

ANNUAL INSURANCE UPDATE 2012

Health Insurance in Kansas

KHI/13-05 | APRIL 2013



KANSAS
HEALTH
INSTITUTE



KANSAS HEALTH INSTITUTE
Board of Directors

Jim Tangeman (Chair)
Sharon G. Hixson (Vice Chair)
Tim Cruz (Secretary/Treasurer)
Robert F. St. Peter, M.D. (President and CEO)
Tom Rogge
Van Williams



KANSAS HEALTH INSTITUTE

212 SW Eighth Avenue, Suite 300
Topeka, Kansas 66603-3936
Telephone (785) 233-5443
Fax (785) 233-1168
www.khi.org

Table of Contents

ABOUT THIS REPORT **ii**

CURRENT COVERAGE **I**

 Insurance Coverage in Kansas 1

 Sources of Health Insurance 2

 All Kansans 4

 Adults 7

 Children 12

 County Comparison 14

COVERAGE TRENDS **16**

 Impact of Public Policy 16

 Role of Family Income 18

 Role of Employer Type and Size 20

APPENDIX **A-1**

 Types of Health Insurance Coverage A-1

 About the Data A-2

 Glossary A-4

 Quick Facts A-5

 Endnotes A-10

AUTHORS

This report is based on work done by Ivan S. Williams, M.B.A., and Cheng-Chung Huang, M.P.H. Other contributions were made by Scott C. Brunner, M.A.

ACKNOWLEDGEMENTS

The authors wish to thank the Division of Health Care Finance at the Kansas Department of Health and Environment for providing the Medicaid and Children’s Health Insurance Program enrollment data for this report.

About this Report

As efforts to reform the health care system — nationally and here in Kansas — continue, this 2012 *Annual Insurance Update* provides new information from the U.S. Census Bureau on insurance coverage in Kansas. The information can be used to better understand how the Affordable Care Act (ACA) and other federal health policy changes as well as state-level policy decisions might affect insurance coverage in our state.

After an initial overview of insurance coverage — who has it and who doesn't — the report outlines where Kansans get insurance coverage and the link between employment and insurance coverage. Maps illustrate differences in coverage and Medicaid participation across the state. Finally, the report includes a look at the important trends in insurance coverage during the last decade to put the current status in context and to begin imagining what the future of insurance coverage in Kansas might look like.

In addition to providing an overview for all Kansans, the Current Coverage section of this report examines the major sources of health insurance for non-elderly adults (age 19–64), children (age 0–18) and seniors (age 65 and older). This section also highlights differences in insurance coverage among Kansans based on their race or ethnicity, income and employment status.

Because essentially all Kansans age 65 and older are covered by the federal Medicare program, much of this report focuses on children and adults younger than 65.

Information about insurance coverage in this report is primarily based on data from the Current Population Survey (CPS) collected by the U.S. Census Bureau. The Census Bureau also publishes insurance coverage estimates from its American Community Survey (ACS). Differences between results from the CPS and ACS are discussed throughout the report where relevant.

In addition to ongoing analysis and reporting of health insurance coverage, this report serves as an evaluation of the primary health insurance coverage data sources. A set of tables with more detailed information on insurance coverage is included at the end of the report, along with a list of endnotes.

Last year the Census Bureau revised how it determines who is uninsured based on the CPS, so some percentages in this report differ slightly from previous Kansas Health Institute (KHI) publications. Rates for previous years have been revised to reflect this change.

A TALE OF TWO DATA SETS

The Census Bureau publishes data on health insurance coverage from two surveys: the Annual Social and Economic Supplement to the Current Population Survey (CPS) and the American Community Survey (ACS). The results from these surveys are typically, although not always, quite similar.

So which survey is right? All surveys are subject to some error, and the rate of uninsured Kansans changes over time. But in terms of determining the most recent rates of uninsured Kansans, the ACS estimates of 12.6 percent for all Kansans and 6.4 percent for Kansas children are based on the most recent responses from a larger number of Kansans. This doesn't mean the CPS numbers are wrong; it just means the ACS numbers are somewhat more recent and more accurate.

Why are the numbers so different? Typically the estimates based on these surveys are within 1 to 2 percentage points

of each other. When there are differences, they are likely due to:

- How the data are reported. For example, two-year averages versus year-by-year rates.
- Timing of data collection. CPS gathers data from February to April each year, while ACS gathers data year-round.
- Other methodological differences, such as the number of people surveyed and the phrasing of survey questions.

Why don't you just use the ACS? That may happen in the future, but for now the CPS includes more information. For example, the ACS can't be used for longer-term (five- or 10-year) trends because it didn't include health insurance questions until 2008. Also, because of the way the Census Bureau publishes the ACS, it can't be analyzed in as many ways as the CPS. A future switch from the CPS to the ACS as the main data source for this report may happen.

Current Coverage

INSURANCE COVERAGE IN KANSAS

The Current Population Survey (CPS) indicates about 365,000 Kansans — or 13.1 percent of the population — were uninsured in 2010–2011, not significantly different from the 12.7 percent who were uninsured in 2009–2010. The uninsured rate in Kansas was significantly lower than the uninsured rate of 16.0 percent for the United States as a whole in 2010–2011.

Although there isn't a significant difference between the CPS two-year averages for 2009–2010 and 2010–2011, full-year data from the American Community Survey

(ACS) indicate the rate of uninsured Kansans decreased significantly from 13.9 percent in 2010 to 12.6 percent in 2011. Because the ACS is a much larger survey and is based on somewhat more recent data than the CPS, there is a good chance that the next two-year average CPS estimate, for 2011–2012, also will indicate a significant decrease in the rate of uninsured Kansans.

Uninsured Rate Among Kansas Children (age 0–18)

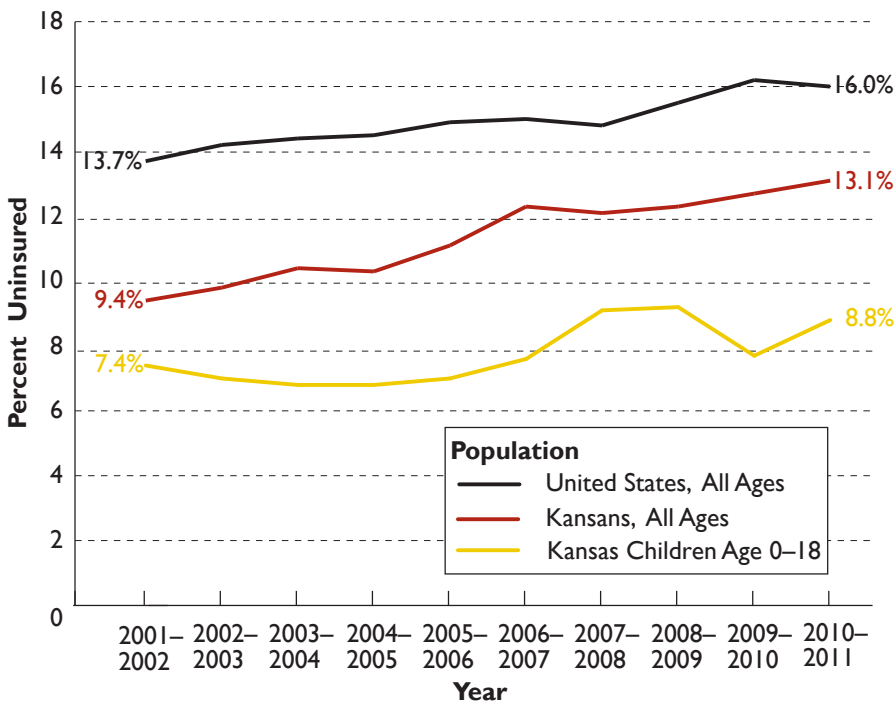
The CPS says about 67,000 Kansas children age 0–18 — 8.8 percent — were uninsured in 2010–2011, statistically the same as the 7.7 percent who were uninsured in

2009–2010. The CPS uninsured rate for Kansas children also was similar to the uninsured rate of 9.9 percent for U.S. children in 2010–2011. However, the ACS indicates a significant decrease in the rate of uninsured Kansas children (age 0–17¹) from 8.2 percent in 2010 to 6.4 percent in 2011.

Uninsured Rate Among Kansas Young Adults (age 19–25)

CPS data indicate the rate of uninsured young adult Kansans (age 19–25) did not change significantly, going from 22.9 percent in 2009–2010 to 23.1 percent in 2010–2011. The ACS, however, indicates the national rate of uninsured young adults (age 19–25) decreased significantly, from 31.7 percent in 2009 to 28.2 percent in 2011.² The Kansas rate also decreased in the ACS significantly, from 26.8 percent in 2009 to 22.9 percent in 2011. Analysts attribute the decrease to a provision in the federal health reform law that took effect in September 2010 that allows dependents to stay on their parents' or guardians' health insurance plans until they are 26.

Figure 1. Uninsured Rates for Kansas and the United States



Source: KHI estimates are two-year averages based on the 2002 to 2012 Annual Social and Economic Supplements to the Current Population Surveys.

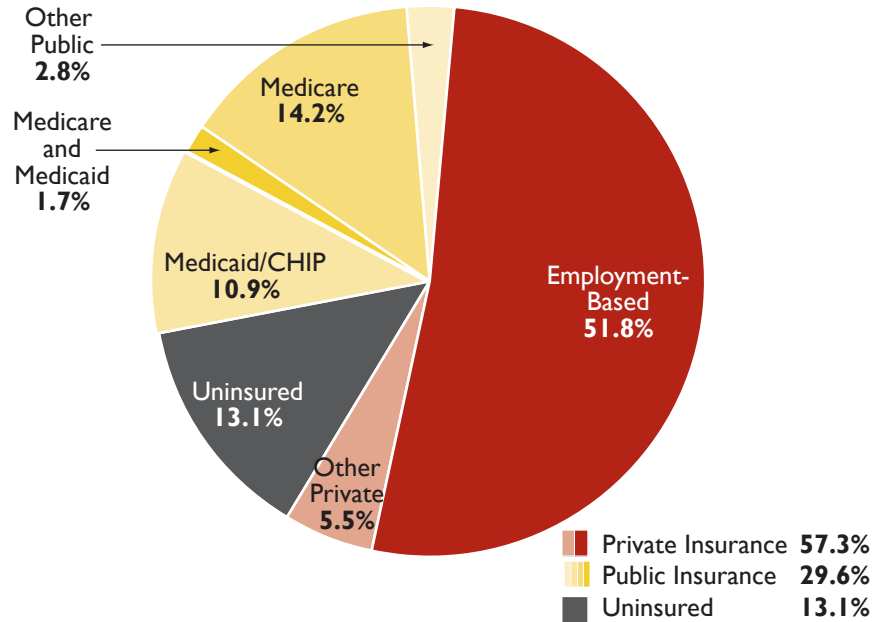
Current Coverage

SOURCES OF HEALTH INSURANCE

All Kansans

More than half — 51.8 percent — of all Kansans are covered by employment-based health insurance. Almost a third of Kansans (29.6 percent) are covered by a public health insurance program such as Medicare or Medicaid. Kansans who don't have employment-based coverage or public coverage may have other private³ coverage but are more likely to be uninsured.

