



KANSAS HEALTH INSTITUTE  
*Informing Policy. Improving Health.*

## HEALTH INSURANCE IN KANSAS

# ANNUAL INSURANCE UPDATE 2020



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# **ANNUAL INSURANCE UPDATE 2020**

## **HEALTH INSURANCE IN KANSAS**

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### **August 2020**

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#### **Acknowledgments**

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# Table of Contents

<b>About this Report</b> .....	<b>iv</b>
<b>Executive Summary</b> .....	<b>v</b>
<b>Section 1. National Perspective</b>	
1.1 Uninsured Rate by State, 2018.....	<b>2</b>
1.2 Medicaid Expansion Status by State, 2018.....	<b>3</b>
1.3 Trends in Insurance Coverage in Kansas and U.S., 2009-2018 .....	<b>4</b>
1.4 Trends in Insurance Coverage by Medicaid Expansion Status, 2009-2018 .....	<b>5</b>
<b>Section 2. All Kansans</b>	
2.1 Sources of Health Insurance Coverage .....	<b>8</b>
2.2 Uninsured by Age .....	<b>10</b>
2.3 Uninsured by Race/Ethnicity .....	<b>12</b>
2.4 Uninsured by Family Income.....	<b>14</b>
2.5 Kansas Adults, Age 65 and Older .....	<b>16</b>
<b>Section 3. Kansas Adults, Age 19-64</b>	
3.1 Sources of Health Insurance Coverage .....	<b>18</b>
3.2 Uninsured by Race/Ethnicity .....	<b>20</b>
3.3 Uninsured by Family Income.....	<b>22</b>
3.4 Uninsured by Employment Status .....	<b>24</b>
3.5 Young Adults, Age 19-25 .....	<b>26</b>
<b>Health Insurance in Kansas Infographic</b> .....	
<b>Section 4. Kansas Children, Age 0-18</b>	
4.1 Sources of Health Insurance Coverage .....	<b>32</b>
4.2 Uninsured by Race/Ethnicity .....	<b>34</b>
4.3 Uninsured by Family Income.....	<b>36</b>
4.4 Uninsured by Head of Household Employment Status.....	<b>38</b>
<b>Section 5. Kansas County Perspective</b>	
5.1 Kansas Adults, Age 19-64: Uninsured by County .....	<b>42</b>
5.2 Kansas Adults, Age 19-64: Medicaid Enrollment by County .....	<b>43</b>
5.3 Kansas Children, Age 0-18: Uninsured by County.....	<b>44</b>
5.4 Kansas Children, Age 0-18: Medicaid/CHIP Enrollment by County .....	<b>45</b>
<b>Appendices</b>	
Appendix A: About the Data.....	<b>A-1</b>
Appendix B: Glossary of Terms .....	<b>B-1</b>
Appendix C: Types of Health Insurance Coverage .....	<b>C-1</b>
Appendix D: Income Eligibility Guidelines for Public Coverage .....	<b>D-1</b>
Appendix E: Detailed Tables .....	<b>E-1</b>

# About this Report

The *Annual Insurance Update 2020* provides a comprehensive review of health insurance coverage in Kansas using the most recent data available. As state and federal efforts regarding health reform 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 more likely to remain uninsured, and trends in coverage since 2009 – the year prior to implementation of the Affordable Care Act (ACA).

This report uses the 2009 through 2018 American Community Survey (ACS) Public Use Microdata Sample (PUMS) files from the U.S. Census Bureau 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. 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. Within the groups analyzed, data are presented by subpopulations of interest: age, race/ethnicity, family income and employment status.

In the last section, the report provides county-level estimates on uninsured rates using the latest available data from the 2017 U.S. Census Bureau Small Area Health Insurance Estimates (SAHIE). This report also provides county-specific Medicaid or CHIP enrollment in 2017 using data from the Kansas Department of Health and Environment (KDHE) Enterprise Data Warehouse (EDW), a multi-payer administrative claims database.

## HOW TO USE THIS REPORT

Differences specifically noted in the text are statistically significant at a p-value <0.05. Data from 2009-2018 were analyzed to understand trends in health insurance coverage. The Affordable Care Act was enacted in 2010 and major insurance expansion provisions of the ACA were implemented in 2014. For the purposes of this report, the year 2009 will be used as the baseline year unless otherwise noted.

The 2018 PUMS survey sample included 28,788 non-institutionalized Kansans, providing accurate and robust state-level estimates of insurance coverage. In the survey question related to sources of health insurance coverage, respondents could report more than one kind of insurance coverage. All figures in this report use a standard hierarchy to report only the main coverage (see *Appendix C*, page C-1).

More information on the data and other technical aspects is available in the Appendices. In Sections 2, 3 and 4, icons are used in lieu of bullet points in each subsection to:

-  = indicate key points related to the pie chart in the subsection;
-  = indicate key points related to the bar chart in the subsection; and
-  = indicate key points related to the trend chart in the subsection.

# Executive Summary

Health insurance coverage in Kansas has improved since the implementation of the Affordable Care Act (ACA) in 2010; however, gains in coverage have stalled in recent years. The uninsured rate in Kansas decreased from 12.6 percent in 2009 to 8.4 percent in 2016, and then flattened out afterwards. In 2018, nearly a quarter million Kansans were uninsured, including 40,000 children and 209,000 adults. This translates to an overall uninsured rate of 8.7 percent, which was similar to that for the U.S. as a whole (8.8 percent).

Nevertheless, in the wake of implementation of major ACA insurance expansion provisions in 2014, the long-standing edge that Kansas had enjoyed in insurance coverage compared to the U.S. overall disappeared. Kansas ranked 33rd among states for insurance coverage in 2018, a slip of 11 positions from its ranking in 2009, when Kansas had a lower uninsured rate than the U.S. as a whole (12.6 percent compared to 15.1 percent). The uninsured rate in Kansas remained significantly lower than in the U.S. overall through 2014 (10.5 percent for Kansas compared to 11.6 percent for the U.S.), but by 2015 the difference was no longer statistically significant (9.2 percent for Kansas compared to 9.4 percent for the U.S.), and has remained that way.

Likewise, Kansas used to have a similar uninsured rate as states that later expanded Medicaid (12.6 percent for Kansas in 2009 compared to 13.6 percent for states that would expand their program). However, in 2014, the uninsured rate in Kansas was higher than that in expansion states as a group (10.5 percent compared to 9.9 percent), which continued into 2018 (8.7 percent compared to 6.6 percent).

Still, in 2018 many uninsured Kansans might have qualified for subsidized coverage but remained uninsured. Of the estimated 249,117 uninsured Kansans, 36,356 (14.6 percent) might have been eligible for Medicaid or the Children's Health Insurance Program (CHIP) even without expansion. Another 129,955 (52.2 percent) might

have qualified for subsidies on the federally facilitated Kansas marketplace established by the ACA. If Kansas had expanded its Medicaid program to cover adults at or below 138 percent of the federal poverty level (FPL), 74,774 uninsured Kansans would have become newly eligible for Medicaid.

Changes in insurance coverage for Kansans in the past decade helped narrow coverage gaps among racial and ethnic groups and people at different income levels. However, despite those improvements, many significant disparities remain. Hispanic, Any Race, Kansans were still 3.3 times more likely to be uninsured than non-Hispanic Whites in 2018 (21.7 percent compared to 6.6 percent). Kansans with family income below the poverty level were still 6.5 times more likely to be uninsured than those with income above 400 percent of the federal poverty level (FPL) in 2018 (19.6 percent compared to 3.0 percent).

While not statistically significant, in 2018 the uninsured rate is trending upward for the first time in the past decade for Hispanic, Any Race, Kansans and for young adult Kansans age 19 to 25, and for the second consecutive year for children likely eligible for Medicaid or CHIP. These findings suggest that maintaining — much less building on — gains in insurance coverage made over the last several years will present an ongoing challenge.

## WHERE DOES KANSAS STAND IN INSURANCE COVERAGE?

- In earlier years, Kansas had an uninsured rate below the national average and similar to states that would later expand Medicaid; however, the favorable advantage for Kansas has disappeared.
- The uninsured rate in Kansas was 8.7 percent, which was similar to the rate of 8.8 percent for the U.S. as a whole.
- The uninsured rate in Kansas (8.7 percent) was

lower than the uninsured rate for those living in non-expansion states (12.3 percent) but was higher than the uninsured rate for those living in expansion states (6.6 percent).

## WHO PROVIDES INSURANCE COVERAGE FOR KANSANS?

- Almost 6 in 10 (56.3 percent) Kansans obtained their health insurance through an employer.
- Almost 3 in 10 (28.8 percent) Kansans had public coverage, primarily Medicare, Medicaid and CHIP.
- The percentage of Kansans who had direct-purchase insurance was 6.4 percent in 2009, it slowly increased following implementation of the ACA peaking at 8.4 percent in 2016, and has gradually dropped to 6.2 percent in 2018.

## WHO ARE UNINSURED KANSANS?

- While the overall uninsured rate for Kansans was 8.7 percent, it was 12.3 percent for adults age 19-64 and 5.4 percent for children age 0-18.
- Most uninsured Kansans were in their prime working years. Nearly 4 in 10 (38.7 percent) uninsured Kansans were age 26-44, while a quarter (26.5 percent) were age 45-64.
- Nearly 6 in 10 (57.3 percent) uninsured Kansans were non-Hispanic White while 3 in 10 (30.1 percent) were Hispanic, Any Race.
- Seven in 10 (72.5 percent) uninsured Kansans had income above the poverty line.
- Four in 10 (39.1 percent) uninsured nonelderly adults were employed full-time, year-round.

## WHICH KANSANS ARE MORE LIKELY TO BE UNINSURED?

- Adults age 19-25 and 26-44 were 1.5 to 1.6 times more likely to be uninsured than those age 45-64 (15.2 percent and 14.1 percent compared to 9.3 percent).

- Gains in insurance coverage among young adults age 19-25 may be in jeopardy, as the uninsured rate among that group increased from 12.8 percent in 2017 to 15.2 percent in 2018. While it was not a significant increase, it is worth watching closely.
- Hispanics, Any Race, were 3.3 times more likely to be uninsured than non-Hispanic Whites (21.7 percent compared to 6.6 percent).
- Kansans with family income below the poverty line were six and a half times more likely to be uninsured than those above 400 percent FPL (19.6 percent compared to 3.0 percent).
- For working Kansas adults age 19-64, part-time, year-round workers, part-time, part-year workers and full-time, part-year workers were at least two times more likely to be uninsured than those working full-time, year-round (16.5, 18.4 and 21.9 percent compared to 8.1 percent).

## HOW DOES INSURANCE COVERAGE VARY ACROSS KANSAS COUNTIES?

- The difference between Kansas counties with the highest and lowest uninsured rates for nonelderly adults varied more than three-fold: 27.2 percent in Hamilton County and 8.2 percent in Leavenworth County.
- Counties in southwest Kansas generally had higher uninsured rates, while counties in northeast Kansas generally had lower uninsured rates. However, the uninsured rate for Wyandotte County in northeast Kansas was high for adults age 19-64 (20.1 percent) and moderate for children age 0-18 (5.7 percent).
- About half of uninsured adults (54.2 percent) and half of uninsured children (49.3 percent) lived in the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).

# 1. NATIONAL PERSPECTIVE

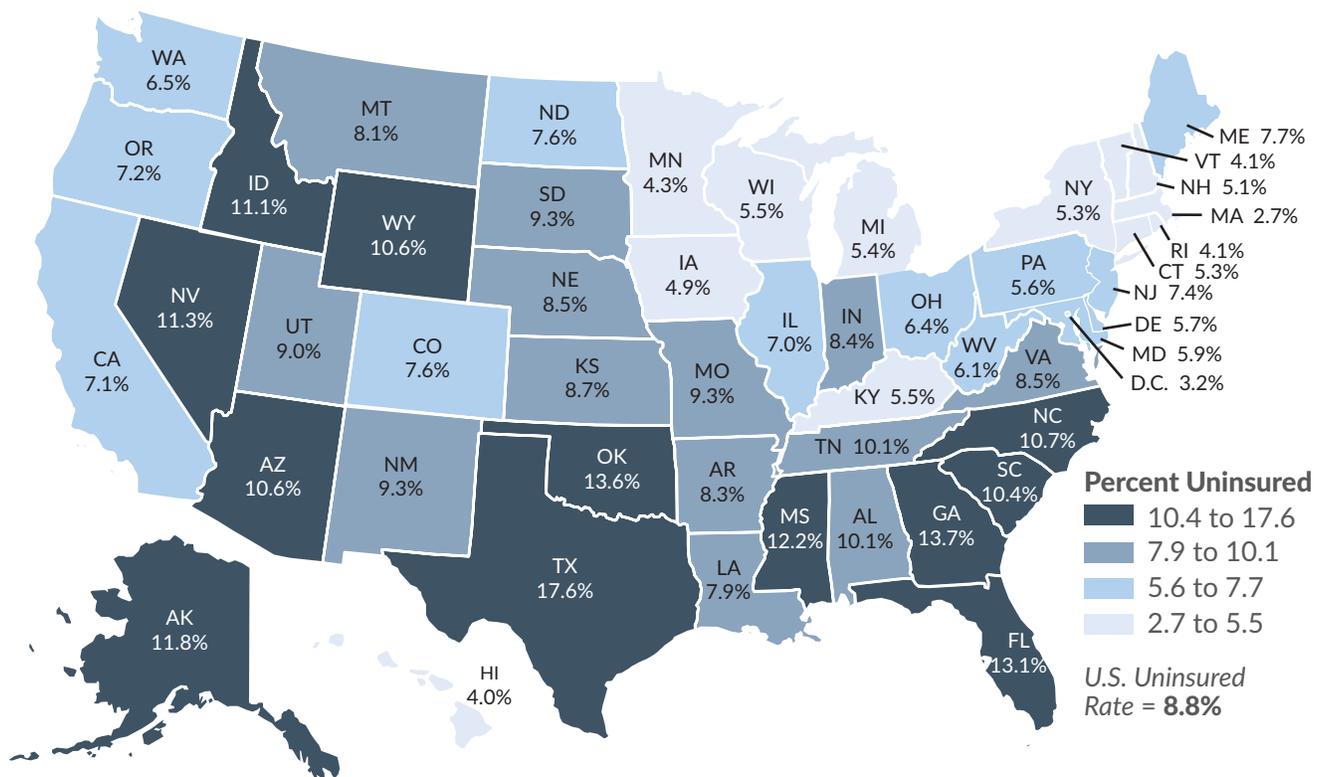
# 1.1 Uninsured Rate by State, 2018

## NATIONAL PERSPECTIVE

The number of people who are uninsured in each state depends on a combination of local, state and federal policies, 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 Ranked 33rd Among States for Insurance Coverage

Figure 1.1 Percentage of Uninsured Residents by State, 2018



Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

### Key Points

- The uninsured rate in Kansas was 8.7 percent, which was similar to the rate of 8.8 percent for the U.S. as a whole.
- While the uninsured rate in Kansas remained similar between 2017 and 2018, its ranking in the country changed from 30th to 33rd.
- The upper Midwest, Northeastern and West Coast states continued to have lower uninsured rates, while the South had higher rates.
- Uninsured rates varied six-fold among states, ranging from a low of 2.7 percent in Massachusetts to a high of 17.6 percent in Texas.

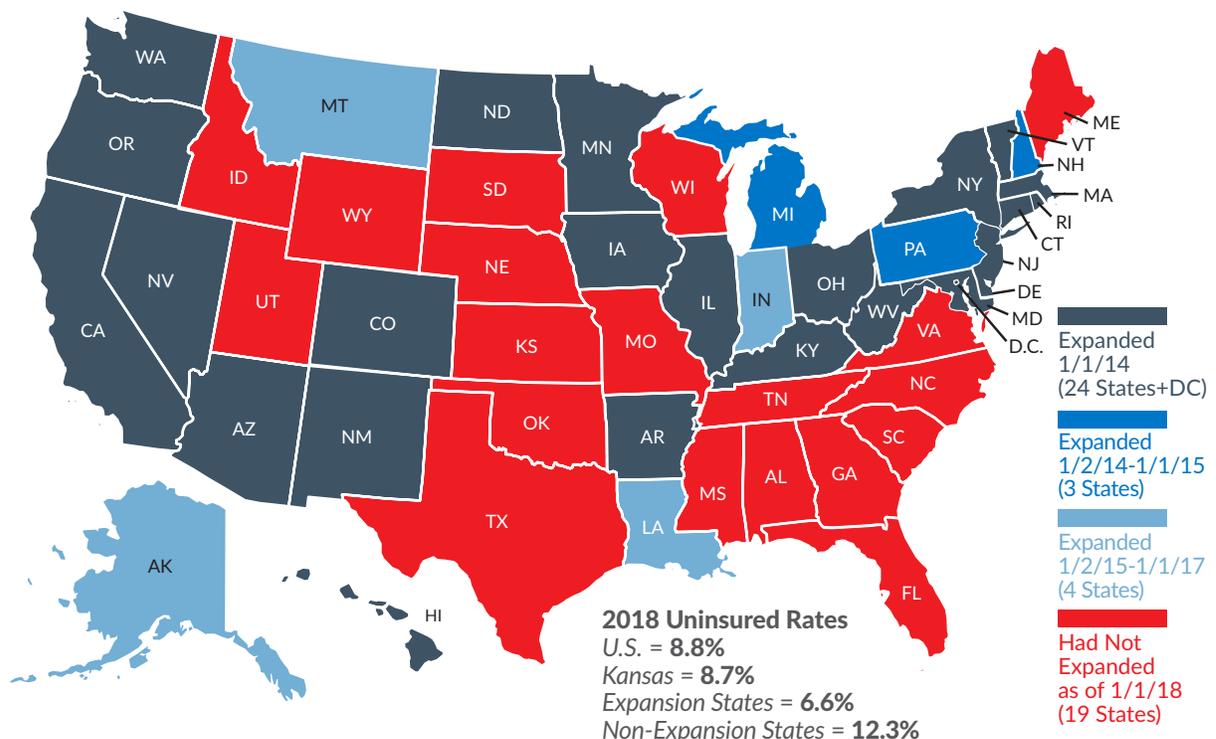
# 1.2 Medicaid Expansion Status by State, 2018

## NATIONAL PERSPECTIVE

The Affordable Care Act (ACA) allowed states, beginning January 1, 2014, to expand Medicaid to adults age 19-64 with family income at or below 138 percent of the federal poverty level (FPL; equivalent to \$34,638 for a family of four in 2018). As of January 1, 2018, 31 states and the District of Columbia had expanded their Medicaid programs. Since that time, four additional states have expanded Medicaid (Idaho, Maine, Utah and Virginia) and one is poised to do so later in 2020 (Nebraska). As of August 2020, Kansas has not expanded its Medicaid program.

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

Figure 1.2 Medicaid Expansion Status by State, 2018



Note: Map shows Medicaid expansion status by state as of January 1, 2018. Since that time, four additional states have expanded Medicaid (Idaho, Maine, Utah and Virginia) and one is poised to do so later in 2020 (Nebraska).

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files for uninsured rates and from the U.S. Census Bureau Health Insurance Coverage in the United States: 2018 for Medicaid expansion status.

### Key Points

- People living in non-expansion states were more likely to be uninsured than people living in expansion states (6.6 percent compared to 12.3 percent).
- The uninsured rate in Kansas (8.7 percent) was lower than the uninsured rate for those living in non-expansion states (12.3 percent) but was higher than the uninsured rate for those living in expansion states (6.6 percent).

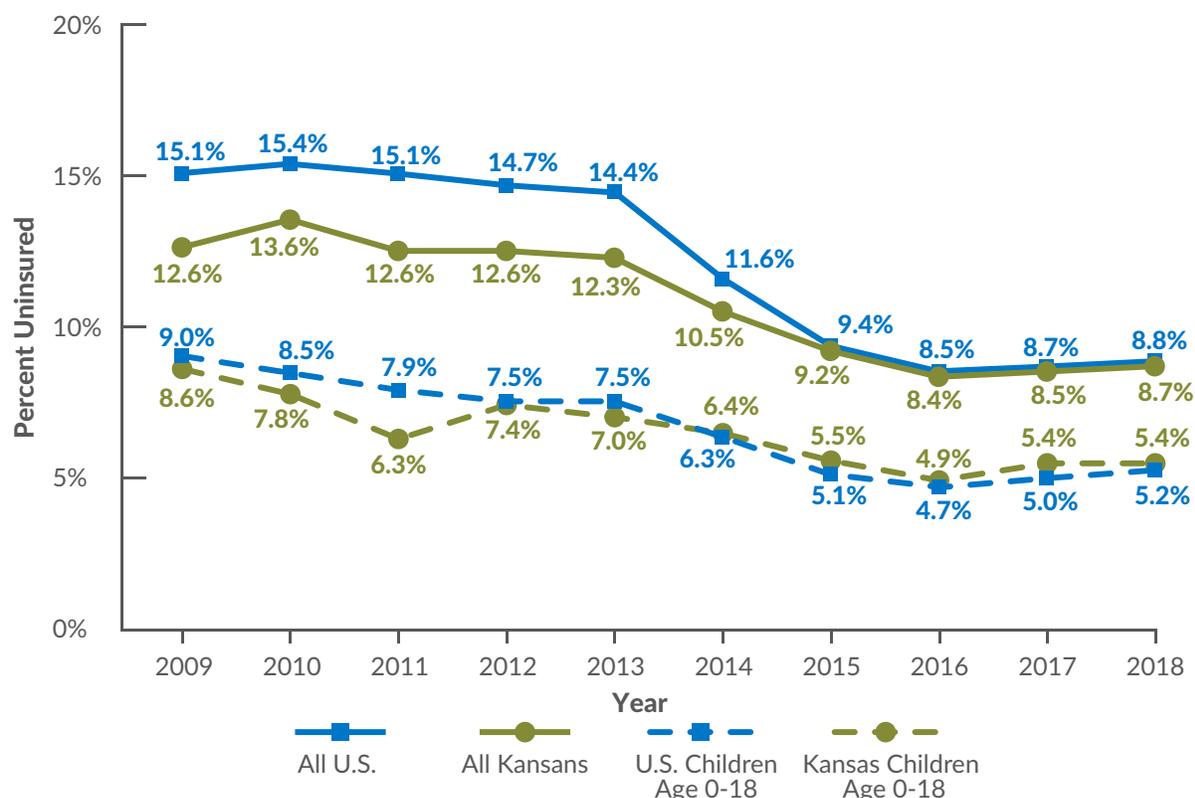
# 1.3 Trends in Insurance Coverage in Kansas and U.S., 2009-2018

## NATIONAL PERSPECTIVE

Looking forward from 2009, the year before implementation of the ACA, shows how insurance coverage in Kansas has fared relative to coverage in the U.S. as a whole. In earlier years, the Kansas uninsured rate was well below the national average. As states responded differently to changes in federal law, the advantage in the uninsured rate for Kansas compared to the U.S. has disappeared.

