.7%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Age 19-25</td>
<td>296,187</td>
<td>17.5%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Age 26-44</td>
<td>687,484</td>
<td>42.7%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Age 45-64</td>
<td>713,250</td>
<td>23.5%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Kansas Adults, Age 65+</td>
<td>416,793</td>
<td>1.0%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>

**Race/Ethnicity**

<table>
<thead>
<tr>
<th>White, Non-Hispanic</th>
<th>2,188,391</th>
<th>55.0%</th>
<th>6.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Minorities</td>
<td>677,480</td>
<td>45.0%</td>
<td>15.9%</td>
</tr>
<tr>
<td>Black, Non-Hispanic</td>
<td>162,539</td>
<td>10.9%</td>
<td>16.1%</td>
</tr>
<tr>
<td>Other/Multiple Races, Non-Hispanic</td>
<td>180,675</td>
<td>6.5%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Hispanic, Any Race</td>
<td>334,266</td>
<td>27.6%</td>
<td>19.8%</td>
</tr>
</tbody>
</table>

**Family Income**

<table>
<thead>
<tr>
<th>Less Than 100% FPL</th>
<th>340,972</th>
<th>30.6%</th>
<th>21.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%-199% FPL</td>
<td>506,312</td>
<td>30.7%</td>
<td>14.4%</td>
</tr>
<tr>
<td>200%-400% FPL</td>
<td>926,390</td>
<td>25.6%</td>
<td>6.5%</td>
</tr>
<tr>
<td>&gt; 400% FPL</td>
<td>1,053,423</td>
<td>13.0%</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: A.2 – race and ethnicity, employment status; A.3 – types of health insurance coverage; A.4 – eligibility requirements for public coverage. Information on family income not available for all respondents.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
Figure A.5b  Kansas Adults, Age 19-64, by Source of Coverage, Race/Ethnicity, Family Income, and Employment Status, 2016

<table>
<thead>
<tr>
<th>Source of Health Insurance Coverage</th>
<th>Total Population</th>
<th>Number Covered</th>
<th>Coverage Rate</th>
<th>Number Uninsured</th>
<th>% of Total Uninsured Population</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Coverage</td>
<td>1,696,921</td>
<td>1,496,457</td>
<td>88.2%</td>
<td>200,464</td>
<td>100.0%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Medicaid/CHIP</td>
<td>165,881</td>
<td>94,743</td>
<td>5.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>94,743</td>
<td>32,954</td>
<td>1.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both Medicaid and Medicare</td>
<td>32,954</td>
<td>29,101</td>
<td>1.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Health Care</td>
<td>29,101</td>
<td>9,083</td>
<td>0.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Coverage</td>
<td>1,330,576</td>
<td>1,107,659</td>
<td>78.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment-Based</td>
<td>1,107,659</td>
<td>65.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military/TRICARE</td>
<td>1,107,659</td>
<td>44,445</td>
<td>2.6%</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Direct-Purchase</td>
<td>178,472</td>
<td>10.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total Population</th>
<th>Number Covered</th>
<th>Coverage Rate</th>
<th>Number Uninsured</th>
<th>% of Total Uninsured Population</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>1,305,909</td>
<td>109,592</td>
<td>54.7%</td>
<td></td>
<td>8.4%</td>
<td></td>
</tr>
<tr>
<td>All Minorities</td>
<td>391,012</td>
<td>90,872</td>
<td>45.3%</td>
<td></td>
<td>23.2%</td>
<td></td>
</tr>
<tr>
<td>Black, Non-Hispanic</td>
<td>101,587</td>
<td>23,399</td>
<td>11.7%</td>
<td></td>
<td>23.0%</td>
<td></td>
</tr>
<tr>
<td>Other/Multiple Races, Non-Hispanic</td>
<td>103,725</td>
<td>11,922</td>
<td>5.9%</td>
<td></td>
<td>11.5%</td>
<td></td>
</tr>
<tr>
<td>Hispanic, Any Race</td>
<td>185,700</td>
<td>55,551</td>
<td>27.7%</td>
<td></td>
<td>29.9%</td>
<td></td>
</tr>
</tbody>
</table>