Figure 2. Sources of Health Insurance: All Kansans (2010–2011)

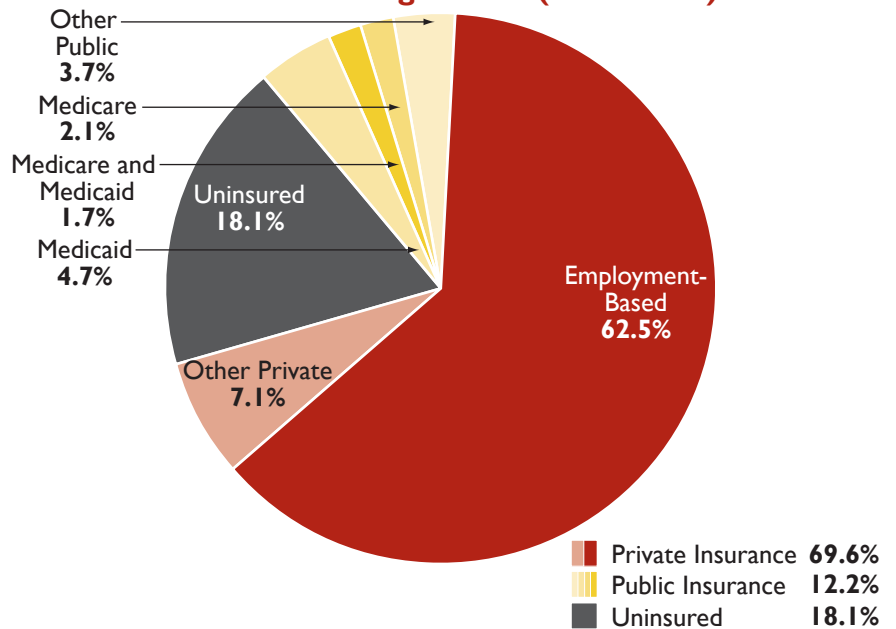


Notes: All Kansans: Approximately 2,792,000. Percentages may not sum to 100 percent because of rounding.
 Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Adults (Age 19–64)

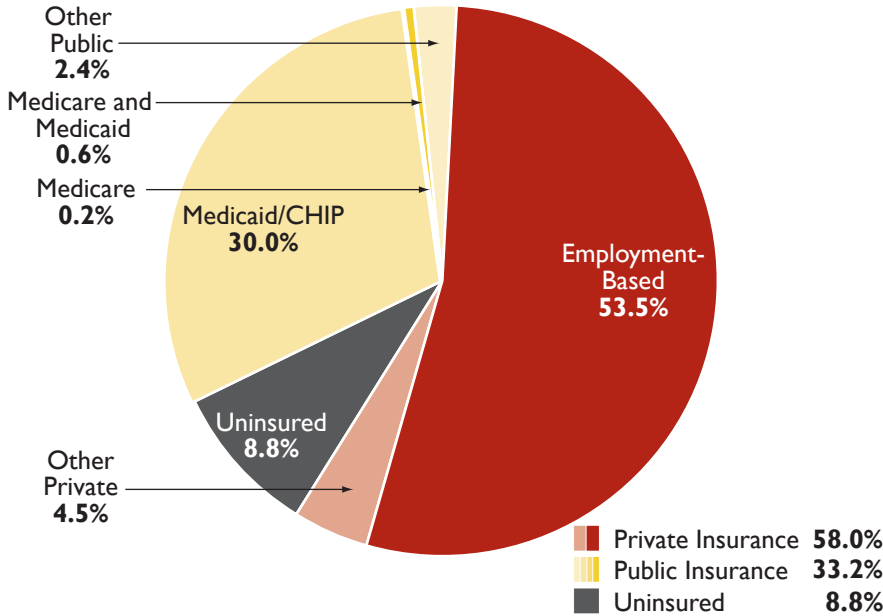
For non-elderly adult Kansans, employers are the largest source of insurance. Almost two-thirds (62.5 percent) of 19- to 64-year-olds have employment-based coverage, while 7.1 percent have other private coverage, 12.2 percent have public insurance and 18.1 percent are uninsured.

Figure 3. Sources of Health Insurance: Kansas Adults Age 19–64 (2010–2011)



Notes: All Kansas adults age 19–64: Approximately 1,642,000. Percentages may not sum to 100 percent because of rounding.
 Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Figure 4. Sources of Health Insurance: Kansas Children Age 0–18 (2010–2011)



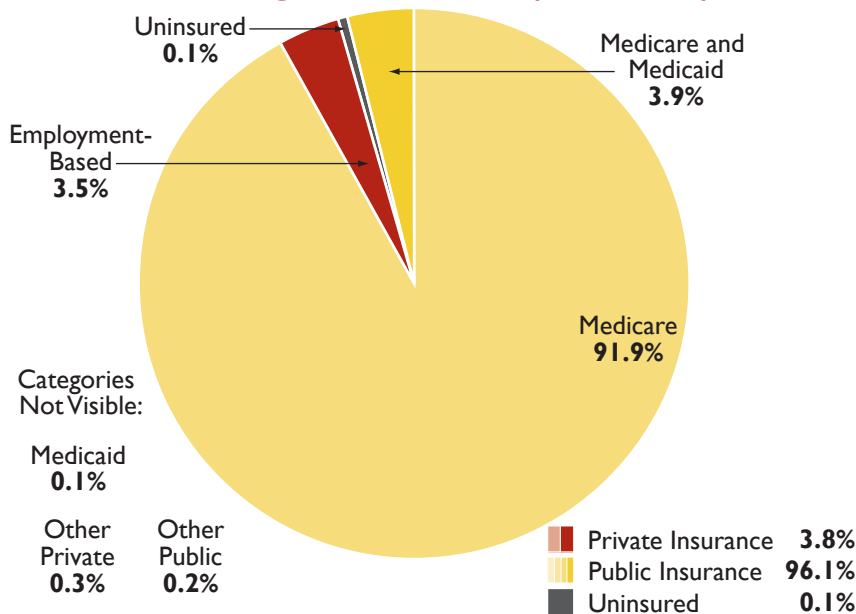
Notes: All Kansas children age 0–18: Approximately 758,000. Percentages may not sum to 100 percent because of rounding.
 Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

SOURCES OF HEALTH INSURANCE

Children (Age 0–18)

More than half (53.5 percent) of Kansas children are covered by employment-based insurance, typically through a parent’s employer. About a third — 33.2 percent — receive public coverage such as Medicaid or the Children’s Health Insurance Program (CHIP).⁴ Children are more likely to be insured than non-elderly adults because they are more likely to be eligible for public coverage.

Figure 5. Sources of Health Insurance: Kansans Age 65 and Older (2010–2011)



Notes: All Kansans age 65 and older: Approximately 392,000. Percentages may not sum to 100 percent because of rounding.
 Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Older Kansans (Age 65+)

Almost all (96.1 percent) Kansans age 65 and older have public health insurance: 95.8 percent have Medicare coverage,⁵ including 3.9 percent with both Medicare and Medicaid. An additional 0.1 percent have Medicaid only. Because so many Kansans 65 and older are covered by the federal Medicare program, much of the remainder of this report focuses on children and non-elderly adults.

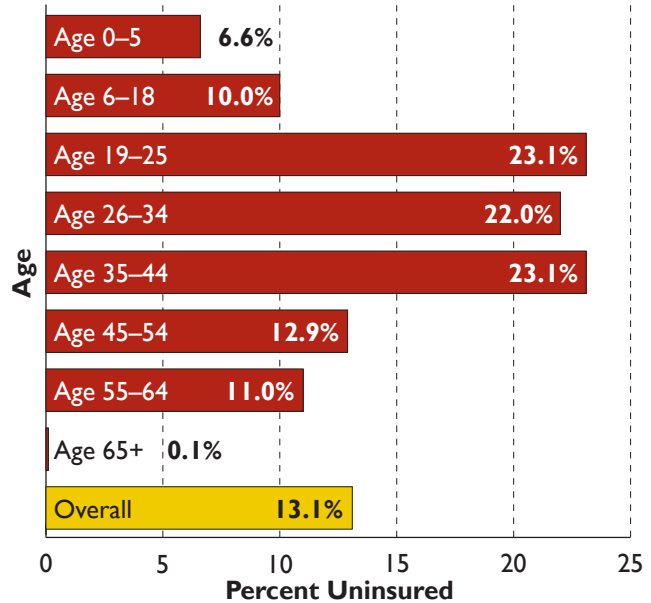
Current Coverage

ALL KANSANS

Age

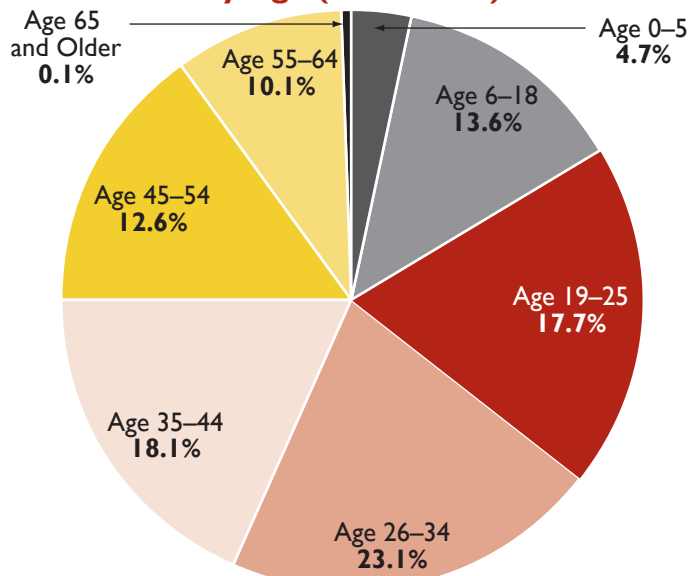
Because of the availability of Medicare, few Kansans age 65 and older are uninsured. For those under 65, children up to age 5 are the least likely to be uninsured, while adults age 19–44 are the most likely to be uninsured. Of all uninsured Kansans, 58.9 percent are between the ages of 19 and 44, as shown in Figure 7.

Figure 6. All Kansans: Likelihood of Being Uninsured by Age Group (2010–2011)



Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Figure 7. Uninsured Kansans by Age (2010–2011)



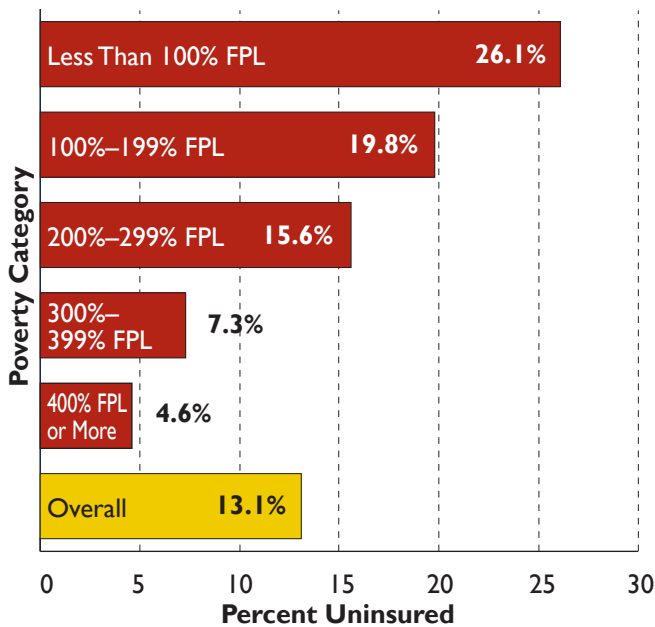
Notes: Uninsured Kansans: Approximately 365,000. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

■ Age 0–18	18.3%
■ Age 19–44	58.9%
■ Age 45–64	22.7%
■ Age 65+	0.1%

MORE THAN HALF OF ALL UNINSURED KANSANS ARE BETWEEN THE AGES OF 19 AND 44.

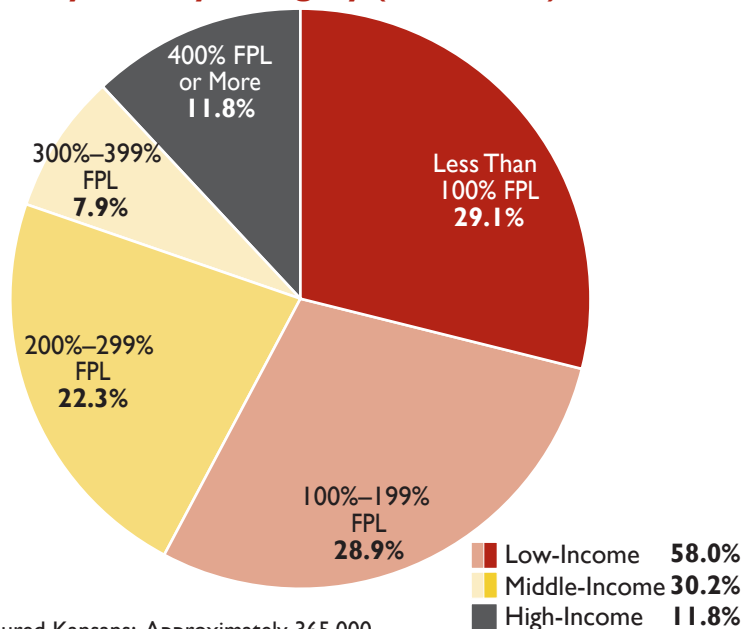
Figure 8. All Kansans: Likelihood of Being Uninsured by Poverty Category (2010–2011)



Note: Based on all Kansas children including those who aren't included in the poverty universe — i.e. about 5,000 children who are in households with unrelated individuals and are under 15.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Figure 9. Uninsured Kansans by Poverty Category (2010–2011)



Notes: Uninsured Kansans: Approximately 365,000.

Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

ALL KANSANS

Family Income

Kansans with lower incomes are less likely to have insurance. More than one in four (26.1 percent) Kansans with incomes below 100 percent of the Federal Poverty Level (FPL),⁶ which was \$22,350 for a family of four in 2011, are uninsured compared to fewer than one in 20 (4.6 percent) Kansans with incomes above 400 percent of FPL (\$89,400 for a family of four in 2011). However, more than two-thirds (70.9 percent) of uninsured Kansans are not poor with incomes above 100 percent of FPL, as shown in Figure 9. These individuals are likely to be working but not able to afford health insurance for themselves or their families.

TWO-THIRDS OF UNINSURED KANSANS HAVE FAMILY INCOMES ABOVE THE FEDERAL POVERTY LEVEL.