### Favorable Advantage in Insurance Coverage for Kansas Has Disappeared

Figure 1.3 Percentage of Uninsured Residents, Kansas and U.S., 2009-2018



Source: KHI analysis of data from the U.S. Census Bureau 2009-2018 American Community Survey Public Use Microdata Sample files.

### Key Points

- U.S. and Kansas uninsured rates have decreased significantly since the implementation of the ACA in 2010.
- However, gains have flattened out for both Kansas and the U.S. in recent years. While the small increase in the uninsured rate between 2017 and 2018 was not significant in Kansas, the increase in the national rate was significant.
- In earlier years, Kansas had an uninsured rate well below the national average; however, the favorable advantage for Kansas has disappeared.

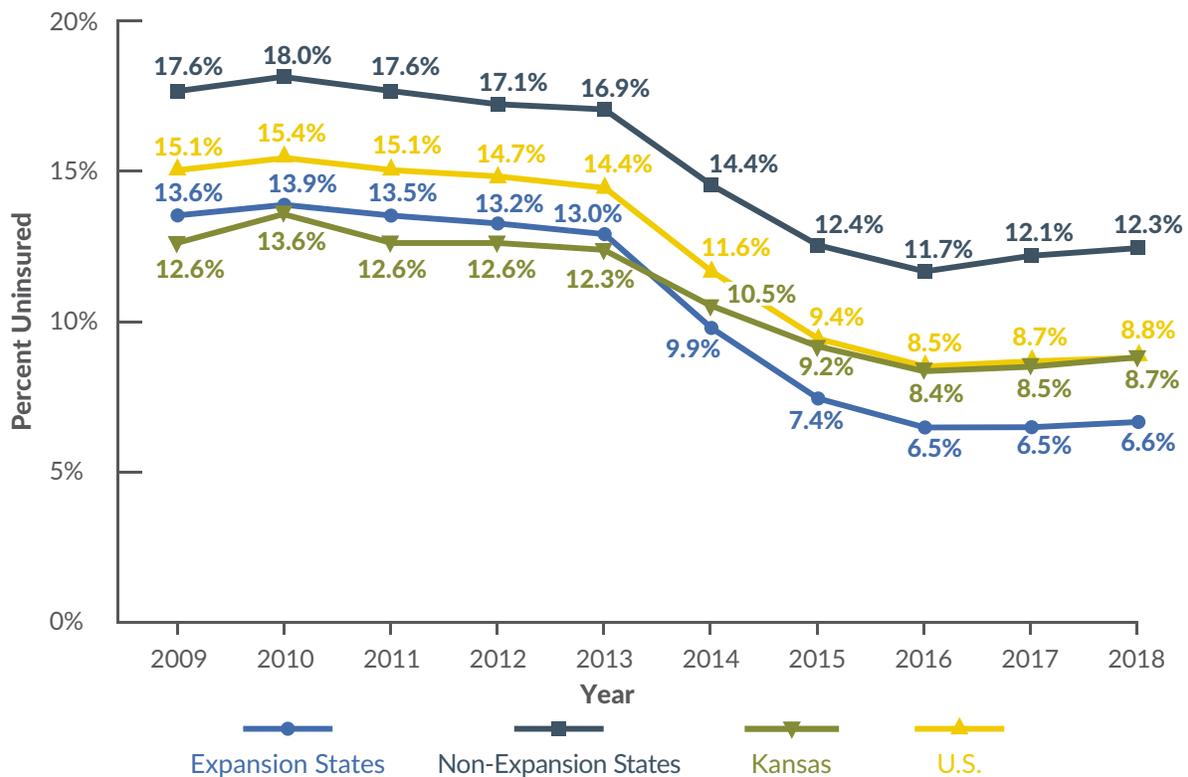
# 1.4 Trends in Insurance Coverage by Medicaid Expansion Status, 2009-2018

## NATIONAL PERSPECTIVE

Insurance coverage in each state depends on a combination of policies, economic conditions and employment-based coverage. Medicaid expansion, as allowed by the ACA beginning January 1, 2014, is an example of a policy decision that affects insurance coverage. As of August 2020, Kansas has not expanded its Medicaid program.

### Kansas Lags Behind Expansion States on Gains in Health Insurance Coverage

Figure 1.4a Trends in Insurance Coverage for Medicaid Expansion and Non-Expansion States, 2009-2018



Note: Expansion States include 31 states and the District of Columbia that expanded Medicaid as of January 1, 2014.  
 Source: KHI analysis of data from the U.S. Census Bureau 2009-2018 American Community Survey Public Use Microdata Sample files.

### Key Points

- The uninsured rate for expansion states was cut in half between 2009 and 2018 (from 13.6 percent to 6.6 percent) compared to a drop of nearly one-third for non-expansion states (from 17.6 percent to 12.3 percent).
- The gap in uninsured rates has widened between expansion and non-expansion states (from 1.3 times higher for non-expansion states in 2009 to 1.9 times higher in 2018).
- In 2013, the year before implementation of the major insurance expansion provisions of the ACA, Kansas had an uninsured rate similar to other states that eventually would expand Medicaid (12.3 percent compared 13.0 percent). By 2018, the uninsured rate in Kansas, a non-expansion state, was higher than that in expansion states (8.7 percent compared to 6.6 percent).

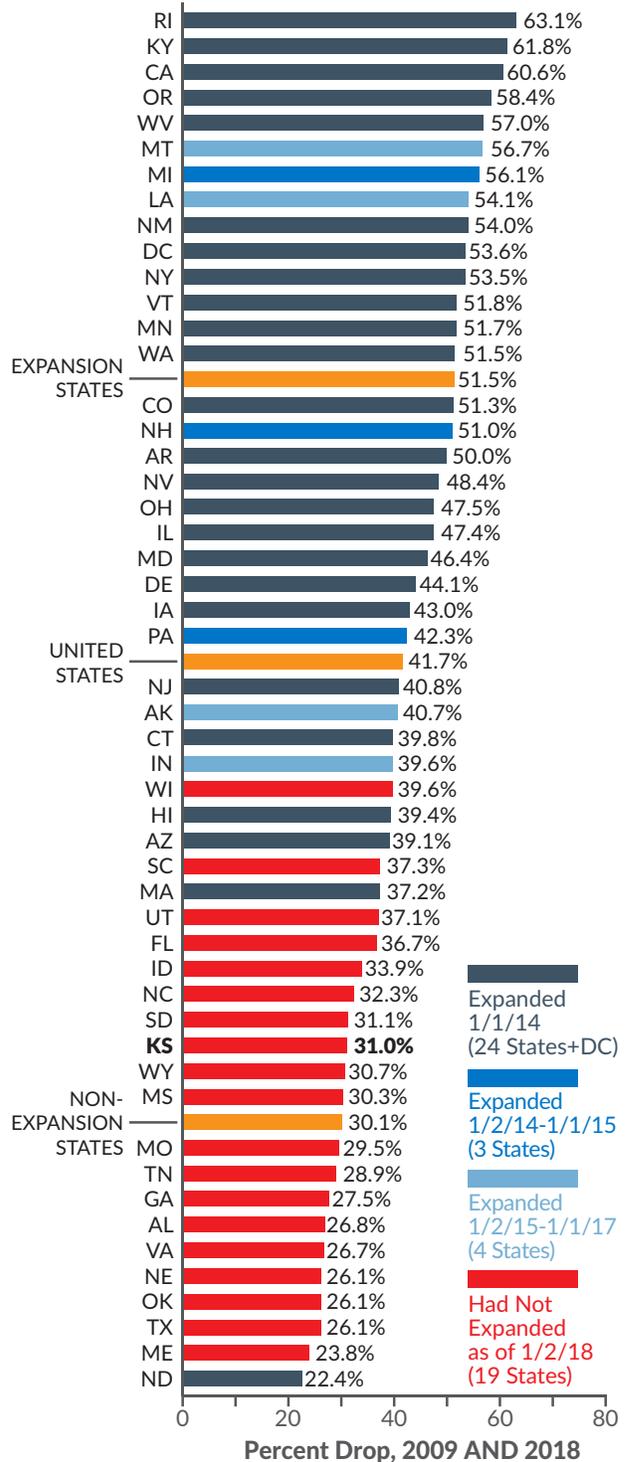
## Key Points

- Improvement in insurance coverage varied widely among states between 2009 and 2018. Rhode Island experienced the biggest improvement, as the uninsured rate there was cut by almost two-thirds (a 63.1 percent decrease). North Dakota experienced the smallest improvement, a reduction of about one-fifth (a 22.4 percent decrease).
- Kansas ranked 39th among states for improvement in insurance coverage, with a drop of almost one-third (a 31.0 percent decrease between 2009 and 2018).

**Note:** Percent drop indicates the magnitude of the change in uninsured rates between 2009 and 2018 for each state and is calculated by subtracting the 2018 uninsured rate from the 2009 uninsured rate and then dividing the difference by the 2009 uninsured rate.

## Kansas Ranked 39th for Improved Insurance Coverage Between 2009 and 2018

Figure 1.4b Percent Drop in Uninsured Rate for Medicaid Expansion and Non-Expansion States, 2009 and 2018



Note: Figure shows Medicaid expansion status by state in 2018. Maine and Virginia expanded Medicaid in 2019, Idaho and Utah expanded coverage in January 2020, and Nebraska will expand Medicaid later in 2020.

Source: KHI analysis of data from the U.S. Census Bureau 2009 and 2018 American Community Survey Public Use Microdata Sample files.

## 2. ALL KANSANS

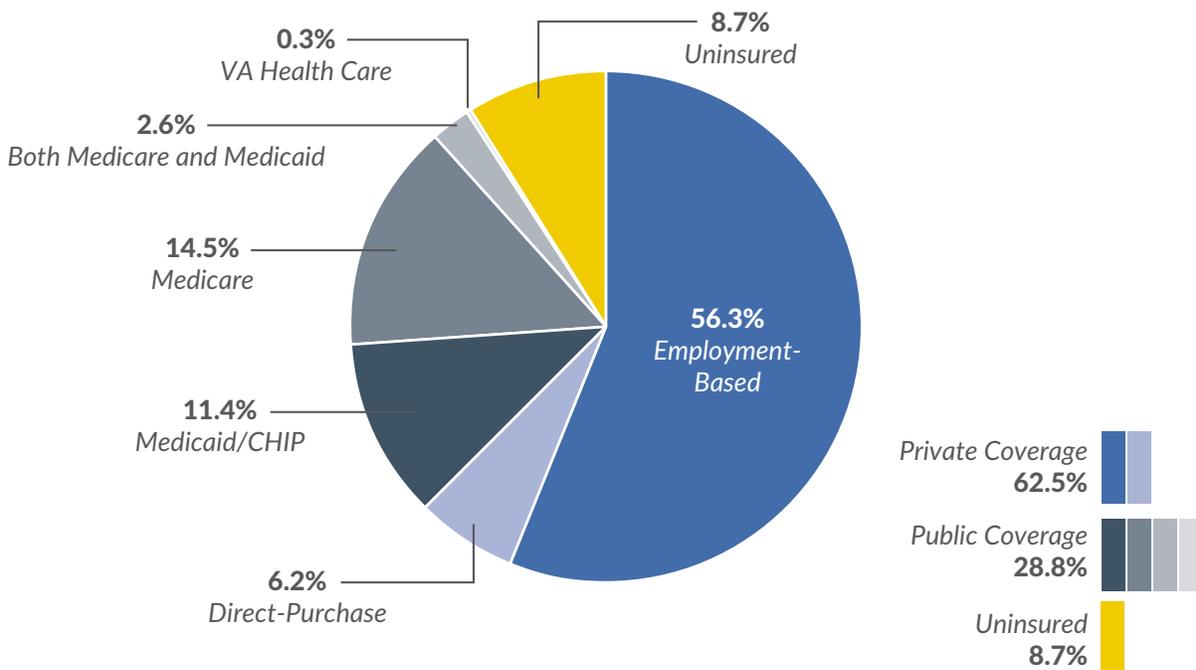
# 2.1 Sources of Health Insurance Coverage

## ALL KANSANS

Health insurance coverage has typically been divided into private and public coverage. Private coverage is most commonly provided through a current or former employer, including the military, but also might include insurance directly purchased by individuals, including insurance purchased on the federally facilitated Kansas marketplace established by the ACA. Public coverage includes Medicaid, CHIP, Medicare, and VA Health Care (*Appendix C, page C-1*).

### Over Half of Kansans Have Insurance Through an Employer

Figure 2.1a All Kansans: Sources of Health Insurance Coverage, 2018

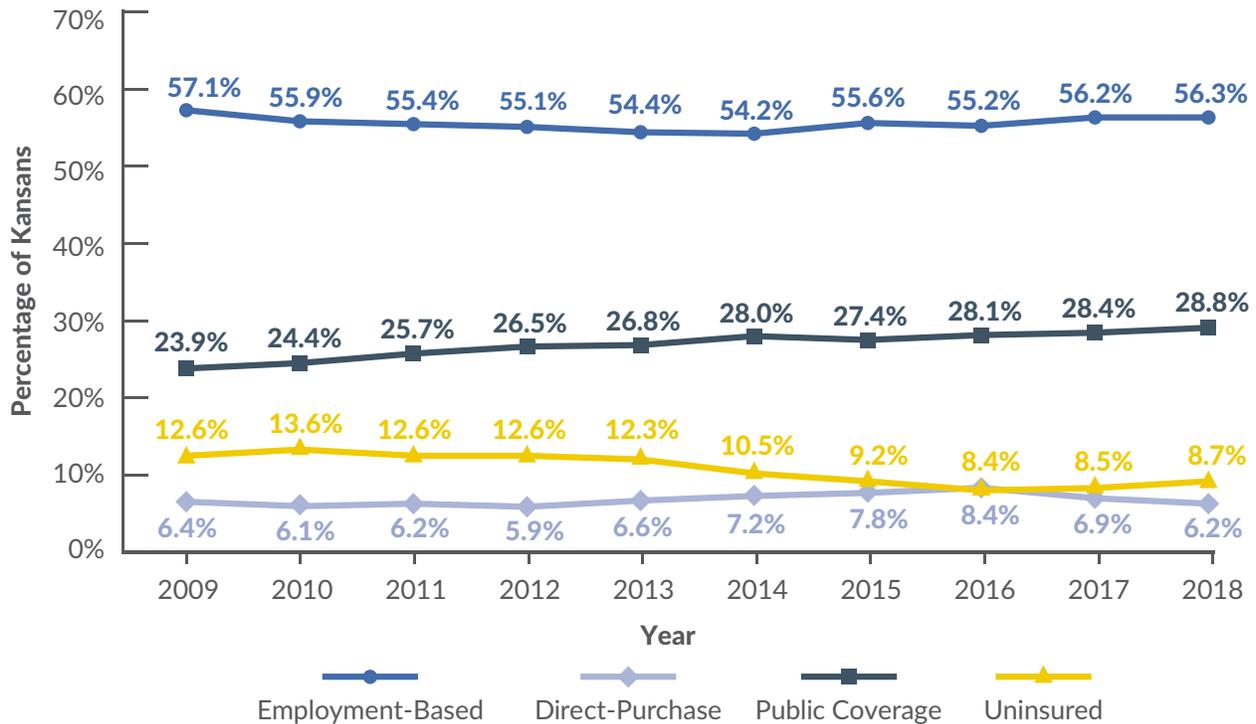


Note: All Kansans (not in institutions) = 2,870,610. Percentages may not sum to 100 percent because of rounding. Military/TRICARE coverage is included in Employment-Based coverage. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA Health Care is provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. Armed Forces. (*Appendix C, page C-1*).

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

## Direct-Purchase Coverage Peaked in 2016 and Has Decreased Since

Figure 2.1b All Kansans: Trends in Sources of Health Insurance Coverage, 2009-2018



Note: Military/TRICARE coverage is included in Employment-Based coverage. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. Public Coverage includes Medicaid/CHIP, Medicare, Both Medicaid and Medicare, and VA Health Care (Appendix C, page C-1).

Source: KHI analysis of data from the U.S. Census Bureau 2009-2018 American Community Survey Public Use Microdata Sample files.

### Key Points

-  Almost 6 in 10 (56.3 percent) Kansans obtained their health insurance through an employer.
-  Almost 3 in 10 (28.8 percent) Kansans had public coverage, primarily Medicare, Medicaid and CHIP.
-  The percentage of Kansans who had direct-purchase insurance was 6.4 percent in 2009, it slowly increased following implementation of the ACA peaking at 8.4 percent in 2016, and has gradually dropped to 6.2 percent in 2018.
-  Public coverage increased over the last decade from 23.9 percent in 2009 to 28.8 percent in 2018.
-  Employment-based coverage has remained relatively stable over that time.

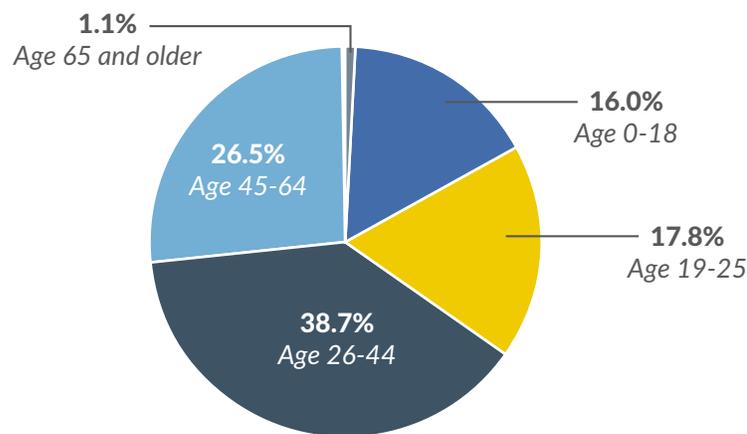
# 2.2 Uninsured by Age

## ALL KANSANS

Adults in their prime working years are more likely than other age groups to have jobs with more generous benefits, including health insurance. Public policy, therefore, has primarily targeted improved coverage for other groups, such as children, young adults who might be entering the job market, seniors and people with disabilities.

### Most Uninsured Kansans Are Working-Age Adults

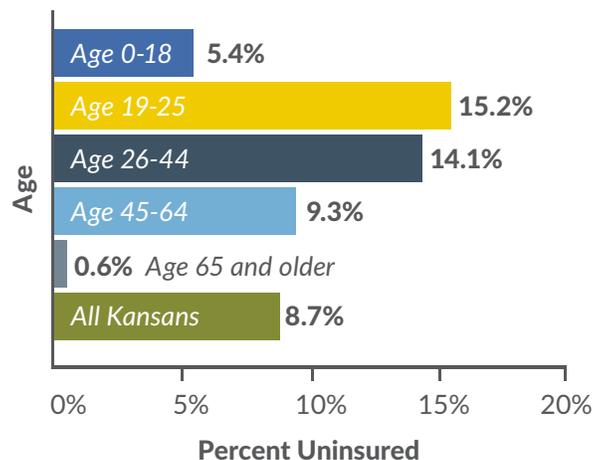
Figure 2.2a Percentage of Uninsured by Age, 2018



Note: Uninsured Kansans (not in institutions) = 249,117. Percentages may not sum to 100 percent because of rounding.  
Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

### Adults Under Age 45 Most Likely to be Uninsured

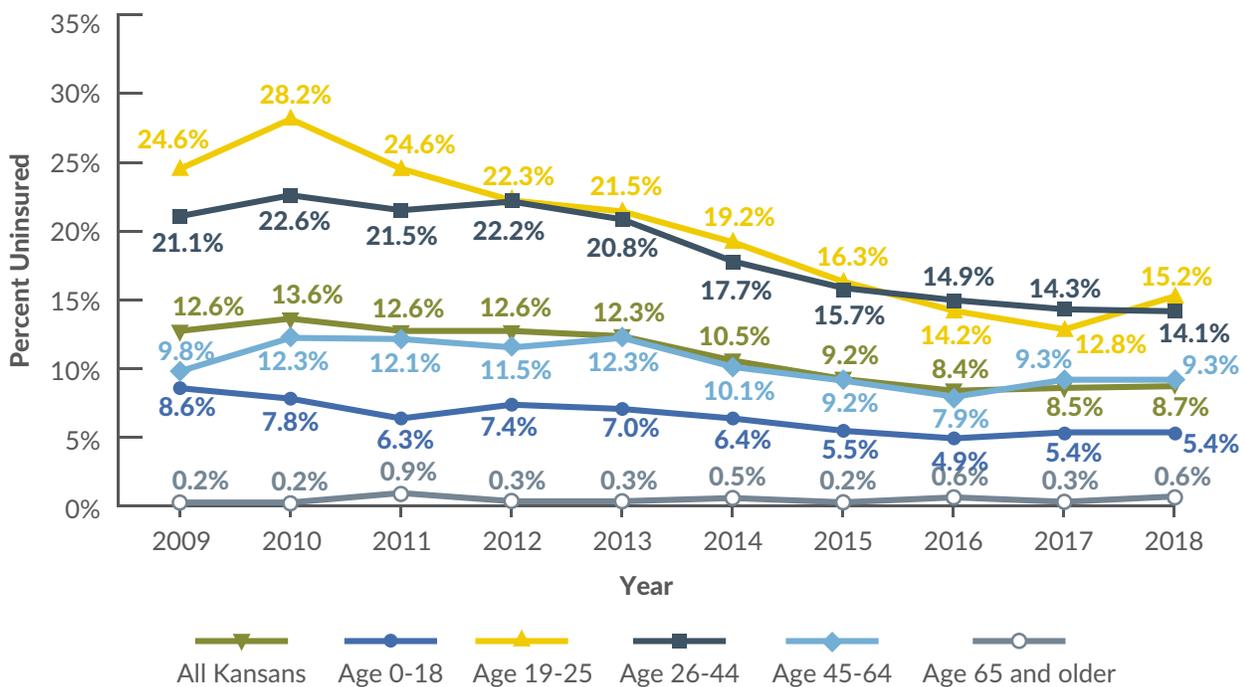
Figure 2.2b All Kansans: Uninsured Rates by Age, 2018



Note: All Kansans (not in institutions) = 2,870,610.  
Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

## More Pronounced Improvement in Insurance Coverage for Kansans Age 19-25 in Past Decade

Figure 2.2c All Kansans: Uninsured Rates by Age, 2009-2018



Source: KHI analysis of data from the U.S. Census Bureau 2009-2018 American Community Survey Public Use Microdata Sample files.

### Key Points

-  Nearly 4 in 10 (38.7 percent) uninsured Kansans were age 26-44, adults in their prime working years.
-  Despite more generous rules for public coverage for children, 16.0 percent of uninsured Kansans were age 18 and younger.
-  Adults age 19-25 and 26-44 had high uninsured rates (15.2 percent and 14.1 percent, respectively) compared to other groups.
-  The uninsured rate was lower for Kansans age 45-64 (9.3 percent) compared to other working age adults.
-  Generally, from 2009 to 2018, the uninsured rate in Kansas decreased for all age groups except those age 45 to 64, which remained similar.
-  No age group had a significant change in their uninsured rate between 2017 and 2018.
-  Although not a statistically significant change from the previous year, the uninsured rate among young adults age 19-25 increased in 2018 for the first time since implementation of the ACA in 2010.