Family Income

<table>
<thead>
<tr>
<th>Family Income</th>
<th>Total Population</th>
<th>Number Covered</th>
<th>Coverage Rate</th>
<th>Number Uninsured</th>
<th>% of Total Uninsured Population</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than 100% FPL</td>
<td>206,357</td>
<td>62,818</td>
<td>31.6%</td>
<td></td>
<td>30.4%</td>
<td></td>
</tr>
<tr>
<td>100%-199% FPL</td>
<td>252,660</td>
<td>59,059</td>
<td>29.7%</td>
<td></td>
<td>23.4%</td>
<td></td>
</tr>
<tr>
<td>200%-400% FPL</td>
<td>536,337</td>
<td>50,984</td>
<td>25.7%</td>
<td></td>
<td>9.5%</td>
<td></td>
</tr>
<tr>
<td>&gt; 400% FPL</td>
<td>677,306</td>
<td>25,827</td>
<td>13.0%</td>
<td></td>
<td>3.8%</td>
<td></td>
</tr>
<tr>
<td>≤ 138% FPL</td>
<td>295,609</td>
<td>85,730</td>
<td>43.1%</td>
<td></td>
<td>29.0%</td>
<td></td>
</tr>
<tr>
<td>100%-138% FPL</td>
<td>89,252</td>
<td>22,912</td>
<td>11.5%</td>
<td></td>
<td>25.7%</td>
<td></td>
</tr>
</tbody>
</table>

Employment Status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Total Population</th>
<th>Number Covered</th>
<th>Coverage Rate</th>
<th>Number Uninsured</th>
<th>% of Total Uninsured Population</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time, Year-Round</td>
<td>990,349</td>
<td>73,392</td>
<td>36.6%</td>
<td></td>
<td>7.4%</td>
<td></td>
</tr>
<tr>
<td>Part-Time</td>
<td>428,306</td>
<td>77,696</td>
<td>38.8%</td>
<td></td>
<td>18.1%</td>
<td></td>
</tr>
<tr>
<td>Full Time, Part-Year</td>
<td>159,634</td>
<td>30,551</td>
<td>15.2%</td>
<td></td>
<td>19.1%</td>
<td></td>
</tr>
<tr>
<td>Part-Time, Year-round</td>
<td>134,040</td>
<td>23,466</td>
<td>11.7%</td>
<td></td>
<td>17.5%</td>
<td></td>
</tr>
<tr>
<td>Part-Time, Part-Year</td>
<td>134,632</td>
<td>23,679</td>
<td>11.8%</td>
<td></td>
<td>17.6%</td>
<td></td>
</tr>
<tr>
<td>Not Employed</td>
<td>278,266</td>
<td>49,376</td>
<td>24.6%</td>
<td></td>
<td>17.7%</td>
<td></td>
</tr>
</tbody>
</table>

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: A.2 - race and ethnicity, employment status; A.3 - types of health insurance coverage; A.4 - eligibility requirements for public coverage. Information on family income not available for all respondents.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
### Figure A.5c  Kansas Children, Age 0-18, by Source of Coverage, Race/Ethnicity, Family Income, and Householder Employment Status, 2016

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Number Covered</th>
<th>Coverage Rate</th>
<th>Number Uninsured</th>
<th>% of Total Uninsured Population</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kansas Children, Age 0-18</strong></td>
<td>752,157</td>
<td>715,405</td>
<td>95.1%</td>
<td>36,752</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

#### Sources of Health Insurance Coverage

<table>
<thead>
<tr>
<th>Source of Coverage</th>
<th>Total Population</th>
<th>Number Covered</th>
<th>Coverage Rate</th>
<th>Number Uninsured</th>
<th>% of Total Uninsured Population</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Coverage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid/CHIP</td>
<td>232,623</td>
<td>229,116</td>
<td>30.9%</td>
<td>3,507</td>
<td>1.5%</td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>2,704</td>
<td>2,704</td>
<td>100.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both Medicaid and Medicare</td>
<td>658</td>
<td>658</td>
<td>0.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Health Care</td>
<td>145</td>
<td>145</td>
<td>&lt;0.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Private Coverage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment-Based</td>
<td>482,782</td>
<td>469,689</td>
<td>64.2%</td>
<td>13,093</td>
<td>2.7%</td>
<td></td>
</tr>
<tr>
<td>Military/TRICARE</td>
<td>23,865</td>
<td>23,865</td>
<td>100.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct-Purchase</td>
<td>59,681</td>
<td>59,681</td>
<td>100.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total Population</th>
<th>Number Covered</th>
<th>Coverage Rate</th>
<th>Number Uninsured</th>
<th>% of Total Uninsured Population</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>504,691</td>
<td>21,394</td>
<td>58.2%</td>
<td>4,277</td>
<td>20.3%</td>
<td>8.4%</td>
</tr>
<tr>
<td>All Minorities</td>
<td>247,466</td>
<td>15,358</td>
<td>41.8%</td>
<td>9,001</td>
<td>59.0%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Black, Non-Hispanic</td>
<td>45,794</td>
<td>2,532</td>
<td>5.5%</td>
<td>2,279</td>
<td>49.9%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Other/Multiple Races, Non-Hispanic</td>
<td>66,805</td>
<td>2,512</td>
<td>3.8%</td>
<td>2,230</td>
<td>33.7%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Hispanic, Any Race</td>
<td>134,867</td>
<td>10,314</td>
<td>28.1%</td>
<td>3,043</td>
<td>22.7%</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