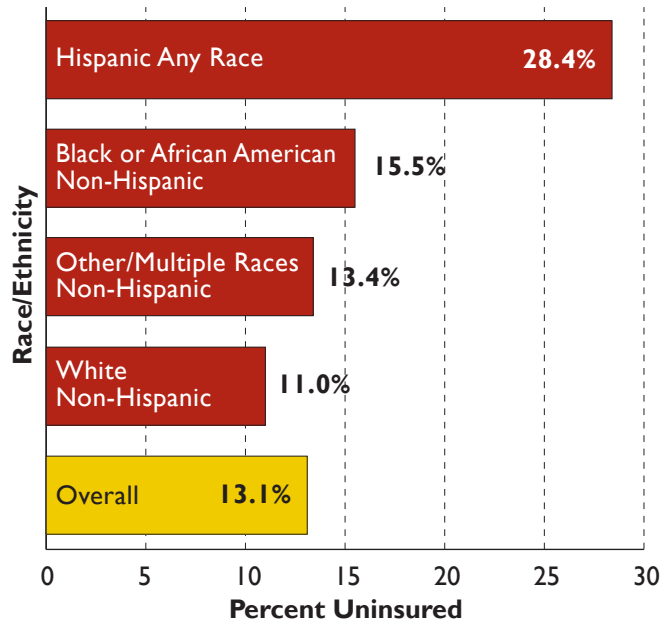
Current Coverage

ALL KANSANS

Race/Ethnicity

Kansans in a racial or ethnic minority group are more likely to be uninsured than white non-Hispanics. For example, the uninsured rate for Hispanic Kansans is more than two and a half times higher than the uninsured rate for white non-Hispanic Kansans (28.4 percent compared with 11.0 percent). However, while most Kansans are white non-Hispanic (78.1 percent), so are most uninsured Kansans: Two-thirds (65.8 percent) of uninsured Kansans are white non-Hispanic, as shown in Figure 11.

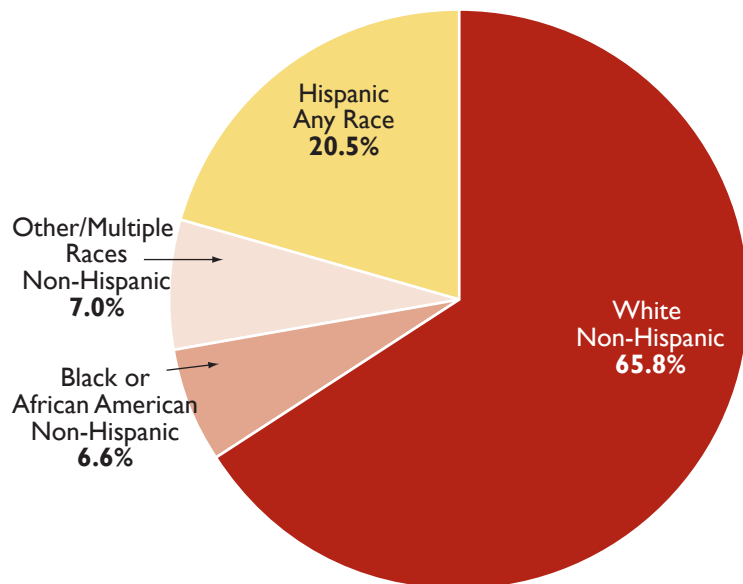
Figure 10. All Kansans: Likelihood of Being Uninsured by Race/Ethnicity (2010–2011)



Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

TWO-THIRDS OF UNINSURED KANSANS ARE WHITE NON-HISPANIC.

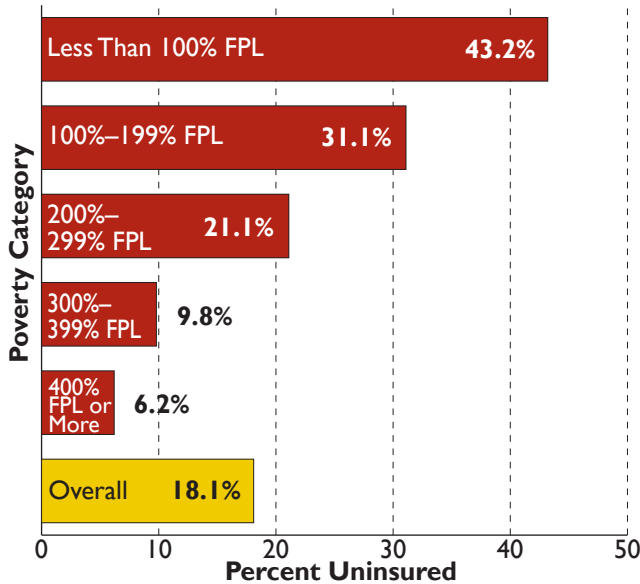
Figure 11. Uninsured Kansans by Race/Ethnicity (2010–2011)



Notes: Uninsured Kansans: Approximately 365,000. Percentages may not sum to 100 percent because of rounding.

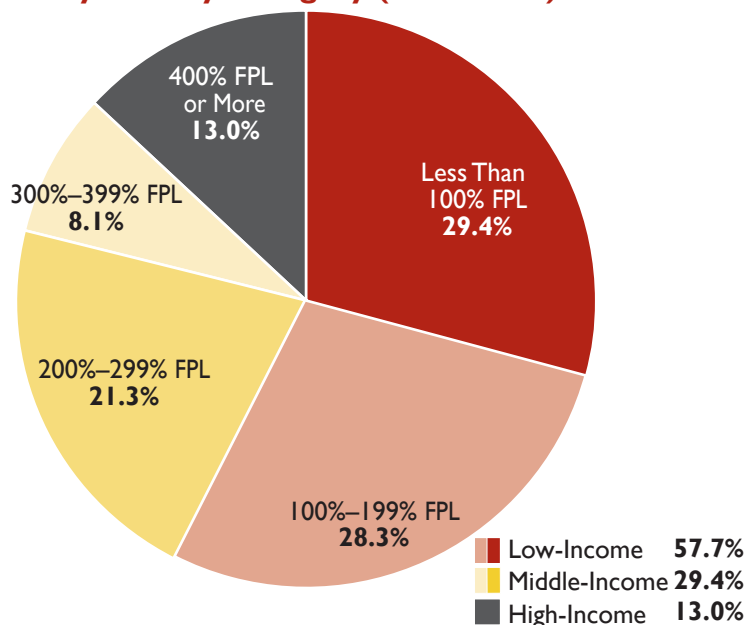
Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Figure 12. Kansas Adults Age 19–64: Likelihood of Being Uninsured by Poverty Category (2010–2011)



Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Figure 13. Uninsured Kansas Adults Age 19–64 by Poverty Category (2010–2011)



Notes: Uninsured Kansas adults age 19–64: Approximately 298,000. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

ADULTS (AGE 19–64)

Family Income

Many low-income, non-disabled Kansas adults are not eligible for Medicaid and remain uninsured. Currently only parents in families with incomes below about 32 percent of FPL — \$7,152 for a family of four in 2011 — are eligible for Medicaid, and childless adults do not qualify regardless of their income unless they are disabled. More than four of every 10 (43.2 percent) non-elderly adult Kansans with incomes below 100 percent of FPL are uninsured. If the state chooses to expand Medicaid as provided for under the ACA, about 315,000 Kansans who earn less than 138 percent of FPL would become eligible for Medicaid. For the first three years of Medicaid expansion, the federal government would pay 100 percent of the costs of covering the newly eligible Medicaid population. That federal contribution gradually declines to 90 percent by the year 2020, with the state picking up the remaining 10 percent.

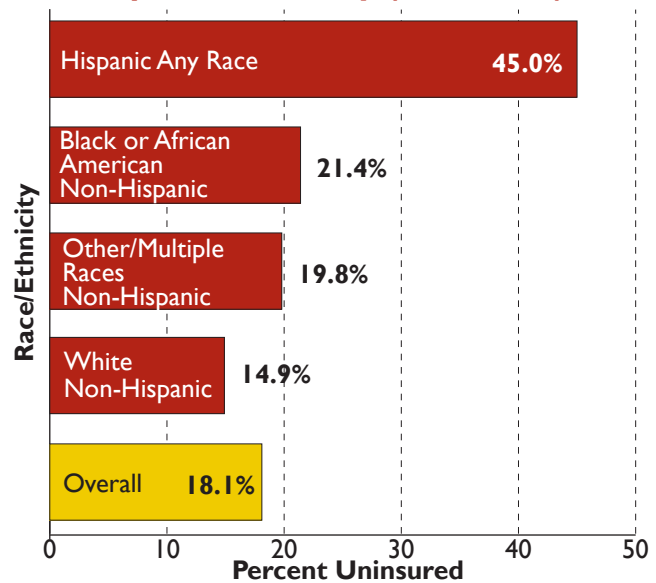
Current Coverage

ADULTS (AGE 19–64)

Race/Ethnicity

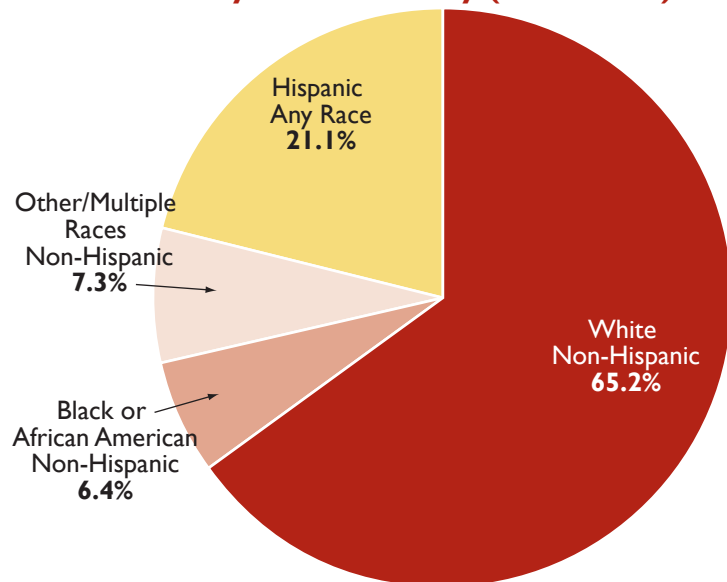
Among non-elderly adults in Kansas, nearly half (45.0 percent) of Hispanics and one in five (21.4 percent) black non-Hispanics are uninsured, compared with 14.9 percent of white non-Hispanics. Just as the majority of non-elderly adult Kansans (79.4 percent) are white non-Hispanics, so are the majority (65.2 percent) of uninsured non-elderly adults in Kansas, as shown in Figure 15.

Figure 14. Kansas Adults Age 19–64: Likelihood of Being Uninsured by Race/Ethnicity (2010–2011)



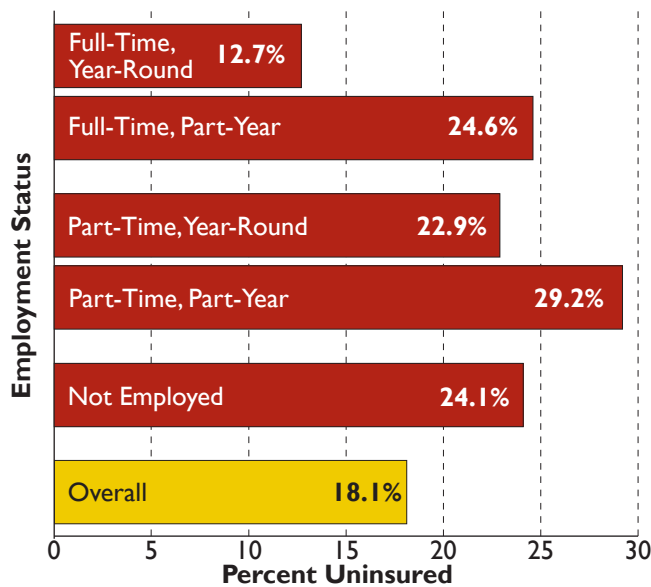
Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Figure 15. Uninsured Kansas Adults Age 19–64 by Race/Ethnicity (2010–2011)



Notes: Uninsured Kansas adults age 19–64: Approximately 298,000. Percentages may not sum to 100 percent because of rounding.
 Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

**Figure 16. Kansas Adults Age 19–64:
Likelihood of Being Uninsured
by Employment Status (2010–2011)**



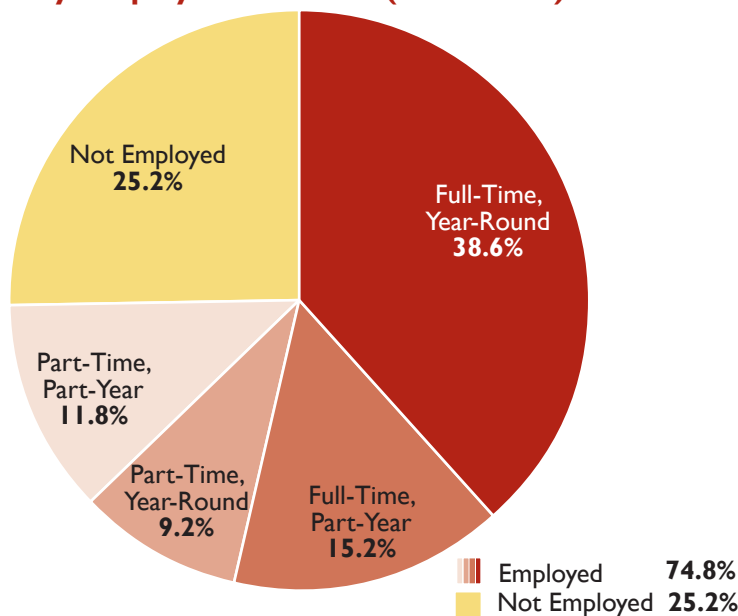
Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

ADULTS (AGE 19–64)

Employment Status

Non-elderly adult Kansans who are unemployed are more likely to be uninsured than those who work full-time, year-round (24.1 percent compared with 12.7 percent). It is important to note, however, that three out of four (74.8 percent) uninsured Kansas adults are working, as shown in Figure 17.