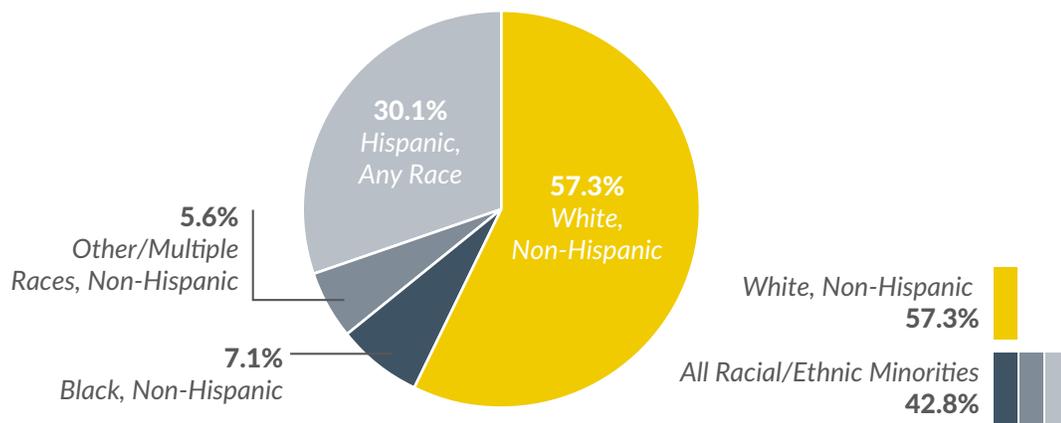
# 2.3 Uninsured by Race/Ethnicity

## ALL KANSANS

Racial and ethnic 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 help reduce these inequities.

### Most Uninsured Kansans Are Non-Hispanic Whites

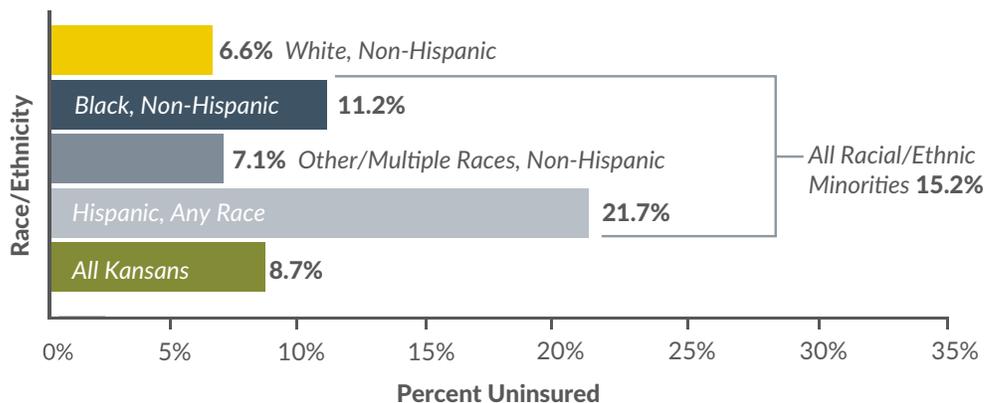
Figure 2.3a Uninsured Kansans by Race/Ethnicity, 2018



Note: Uninsured Kansans (not in institutions) = 249,117. Percentages may not sum to 100 percent because of rounding. All Racial/Ethnic Minorities includes any race/ethnicity other than White, Non-Hispanic (Appendix B, page B-1).  
 Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

### Hispanic, Any Race, Kansans Are Most Likely to be Uninsured

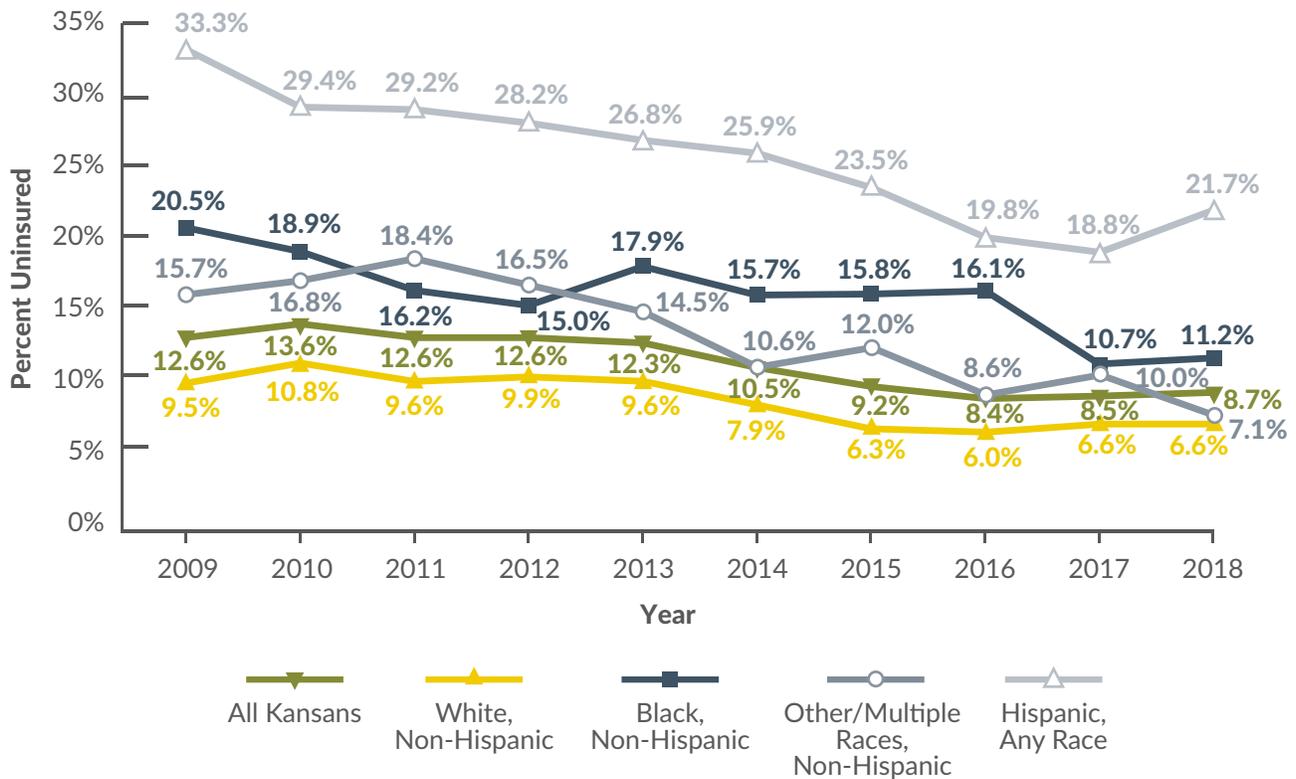
Figure 2.3b All Kansans: Uninsured Rates by Race/Ethnicity, 2018



Note: All Kansans (not in institutions) = 2,870,610. See Appendix B, page B-1, for definitions of specific race and ethnicity groups.  
 Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

## Uninsured Rate Has Improved but Remains High for Hispanic, Any Race, Kansans

Figure 2.3c All Kansans: Uninsured Rates by Race/Ethnicity, 2009-2018



Note: See Appendix B, page B-1, for definitions of specific race and ethnicity groups.

Source: KHI analysis of data from the U.S. Census Bureau 2009-2018 American Community Survey Public Use Microdata Sample files.

### Key Points

- Nearly 6 in 10 (57.3 percent) uninsured Kansans were non-Hispanic Whites.
- Three in 10 (30.1 percent) uninsured Kansans were Hispanic, Any Race.
- In Kansas, Hispanics, Any Race, were 3.3 times more likely to be uninsured than non-Hispanic Whites (21.7 percent compared to 6.6 percent).
- The uninsured rate in Kansas decreased for all racial/ethnic groups between 2009 and 2018.
- Although not statistically significant, the uninsured rate among Hispanic, Any Race, Kansans increased slightly in 2018 for the first time since the implementation of the ACA in 2010 and should be followed closely in future years.

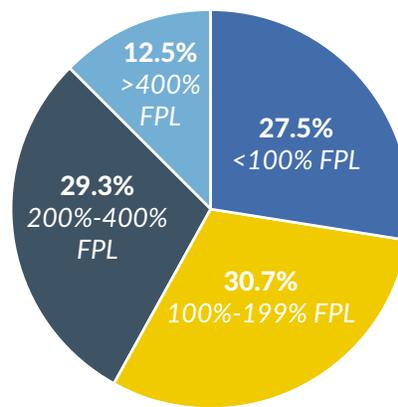
# 2.4 Uninsured by Family Income

## ALL KANSANS

Several provisions of the ACA target affordability of health insurance for low- and middle-income working people. The ACA provides financial assistance to help pay premiums for those with income between 100 percent and 400 percent FPL (\$25,100 to \$100,400 for a family of four in 2018), and assistance with out-of-pocket costs for those with income between 100 percent and 250 percent FPL (\$25,100 to \$62,750 for a family of four in 2018).

### Seven in 10 Uninsured Kansans Live Above the Poverty Line

Figure 2.4a Uninsured Kansans by Family Income, 2018

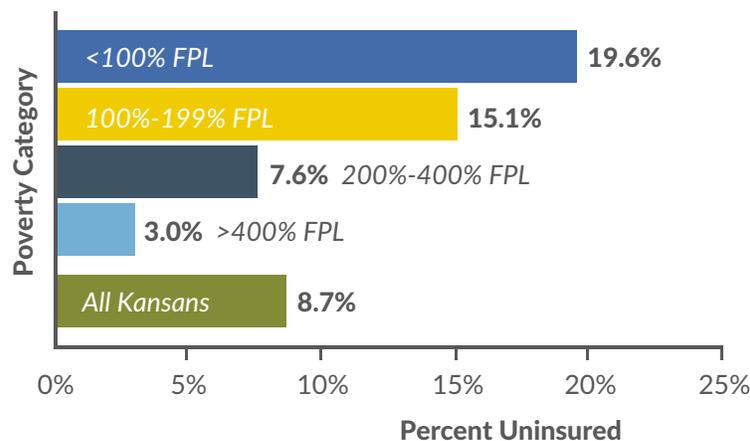


Note: Uninsured Kansans with income information (not in institutions) = 245,456. Percentages may not sum to 100 percent because of rounding. The federal poverty level for a family of four in 2018 was \$25,100.

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

### Kansans Living Below Poverty Line Most Likely to Be Uninsured

Figure 2.4b All Kansans: Uninsured Rates by Family Income, 2018

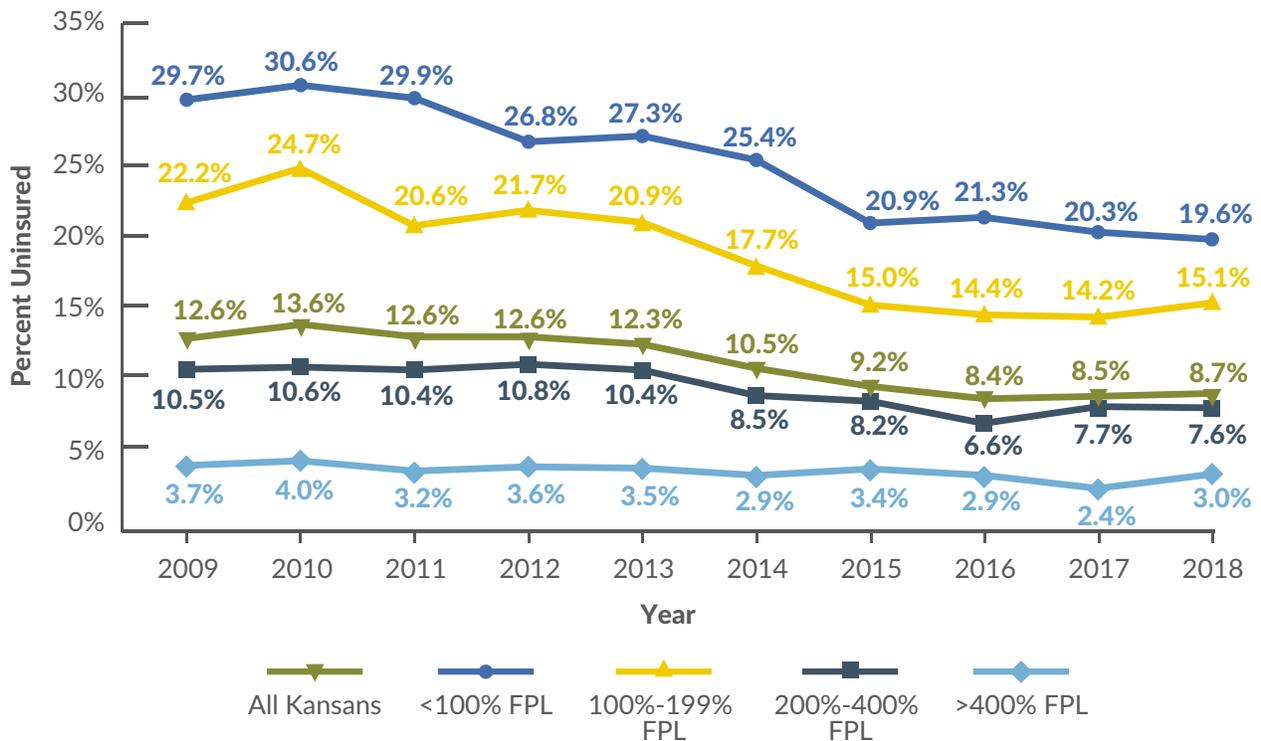


Note: All Kansans with income information (not in institution) = 2,825,816. The federal poverty level for a family of four in 2018 was \$25,100.

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

## Gains in Insurance Coverage Stall for All Income Groups

Figure 2.4c All Kansans: Uninsured Rates by Family Income, 2009-2018



Note: The federal poverty level for a family of four in 2018 was \$25,100.

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

### Key Points

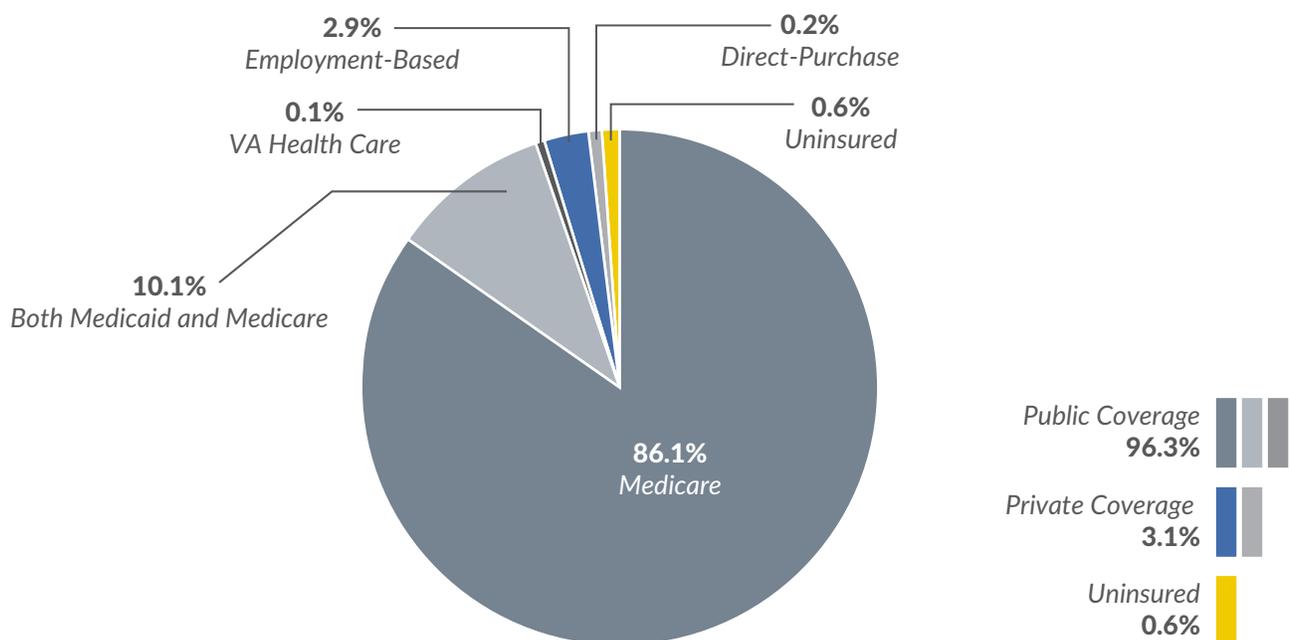
- Seven in 10 (72.5 percent) uninsured Kansans had income above the poverty line.
- Six in 10 (60.0 percent) uninsured Kansans had income between 100 and 400 percent FPL and might have been eligible for financial assistance to purchase health insurance on the Kansas marketplace.
- Kansans with family income below the poverty line were six and a half times more likely to be uninsured than those above 400 percent FPL (19.6 percent compared to 3.0 percent).
- While insurance coverage in Kansas improved for all income categories between 2009 and 2018, there was no significant change between 2017 and 2018.

## 2.5 Kansas Adults, Age 65 and Older

Essentially all seniors in the U.S. have comprehensive public health insurance, typically Medicare and/or Medicaid. With 99.4 percent insurance coverage, this age group is not the focus of this report, and seniors are excluded from analyses after this section.

### Nearly All Kansas Seniors Covered by Public Insurance

Figure 2.5 Kansas Adults, Age 65 and Older: Sources of Health Insurance Coverage,



Note: Kansas Adults, Age 65 and Older (not in institutions) = 441,560. Percentages may not sum to 100 percent because of rounding. Military/TRI-CARE is not labeled due to small percentage (less than 0.1 percent) and Medicaid Alone had no enrollees. VA Health Care is provided by the U.S. department of Veterans Affairs to eligible veterans of the U.S. Armed Forces. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace (Appendix C, page C-1).

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

### Key Points

Nearly all (96.3 percent) Kansans age 65 and older had public insurance coverage.

One in 10 (10.1 percent) Kansas adults age 65 and older had Medicaid in addition to Medicare. These so-called “dually eligible” seniors qualify for both programs due to limited financial resources.

# 3. KANSAS ADULTS AGE 19-64

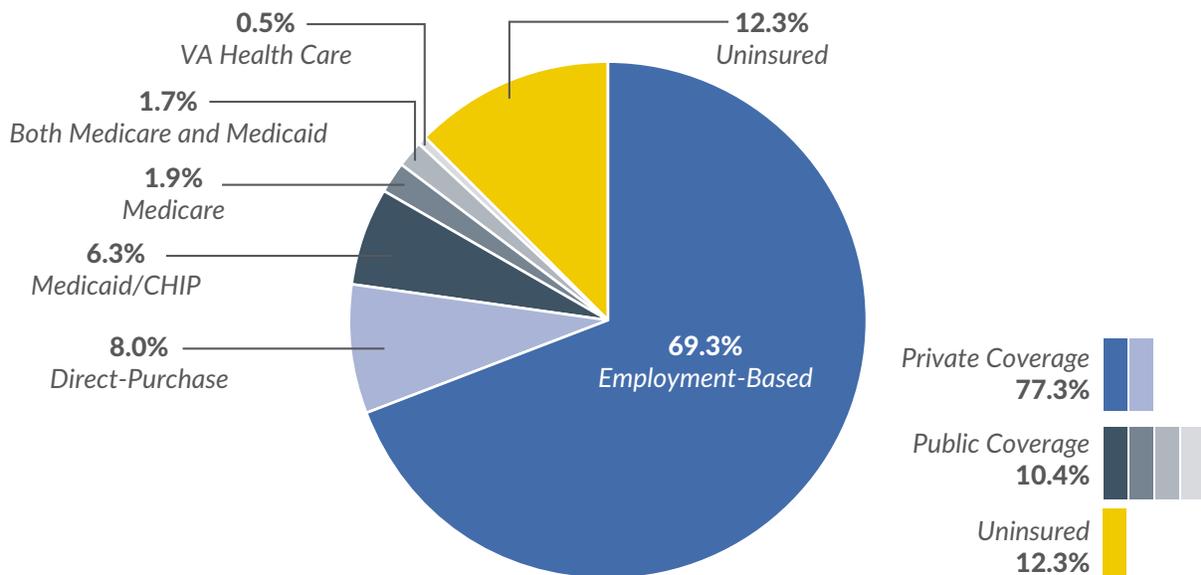
# 3.1 Sources of Health Insurance Coverage

## KANSAS ADULTS, AGE 19-64

Health insurance coverage has typically been divided into private and public coverage. Private coverage most commonly is provided through a current or former employer, but also includes insurance directly purchased by individuals, including insurance purchased on the federally facilitated Kansas marketplace established by the ACA. Public coverage includes Medicaid, Medicare (for those with certain disabilities) and VA Health Care (*Appendix C*, page C-1).

### Seven in 10 Nonelderly Adults Have Insurance Through an Employer

Figure 3.1a Kansas Adults, Age 19-64: Sources of Health Insurance Coverage, 2018

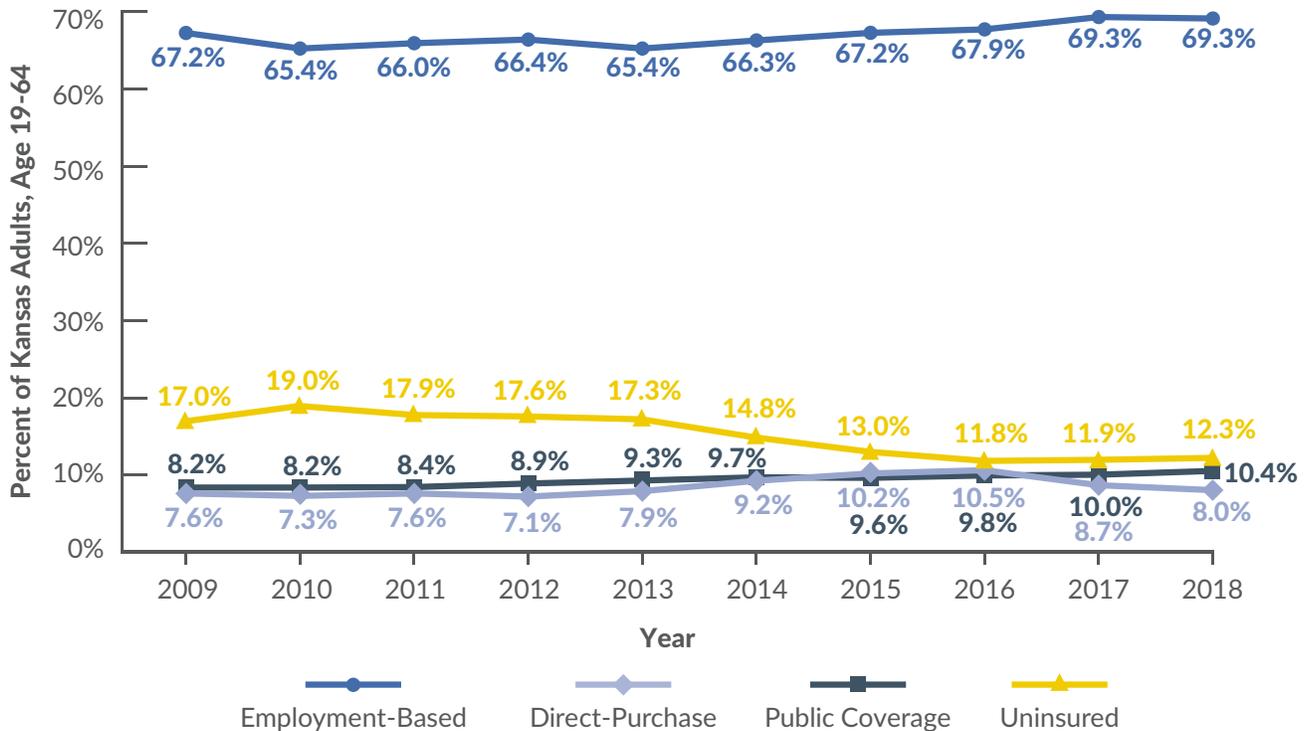


Note: Kansas Adults, Age 19-64 (not in institutions) = 1,682,264. Percentages may not sum to 100 percent because of rounding. Military/TRI-CARE coverage is included in Employment-Based coverage. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA Health Care is provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. Armed Forces. (*Appendix C*, page C-1).