#### Family Income

<table>
<thead>
<tr>
<th>Family Income</th>
<th>Total Population</th>
<th>Number Covered</th>
<th>Coverage Rate</th>
<th>Number Uninsured</th>
<th>% of Total Uninsured Population</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than 100% FPL</td>
<td>105,173</td>
<td>9,023</td>
<td>25.3%</td>
<td>1,000</td>
<td>11.4%</td>
<td>8.6%</td>
</tr>
<tr>
<td>100%-199% FPL</td>
<td>177,064</td>
<td>13,272</td>
<td>37.2%</td>
<td>4,784</td>
<td>35.1%</td>
<td>7.5%</td>
</tr>
<tr>
<td>200%-400% FPL</td>
<td>246,204</td>
<td>9,413</td>
<td>38.2%</td>
<td>5,150</td>
<td>54.3%</td>
<td>3.8%</td>
</tr>
<tr>
<td>&gt; 400% FPL</td>
<td>209,203</td>
<td>3,945</td>
<td>18.8%</td>
<td>1,988</td>
<td>49.3%</td>
<td>1.9%</td>
</tr>
<tr>
<td>&lt; 243% FPL</td>
<td>349,472</td>
<td>24,188</td>
<td>67.8%</td>
<td>1,754</td>
<td>7.0%</td>
<td>6.9%</td>
</tr>
<tr>
<td>200%-242% FPL</td>
<td>67,235</td>
<td>1,893</td>
<td>27.9%</td>
<td>1,574</td>
<td>99.6%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

#### Employment Status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Total Population</th>
<th>Number Covered</th>
<th>Coverage Rate</th>
<th>Number Uninsured</th>
<th>% of Total Uninsured Population</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time, Year-Round</td>
<td>495,510</td>
<td>20,718</td>
<td>56.4%</td>
<td>4,792</td>
<td>19.6%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Part-Time</td>
<td>162,561</td>
<td>11,094</td>
<td>30.2%</td>
<td>4,340</td>
<td>39.3%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Full Time, Part-Year</td>
<td>64,458</td>
<td>4,641</td>
<td>12.6%</td>
<td>4,007</td>
<td>91.0%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Part-Time, Year-Round</td>
<td>50,975</td>
<td>2,986</td>
<td>8.1%</td>
<td>3,523</td>
<td>59.5%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Part-Time, Part-Year</td>
<td>47,128</td>
<td>3,467</td>
<td>9.4%</td>
<td>4,661</td>
<td>100.0%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Not Employed</td>
<td>94,086</td>
<td>4,940</td>
<td>13.4%</td>
<td>4,500</td>
<td>100.0%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: A.2 – race and ethnicity, employment status; A.3 – types of health insurance coverage; A.4 – eligibility requirements for public coverage. Information on family income not available for all respondents.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
<table>
<thead>
<tr>
<th>Total Population</th>
<th>Number Covered</th>
<th>Coverage Rate</th>
<th>Number Uninsured</th>
<th>% of Total Uninsured Population</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kansas Adults, Age 65+</strong></td>
<td>416,793</td>
<td>414,431</td>
<td>99.4%</td>
<td>2,362</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

**Sources of Health Insurance Coverage**

<table>
<thead>
<tr>
<th>Public Coverage</th>
<th>Total Number Covered</th>
<th>Coverage Rate</th>
<th>Number Uninsured</th>
<th>% of Total Uninsured Population</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid/CHIP</td>
<td>0</td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>364,130</td>
<td>87.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both Medicaid and Medicare</td>
<td>42,611</td>
<td>10.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VA Health Care</td>
<td>40</td>
<td>&lt;0.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Private Coverage</th>
<th>Total Number Covered</th>
<th>Coverage Rate</th>
<th>Number Uninsured</th>
<th>% of Total Uninsured Population</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment-Based</td>
<td>6,219</td>
<td>1.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Military/TRICARE</td>
<td>82</td>
<td>&lt;0.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct-Purchase</td>
<td>1,349</td>
<td>0.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: A.2 – race and ethnicity, employment status; A.3 – types of health insurance coverage; A.4 – eligibility requirements for public coverage. Information on family income not available for all respondents.

Source: KHI analysis of data from the U.S. Census Bureau’s 2016 American Community Survey Public Use Microdata Sample.
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