**Figure 17. Uninsured Kansas Adults Age 19–64
by Employment Status (2010–2011)**



**THREE OUT OF FOUR
UNINSURED ADULTS
IN KANSAS ARE
WORKING.**

Notes: Uninsured Kansas adults age 19–64: Approximately 298,000. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

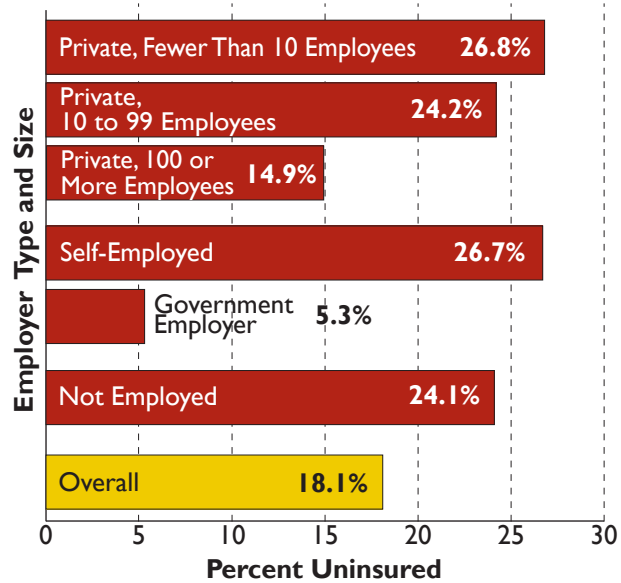
Current Coverage

ADULTS (AGE 19–64)

Employer Type and Size

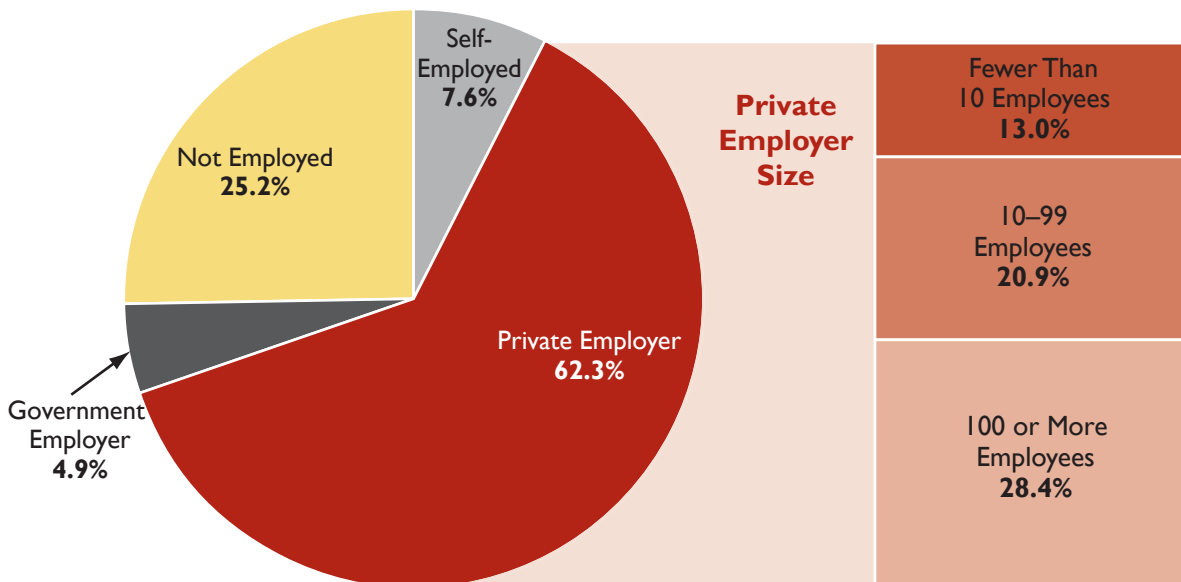
Among employees age 19–64, those who work for small-size Kansas employers are more likely to be uninsured. For example, among Kansans working for businesses with fewer than 10 employees, about one in four (26.8 percent) is uninsured, compared with about one in seven (14.9 percent) who works for companies with 100 or more employees.

Figure 18. Kansas Adults Age 19–64: Likelihood of Being Uninsured by Employer Type and Size (2010–2011)



Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Figure 19. Uninsured Kansas Adults Age 19–64 by Employer Type and Size (2010–2011)



Notes: Uninsured Kansas adults age 19–64: Approximately 298,000. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Why Do So Many Working Kansans Remain Uninsured?

It is not obvious why so many working Kansans and their dependents are uninsured. Whether an employee gets insurance coverage through their employer depends on several things. First, does the employer offer insurance to its employees? And if coverage is offered, is the employee eligible for the insurance? For example,

many part-time employees aren't eligible for health insurance coverage. Only one out of three (32.4 percent) part-time employees at Kansas establishments that offer health insurance was eligible for coverage in 2011. Finally, employees who are eligible for insurance must decide if the coverage is affordable and meets their needs. The cost of insurance that employers pass on to employees

varies. Typically, employers cover more of the cost for an employee than for family members.

Table I shows the number of Kansas private employers that offer health insurance, the number of employees eligible for that insurance and what proportion actually enrolls in insurance offered through the employer.

Table I. Kansas Private Employers and Health Insurance Coverage^A

	Firm ^B Size					Total
	Fewer Than 10 Employees	10–24 Employees	25–99 Employees	100–999 Employees	1,000 or More Employees	
Number of establishments ^C	36,652	8,242	4,854	6,408	10,508	66,664
Percent of establishments that offer health insurance	29.9%	63.6%	87.3%	91.2%	100.0%	55.2%
Percent of employees^D eligible for health insurance in establishments that offer health insurance	85.9%	77.4%	67.7%	73.4%	80.3%	77.2%
Percent of employees eligible for health insurance who are enrolled in health insurance at establishments that offer health insurance	73.4%	75.5%	77.6%	69.2%	74.9%	74.1%
Percent of all employees who are enrolled in health insurance at establishments that offer health insurance	63.1%	58.4%	52.5%	50.8%	60.2%	57.2%

Notes:

- A. Based on 2011 Medical Expenditure Panel Survey (MEPS) employer data.
- B. “Firm” refers to a unique private sector business that has one or more locations or establishments within the state. The firm size categories are based on the total number of employees regardless of location; establishment data are limited to Kansas locations.
- C. “Establishment” refers to unique business locations within the state. For example, Wal-Mart is a single firm with more than 1,000 employees that has multiple locations or “establishments” in Kansas.
- D. “Employees” refers to both full- and part-time employees.

Current Coverage

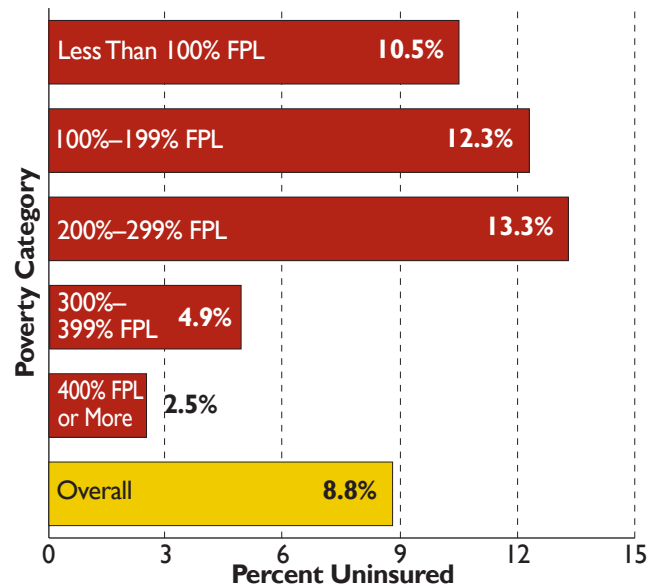
CHILDREN (AGE 0–18)

Family Income

Children in families with incomes below 100 percent of FPL (\$22,350 for a family of four in 2011) are four times more likely to be uninsured than those living in families with incomes above 400 percent of FPL (\$89,400 for a family of four in 2011): 10.5 percent compared with 2.5 percent.

In Kansas, children in families with incomes below 238 percent of FPL in 2011 (\$53,193 for a family of four) are eligible for Medicaid or CHIP. Despite this, about two-thirds (67.7 percent) of uninsured Kansas children live in families with incomes below 238 percent of FPL and likely are eligible for Medicaid or CHIP.

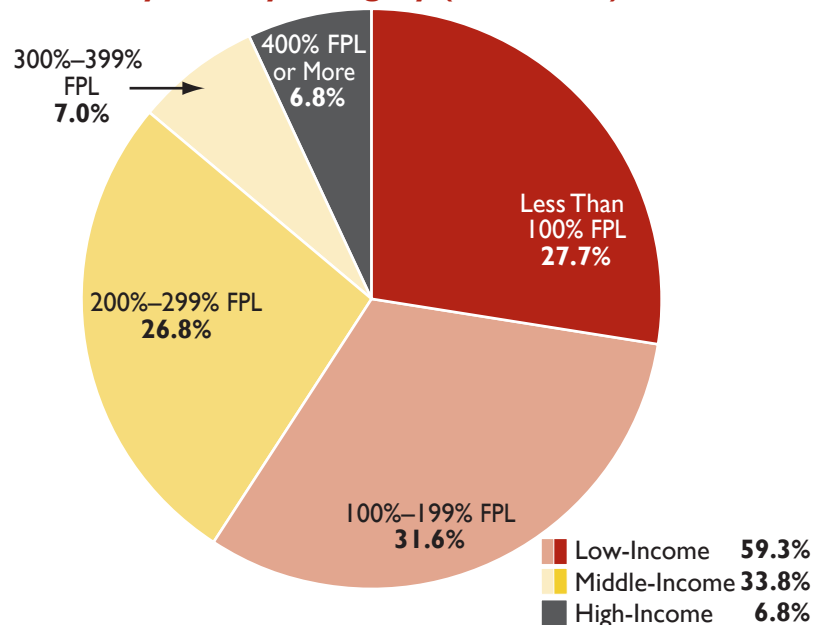
Figure 20. Kansas Children Age 0–18: Likelihood of Being Uninsured by Poverty Category (2010–2011)



Note: Based on all Kansas children including those who aren't included in the poverty universe — i.e. about 5,000 children who are in households with unrelated individuals and are under 15.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Figure 21. Uninsured Kansas Children Age 0–18 by Poverty Category (2010–2011)



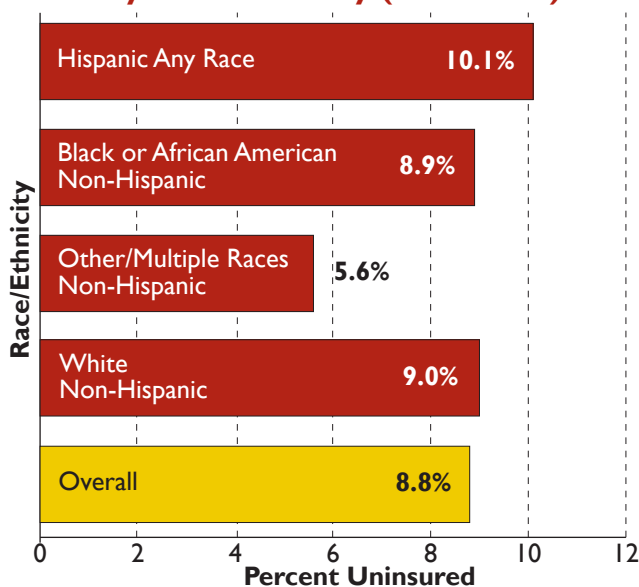
Notes: Uninsured Kansas children age 0–18: Approximately 67,000.

Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

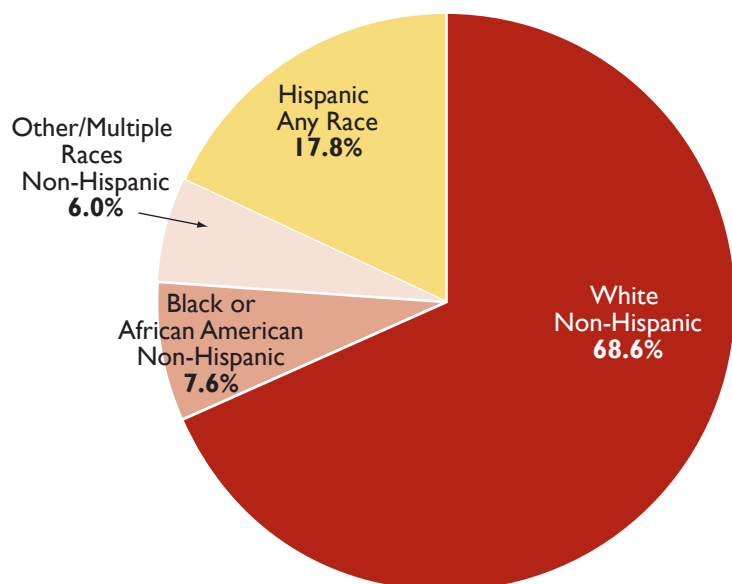
MOST UNINSURED KANSAS CHILDREN ARE ELIGIBLE FOR MEDICAID OR CHIP BASED ON THEIR FAMILY INCOME.

Figure 22. Kansas Children Age 0–18: Likelihood of Being Uninsured by Race/Ethnicity (2010–2011)



Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Figure 23. Uninsured Kansas Children Age 0–18 by Race/Ethnicity (2010–2011)



Notes: Uninsured Kansas children age 0–18: Approximately 67,000. Percentages may not sum to 100 percent because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

CHILDREN (AGE 0–18)

Race/Ethnicity

The most recent CPS paints a different picture of insurance rates for minority children than current ACS data, which indicate that minority children in Kansas are more likely to be uninsured than white non-Hispanic children. Specifically, according to the ACS, Hispanic children are more than twice as likely as white non-Hispanic children to be uninsured (13.2 percent compared with 4.7 percent in 2011). As shown in Figure 22, the CPS indicates that uninsured rates in 2010–2011 for Hispanic, white non-Hispanic and black non-Hispanic children are all similar. Differences in the current CPS and ACS results may be due to a smaller, less precise CPS estimate or may reflect a new trend. Despite these differences, both surveys indicate that most uninsured children in Kansas are white non-Hispanic, as shown in Figure 23.

MOST UNINSURED CHILDREN IN KANSAS ARE WHITE NON-HISPANIC.

Current Coverage

COUNTY COMPARISON: THE UNINSURED AND PUBLIC INSURANCE PARTICIPATION

Uninsured Kansans (Age 0–64)

Within Kansas, the uninsured rates for people under 65 vary significantly by county, ranging from a low of 10.6 percent in Johnson County to a high of 27.8 percent in Hamilton County. The generally more populous, and prosperous, eastern and south-central regions of the state tend to have lower uninsured rates than the more rural western region. Although Johnson County residents are the most likely to have health insurance, Johnson County has more uninsured residents than all but Sedgwick County. More than half — 52.0 percent — of uninsured Kansans younger than 65 live in one of the five largest counties: Johnson, Sedgwick, Shawnee, Wyandotte or Douglas.

Uninsured Kansas Children (Age 0–18)

Like the adult uninsured rates, there is significant variation among counties in the rates of uninsured children. The overall uninsured rates for each county are lower for

children than for adults, but there is nearly a fourfold difference between the highest and lowest rates of uninsured children among Kansas counties (Hamilton County at 20.1 percent compared with Leavenworth County at 5.2 percent). The uninsured rates for children also tend to be higher in western counties and lower in eastern and south-central counties.

Public Insurance Coverage in Kansas

The number of people enrolled in public insurance programs has increased in the United States and in Kansas. Participation rates⁷ in Medicaid and CHIP, the largest public insurance programs for non-elderly Kansans, vary widely across the state. There is close to a fourfold difference between the highest and lowest participation rates, which are found in Wyandotte County (26.4 percent) and Riley County (6.0 percent). Generally, counties in southeast Kansas have higher Medicaid and CHIP participation rates than northern and western Kansas counties. As with the uninsured, about half — 52.0 percent — of Kansans in Medicaid and CHIP live in one of the five largest counties: Johnson, Sedgwick, Shawnee, Wyandotte or Douglas.

Figure 24. Percent of Kansans Age 0–64 Uninsured by County (2010)

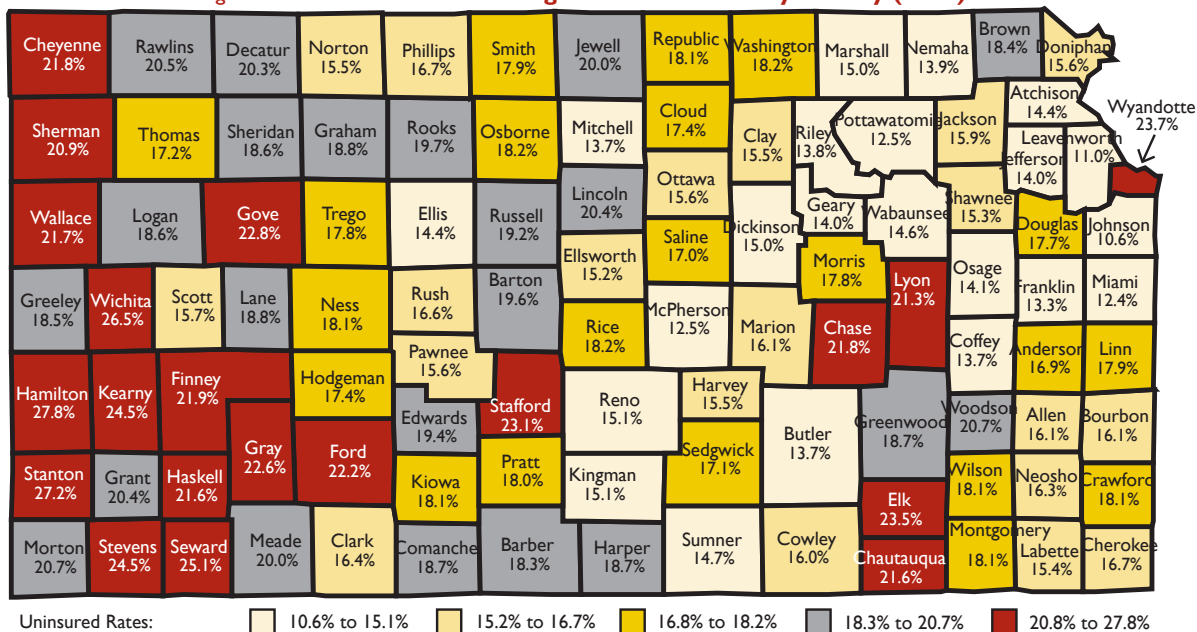


Figure 25. Percent of Kansas Children Age 0–18 Uninsured by County (2010)

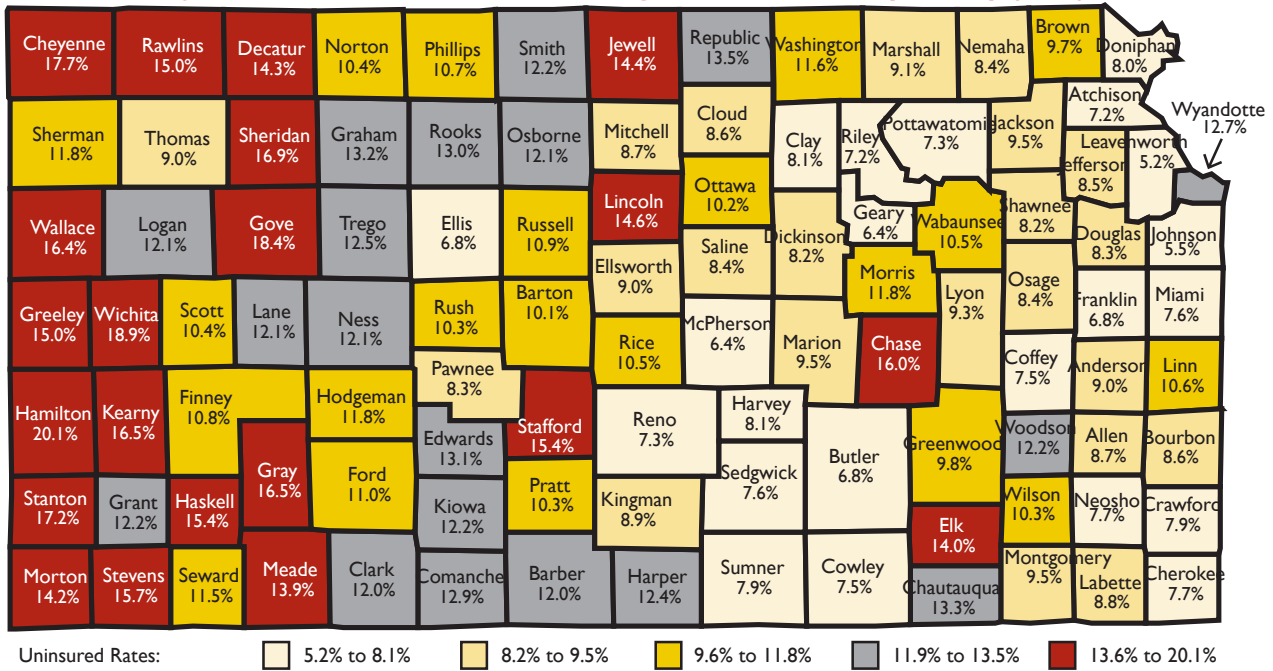
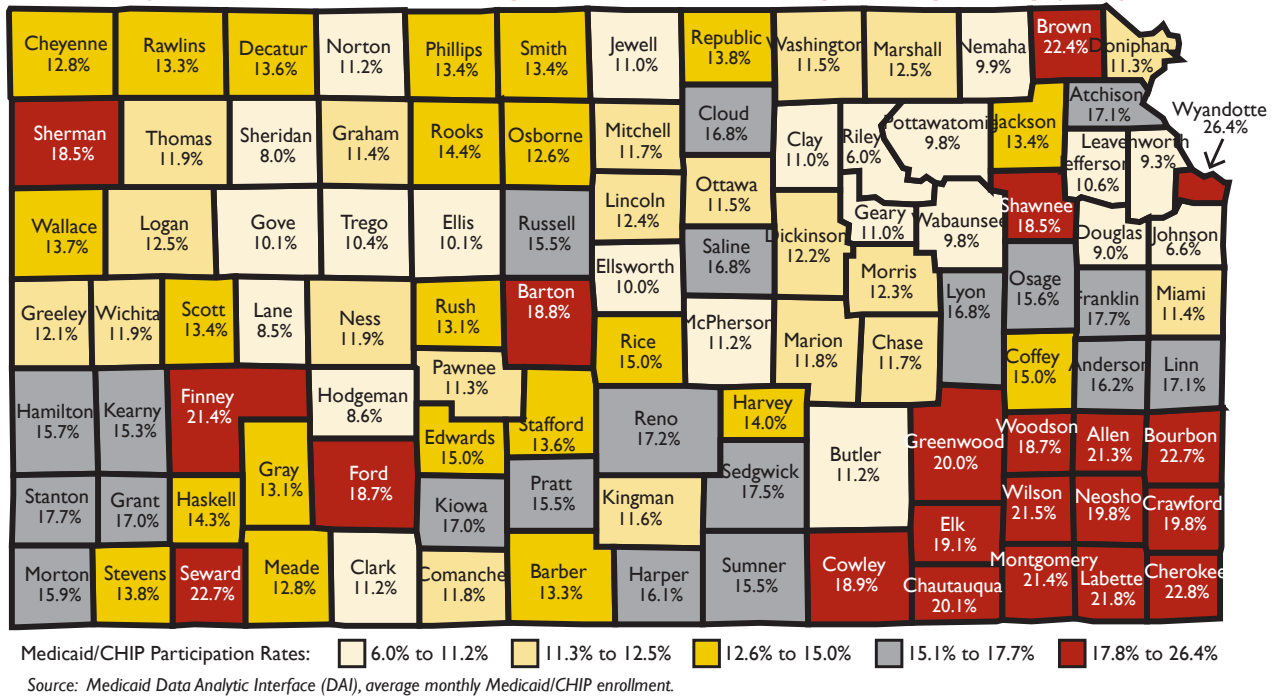


Figure 26. Medicaid/CHIP Participation Rate of Kansas Age 0–64 by County (2011)



Coverage Trends

IMPACT OF PUBLIC POLICY

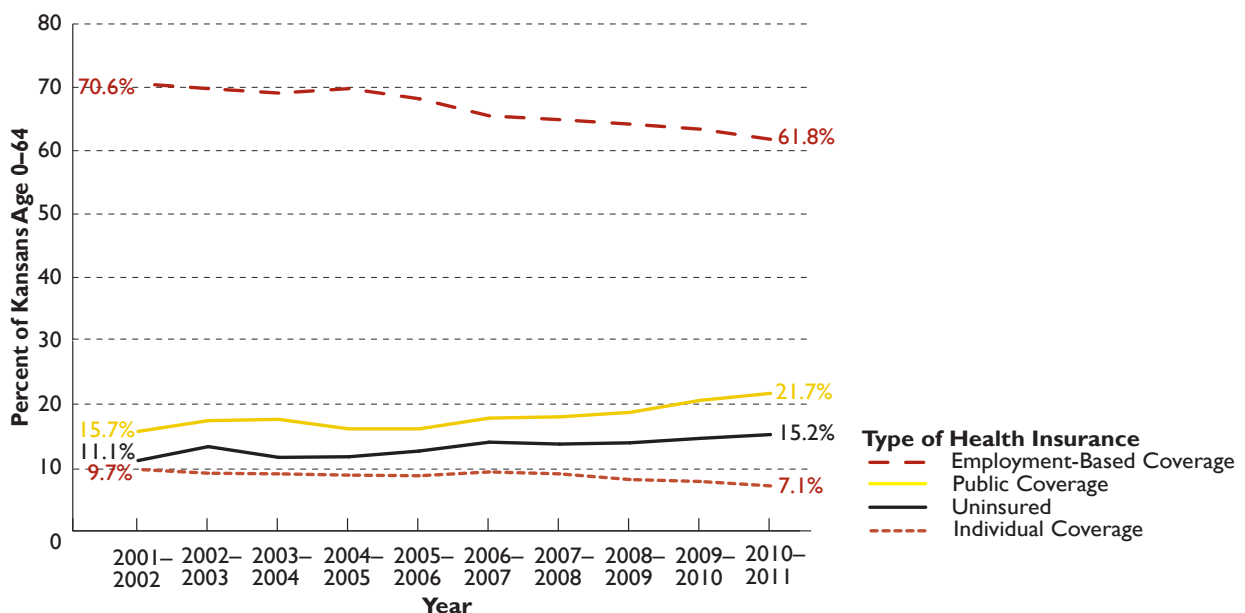
Examining how insurance coverage in Kansas has changed during the last decade provides some insight into how the economy, job market and existing health policy affect coverage. It also provides an indication of where things might be headed without policy intervention. This section highlights selected trends in insurance coverage among non-elderly adults (age 19–64) and children (age 0–18) in Kansas, emphasizing the role played by public policy, poverty, employment and employment-based insurance.