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

## Direct-Purchase Coverage Falls Back to Pre-ACA Level

Figure 3.1b Kansas Adults, Age 19-64: Sources of Health Insurance Coverage, 2009-2018



Note: Military/TRICARE coverage is included in Employment-Based coverage. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. Public Coverage includes Medicaid/CHIP, Medicare, Both Medicaid and Medicare, and VA Health Care. (Appendix C, page C-1).

Source: KHI analysis of data from the U.S. Census Bureau 2009-2018 American Community Survey Public Use Microdata Sample files.

### Key Points

- Seven in 10 (69.3 percent) nonelderly adults received coverage through an employer.
- Only 1 nonelderly adult in 10 (10.4 percent) had public coverage.
- Slightly more than 1 in 10 (12.3 percent) nonelderly adult were uninsured.
- Despite earlier gains this decade in insurance coverage for nonelderly adults, there has been no improvement since 2016.
- For nonelderly adults, direct-purchase coverage rose after 2009 (7.6 percent), peaked in 2016 (10.5 percent), but then in 2018 dropped back to a level similar to pre-ACA implementation (8.0 percent).

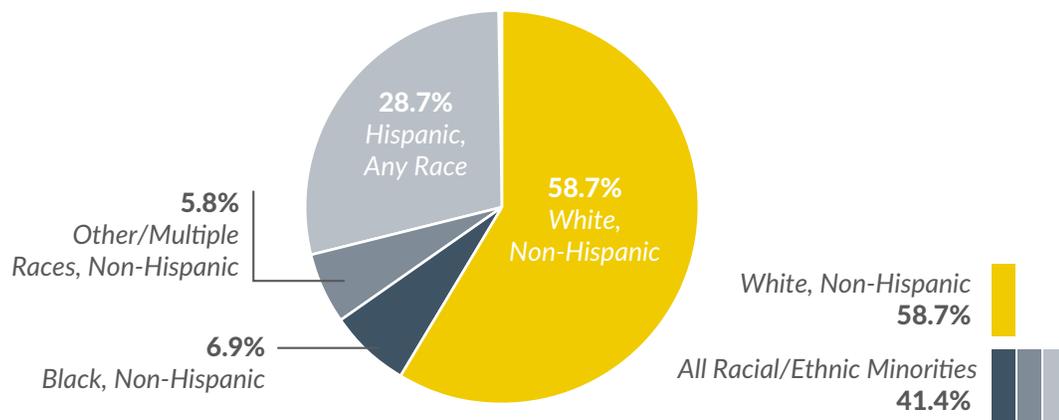
# 3.2 Uninsured by Race/Ethnicity

## KANSAS ADULTS, AGE 19-64

Racial and ethnic minorities have had higher uninsured rates than non-Hispanic Whites since first measured in the U.S. and Kansas. These disparities have been particularly striking among nonelderly adults. Although the coverage gaps among racial and ethnic groups have narrowed, significant disparities remain. Better understanding the underlying historic, economic and social factors contributing to this persistent inequity could help policymakers design outreach and engagement efforts to improve health insurance coverage.

### Six in 10 Uninsured Nonelderly Adults Are Non-Hispanic Whites

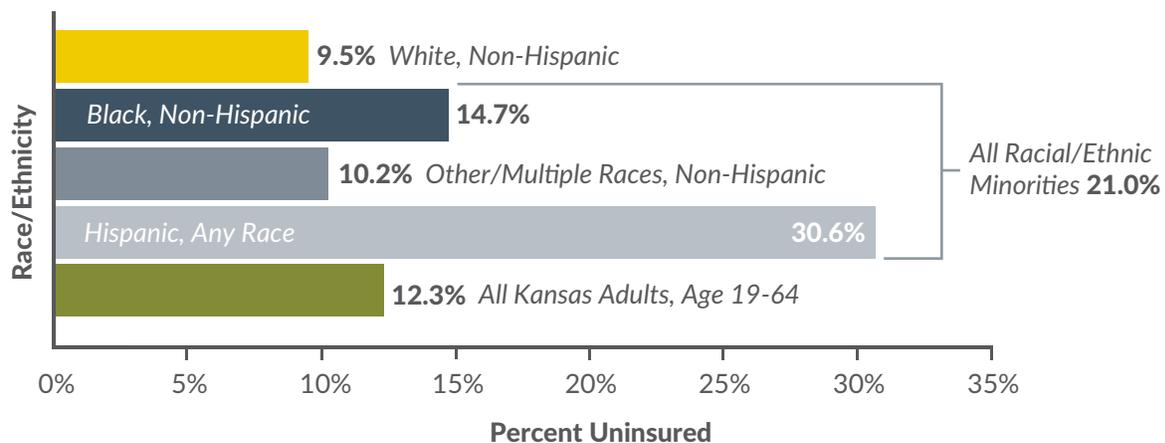
Figure 3.2a Uninsured Kansas Adults, Age 19-64, by Race/Ethnicity, 2018



Note: Uninsured Kansas Adults, Age 19-64 (not in institutions) = 206,458. Percentages may not sum to 100 percent because of rounding. All Racial/Ethnic Minorities includes any race and ethnicity other than White, Non-Hispanic (Appendix B, page B-1). Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

### Hispanic, Any Race, Nonelderly Adults Most Likely to be Uninsured

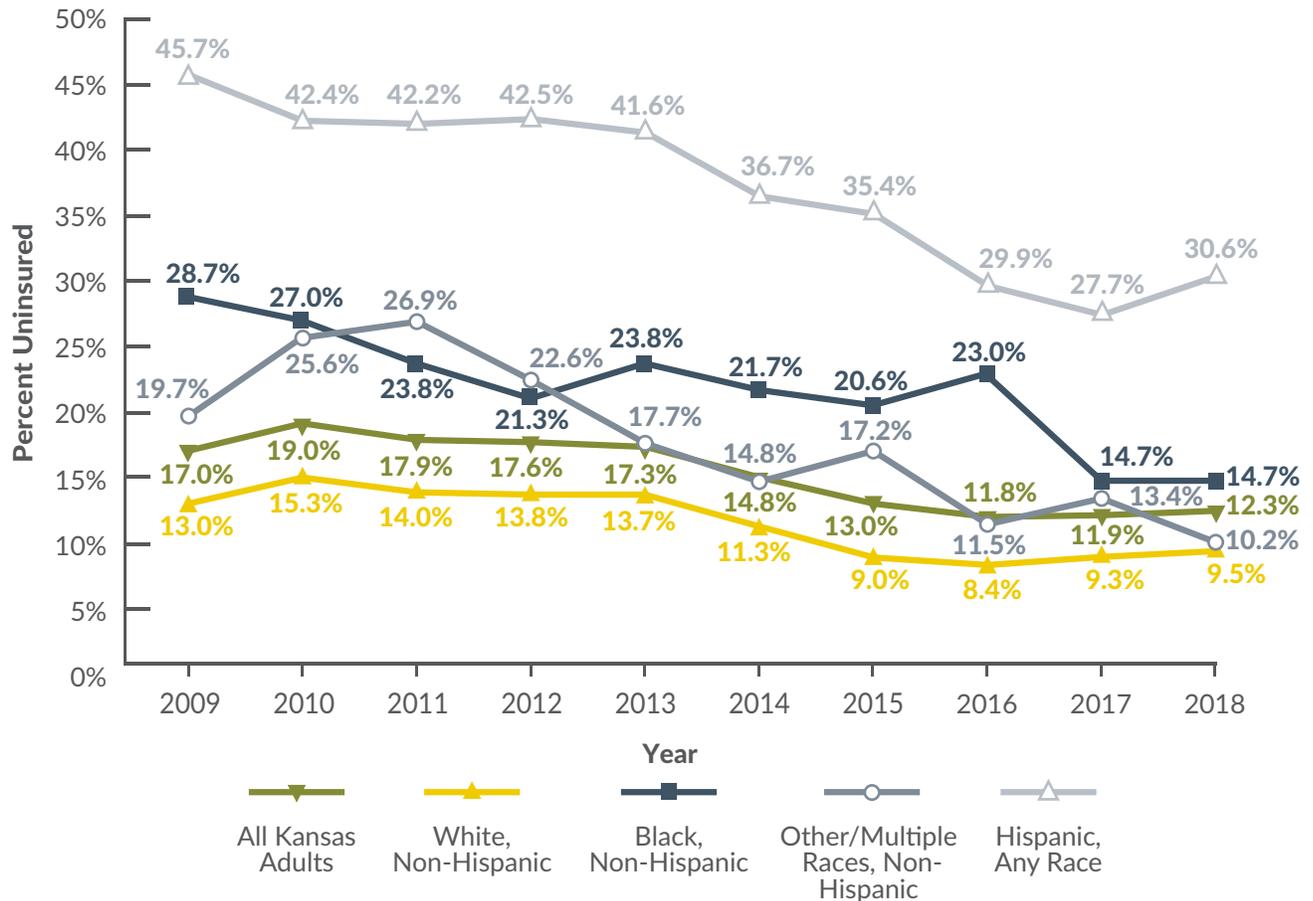
Figure 3.2b Kansas Adults, Age 19-64: Uninsured Rates by Race/Ethnicity, 2018



All Kansas Adults, Age 19-64 (not in institutions) = 1,682,264. See Appendix B, page B-1, for definitions of specific racial/ethnic groups. Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

## Uninsured Rate Consistently Higher Among Hispanic, Any Race, Nonelderly Adults

Figure 3.2c Kansas Adults, Age 19-64: Uninsured Rates by Race/Ethnicity, 2009-2018



Note: See Appendix B, page B-1, for definitions of specific racial/ethnic groups.

Source: KHI analysis of data from the U.S. Census Bureau 2009-2018 American Community Survey Public Use Microdata Sample files.

### Key Points

- Almost 6 in 10 (58.7 percent) uninsured nonelderly adults were non-Hispanic Whites.
- Nearly 3 in 10 (28.7 percent) uninsured nonelderly adults were Hispanic, Any Race.
- Among nonelderly adults, those who were Hispanic, Any Race, were three times more likely to be uninsured than those who were non-Hispanic Whites (30.6 percent compared to 9.5 percent).
- All nonelderly adult racial and ethnic groups experienced significant decreases in uninsured rates since 2009; however, the improvements have slowed as no group had significant changes from 2017 to 2018.
- Although not statistically significant, the uninsured rate for Hispanic, Any Race, nonelderly adults increased from 27.7 percent in 2017 to 30.6 percent in 2018. Additional years of data should be tracked to determine whether this trend continues and becomes significant.

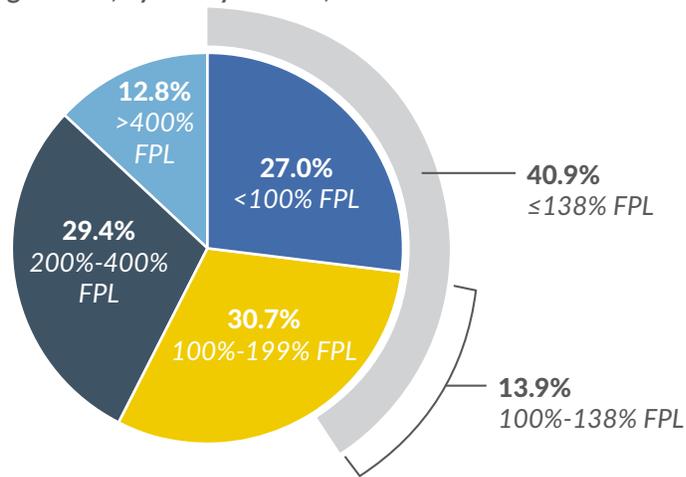
# 3.3 Uninsured by Family Income

## KANSAS ADULTS, AGE 19-64

Several provisions of the ACA target affordability of health insurance for low income-people. The ACA provides financial assistance to help pay premiums for those with income between 100 percent and 400 percent FPL ( \$25,100 to \$100,400 for a family of four in 2018), and assistance with out-of-pocket costs for those with income between 100 percent and 250 percent FPL (\$25,100 to \$62,750 for a family of four in 2018). And to improve coverage specifically among nonelderly adults, the ACA allows states to expand Medicaid coverage to those with income at or below 138 percent FPL (\$34,638 for a family of four in 2018). As of August 2020, Kansas has not expanded Medicaid coverage.

### Four in 10 Uninsured Kansas Nonelderly Adults May Qualify for Medicaid if Expanded

Figure 3.3a Uninsured Kansas Adults, Age 19-64, by Family Income, 2018

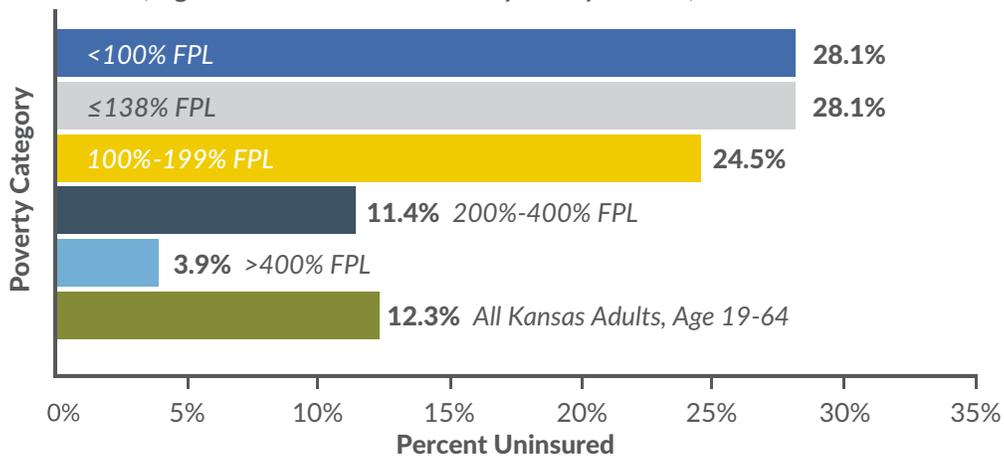


Note: Uninsured Kansas Adults, Age 19-64 with income information (not in institutions) = 204,521. Percentages may not sum to 100 percent because of rounding. Adults with family income at or below 138 percent FPL (\$34,638 for a family of four in 2018) might qualify for Medicaid if expanded (Appendix D, page D-1).

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

### Lack of Insurance Strongly Linked to Family Income

Figure 3.3b Kansas Adults, Age 19-64: Uninsured Rates by Family Income, 2018

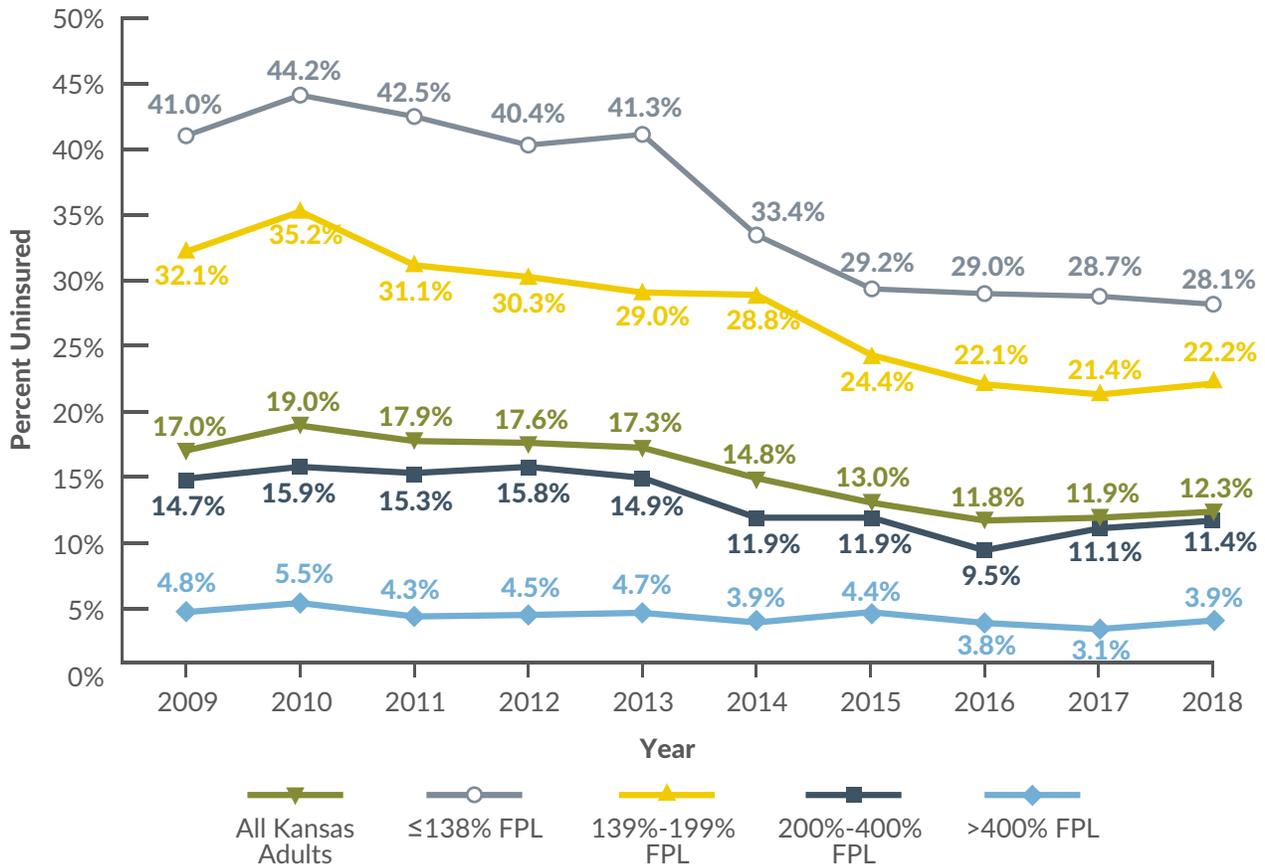


Note: Kansas Adults, Age 19-64 with income information (not in institution) = 1,656,511. Adults with family income at or below 138 percent FPL (\$34,638 for a family of four in 2018) might qualify for Medicaid if expanded (Appendix D, page D-1). After rounding, the uninsured rates were the same for people with family income less than 100 percent FPL and people at or below 138 percent FPL.

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

## Decreases in Uninsured Rate Stall for Nonelderly Adults in All Income Groups

Figure 3.3c Kansas Adults, Age 19-64: Uninsured Rates by Family Income, 2009-2018



Note: Adults with family income ≤138 percent FPL (\$34,638 for a family of four in 2018) might qualify for Medicaid if expanded (Appendix D, page D-1).

Source: KHI analysis of data from the U.S. Census Bureau 2009-2018 American Community Survey Public Use Microdata Sample files.

### Key Points

- Seven in 10 (73.0 percent) uninsured nonelderly adults had family income at or above the poverty line.
- Four in 10 (40.9 percent) uninsured nonelderly adults had family income at or below 138 percent FPL and might have qualified for Medicaid if it had been expanded.
- Nonelderly adults with family income at or below 138 percent FPL were seven times more likely to be uninsured than those with family income greater than 400 percent FPL (28.1 percent compared to 3.9 percent), and 2.5 times more likely to be uninsured than those with family income between 200-400 percent FPL (28.1 percent compared to 11.4 percent).
- While insurance coverage improved for all income groups between 2009 and 2018, the improvements have slowed as there was no significant change between 2017 and 2018.
- The uninsured rate for nonelderly adults with income at or below 138 percent FPL decreased by nearly one-third between 2009 and 2018 (41.0 percent compared to 28.1 percent), but remained significantly higher than the rate for nonelderly adults in all other income groups.

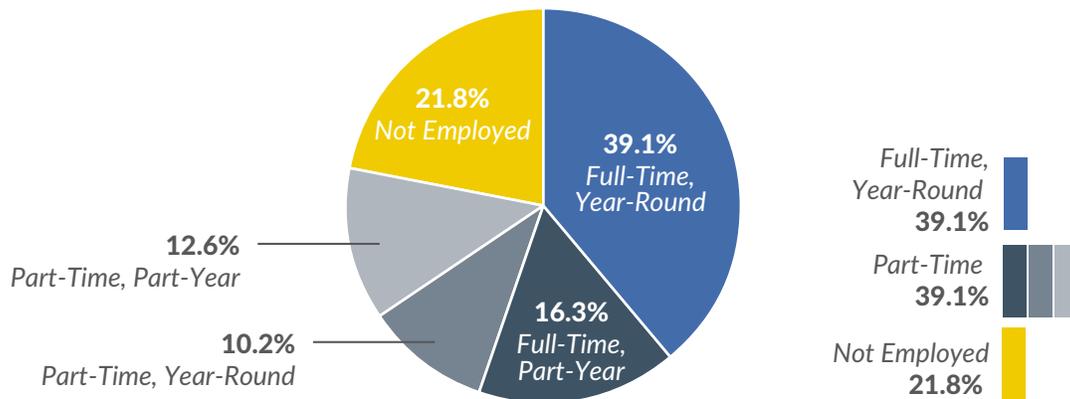
# 3.4 Uninsured by Employment Status

## 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 dependents for coverage, and affordability and value are all factors that contribute to the likelihood an employee is insured. In this section, employment is considered full-time if an individual worked 35 hours or more per week, and year-round if an individual worked at least 50 weeks in the last 12 months.

### Three in Four Uninsured Nonelderly Adults are Working

Figure 3.4a Uninsured Kansas Adults, Age 19-64, by Employment Status, 2018

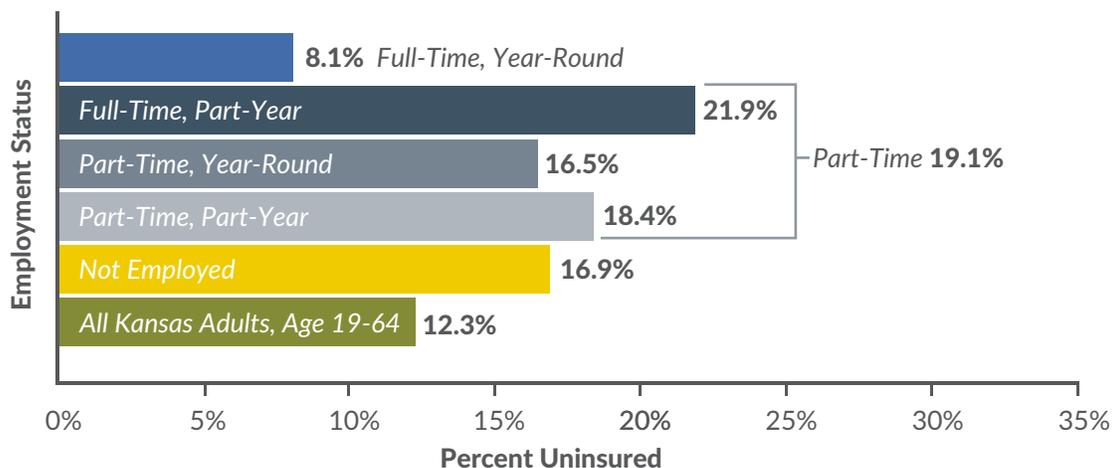


Note: Uninsured Kansas Adults, Age 19-64 (not in institutions) = 206,458. Percentages may not sum to 100 percent because of rounding. Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months (Appendix B, page B-1.)

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

### 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, 2018

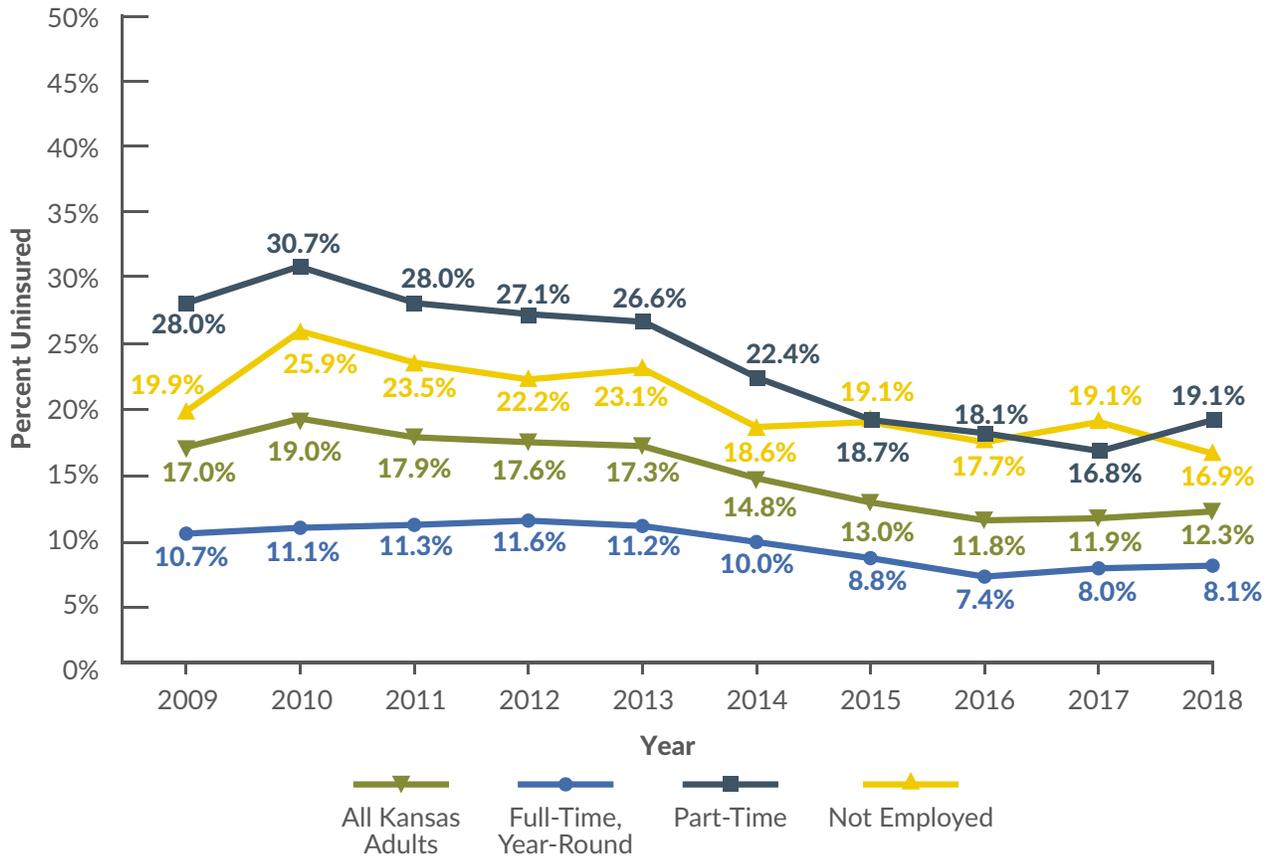


Note: All Kansas Adults, Age 19-64 (not in institutions) = 1,682,264. Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months. Part-Time combines workers who reported Full-Time, Part-Year; Part-Time, Year-Round; or Part-Time, Part-Year employment (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

## Gains in Insurance Coverage Have Flattened Regardless of Employment Status

Figure 3.4c Kansas Adults, Age 19-64: Uninsured Rates by Employment Status, 2009-2018



Note: Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months. Part-Time combines workers who reported Full-Time, Part-Year; Part-Time, Year-Round; or Part-Time, Part-Year employment (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2009-2018 American Community Survey Public Use Microdata Sample files.

### Key Points

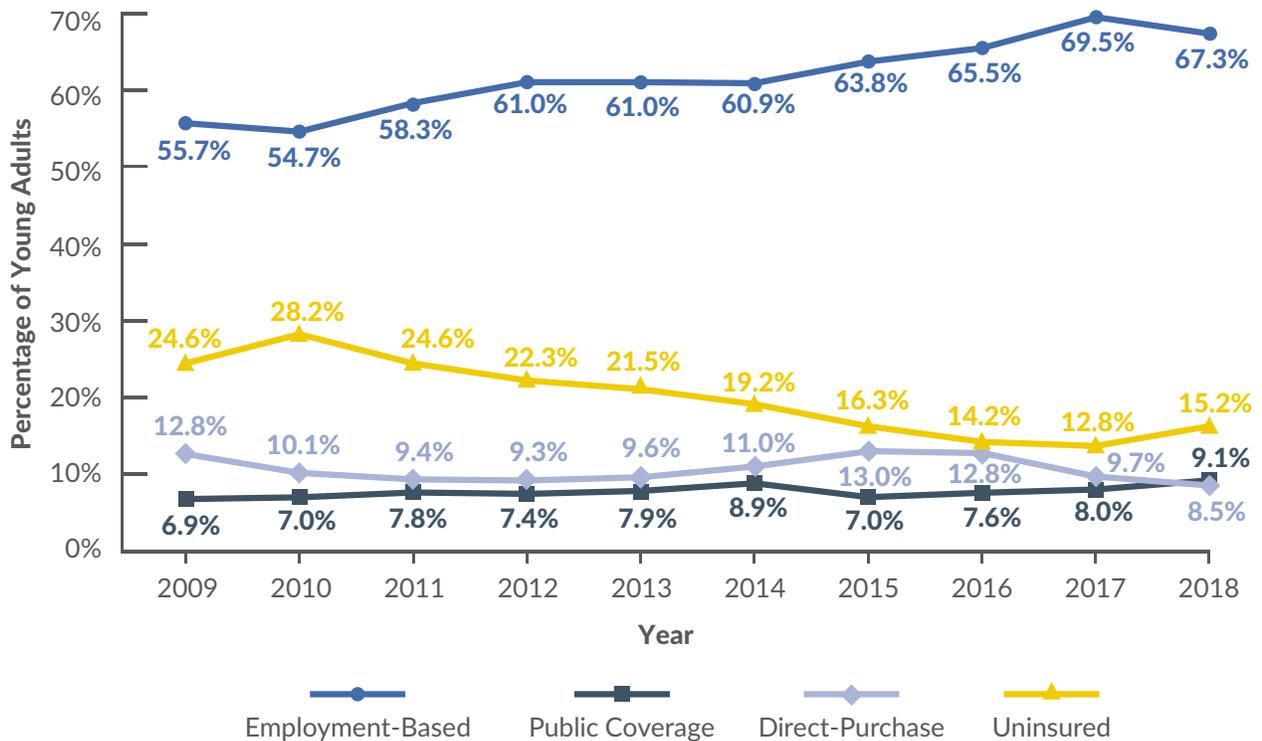
- Four in 10 (39.1 percent) uninsured nonelderly adults were employed full-time, year-round.
- Nearly 8 in 10 (78.2 percent) uninsured nonelderly adults were working at least part-time or part-year.
- Part-time, year-round workers, part-time, part-year workers and full-time, part-year workers were at least two times more likely to be uninsured than those working full-time, year-round (16.5, 18.4 and 21.9 percent compared to 8.1 percent).
- Regardless of employment status, the uninsured rate for nonelderly adults decreased from 2009 to 2018.
- The uninsured rate for nonelderly adults working part-time decreased by almost one-third (28.0 percent to 19.1 percent) between 2009 and 2018, and by almost one-quarter for those working full-time (10.7 percent to 8.1 percent).

# 3.5 Young Adults, Age 19-25

Historically, young adults have had the highest uninsured rate, partly because they tend to have entry-level jobs that are less likely to offer health insurance, and partly because some might not see the value of health insurance. The ACA specifically targets this age group by allowing young adults to stay on the insurance policies of their parents until age 26.

## Improvements in Insurance Coverage for Young Adults Stalled

Figure 3.5 Kansas Young Adults, Age 19-25: Sources of Health Insurance Coverage, 2009-2018



Note: Military/TRICARE coverage is included in Employment-Based coverage. Public Coverage includes Medicaid/CHIP, Medicare, Both Medicaid and Medicare, and VA Health Care. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace (Appendix C, page C-1).

Source: KHI analysis of data from the U.S. Census Bureau 2009-2018 American Community Survey Public Use Microdata Sample files.

### Key Points

- Between 2009 and 2018, the uninsured rate for young adults decreased by more than one-third (24.6 percent to 15.2 percent).
- Gains in insurance coverage among young adults, however, may be in jeopardy as the uninsured rate among that group increased from 12.8 percent in 2017 to 15.2 percent in 2018, not a statistically significant increase, but one worth watching closely.
- Employment-based coverage among young adults increased from 55.7 percent in 2009 to 67.3 percent in 2018, likely a result of remaining on their parents' employment-based insurance as allowed by the ACA.



# HEALTH INSURANCE

**2,870,610**

**PRIVATE COVERAGE**  
**1,792,340**

**1,546,358**  
Employment-Based

**67,932**  
Military/TRICARE

**178,050**  
Direct-Purchase

*Includes 87,975 Kansans with a marketplace plan.*

**249,117**



**CHILDREN (0-18)**

**39,965**

*(Family income not available for 1,724 children)*



**ADULTS**

**206,152**

*(Family income not available for 1,724 children)*

**<240% FPL**  
**27,464**  
Currently eligible for Medicaid/CHIP

**≥240% FPL**  
**10,777**  
Not eligible for Medicaid/CHIP

**<100% FPL**  
**55,253**

**100-400% FPL**  
**123,000**  
Qualify for subsidies on the marketplace

**240-400% FPL**  
**6,891**  
Qualify for subsidies on the marketplace

**>400% FPL**  
**3,886**  
Could purchase a marketplace plan without subsidies

**<100% FPL Parents**  
**24,062**

**<100% FPL Childless Adults**  
**31,191**  
Do not qualify for Medicaid or subsidies on the marketplace; Would qualify for Medicaid if expanded

**100-138% FPL**  
**28,413**  
Qualify for subsidies on the marketplace; Would qualify for Medicaid if expanded

**<38% FPL**  
**8,892**  
Currently eligible for Medicaid

**≥38- <100% FPL**  
**15,170**  
Do not qualify for Medicaid or subsidies on the marketplace; Would qualify for Medicaid if expanded



**KANSAS HEALTH INSTITUTE**

*Informing Policy. Improving Health.*

December 2019

# COVERAGE IN KANSAS 2018

KANSAS POPULATION

**PUBLIC COVERAGE**  
**829,153**



TOTAL UNINSURED

**ADULTS (19-64)**  
**1,937**

(Not available for 1,937 adults)



**SENIORS (65+)**  
**2,694**

(Likely eligible for Medicare)

**<138% FPL**  
**129,955**

Qualify for subsidies on marketplace

**>400% FPL**  
**30,090**

Could purchase a marketplace plan without subsidies

**>138-400% FPL**  
**94,651**

Qualify for subsidies on the marketplace

## LEGEND

- Currently eligible for Medicaid and/or CHIP — 36,356
- Would qualify for Medicaid if expanded — 74,774
- Qualify for subsidies on the marketplace — 129,955
- Could purchase a marketplace plan without subsidies — 30,090

## Federal Poverty Level (FPL) — Family of Four, 2018



38% of FPL = \$9,538  
 100% of FPL = \$25,100  
 138% of FPL = \$34,638  
 240% of FPL = \$60,240  
 400% of FPL = \$100,400

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample and the Early 2018 Effectuated Enrollment Snapshot Fact Sheet from the Centers for Medicare and Medicaid Services.



## 4. KANSAS CHILDREN AGE 0-18

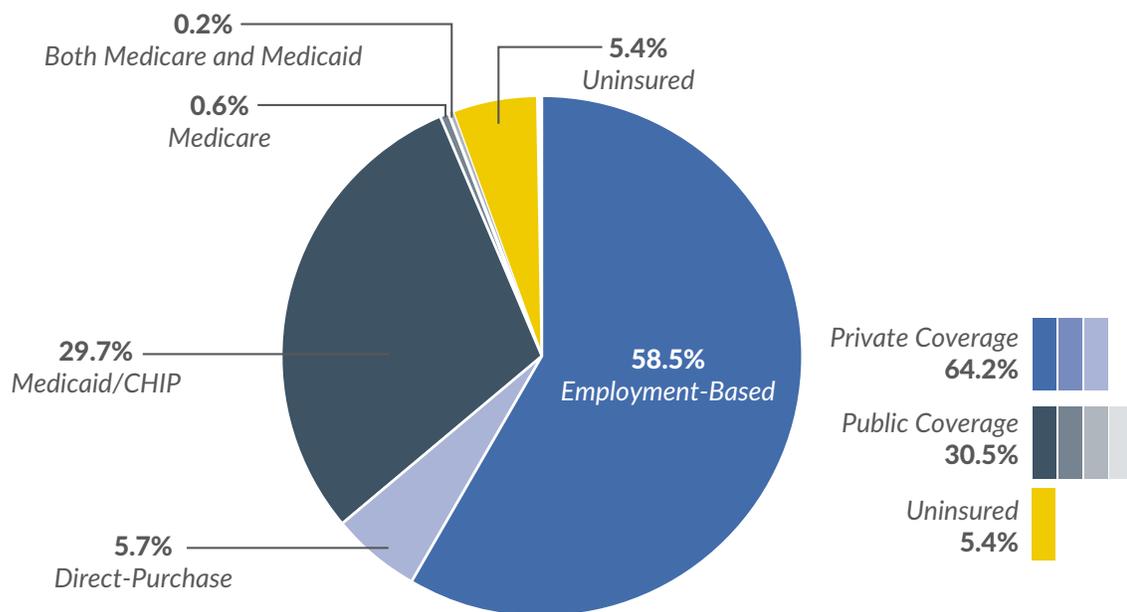
# 4.1 Sources of Health Insurance Coverage

## KANSAS CHILDREN, AGE 0-18

Health insurance coverage typically has been divided into private and public coverage. Private coverage for children may be available through the current or former employer of a parent, or parents may directly purchase coverage for their children, including through the federally facilitated Kansas marketplace created by the ACA. Public coverage, including Medicaid or CHIP, is more common among children because the eligibility rules are more generous for children than adults (*Appendix C, page C-1*).

### Nearly Three in 10 Children are Covered by Medicaid or CHIP

Figure 4.1a Kansas Children, Age 0-18: Sources of Health Insurance Coverage, 2018

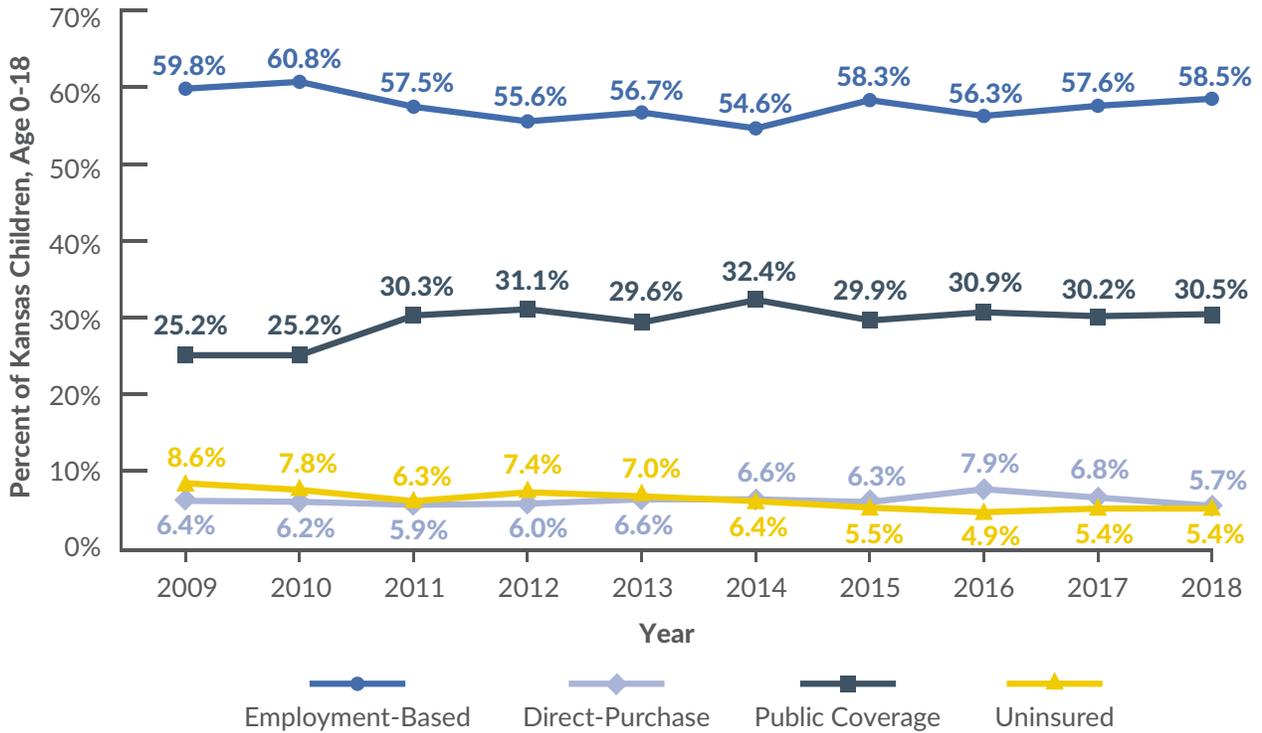


Note: Kansas Children, Age 0-18 (not in institutions) = 746,786. Percentages may not sum to 100 percent because of rounding. Military/TRICARE coverage is included in Employment-Based coverage. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA Health Care is provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. Armed Forces (*Appendix C, page C-1*).

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

## Gains in Health Insurance Coverage for Children Have Stalled

Figure 4.1b Kansas Children, Age 0-18: Sources of Health Insurance Coverage, 2009-2018



Note: Military/TRICARE coverage is included in Employment-Based coverage. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. Public Coverage includes Medicaid/CHIP, Medicare, Both Medicaid and Medicare, and VA Health Care (Appendix C, page C-1).

Source: KHI analysis of data from the U.S. Census Bureau 2009-2018 American Community Survey Public Use Microdata Sample files.

### Key Points

-  Nearly 6 in 10 (58.5 percent) children were covered by employment-based insurance through a parent's employer.
-  Three in 10 (29.7 percent) children were covered by Medicaid or CHIP.
-  The uninsured rate for children remained steady at 5.4 percent.
-  Public insurance coverage for children remained flat between 2011 and 2018.
-  Employment-based and direct-purchase coverage remained stable for children between 2009 and 2018.

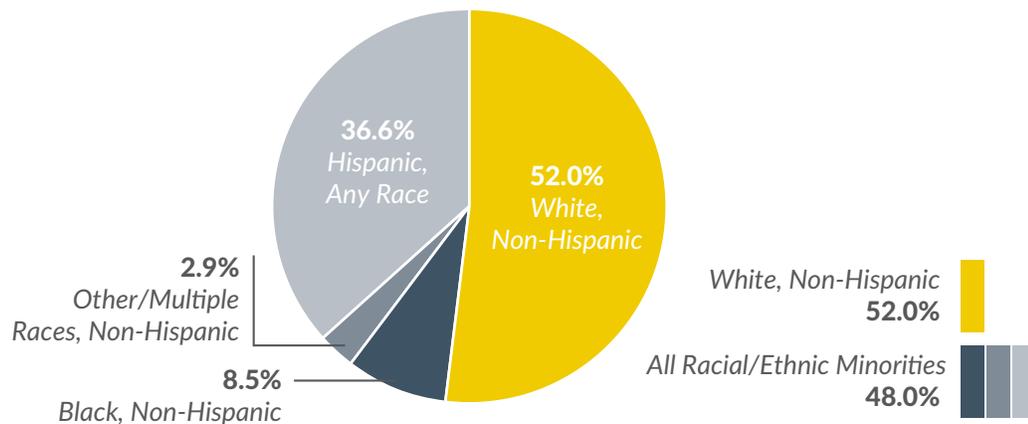
# 4.2 Uninsured by Race/Ethnicity

## KANSAS CHILDREN, AGE 0-18

Various social policies have led to smaller racial and ethnic disparities in health insurance coverage among children than adults, but inequities persist. Non-Hispanic White children have had lower uninsured rates than children in most other racial and ethnic groups. State policies and additional outreach and education could further reduce remaining inequities.