Kansans (Age 0–64)

For Kansans under age 65, several trends in health insurance coverage have emerged during the last decade:

- Fewer non-elderly adults and children in Kansas are covered by health insurance provided through an employer — overall 61.8 percent in 2010–2011 compared to 70.6 percent in 2001–2002.
- While the uninsured rate for Kansas children has varied during the past 10 years from as high as 9.2 percent in 2008–2009 to as low as 6.8 percent in
- 2003–2004 and 2004–2005, the uninsured rate among non-elderly adults in Kansas increased significantly, from 12.8 percent in 2001–2002 to 18.1 percent in 2010–2011.
- The proportion of children covered by public health insurance during the last decade increased from 25.0 percent to 35.7 percent. The proportion of non-elderly adults covered by public health insurance increased from 11.6 percent to 15.3 percent.
- The rate of non-elderly Kansans with individually purchased health insurance has been significantly lower since the recession started in 2008 — 7.3 percent on average since 2009 compared to 9.0 percent from 2006 to 2008.
- Given this decade-long decrease in employment-based insurance, most policy analysts think that without the increase in public health insurance coverage, the uninsured rate in the United States and in Kansas would have increased even more substantially than it did during this period.

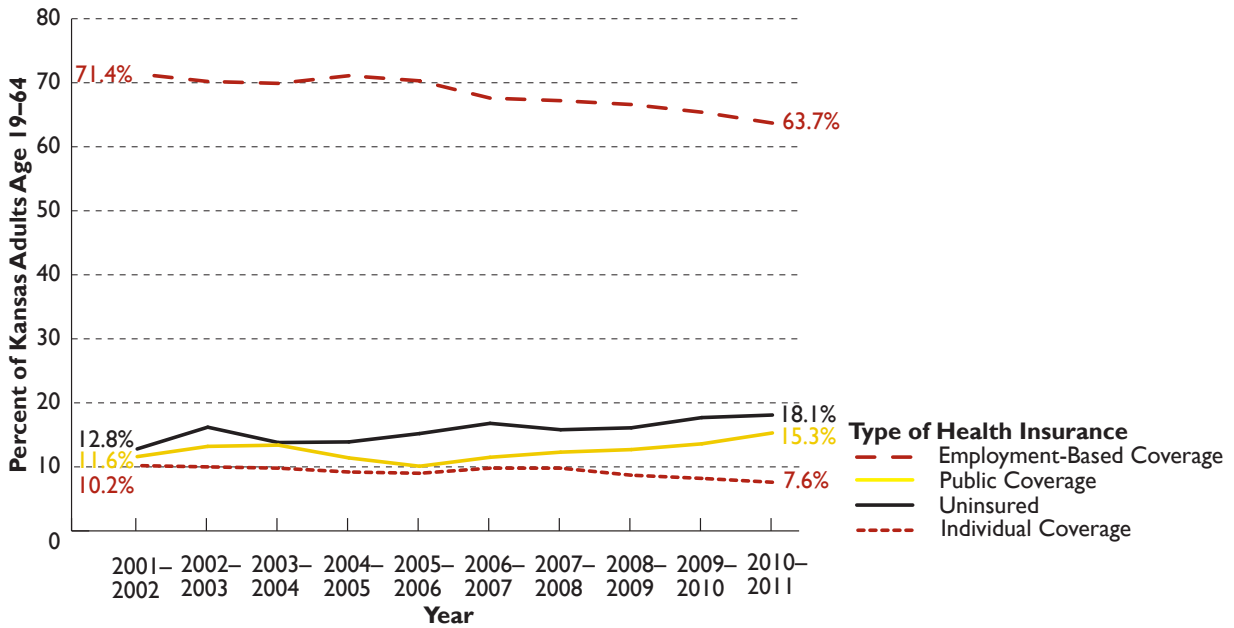
Figure 27. Trends in Sources of Coverage for Kansans Age 0–64



Note: These estimates include respondents who reported multiple forms of insurance and may total more than 100 percent.

Source: KHI estimates are two-year averages based on the 2002 to 2012 Annual Social and Economic Supplements to the Current Population Surveys.

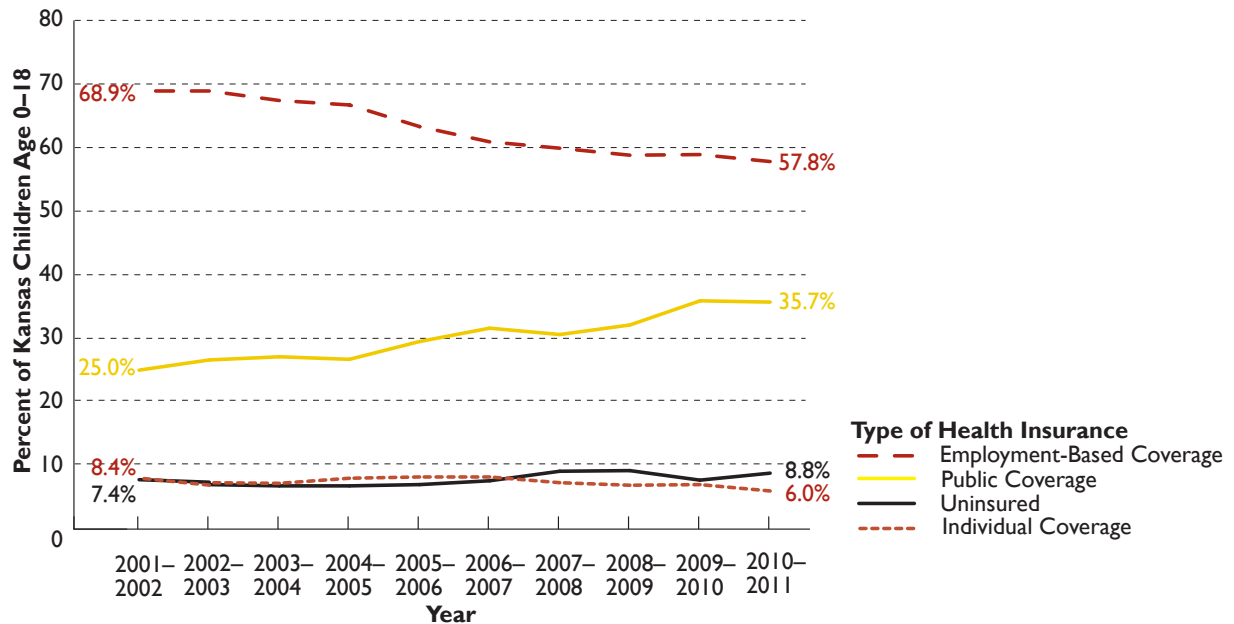
Figure 28. Trends in Sources of Coverage for Kansas Adults Age 19–64



Note: These estimates include respondents who reported multiple forms of insurance and may total more than 100 percent.

Source: KHI estimates are two-year averages based on the 2002 to 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Figure 29. Trends in Sources of Coverage for Kansas Children Age 0–18



Note: These estimates include respondents who reported multiple forms of insurance and may total more than 100 percent.

Source: KHI estimates are two-year averages based on the 2002 to 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Coverage Trends

ROLE OF FAMILY INCOME

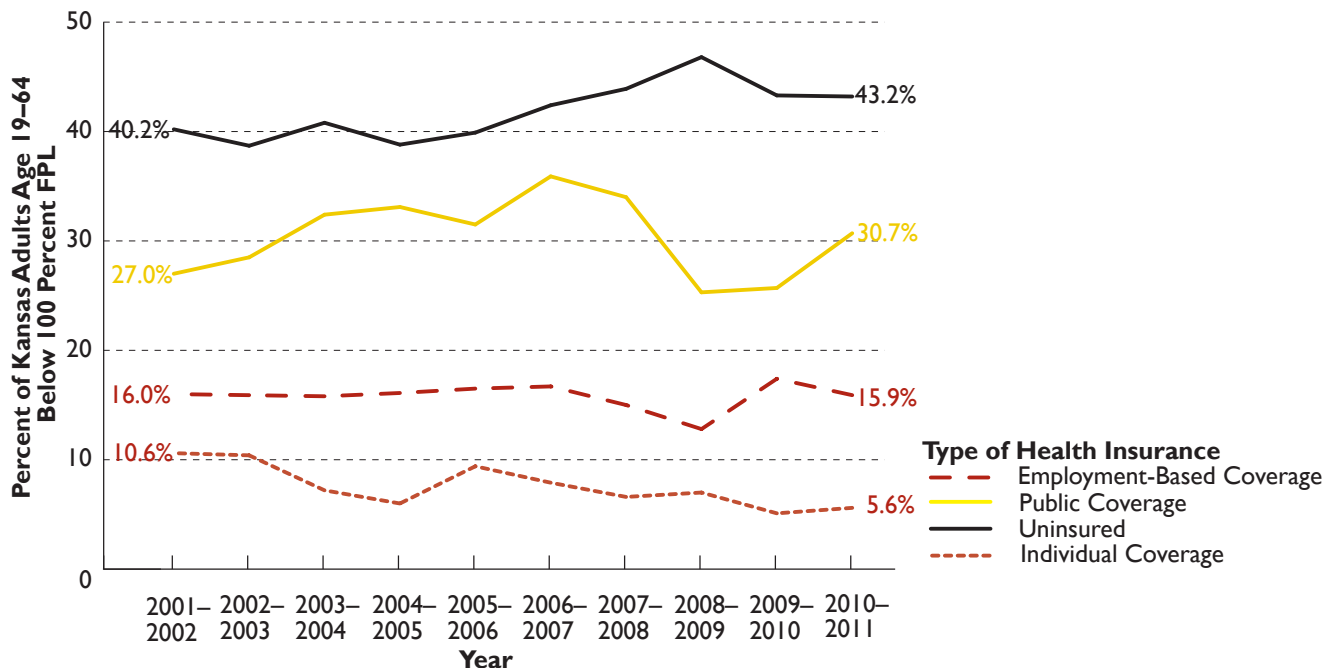
The trends in insurance coverage in Kansas during the last decade are different for people of different ages and for families with different incomes. Public policy plays a part in these differences, as do employment status, employer size and insurance options. All of these factors affect the insurance coverage available to Kansas families and the affordability of that coverage.

For the approximately 407,000 Kansans living in families with incomes below 100 percent of FPL (\$22,350 for a family of four in 2011), differences in insurance coverage

sources for adults and children during the last 10 years reflect the policies in place.

For non-elderly Kansas adults in families with incomes below 100 percent of FPL, the uninsured rate hasn't significantly increased during the last 10 years: 40.2 percent in 2001–2002 to 43.2 percent in 2010–2011. With ongoing economic challenges and continued increases in the cost of health care and insurance, more adults in Kansas too young for Medicare and too old to be covered by a parent's employment-based coverage are likely to lack insurance coverage.

Figure 30. Coverage Trends for Kansas Adults Age 19–64 with Family Incomes Less Than 100 Percent of Federal Poverty Level



Note: These estimates include respondents who reported multiple forms of insurance and may total more than 100 percent.

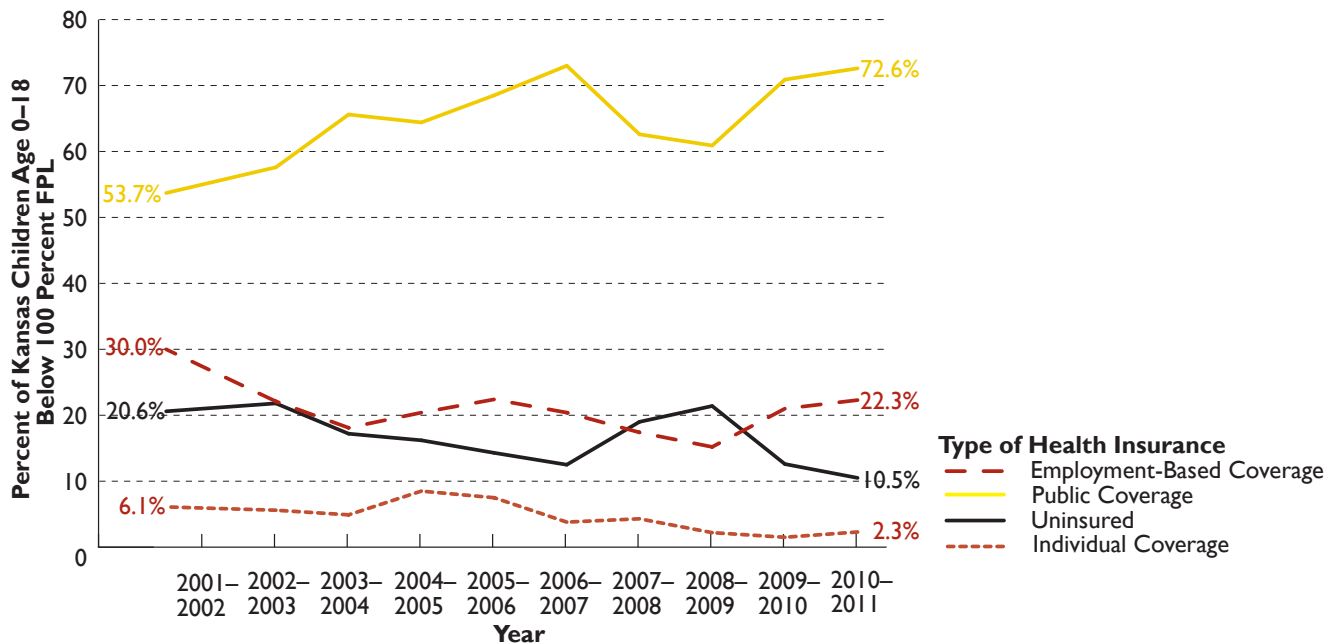
Source: KHI estimates are two-year averages based on the 2002 to 2012 Annual Social and Economic Supplements to the Current Population Surveys.

There are currently few options for public health insurance for low-income, non-elderly adults in Kansas. Only parents in families with incomes below about 32 percent of FPL (\$7,152 for a family of four in 2011) are eligible for Medicaid, and childless adults are not eligible regardless of income unless they have a disability. As a result, public coverage rates for poor adults in Kansas during this 10-year period remain similar — from 27.0 percent in 2001–2002 to 30.7 percent in 2010–2011. Employment-based coverage remained flat — at 16.0 percent in 2001–2002 to 15.9 percent in 2010–2011.

The uninsured rate for poor Kansas children in 2010–2011 of 10.5 percent is the lowest since 2001–2002. This rate has been significantly lower since 2009, after the recession started, and may reflect the availability of public coverage for poor children and an increased focus on outreach and streamlined enrollment.

Public coverage for poor children increased by more than a fourth during this decade, from 53.7 percent to 72.6 percent. Employment-based coverage for poor children decreased by a fourth, from 30.0 percent to 22.3 percent.

Figure 31. Coverage Trends for Kansas Children Age 0–18 with Family Incomes Less Than 100 Percent of Federal Poverty Level



Note: These estimates include respondents who reported multiple forms of insurance and may total more than 100 percent.
 Source: KHI estimates are two-year averages based on the 2002 to 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Coverage Trends

ROLE OF EMPLOYER TYPE AND SIZE

Employment status and employer type and size are closely linked with whether Kansans are insured. During the last decade, some important trends have emerged.

Non-elderly adults (age 19–64) who work for employers with fewer than 100 employees have seen the greatest erosion in insurance coverage: 25.1 percent were uninsured in 2010–2011 compared with 16.5 percent uninsured 10 years earlier. Small employers have been more likely to stop offering insurance to their employees in recent years because of higher insurance costs, irregular year-to-year cost increases and the burden of administering the employee benefit.

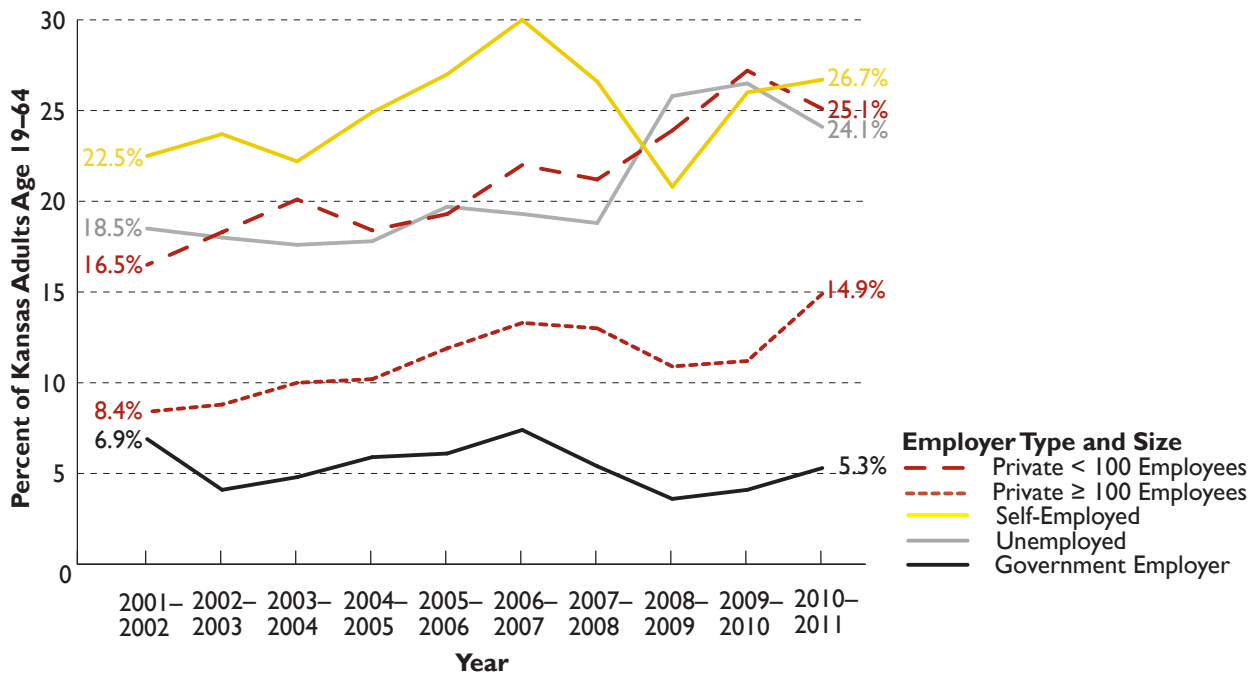
Non-elderly adults working for employers with 100 or more employees are more likely than 10 years ago to lack insurance — 14.9 percent in 2010–2011 compared with

8.4 percent in 2001–2002. Large employers continue to be more likely to offer health insurance to their employees to remain competitive in the labor market. But for a variety of reasons, including the trend to pass on a larger share of the cost of health insurance to employees, more employees are opting out of insurance coverage even when it's available.

Non-elderly adults who are self-employed are about as likely to be uninsured as a decade ago: 26.7 percent in 2010–2011 compared with 22.5 percent in 2001–2002.

Only government workers seem to have escaped this trend: 5.3 percent of non-elderly adults working for the government were uninsured in 2010–2011 compared with 6.9 percent a decade earlier.

Figure 32. Kansas Adults Age 19–64: Likelihood of Being Uninsured by Employer Type and Size



Source: KHI estimates are two-year averages based on the 2002 to 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Appendix

TYPES OF HEALTH INSURANCE COVERAGE

As part of the Current Population Survey (CPS), the Census Bureau collects data about the different types of health insurance coverage and broadly classifies those types as private coverage or government-sponsored coverage.

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.

Here's how the Census Bureau defines the types of private coverage:

- Employment-based health insurance is coverage offered through an individual's or relative's employment. It may be offered by an employer or by a union.
- Direct-purchase health insurance is coverage through a plan that an individual purchases from a private company. This report refers to direct-purchase health insurance as other private insurance.
- Government-sponsored health insurance includes plans funded at the federal, state or local level. The major categories of government, or public, health

insurance are Medicare, Medicaid, the Children's Health Insurance Program (CHIP), the Indian Health Service, military health care and state plans.

Here's how the Census Bureau defines the types of public coverage:

- Medicare is the federal program that helps pay health care costs for people 65 and older and for certain people under 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, the aged, blind and disabled who are in financial need are eligible for Medicaid.
- CHIP is administered at the state level, providing health care to low-income children who do not qualify for Medicaid.
- Indian Health Service (IHS) is a health care program through which the Department of Health and Human Services provides medical assistance to eligible American Indians at IHS facilities. In addition, the IHS helps pay the cost of selected health care services provided at non-IHS facilities.

- Military health care includes TRICARE and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs:

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

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

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

This report refers to all non-Medicaid, non-CHIP and non-Medicare government coverage as other public coverage.

Appendix

ABOUT THE DATA

The primary data source for this report was the Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC). The CPS is a monthly survey conducted by the U.S. Census Bureau for the Bureau of Labor Statistics to gather information on the labor force characteristics of the U.S. population. It samples the civilian non-institutionalized population living in the United States. Once a year, the Census Bureau expands the CPS and includes a questionnaire called the ASEC that gathers additional information.

Data from the 2012 CPS ASEC represent approximately 3,000 Kansans surveyed in February, March or April of 2012 about their health insurance status in 2011.

The CPS ASEC asks respondents about their health insurance during the previous calendar year. Respondents are allowed to report that they were covered by more than one form of health insurance. People are considered insured if “covered by any type of health insurance for part or all of the previous calendar year.”⁸

Respondents who reported that they were never covered by any form of health insurance during the past year are categorized as uninsured. People covered by only the Indian Health Service throughout the year also are considered uninsured.

The Census Bureau intends the CPS uninsured estimate to represent people without insurance for a full year. However, because some respondents may misreport their health insurance status, the CPS estimates of full-year uninsured rates for the U.S. population tend to be higher than full-year estimates based on data from other surveys, such as the National Health Interview Survey and the Medical Expenditure Panel Survey.⁹

Generally, the CPS uninsured estimates tend to be more similar to estimates of the population that is uninsured at a point in time. Some researchers treat both the CPS uninsured estimates and CPS estimates of particular types of insurance coverage as point-in-time estimates.

Currently, the CPS is the only annual source of state-level health insurance data that allows researchers to

examine trends over time for all states. However, the yearly sample sizes within each state are often small enough that state estimates are considerably less reliable than national estimates. For this reason, the Census Bureau recommends that researchers use two-year averages to evaluate state trends over time. This report uses two-year averages.

In September 2012, the Census Bureau revised its CPS ASEC health insurance estimates for 2010 using 2010 decennial census population controls. This revision resulted in small changes, typically less than 0.1 percent, in the two-year average rates reported for both 2009–2010 and 2010–2011. The Census Bureau published these revisions after KHI issued its *2012 Health Insurance Coverage in Kansas Fact Sheet*. Because the fact sheet is based on the two-year averages the Census Bureau initially released, the percentages reported on it may be slightly different than those in the present report.

American Community Survey

The American Community Survey (ACS) is an ongoing nationwide

survey based on a much larger sample than the CPS ASEC. Nationally, about 250,000 households per month receive the ACS. Because of the ACS survey size, one year of ACS data can be used to generate estimates for counties or cities with populations of 65,000 or more and three years of ACS data can be used to generate estimates for those with populations of 20,000 or more. The ACS started including basic health insurance questions in 2008 and therefore doesn't yet provide consistent historical data on health coverage like the CPS ASEC.

Small Area Health Insurance Estimates

In August 2012, the U.S. Census Bureau released estimates of health insurance coverage for every county in the United States for 2010. The Small Area Health Insurance Estimates (SAHIE) program models county-level insurance coverage by combining 2000 Census Bureau and ACS data with administrative records from other sources, such as Medicaid and CHIP. Rather than using CPS data, as it had for past SAHIE estimates, the Census Bureau now uses ACS data because it allows for more detailed

income group information as well as a higher level of precision in the county-level estimates.

The Census Bureau has also announced they've found errors in the county-level data we used for the *Annual Insurance Update 2011*. These processing errors were limited to the 2009 Small Area Health Insurance Estimates (SAHIE) and the Census Bureau plans to release revised data.