### Half of Uninsured Children Are Non-Hispanic Whites

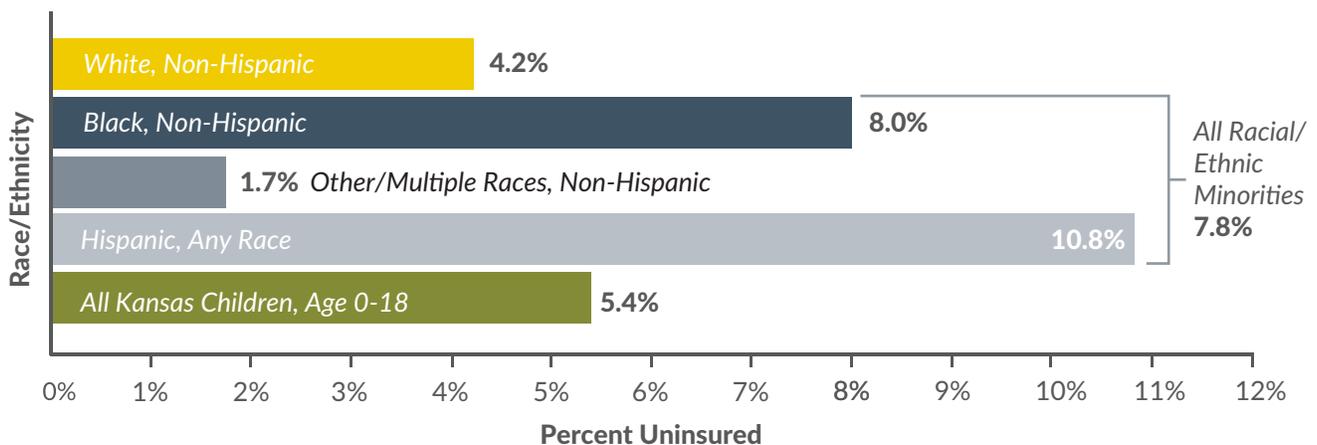
Figure 4.2a Uninsured Kansas Children, Age 0-18, by Race/Ethnicity, 2018



Note: Uninsured Kansas Children, Age 0-18 (not in institutions) = 39,965. Percentages may not sum to 100 percent because of rounding. All Racial/Ethnic Minorities includes any race/ethnicity other than White, Non-Hispanic (Appendix B, page B-1).  
 Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

### One in 10 Hispanic, Any Race, Children Are Uninsured

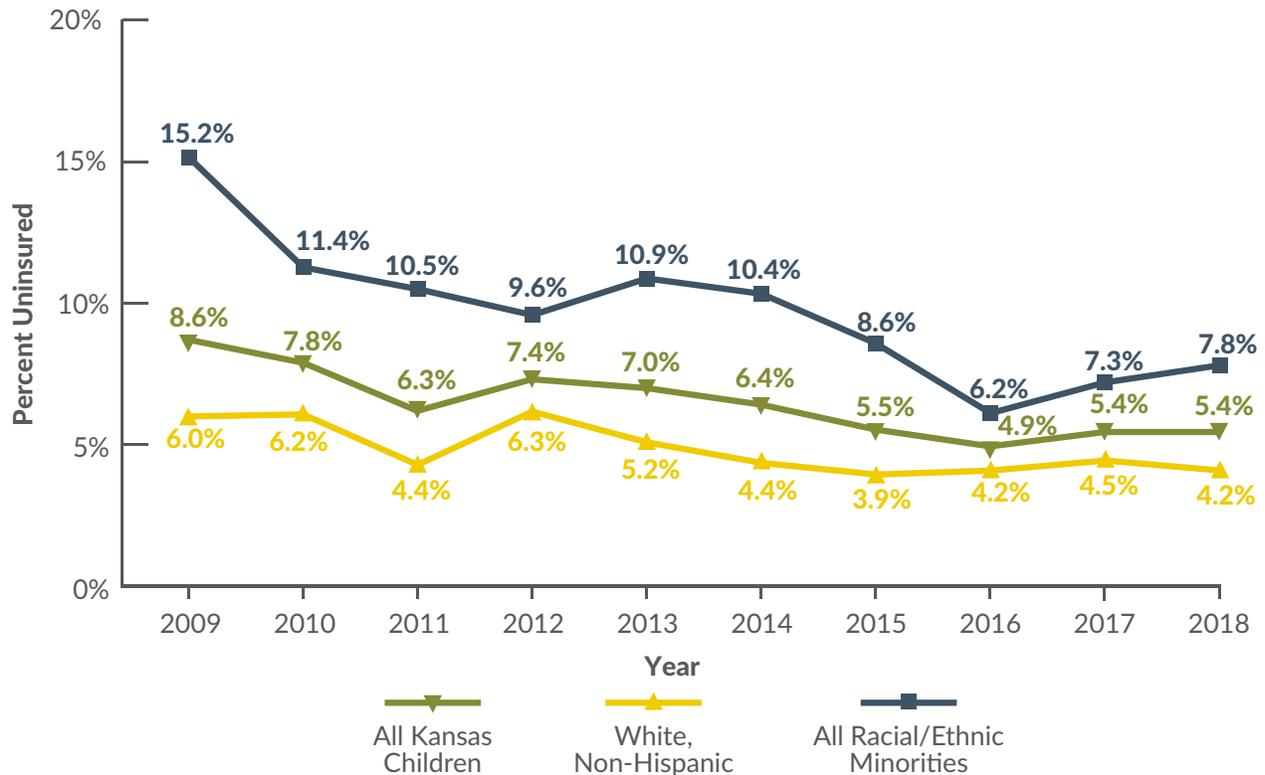
Figure 4.2b Kansas Children, Age 0-18: Uninsured Rates by Race/Ethnicity, 2018



Note: All Kansas Children, Age 0-18 (not in institutions) = 746,786. All Racial/Ethnic Minorities includes any race/ethnicity other than White, Non-Hispanic (Appendix B, page B-1).  
 Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

## Racial/Ethnic Disparities in Insurance Coverage for Children Persist

Figure 4.2c Kansas Children, Age 0-18: Uninsured Rates by Race/Ethnicity, 2009-2018



Note: All Racial/Ethnic Minorities includes any race/ethnicity other than White, Non-Hispanic, and is used because trend lines for each racial/ethnic minority group fluctuate substantially due to small number for each of these groups (Appendix B, page B-1).  
 Source: KHI analysis of data from the U.S. Census Bureau 2009-2018 American Community Survey Public Use Microdata Sample files.

### Key Points

-  More than half (52.0 percent) of uninsured children were non-Hispanic Whites.
-  One-third (36.6 percent) of uninsured children were Hispanic, Any Race.
-  Children who are Hispanic, Any Race, were 2.6 times more likely to be uninsured than non-Hispanic White children (10.8 percent compared to 4.2 percent).
-  In 2009, All Racial/Ethnic Minorities, as a group, were 2.5 times more likely to be uninsured than non-Hispanic White children (15.2 percent compared to 6.0 percent). In 2018, this gap narrowed to 1.9 times (7.8 percent compared to 4.2 percent).

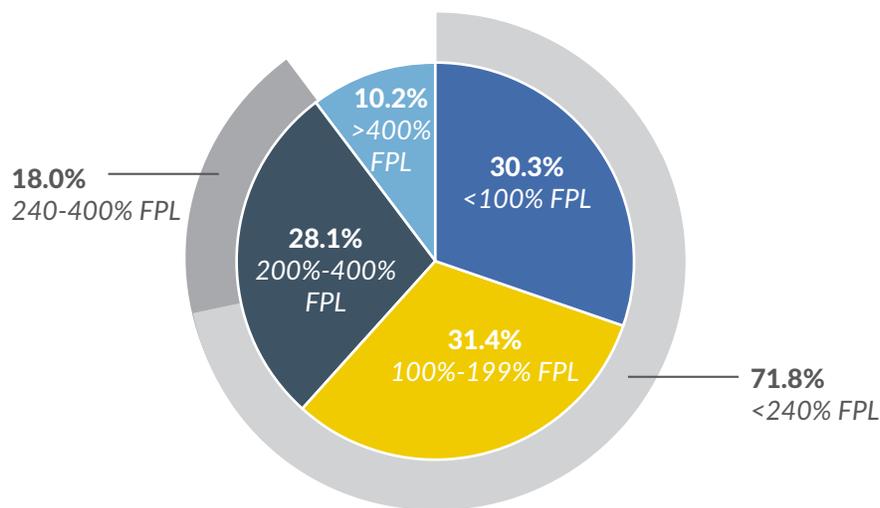
# 4.3 Uninsured by Family Income

## KANSAS CHILDREN, AGE 0-18

The Children’s Health Insurance Program (CHIP) and other policies have made insurance for children more affordable. Kansas children living in families earning less than 240 percent FPL (\$60,240 for a family of four in 2018) qualified for Medicaid or CHIP. Additionally, financial assistance to purchase health insurance from the federally facilitated Kansas marketplace was available through the ACA to cover children in families with income over the CHIP eligibility threshold up to 400 percent FPL (\$100,400 for a family of four in 2018).

### Nearly Three-Quarters of Uninsured Children in Kansas Might Already Be Eligible for Medicaid or CHIP

Figure 4.3a Uninsured Kansas Children, Age 0-18, by Family Income, 2018

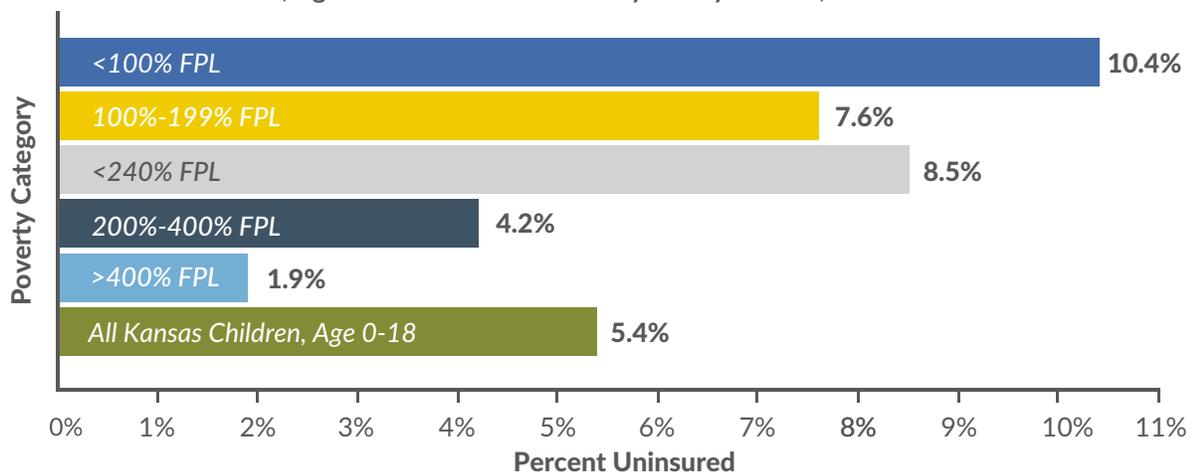


Note: Uninsured Kansas Children, Age 0-18 with income information (not in institutions) = 38,241. Percentages may not sum to 100 percent because of rounding. Children living in families with income <240 percent FPL (\$60,240 for a family of four in 2018) might qualify for Medicaid or CHIP (Appendix D, page D-1).

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

### Children Living Below Poverty Most Likely to Lack Insurance

Figure 4.3b Kansas Children, Age 0-18: Uninsured Rates by Family Income, 2018

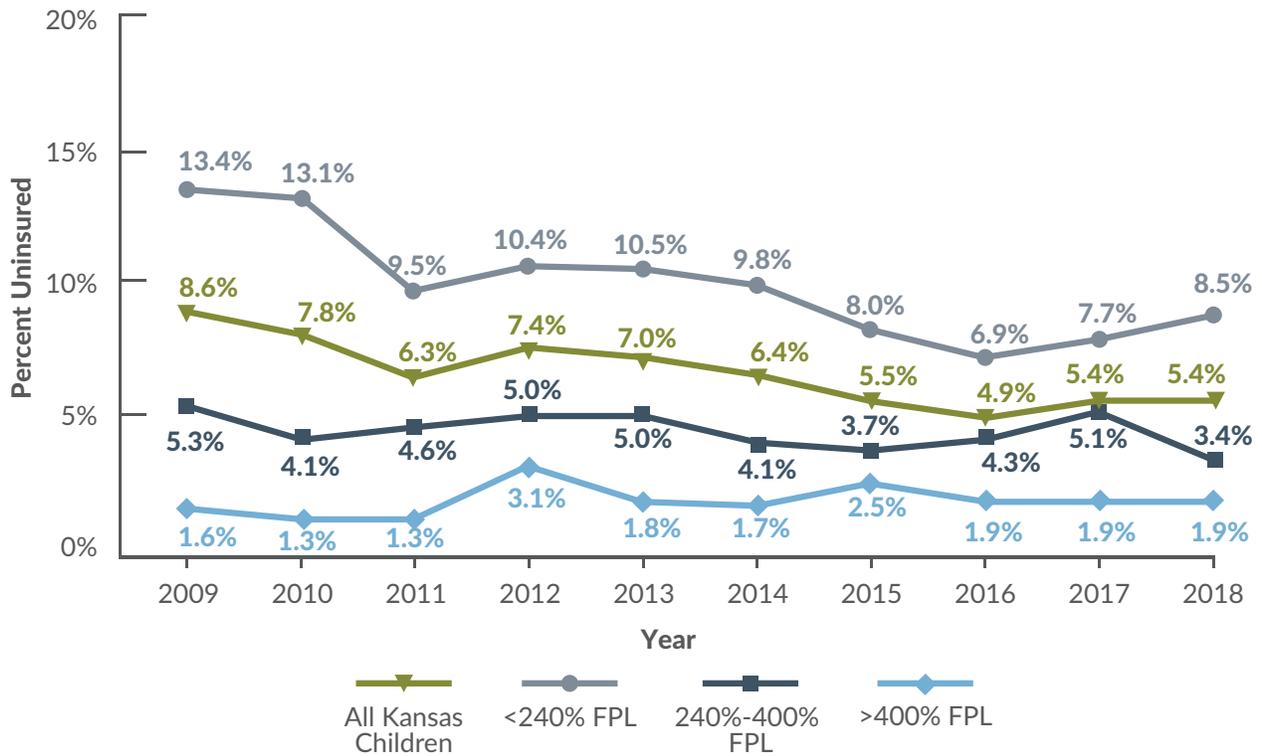


Note: Kansas Children, Age 0-18 with income information (not in institution) = 727,745. Children living in families with income <240 percent FPL (\$60,240 for a family of four in 2018) might qualify for Medicaid or CHIP (Appendix D, page D-1).

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

## Uninsured Rate for Children Eligible for Medicaid or CHIP has Improved but Remains High

Figure 4.3c Kansas Children, Age 0-18: Uninsured Rates by Family Income, 2009-2018



Note: Children living in families with income <240 percent FPL (\$60,240 for a family of four in 2018) might qualify for Medicaid or CHIP (Appendix D, page D-1). The eligibility thresholds change each year.

Source: KHI analysis of data from the U.S. Census Bureau 2009-2018 American Community Survey Public Use Microdata Sample files.

### Key Points

- Nearly three-quarters (71.8 percent) of uninsured children were living in families with income under 240 percent FPL and might have qualified for Medicaid or CHIP.
- Almost 2 in 10 (18.0 percent) uninsured children might have qualified for financial assistance on the Kansas marketplace as their family income was between 240 and 400 percent FPL.
- Children living below the poverty line were 5.5 times more likely to be uninsured than those in families with income over 400 percent FPL (10.4 percent compared to 1.9 percent).
- The uninsured rate for children living in families with income under 240 percent FPL decreased between 2009 and 2018 (13.4 percent compared to 8.5 percent); however, while not statistically significant, the uninsured rate increased for those children in both 2017 and 2018.
- There was no significant change in the coverage rate between 2017 and 2018 for children in any income category.

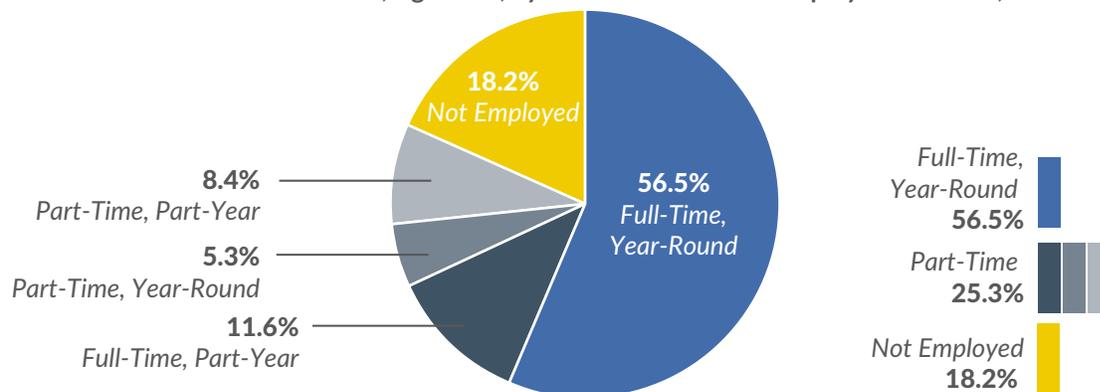
# 4.4 Uninsured by Head of Household Employment Status

## KANSAS CHILDREN, AGE 0-18

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 dependents for coverage, and affordability and value are all factors that contribute to the likelihood an employee is insured. In this section, the employment of the head of household (employed parent) is considered full-time if an individual worked 35 hours or more per week and year-round if an individual worked at least 50 weeks in the last 12 months.

### Eight in 10 Uninsured Children Live in Working Families

Figure 4.4a Uninsured Kansas Children, Age 0-18, by Head of Household Employment Status, 2018

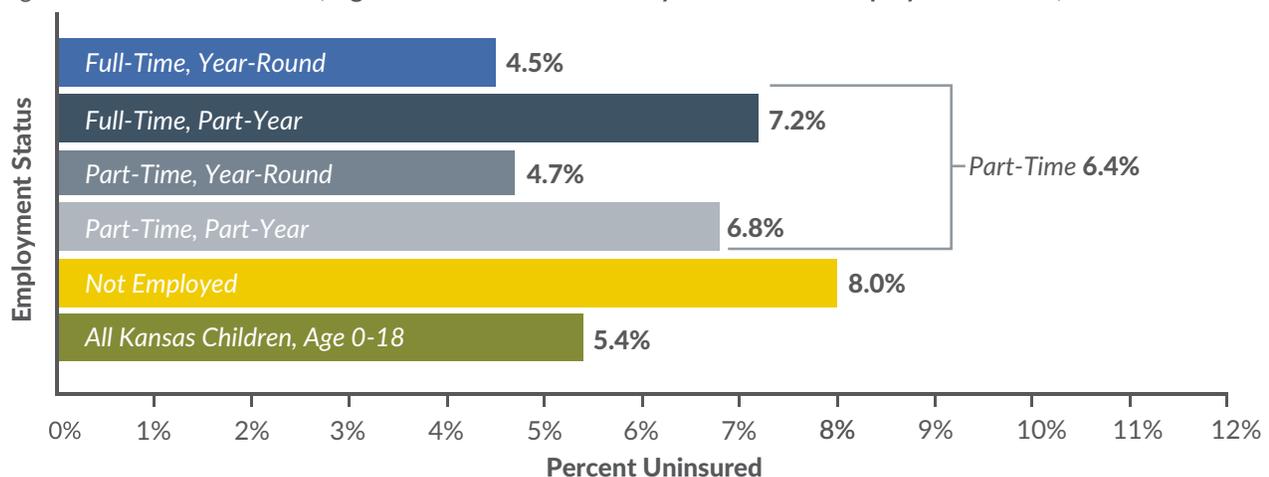


Note: Uninsured Kansas Children, Age 0-18 (not in institutions) = 39,965. Percentages may not sum to 100 percent because of rounding. Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

### Children Living with Unemployed Heads of Household Most Likely to Be Uninsured

Figure 4.4b Kansas Children, Age 0-18: Uninsured Rates by Householder Employment Status, 2018

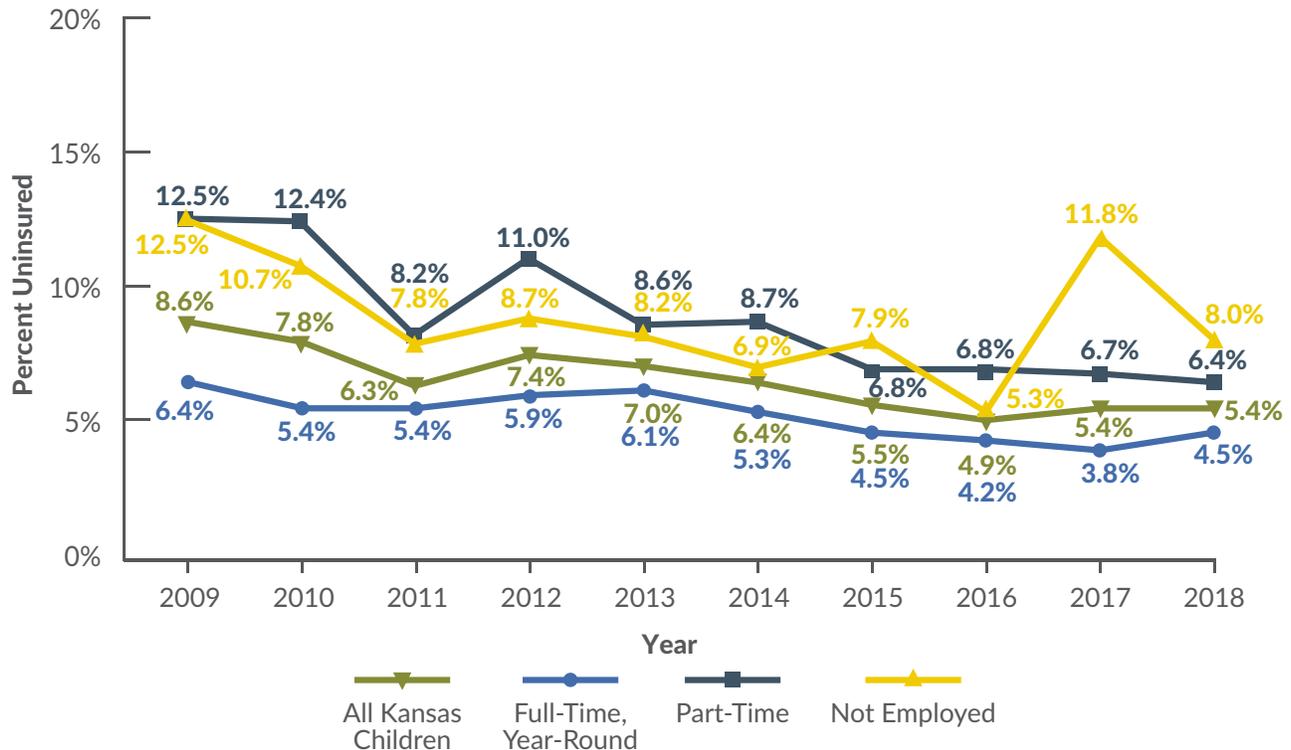


Note: All Kansas Children, Age 0-18 (not in institutions) = 746,786. Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months. Part-Time combines workers who reported Full-Time, Part-Year; Part-Time, Year-Round; or Part-Time, Part-Year employment (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2018 American Community Survey Public Use Microdata Sample files.

## Uninsured Rate Remains Steady Among Children Living in Working Families in Recent Years

Figure 4.4c Kansas Children, Age 0-18: Uninsured Rates by Head of Household Employment Status, 2009-2018



Note: Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months. Part-Time combines workers who reported Full-Time, Part-Year; Part-Time, Year-Round; or Part-Time, Part-Year employment (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2009-2018 American Community Survey Public Use Microdata Sample files.