Medical Expenditure Panel Survey — Insurance Component

The federal Agency for Healthcare Research and Quality obtains Medical Expenditure Panel Survey — Insurance Component (MEPS-IC) data through a survey of employers about the number and types of health insurance plans they offer and eligibility requirements for those plans. This information was used in this report to determine the number of private employers of various sizes that offer health insurance coverage, the number of employees eligible for that coverage and the number of employees who sign up for that coverage.

Statistical Significance

Using the Kansas CPS data, we estimated and compared the percentages of uninsured Kansans across time and by subgroups of interest (such as age groups). We also examined the percentages of Kansans with various forms of private and public insurance.

The observed differences in the percentages were not necessarily statistically different, particularly when there were a small number of Kansans from a particular group of interest represented in the survey. Therefore, we used statistical tests that take into account the number of people in each group and the variability in the data.

Differences specifically noted in the text are statistically significant at the $p < 0.05$ level. Other differences between various numbers in the report may or may not be statistically significant, so caution should be used in interpreting them.¹⁰

Appendix

GLOSSARY

Age

Children:

People age 0–18.

Non-Elderly Adults:

People age 19–64.

Seniors:

People age 65 or older.

Employment

Full-time Worker:

Works 35 hours or more per week, not necessarily for one employer. May work year-round or only part of the year.

Part-time Worker:

Works fewer than 35 hours per week. May work year-round or only part of the year.

Federal Poverty Level

The Federal Poverty Level (FPL), also called the poverty line, is an income threshold that designates which individuals or families are considered poor by the federal government. In this report, family income relative to the FPL is determined using the official U.S. Census Bureau poverty thresholds that correspond to the survey year. The Federal Poverty Guidelines (Table A-1) are a simplification of the Census Bureau’s poverty thresholds.

Income

Poor:

Family income below 100 percent of FPL. For a family of four in 2011, it translates to gross annual income of less than \$22,350.

Low-Income:

Family income below 200 percent of FPL. For a family of four in 2011, it translates to gross annual income of less than \$44,700.

Middle-Income:

Family income between 200 percent and 400 percent of FPL. For a family of four in 2011, it translates to gross annual income between \$44,700 and \$89,400.

Table A-1. 2011 Federal Poverty Guidelines for 48 Contiguous United States, District of Columbia, Guam and Territories

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$10,890	\$908	\$209
2	\$14,710	\$1,226	\$283
3	\$18,530	\$1,544	\$356
4	\$22,350	\$1,863	\$430
5	\$26,170	\$2,181	\$503
6	\$29,990	\$2,499	\$577
7	\$33,810	\$2,818	\$650
8	\$37,630	\$3,136	\$724
For each additional family member add:	\$3,820	\$318	\$73

Source: Federal Register. (2011, January 20). Volume 76, Number 13, pp. 3637–3638.

QUICK FACTS

Table A-2. All Kansans: Age (2010–2011)

Age	Number Uninsured	Total Population	Percent of Group that is Uninsured	Percent of Total Uninsured Population
Children (Age 0–18)	66,851	757,837	8.8%	18.3%
Age 0–5	17,261	262,848	6.6%	4.7%
Age 6–18	49,591	494,989	10.0%	13.6%
Adults (Age 19–64)	297,919	1,641,759	18.1%	81.6%
Age 19–25	64,520	278,943	23.1%	17.7%
Age 26–34	84,262	383,506	22.0%	23.1%
Age 35–44	66,092	286,062	23.1%	18.1%
Age 45–54	46,070	356,881	12.9%	12.6%
Age 55–64	36,976	336,368	11.0%	10.1%
Seniors (Age 65 and Older)	287	392,442	0.1%	0.1%
All Kansans	365,057	2,792,037	13.1%	100.0%

Note: Percentages and counts for subgroups may not sum to the totals because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Table A-3. All Kansans: Race/Ethnicity (2010–2011)

Race/Ethnicity	Number Uninsured	Total Population	Percent of Group that is Uninsured	Percent of Total Uninsured Population
White Non-Hispanic	240,181	2,180,595	11.0%	65.8%
Hispanic Any Race	74,948	264,120	28.4%	20.5%
Black or African American Non-Hispanic	24,235	156,296	15.5%	6.6%
Other/Multiple Races Non-Hispanic	25,693	191,028	13.4%	7.0%
All Kansans	365,057	2,792,037	13.1%	100.0%

Note: Percentages and counts for subgroups may not sum to the totals because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Appendix

QUICK FACTS

Table A-4. All Kansans: Poverty Category (2010–2011)

Poverty (income-to-poverty ratio)	Number Uninsured	Total Population	Percent of Group that is Uninsured	Percent of Total Uninsured Population
Less Than 100% FPL	106,060	406,614	26.1%	29.1%
100%–199% FPL	105,603	533,905	19.8%	28.9%
200%–299% FPL	81,368	523,067	15.6%	22.3%
300%–399% FPL	28,773	396,859	7.3%	7.9%
400% FPL or More	43,254	931,594	4.6%	11.8%
All Kansans	365,057	2,792,037	13.1%	100.0%

Notes: Percentages and counts for subgroups may not sum to the totals because of rounding. Data is for all Kansans including those who aren't included in the poverty universe — i.e. about 5,000 children who are in households with unrelated individuals and are under 15.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Table A-5. All Kansans: Gender (2010–2011)

Gender	Number Uninsured	Total Population	Percent of Group that is Uninsured	Percent of Total Uninsured Population
Female	167,399	1,430,007	11.7%	45.9%
Age 0–18	30,429	376,421	8.1%	8.3%
Age 19–64	136,684	833,530	16.4%	37.4%
Male	197,658	1,362,030	14.5%	54.1%
Age 0–18	36,423	381,416	9.5%	10.0%
Age 19–64	161,236	808,229	19.9%	44.2%
All Kansans	365,057	2,792,037	13.1%	100.0%

Note: Percentages and counts for subgroups may not sum to the totals because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

QUICK FACTS

Table A-6 Kansas Adults Age 19–64: Poverty Category (2010–2011)

Poverty (income-to-poverty ratio)	Number Uninsured	Total Population	Percent of Group that is Uninsured	Percent of Total Uninsured Population (Age 19–64)
Less Than 100% FPL	87,514	202,655	43.2%	29.4%
100%–199% FPL	84,169	270,360	31.1%	28.3%
200%–299% FPL	63,436	301,094	21.1%	21.3%
300%–399% FPL	24,079	245,305	9.8%	8.1%
400% FPL or More	38,722	622,346	6.2%	13.0%
All Kansas Adults (Age 19–64)	297,919	1,641,759	18.1%	100.0%

Note: Percentages and counts for subgroups may not sum to the totals because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Table A-7 Kansas Adults Age 19–64: Race/Ethnicity (2010–2011)

Race/Ethnicity	Number Uninsured	Total Population	Percent of Group that is Uninsured	Percent of Total Uninsured Population (Age 19–64)
White Non-Hispanic	194,297	1,302,905	14.9%	65.2%
Hispanic Any Race	62,751	139,412	45.0%	21.1%
Black or African American Non-Hispanic	19,186	89,836	21.4%	6.4%
Other/Multiple Races Non-Hispanic	21,686	109,606	19.8%	7.3%
All Kansas Adults (Age 19–64)	297,919	1,641,759	18.1%	100.0%

Note: Percentages and counts for subgroups may not sum to the totals because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Appendix

QUICK FACTS

Table A-8 Kansas Adults Age 19–64: Employment Status (2010–2011)

Employment Status	Number Uninsured	Total Population	Percent of Group that is Uninsured	Percent of Total Uninsured Population (Age 19–64)
Full-Time, Year-Round	115,144	905,896	12.7%	38.6%
Full-Time, Part-Year	45,168	183,679	24.6%	15.2%
Part-Time, Year-Round	27,541	120,125	22.9%	9.2%
Part-Time, Part-Year	35,021	120,053	29.2%	11.8%
Not Employed	75,045	312,006	24.1%	25.2%
All Kansas Adults (Age 19–64)	297,919	1,641,759	18.1%	100.0%

Note: Percentages and counts for subgroups may not sum to the totals because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Table A-9. Kansas Adults Age 19–64: Employer Type and Size (2010–2011)

Employer Type and Size	Number Uninsured	Total Population	Percent of Group that is Uninsured	Percent of Total Uninsured Population (Age 19–64)
Self-Employed	22,665	84,961	26.7%	7.6%
Private Employer: Fewer Than 10 Employees	38,748	144,349	26.8%	13.0%
Private Employer: 10–99 Employees	62,180	257,248	24.2%	20.9%
Private Employer: 100–499 Employees	24,439	152,083	16.1%	8.2%
Private Employer: 500 or More Employees	60,233	414,769	14.5%	20.2%
Government Employer	14,610	276,344	5.3%	4.9%
Not Employed	75,045	312,006	24.1%	25.2%
All Kansas Adults (Age 19–64)	297,919	1,641,759	18.1%	100.0%

Note: Percentages and counts for subgroups may not sum to the totals because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

QUICK FACTS

Table A-10. Kansas Children Age 0–18: Race/Ethnicity (2010–2011)

Race/ Ethnicity	Number Uninsured	Total Population	Percent of Group that is Uninsured	Percent of Total Uninsured Population (Age 0–18)
Hispanic, Any Race	11,910	117,766	10.1%	17.8%
White, Non-Hispanic	45,884	512,360	9.0%	68.6%
Black or African American Non-Hispanic	5,049	56,584	8.9%	7.6%
Other/Multiple Races, Non-Hispanic	4,008	71,128	5.6%	6.0%
All Kansas Children (Age 0–18)	66,851	757,837	8.8%	100.0%

Note: Percentages and counts for subgroups may not sum to the totals because of rounding.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Table A-11. Kansas Children Age 0–18: Poverty Category (2010–2011)

Poverty (income-to- poverty ratio)	Number Uninsured	Total Population	Percent of Group that is Uninsured	Percent of Total Uninsured Population (Age 0–18)
Less Than 100% FPL	18,546	176,663	10.5%	27.7%
100%–199% FPL	21,148	172,571	12.3%	31.6%
200%–299% FPL	17,932	134,461	13.3%	26.8%
300%–399% FPL	4,694	95,733	4.9%	7.0%
400% FPL or More	4,532	178,409	2.5%	6.8%
All Kansas Children (Age 0–18)	66,851	757,837	8.8%	100.0%

Notes: Percentages and counts for subgroups may not sum to the totals because of rounding. Data is for all Kansas children including those who aren't included in the poverty universe — i.e. about 5,000 children who are in households with unrelated individuals and are under 15.

Source: KHI estimates are two-year averages based on the 2011 and 2012 Annual Social and Economic Supplements to the Current Population Surveys.

Appendix

ENDNOTES

1. ACS data is published using pre-built age ranges with 0–17 as the pre-built range for children.
2. Rodean, J. (2012). *Health Insurance Coverage of Young Adults Ages 19 to 25: 2008, 2009, and 2011 (American Community Survey Briefs)*. Washington, DC: U.S. Census Bureau.
3. “Other private” coverage consists primarily of coverage individuals purchase from a private company.
4. Because CPS respondents can report more than one type of insurance for the calendar year, KHI used a standard hierarchy to assign health insurance status. At the top of the hierarchy was Medicaid, followed by Medicare, employment-based insurance, other public and other private. Other public insurance includes health insurance through the military.
5. Approximately 1 percent of all Kansans have Medicare but are non-elderly. Moreover, many seniors with Medicare are also covered by supplemental employment-based insurance or directly purchased individual insurance policies.
6. This analysis is based on all Kansans including those who aren’t included in the poverty universe — i.e. about 5,000 children who are in households with unrelated individuals and are under 15.
7. Medicaid/CHIP participation rate is the average number of Medicaid/CHIP beneficiaries per month in 2011 divided by the Census Bureau’s 2011 county level (age 0–64) population estimates.
8. DeNavas-Walt, C., Proctor, B. D., & Smith, J.C. (2009). *Income, Poverty, and Health Insurance Coverage in the United States: 2008 (Current Population Reports, P60–236)*. Washington, DC: U.S. Census Bureau.
9. National Institute for Health Care Management. (2006, August). *A Primer on the CPS Estimate of America’s Uninsured*. Available online at <http://www.nihcm.org/pdf/NIHCMPrimer06FINAL.pdf>. Also, State Health Access Data Assistance Center. (2009, September). *Comparing Federal Government Surveys that Count Uninsured People in America*. Available online at www.rwjf.org/content/dam/supplementary-assets/2009/09/Comparing-Federal-Government-Surveys-that-Count-Uninsured-People-in-America-Issue-Brief.pdf.
10. Differences are reported as statistically different when $p < 0.05$ in a two-tailed test.



KANSAS HEALTH INSTITUTE

212 SW Eighth Avenue, Suite 300

Topeka, Kansas 66603-3936

Telephone (785) 233-5443

Fax (785) 233-1168

www.khi.org

The Kansas Health Institute is a nonprofit, nonpartisan, independent health policy and research organization based in Topeka, Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

Copyright© Kansas Health Institute 2013.
Materials may be reprinted with written permission.



KANSAS HEALTH INSTITUTE