### Key Points

-  More than half (56.5 percent) of uninsured Kansas children age 0-18 lived in families where the head of household worked full-time, year-round.
-  Eight in 10 (81.8 percent) uninsured children lived in families where the head of household was working at least part-time during the year.
-  Children in families with a head of household working part-time were 1.4 times more likely to be uninsured than children in families with a head of household working full-time, year-round (6.4 percent compared to 4.5 percent).
-  The uninsured rate has not changed significantly for children living in working families in the past few years.
-  The uninsured rate for children living in families where the head of household was not employed increased unexpectedly in 2017 to 11.8 percent, likely representing a statistical artifact. In 2018, the rate was 8.0 percent, closer to the historical range and not significantly different than in earlier years.



# 5. KANSAS COUNTY PERSPECTIVE

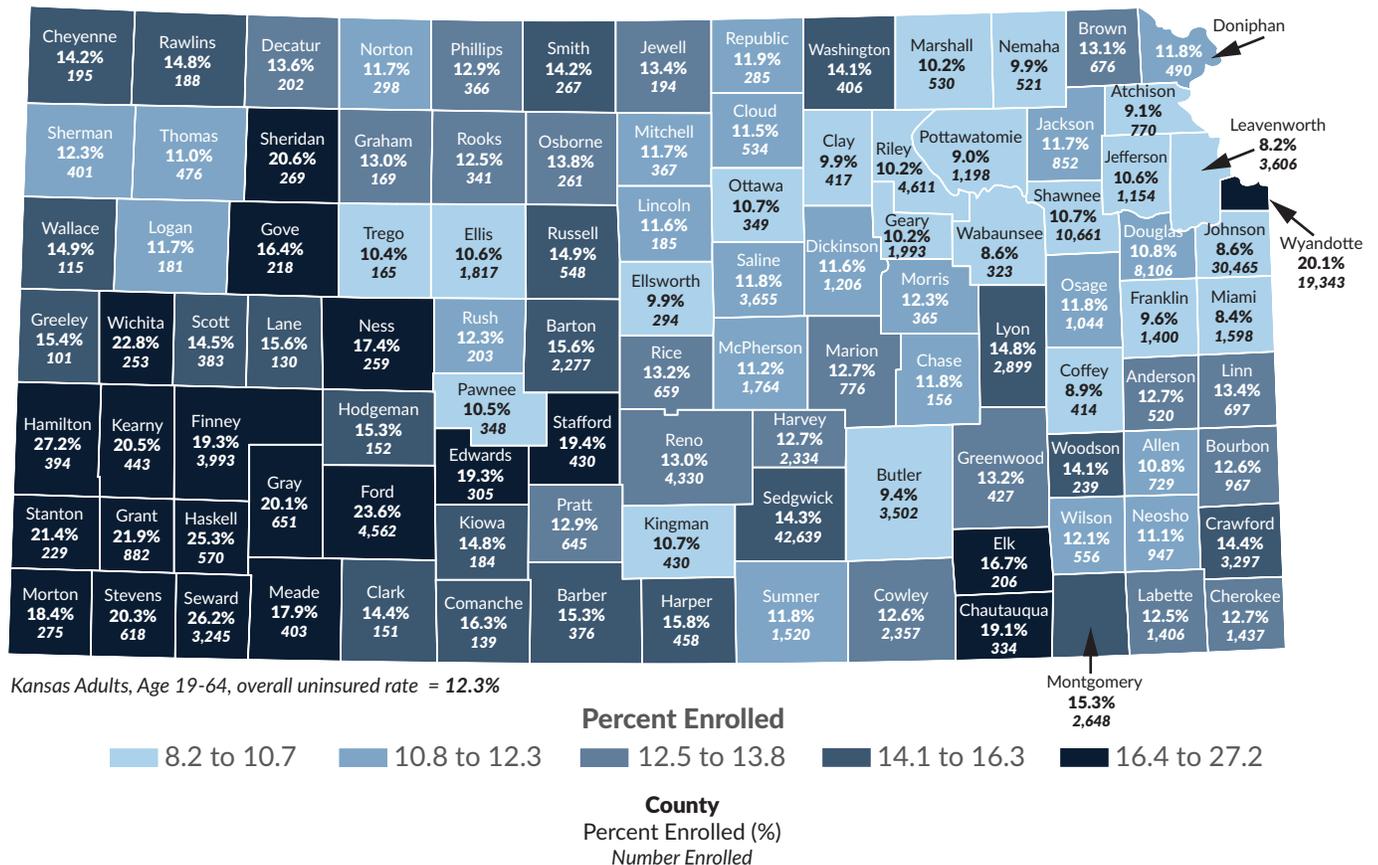
# 5.1 Uninsured by County

## KANSAS ADULTS, AGE 19-64

Earlier this year, the U.S. Census Bureau released the 2017 Small Area Health Insurance Estimates (SAHIE), which provided county-level uninsured rates. While the earlier sections in this report provide the 2018 statewide uninsured rate, the county-level data in this section of the report are one year older due to when the U.S. Census Bureau releases the data.

### Uninsured Rate for Nonelderly Adults Varies Three-Fold Across Kansas Counties

Figure 5.1 Kansas Adults, Age 19-64: Uninsured Rates and Numbers by County, 2017



Kansas Adults, Age 19-64, overall uninsured rate = 12.3%

Note: Uninsured Kansas Adults, Age 19-64 (noninstitutionalized civilians) = 205,324.  
Source: KHI analysis of data from the U.S. Census Bureau 2017 Small Area Health Estimates.

### Key Points

- More than half (54.2 percent) of the uninsured nonelderly adults lived in the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).
- Counties in southwest Kansas generally had the highest uninsured rates for nonelderly adults, although Wyandotte County in northeast Kansas also had one of the highest rates (20.1 percent).
- The difference between Kansas counties with the highest and lowest uninsured rates for nonelderly adults varied more than three-fold: 27.2 percent in Hamilton County and 8.2 percent in Leavenworth County.

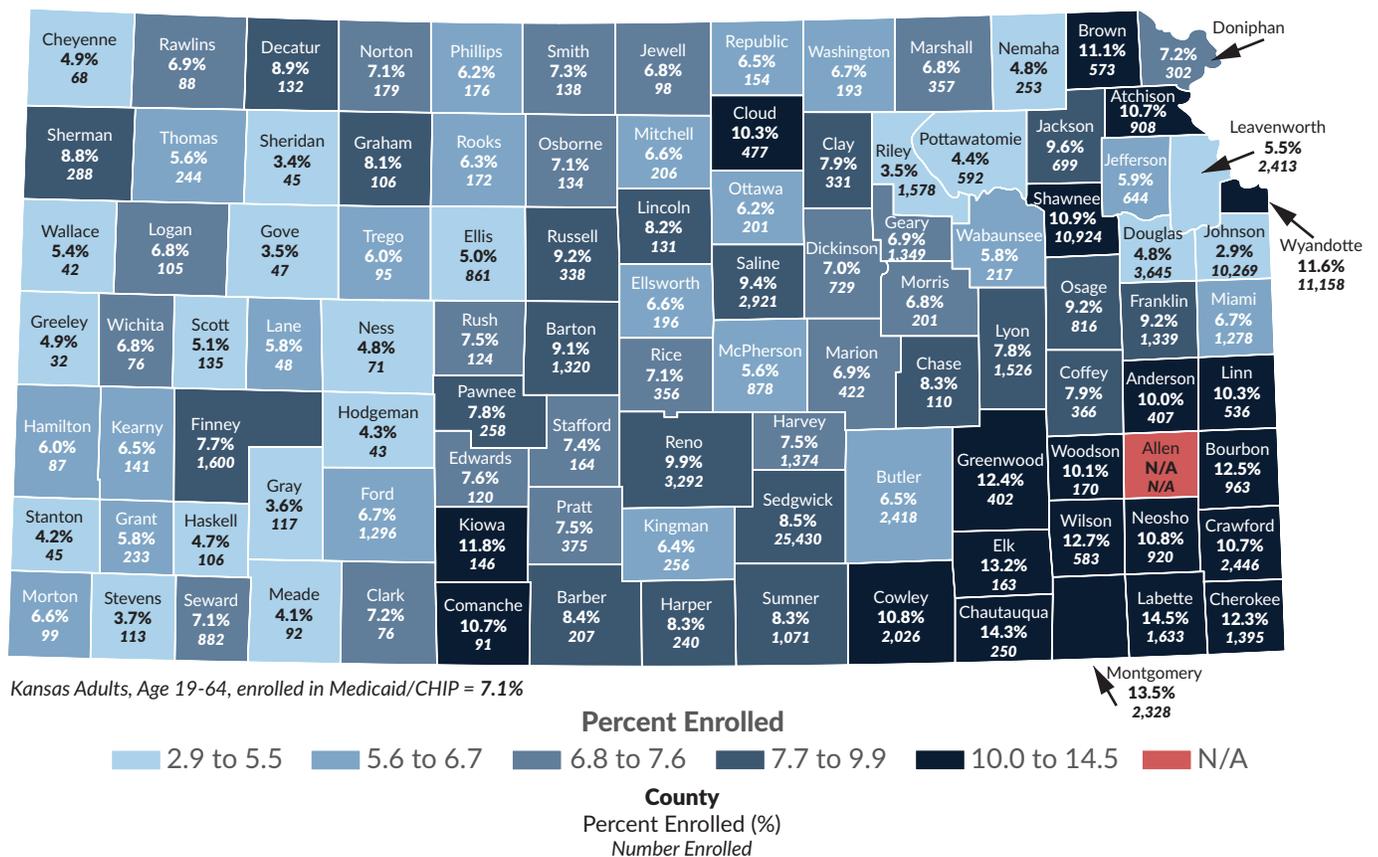
# 5.2 Medicaid Enrollment by County

## KANSAS ADULTS, AGE 19-64

Some Kansas adults age 19-64 qualify for public health insurance programs such as Medicaid. Eligibility for adults is based on a variety of factors (e.g., assets) and varying income requirements, and is mainly offered to pregnant women, parents or caretakers of children, and Kansans with disabilities. See Figure D.2, page D-2, for more information on eligibility guidelines for these programs.

### Percent Enrolled in Medicaid Varies Five-Fold Across Kansas Counties

Figure 5.2 Kansas Adults, Age 19-64: Percent and Number Enrolled in Medicaid by County, 2017



Note: Medicaid Enrollees, Age 19-64 = 118,468. Percent Enrolled in Medicaid is calculated using the average monthly enrollment of Kansas Adults, Age 19-64, in each county and dividing by the population in each county. Data for Allen County are under review and excluded from this analysis.

Source: KHI analysis of data from the Kansas Department of Health and Environment's Enterprise Data Warehouse.

### Key Points

- Half (51.9 percent) of Medicaid enrollees lived in the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).
- Counties in southeast Kansas generally had higher rates of enrollment for Medicaid than did counties in the west and north.
- The difference between counties with the highest and lowest percent of nonelderly adults enrolled in Medicaid was five-fold: 14.5 percent in Labette County and 2.9 percent in Johnson County.

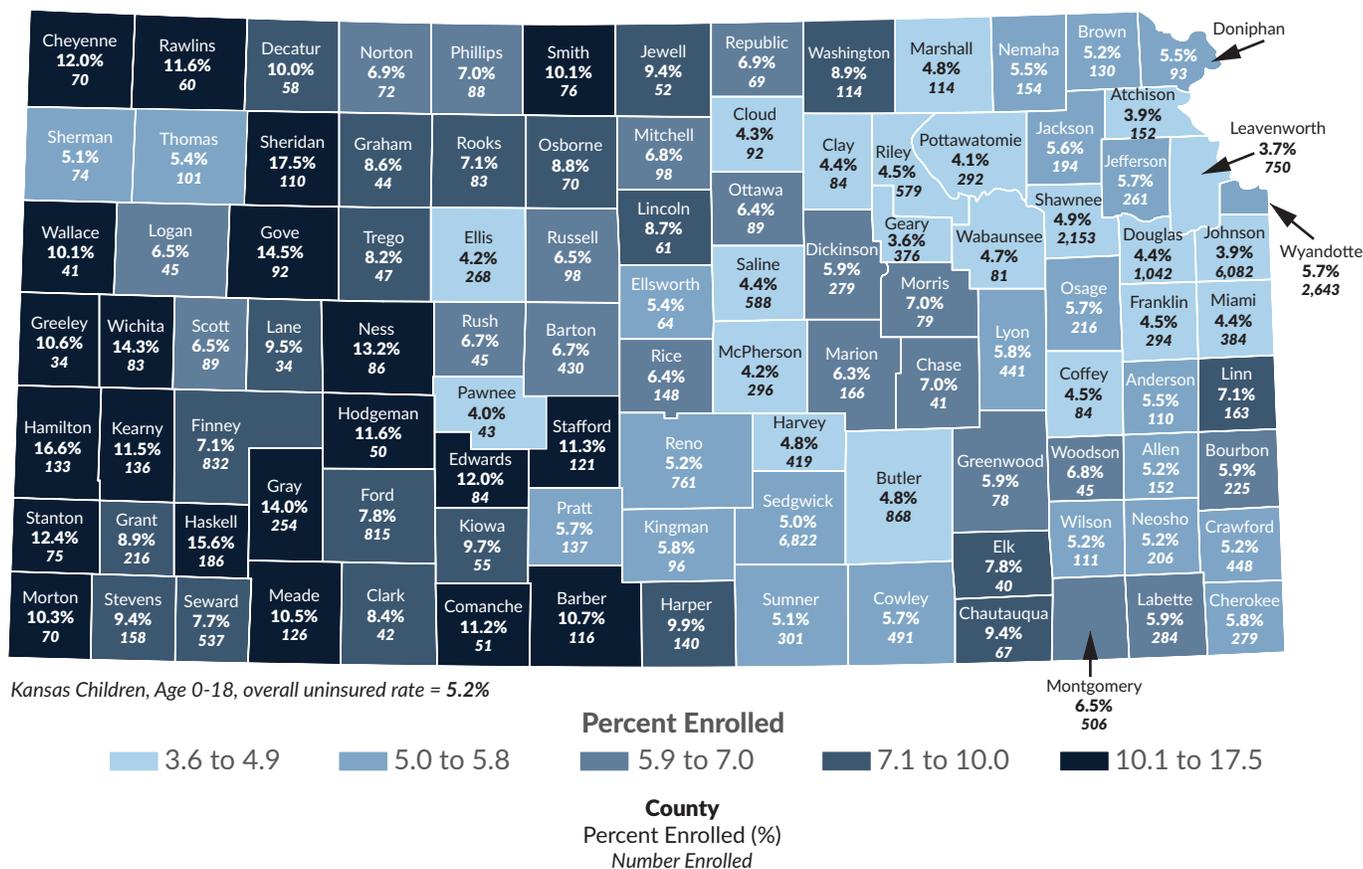
# 5.3 Uninsured by County

## KANSAS CHILDREN, AGE 0-18

Earlier this year, the U.S. Census Bureau released the 2017 Small Area Health Insurance Estimates (SAHIE), which provided county-level uninsured rates. While the earlier sections in this report provide the 2018 statewide uninsured rate, the county-level data in this section of the report are one year older due to when the U.S. Census Bureau releases the data.

### Children's Uninsured Rate Varies Five-Fold Across Kansas Counties

Figure 5.3 Kansas Children, Age 0-18: Uninsured Rates and Numbers by County, 2017



Note: Uninsured Kansas Children, Age 0-18, (noninstitutionalized civilians) = 37,982.  
 Source: KHI analysis of data from the U.S. Census Bureau 2017 Small Area Health Estimates.

### Key Points

- While uninsured rates for children were relatively low in the five largest counties – Douglas, Johnson, Sedgwick, Shawnee and Wyandotte – nearly half (49.3 percent or 18,742) of uninsured children lived in these counties.
- Counties in western Kansas generally had the highest uninsured rate for children age 0-18, while counties in northeast Kansas generally had the lowest uninsured rates for children.
- There was a nearly five-fold difference between the highest and lowest county uninsured rates for children in 2017: 17.5 percent in Sheridan County and 3.6 percent in Geary County.

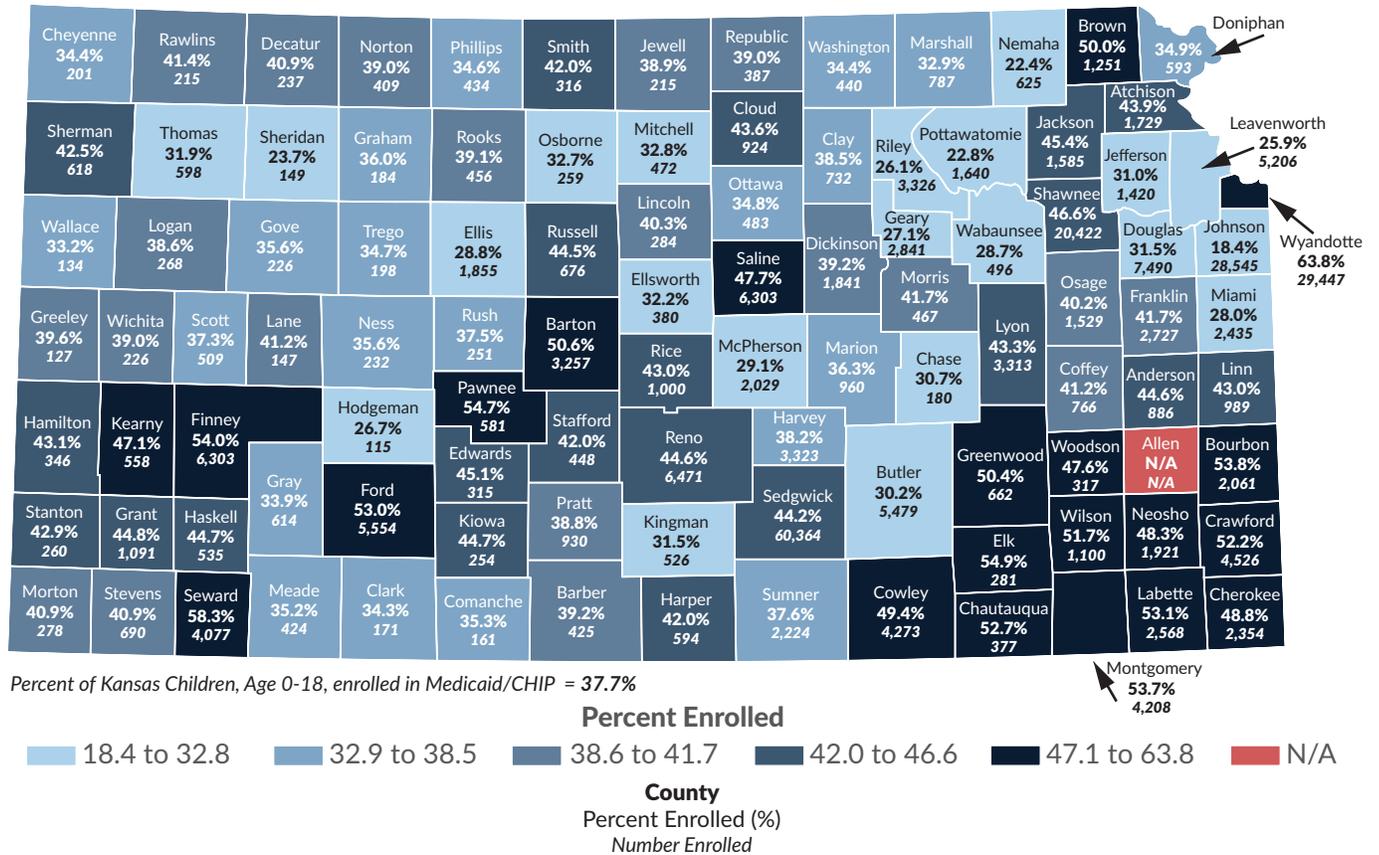
# 5.4 Medicaid/CHIP Enrollment by County

## KANSAS CHILDREN, AGE 0-18

Some Kansas children age 0-18 qualify for public health insurance programs like Medicaid or CHIP; eligibility for children is based on age and family income. In 2017, children in families making up to 241 percent FPL (\$59,286 for a family of four in 2017) were eligible for Medicaid or CHIP. See *Figure D.2*, page D-2, for more information on eligibility guidelines for these programs

### Percent of Children Enrolled in Medicaid/CHIP Higher in Southeast Kansas

Figure 5.4 Kansas Children, Age 0-18: Percent and Number Enrolled in Medicaid/CHIP by County, 2017



Note: Medicaid/CHIP Enrollees Age 0-18 = 277,086. Percent enrolled in Medicaid/CHIP is calculated using the average monthly enrollment of Kansas children age 0-18 in each county and dividing by the population in each county. Data for Allen County are under review and excluded from this analysis.

Source: KHI analysis of data from the Kansas Department of Health and Environment's Enterprise Data Warehouse.

### Key Points

- Nearly 4 in 10 (37.7 percent) Kansas children were enrolled in Medicaid or CHIP.
- Half (52.8 percent) of Kansas children enrolled in Medicaid or CHIP lived in one of the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).
- In 2017, there was more than a three-fold difference between Kansas counties with the highest and lowest percentage of children age 0-18 enrolled in Medicaid or CHIP: 63.8 percent in Wyandotte County and 18.4 percent in Johnson County.
- Counties in southeast Kansas generally had the highest Medicaid or CHIP enrollment rates for children.



# APPENDICES

# A. About the Data

Health insurance coverage rates in Kansas and the U.S. are typically estimated through survey responses. Surveys can differ in their design, target population and sample size. The timing of data collection varies between surveys from a short span of days to months or on a rolling basis throughout the year. The surveys can be administered by postal mail, internet, phone or in-person. The options and organization for questions related to the source of insurance coverage also can differ. Respondents could be asked whether they have insurance coverage currently (a point-in-time) or at any time during the past month or the past year. Therefore, because of different survey designs, differences in the insurance coverage rate across surveys are expected. The sources of data used in this report are described below and on page A-2.

## 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. Of households that receive the ACS form, a subset also receives a follow-up in-person interview. The ACS collects population and housing information every year, thus providing up-to-date information about the U.S. population. As part of the 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.

This report used 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 files allow for a reliable, detailed and customized analysis of health insurance status by several demographic characteristics at the state level.

The PUMS files contain responses for the households and individuals, where individuals are organized into households, so that it is possible to study insurance status within the context of people’s families or other household members. The 2018 PUMS sample included 28,788 non-institutionalized Kansans —meaning people not living in institutions such as correctional facilities, nursing facilities or state hospitals— representing about one percent of the population.

PUMS files contain cases from nearly every town and county in the United States. However, towns and counties are not identified in the PUMS datasets. The most detailed unit of geography available in PUMS data is the Public Use Microdata Area (PUMA). PUMAs are special non-overlapping areas that partition each state into contiguous geographic units containing no fewer than 100,000 people each. Beginning with the 2012 ACS PUMS, the files rely on PUMA boundaries that were drawn by state governments after the 2010 Census. An interactive mapping application, TIGERweb, can be used to view the PUMA boundaries.

## SMALL AREA HEALTH INSURANCE ESTIMATES (SAHIE)

The Small Area Health Insurance Estimates (SAHIE) program was created by the U.S. Census Bureau to provide model-based estimates of health insurance coverage for counties and states. SAHIE is the only source for single-year estimates of health insurance coverage in all counties in the U.S. The model-based estimates are derived from the ACS health insurance estimates of the civilian non-institutionalized population. Adjustments to the ACS estimates are made with demographic input from the Census Bureau’s Current Population Estimates and the 2010 Census; economic input from aggregated federal tax returns and the Census Bureau’s County Business Patterns; and federal program participation data from sources such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid, and the

Children's Health Insurance Program (CHIP). SAHIE data can be used to analyze geographic variation in health insurance coverage, as well as disparities in coverage by race/ethnicity, sex, age and income levels that reflect thresholds for state and federal assistance programs. Consistent estimates are available from 2008 to 2017. Each year's estimates are adjusted so that, before rounding, the county estimates sum to their respective state totals, and for key demographics the state estimates sum to the national ACS estimates of the number of insured and uninsured. SAHIE are used in this report to provide estimates of the uninsured rate for each county in Kansas in 2017.

## ENTERPRISE DATA WAREHOUSE (EDW)

The Enterprise Data Warehouse (EDW) is a multi-payer administrative claims database initiative sponsored by the Kansas Department of Health and Environment and the Kansas Insurance Department. The EDW contains claims data for Medicaid, CHIP, the State Employee Health Plan (SEHP) and commercial health insurance in the Kansas Health Insurance Information System (KHIIS). In this report, we used data from the EDW to determine participation in Medicaid or CHIP in each county of Kansas.

## MARKETPLACE ENROLLMENT

The marketplace enrollment data used in the *Infographic* were retrieved from the 2018 Marketplace Open Enrollment Period Public Use Files from the Centers for Medicare and Medicaid Services website. Individuals, families and small employers in Kansas can compare private health insurance plans and directly purchase health insurance coverage on the federally facilitated marketplace (FFM). The U.S. Department of Health and Human Services established the FFM in Kansas on October 1, 2013, using the federal HealthCare.gov platform. In 2018, the three insurers offering plans on the marketplace were Blue Cross Blue Shield of Kansas, Ambetter from Sunflower Health Plan, and Medica Insurance Company. The 2018 plan year open enrollment

period was held from November 1, 2017 – December 15, 2017.

## STATISTICAL SIGNIFICANCE

KHI calculated and compared the percentages of uninsured Kansans across time and by subgroups of interest (e.g., age, poverty category, etc.) using PUMS data. KHI also examined the percentage of Kansans with various forms of private and public health insurance. The observed differences between population groups were not necessarily statistically different, particularly when there was a small number of Kansans from a population group represented in the survey. Therefore, statistical tests were performed to account for the number of people in each population group and the variability in the data. KHI confirmed that all differences noted in the text are statistically significant at the 95 percent confidence level (p-value <0.05).

## TREND ANALYSIS

KHI conducted trend analyses with data from 2009 to 2018 to understand how health insurance coverage has changed over time. The year prior to the 2010 enactment of the Affordable Care Act was chosen as the baseline year. The major insurance expansion provisions of the ACA were implemented in 2014.

## B. Glossary of Terms

The following terms were used by KHI in this report. Unless attributed to a specific source, the terms reflect broadly used definitions.

### AGE

- Children: Persons age 0-18.
- Nonelderly 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 (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin) and can be of any race.
- All Racial/Ethnic Minorities: Includes any race or ethnic group other than White, Non-Hispanic.

### FAMILY INCOME

Family income is defined as the total reported income of the householder and anyone related to the householder by birth, marriage or adoption. For the purposes of this report, we present income as a percentage of the federal poverty level (FPL), which is based upon the U.S Census Bureau's definition of federal poverty thresholds. In this report, 100 percent of FPL refers to individuals or families that are considered poor. The FPL can vary by family size, the number of children in the family, and for one- or two-person households whether the person or couple is age 65 and older. The same FPL is assigned to all people in the household who are related to the householder by birth, marriage or adoption.

### 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: Employment reported as Full-Time, Part-Year; Part-Time, Year-Round; or Part-Time, Part-Year. Each is 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.

# C. 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 coverage is offered through an individual's or family member's employment. It could be offered by an employer or by a union. Military/TRICARE is considered as an employment-based coverage. It 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 either directly from a private company or on the federally facilitated Kansas marketplace created by the ACA.

## 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), and
- VA Health Care.

**Medicare** is a federal health care program that provides coverage for people age 65 and older, and for certain people 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, people with disabilities and older adults who meet eligibility requirements

might be eligible for Medicaid (*Fig. D.2*, page D-2).

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.

**Dual Eligibles** are individuals who qualify for **both Medicare and Medicaid** due to limited financial resources and high expected service needs.

**Children's Health Insurance Program (CHIP)** is a federal program administered at the state-level that provides health care coverage to children who are not eligible for the Medicaid program and who live in families that earn less than a certain percent of FPL. The Kansas CHIP income eligibility for 2018 was a family income under 240 percent FPL, or \$60,240 for a family of four.

*Figure D.2* (page D-2) outlines applicable 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 in 2018 were Amerigroup of Kansas, Inc., Sunflower Health Plan and UnitedHealthcare Community Plan of Kansas. 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

People without private or public health insurance are considered uninsured. Kansans with only Indian Health Service (IHS) coverage are included in the uninsured category, consistent with how the ACS classifies such persons. The 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.

People with alternative health coverage through health care sharing ministries (HCSM) also are considered uninsured, again consistent with how the ACS classifies such persons. HCSMs enroll members who “share a common set of ethical or religious beliefs and share medical expenses among members in accordance with those beliefs.” HCSMs are not regulated by state insurance commissioners and are not considered minimum essential coverage under the ACA; however, HCSM members are eligible for an exemption from the ACA’s individual mandate penalty.

## NEW COVERAGE OPTION IN KANSAS EFFECTIVE JANUARY 2020

Kansas House Bill 2209, which passed into law in 2019 without the governor’s signature, allows the Kansas Farm Bureau to sell healthcare benefit coverage to its members. The coverage does not comply with the requirements of the ACA (e.g., it does not cover pre-existing health conditions, is not subject to the jurisdiction

of the Kansas Insurance Department and is not considered health insurance). Kansas Farm Bureau Health Plans became available for enrollment starting October 1, 2019, with coverage effective January 2020. In future surveys, it is not clear whether the ACS will consider persons enrolled in these plans uninsured or privately insured.

## HEALTH INSURANCE COVERAGE HIERARCHY

Because ACS respondents can report more than one type of insurance, KHI uses a standard hierarchy to assign health insurance coverage, as follows:

- Medicaid and Medicare (“dual eligibles”);
- Medicaid or CHIP;
- Medicare;
- Employment-Based;
- Military/TRICARE;
- VA Health Care; and
- Direct-Purchase.

The Annual Insurance Update 2017 and previous editions from KHI included 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, KHI started to use only the hierarchy when reporting health insurance coverage beginning with the Annual Insurance Update 2018.

# D. Income Eligibility Guidelines for Public Coverage

## FEDERAL POVERTY GUIDELINES

As a federally designated entitlement program, Medicaid requires states to provide coverage to all eligible individuals in certain population categories. Kansas offers public health insurance through KanCare (Medicaid and CHIP) for those who meet certain income requirements, but eligibility also depends on age, availability of financial resources and, in some cases, health care needs. For many enrollees, income eligibility criteria are based on federal poverty guidelines, as shown in *Figure D.1*. Medicaid and CHIP coverage is mainly offered to children, pregnant women, parents or caretakers of children and Kansans with disabilities, as shown in *Figure D.2* (page D-2). Medicaid also is available to seniors age 65 or older who have limited resources.

*Figure D.1 Federal Poverty Guidelines for 48 Contiguous States and the District of Columbia, 2018*

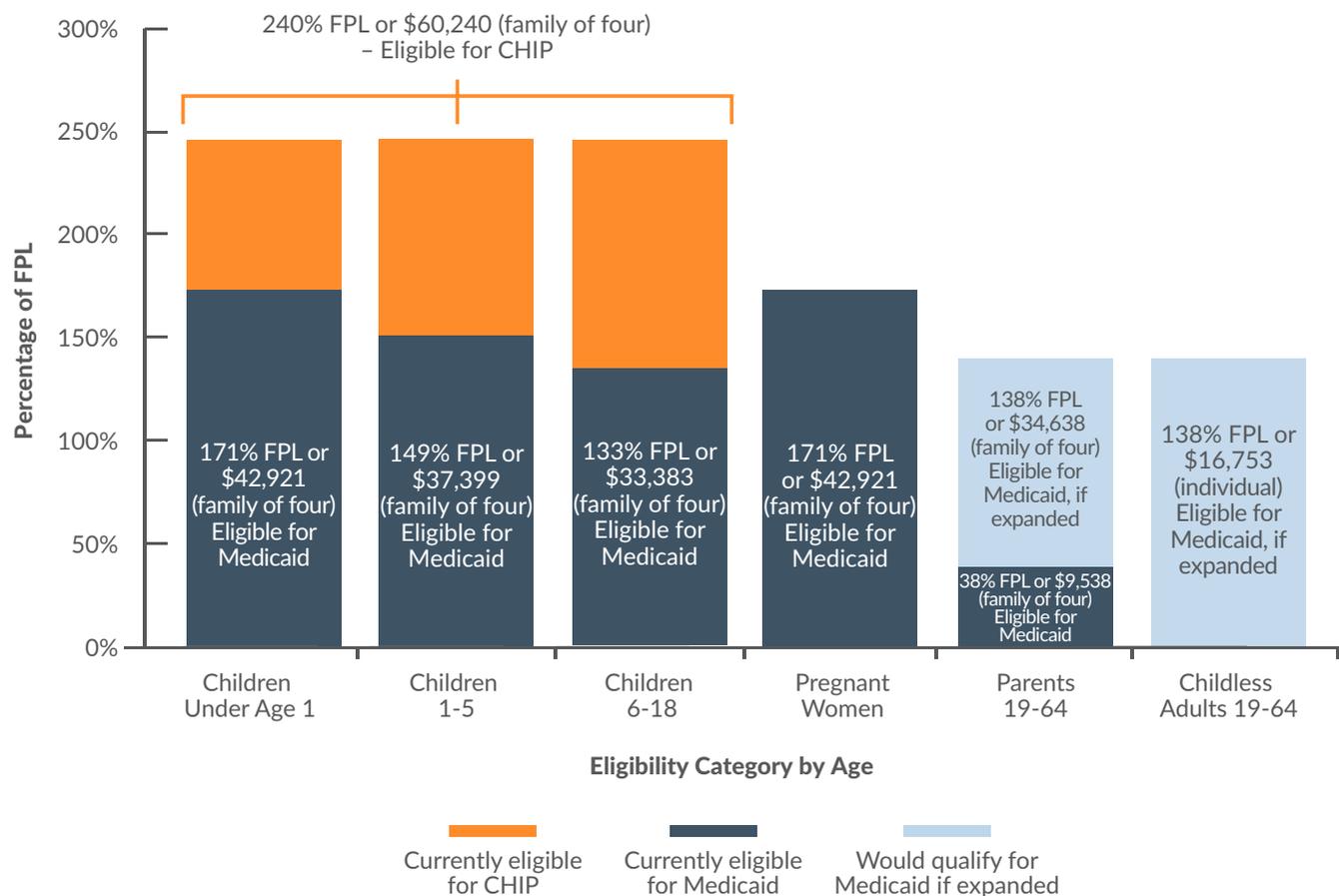
Household Size	Annual Income	Monthly Income	Weekly Income
1	\$12,140	\$1,012	\$233
2	\$16,460	\$1,372	\$317
3	\$20,780	\$1,732	\$400
4	\$25,100	\$2,092	\$483
5	\$29,420	\$2,452	\$566
6	\$33,740	\$2,812	\$649
7	\$38,060	\$3,172	\$732
8	\$42,380	\$3,532	\$815
For each additional family member add:	\$4,320	\$360	\$83

Source: *Federal Register* (January 18, 2018), Vol. 83, Page 2642-2644.

## 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 Kansans with disabilities. Assistance also is 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 D.2 Income Eligibility Levels for Kansas Medicaid and CHIP, 2018



Note: Income levels shown are applicable to children and nonelderly adults without disabilities or other health needs that could make them eligible at a different income level. Eligibility levels reflect Modified Adjusted Gross Income (MAGI) rules, including a 5 percent income disregard that might be applied on an individual basis.

Source: Eligibility information is from the Division of Health Care Finance, Kansas Department of Health and Environment, 2018 ([https://www.kancare.ks.gov/docs/default-source/policies-and-reports/kdhe-keesm/appendix/financial/f-8-ks-medical-assistance-standards\\_1-19.pdf](https://www.kancare.ks.gov/docs/default-source/policies-and-reports/kdhe-keesm/appendix/financial/f-8-ks-medical-assistance-standards_1-19.pdf)).

# E. Detailed Tables

Figure E.1 All Kansans by Source of Coverage, Age, Race/Ethnicity and Family Income, 2018

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
<b>All Kansans</b>	<b>2,870,610</b>	<b>2,621,493</b>	<b>91.3%</b>	<b>249,117</b>	<b>100.0%</b>	<b>8.7%</b>
<b>Sources of Health Insurance Coverage</b>						
<b>Public Coverage</b>		<b>829,153</b>	<b>28.8%</b>			
<i>Medicaid/CHIP</i>		328,133	11.4%			
<i>Medicare</i>		416,628	14.5%			
<i>Both Medicaid and Medicare</i>		75,395	2.6%			
<i>VA Health Care</i>		8,997	0.3%			
<b>Private Coverage</b>		<b>1,792,340</b>	<b>62.5%</b>			
<i>Employment-Based</i>		1,546,358	53.9%			
<i>Military/TRICARE</i>		67,932	2.4%			
<i>Direct-Purchase</i>		178,050	6.2%			
<b>Age</b>						
<b>Kansas Children, Age 0-18</b>	<b>746,786</b>			<b>39,965</b>	<b>16.0%</b>	<b>5.4%</b>
<b>Kansas Adults, Age 19-64</b>	<b>1,682,264</b>			<b>206,458</b>	<b>82.9%</b>	<b>12.3%</b>
<i>Age 19-25</i>	291,107			44,249	17.8%	15.2%
<i>Age 26-44</i>	682,719			96,303	38.7%	14.1%
<i>Age 45-64</i>	708,438			65,906	26.5%	9.3%
<b>Kansas Adults, Age 65 and Older</b>	<b>441,560</b>			<b>2,694</b>	<b>1.1%</b>	<b>0.6%</b>
<b>Race/Ethnicity</b>						
<b>White, Non-Hispanic</b>	<b>2,172,018</b>			<b>142,675</b>	<b>57.3%</b>	<b>6.6%</b>
<b>All Minorities</b>	<b>698,592</b>			<b>106,442</b>	<b>42.8%</b>	<b>15.2%</b>
<i>Black, Non-Hispanic</i>	157,261			17,654	7.1%	11.2%
<i>Other/Multiple Races, Non-Hispanic</i>	196,230			13,870	5.6%	7.1%
<i>Hispanic, Any Race</i>	345,101			74,918	30.1%	21.7%
<b>Family Income</b>						
<b>&lt;100% FPL</b>	<b>344,226</b>			<b>67,616</b>	<b>27.5%</b>	<b>19.6%</b>
<b>100%-199% FPL</b>	<b>500,049</b>			<b>75,320</b>	<b>30.7%</b>	<b>15.1%</b>
<b>200%-400% FPL</b>	<b>943,501</b>			<b>71,891</b>	<b>29.3%</b>	<b>7.6%</b>
<b>&gt;400% FPL</b>	<b>1,038,040</b>			<b>30,629</b>	<b>12.5%</b>	<b>3.0%</b>

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity, employment status; C – types of health insurance coverage; D – 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 2018 American Community Survey Public Use Microdata Sample files.

Figure E.2 Kansas Adults Age 19-64 by Source of Coverage, Race/Ethnicity, Family Income, and Employment Status, 2018

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
<b>Kansas Adults, Age 19-64</b>	<b>1,682,264</b>	<b>1,475,806</b>	<b>87.7%</b>	<b>206,458</b>	<b>100.0%</b>	<b>12.3%</b>
<b>Sources of Health Insurance Coverage</b>						
<b>Public Coverage</b>		<b>176,351</b>	<b>10.4%</b>			
<i>Medicaid/CHIP</i>		106,445	6.3%			
<i>Medicare</i>		32,043	1.9%			
<i>Both Medicaid and Medicare</i>		29,284	1.7%			
<i>VA Health Care</i>		8,579	0.5%			
<b>Private Coverage</b>		<b>1,299,455</b>	<b>77.3%</b>			
<i>Employment-Based</i>		1,116,456	66.4%			
<i>Military/TRICARE</i>		48,142	2.9%			
<i>Direct-Purchase</i>		134,857	8.0%			
<b>Race/Ethnicity</b>						
<b>White, Non-Hispanic</b>	<b>1,275,470</b>			<b>121,164</b>	<b>58.7%</b>	<b>9.5%</b>
<b>All Minorities</b>	<b>406,794</b>			<b>85,294</b>	<b>41.4%</b>	<b>21.0%</b>
<i>Black, Non-Hispanic</i>	97,168			14,255	6.9%	14.7%
<i>Other/Multiple Races, Non-Hispanic</i>	116,182			11,874	5.8%	10.2%
<i>Hispanic, Any Race</i>	193,444			59,165	28.7%	30.6%
<b>Family Income</b>						
<b>&lt;100% FPL</b>	<b>196,721</b>			<b>55,253</b>	<b>27.0%</b>	<b>28.1%</b>
<b>100%-199% FPL</b>	<b>256,303</b>			<b>62,886</b>	<b>30.7%</b>	<b>24.5%</b>
<b>200%-400% FPL</b>	<b>529,453</b>			<b>60,178</b>	<b>29.4%</b>	<b>11.4%</b>
<b>&gt;400% FPL</b>	<b>674,034</b>			<b>26,204</b>	<b>12.8%</b>	<b>3.9%</b>
≤138% FPL	297,729			83,666	40.9%	28.1%
100%-138% FPL	101,008			28,413	13.9%	28.1%
<b>Employment Status</b>						
<b>Full-Time, Year-Round</b>	<b>993,189</b>			<b>80,690</b>	<b>39.1%</b>	<b>8.1%</b>
<b>Part-Time</b>	<b>423,113</b>			<b>80,796</b>	<b>39.1%</b>	<b>19.1%</b>
<i>Full Time, Part-Year</i>	153,930			33,679	16.3%	21.9%
<i>Part-Time, Year-Round</i>	128,018			21,088	10.2%	16.5%
<i>Part-Time, Part-Year</i>	141,165			26,029	12.6%	18.4%
<b>Not Employed</b>	<b>265,962</b>			<b>44,972</b>	<b>21.8%</b>	<b>16.9%</b>

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity, employment status; C – types of health insurance coverage; D – 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 2018 American Community Survey Public Use Microdata Sample files.

Figure E.3 Kansas Children, Age 0-18 by Source of Coverage, Race/Ethnicity, Family Income, and Householder Employment Status, 2018

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
<b>Kansas Children, Age 0-18</b>	<b>746,786</b>	<b>706,821</b>	<b>94.6%</b>	<b>39,965</b>	<b>100.0%</b>	<b>5.4%</b>
<b>Sources of Health Insurance Coverage</b>						
<b>Public Coverage</b>		<b>227,645</b>	<b>30.5%</b>			
<i>Medicaid/CHIP</i>		221,688	29.7%			
<i>Medicare</i>		4,233	0.6%			
<i>Both Medicaid and Medicare</i>		1,724	0.2%			
<i>VA Health Care</i>		-	0.0%			
<b>Private Coverage</b>		<b>479,176</b>	<b>64.2%</b>			
<i>Employment-Based</i>		417,268	55.9%			
<i>Military/TRICARE</i>		19,580	2.6%			
<i>Direct-Purchase</i>		42,328	5.7%			
<b>Race/Ethnicity</b>						
<b>White, Non-Hispanic</b>	<b>499,443</b>			<b>20,785</b>	<b>52.0%</b>	<b>4.2%</b>
<b>All Minorities</b>	<b>247,343</b>			<b>19,180</b>	<b>48.0%</b>	<b>7.8%</b>
<i>Black, Non-Hispanic</i>	42,725			3,399	8.5%	8.0%
<i>Other/Multiple Races, Non-Hispanic</i>	69,235			1,153	2.9%	1.7%
<i>Hispanic, Any Race</i>	135,383			14,628	36.6%	10.8%
<b>Family Income</b>						
<b>&lt;100% FPL</b>	<b>111,642</b>			<b>11,586</b>	<b>30.3%</b>	<b>10.4%</b>
<b>100%-199% FPL</b>	<b>158,454</b>			<b>12,012</b>	<b>31.4%</b>	<b>7.6%</b>
<b>200%-400% FPL</b>	<b>258,254</b>			<b>10,757</b>	<b>28.1%</b>	<b>4.2%</b>
<b>&gt;400% FPL</b>	<b>199,395</b>			<b>3,886</b>	<b>10.2%</b>	<b>1.9%</b>
<i>&lt;240% FPL</i>	324,836			27,464	71.8%	8.5%
<i>200%-240% FPL</i>	54,740			3,866	10.1%	7.1%
<b>Householder Employment Status</b>						
<b>Full-Time, Year-Round</b>	<b>497,213</b>			<b>22,585</b>	<b>56.5%</b>	<b>4.5%</b>
<b>Part-Time</b>	<b>159,095</b>			<b>10,120</b>	<b>25.3%</b>	<b>6.4%</b>
<i>Full Time, Part-Year</i>	64,890			4,646	11.6%	7.2%
<i>Part-Time, Year-Round</i>	44,595			2,109	5.3%	4.7%
<i>Part-Time, Part-Year</i>	49,610			3,365	8.4%	6.8%
<b>Not Employed</b>	<b>90,478</b>			<b>7,260</b>	<b>18.2%</b>	<b>8.0%</b>

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity, employment status; C – types of health insurance coverage; D – 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 2018 American Community Survey Public Use Microdata Sample files.

Figure E.4 Kansas Adults, Age 65 and Older by Source of Coverage, 2018

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
<b>Kansas Adults, Age 65 and Older</b>	<b>441,560</b>	<b>438,866</b>	<b>99.4%</b>	<b>2,694</b>	<b>100.0%</b>	<b>0.6%</b>
<b>Sources of Health Insurance Coverage</b>						
<b>Public Coverage</b>		<b>425,157</b>	<b>96.3%</b>			
<i>Medicaid/CHIP</i>		0	0.0%			
<i>Medicare</i>		380,352	86.1%			
<i>Both Medicaid and Medicare</i>		44,387	10.1%			
<i>VA Health Care</i>		418	0.1%			
<b>Private Coverage</b>		<b>13,709</b>	<b>3.1%</b>			
<i>Employment-Based</i>		12,634	2.9%			
<i>Military/TRICARE</i>		210	0.0%			
<i>Direct-Purchase</i>		865	0.2%			

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity, employment status; C – types of health insurance coverage; D – 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 2018 American Community Survey Public Use Microdata Sample files.

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