



KANSAS
HEALTH
INSTITUTE

KHI.ORG

Informing Policy. Improving Health.

ANNUAL INSURANCE UPDATE | 2019

Health Insurance
in Kansas

January 2019



Copyright© Kansas Health Institute 2019. Materials may be reprinted with written permission.
Reference publication number KHI/19-04 or view online at khi.org/policy/article/19-04.



212 SW 8th Avenue | Suite 300
Topeka, Kansas | 66603-3936



785.233.5443



khi.org



[/KHIorg](https://www.facebook.com/KHIorg)



[@KHIorg](https://twitter.com/KHIorg)



[KHIorg](https://www.linkedin.com/company/KHIorg)

ANNUAL INSURANCE UPDATE 2019

HEALTH INSURANCE IN KANSAS

January 2019

Authors

Hina B. Shah, M.P.H.
Cheng-Chung Huang, M.P.H.
Madison Hoover, M.S.
Sydney McClendon
Wen-Chieh Lin, Ph.D.

Acknowledgments

The authors would like to thank KHI colleagues Robert F. St. Peter, M.D.; Kari M. Bruffett; Linda J. Sheppard, J.D.; Patrick E. Lowry, M.B.A.; Cathy McNorton; and Stewart Cole for their contributions in conceptualizing and editing this report.

Table of Contents

About this Report	iv
Executive Summary	v
Section 1. National Perspective	
1.1 Uninsured Rate by State, 2017.....	2
1.2 Medicaid Expansion Status by State, 2017.....	3
1.3 Trends in Insurance Coverage in U.S. and Kansas, 2009-2017	4
1.4 Trends in Insurance Coverage by Medicaid Expansion Status, 2009-2017	5
Section 2. All Kansans	
2.1 Sources of Health Insurance Coverage	8
2.2 Uninsured by Age	10
2.3 Uninsured by Race/Ethnicity	12
2.4 Uninsured by Family Income.....	14
2.5 Kansas Adults, Age 65+.....	16
Section 3. Kansas Adults, Age 19-64	
3.1 Sources of Health Insurance Coverage	18
3.2 Uninsured by Race/Ethnicity	20
3.3 Uninsured by Family Income.....	22
3.4 Uninsured by Employment Status	24
3.5 Young Adults, Age 19-25.....	26
Health Insurance in Kansas Infographic	28
Section 4. Kansas Children, Age 0-18	
4.1 Sources of Health Insurance Coverage	32
4.2 Uninsured by Race/Ethnicity	34
4.3 Uninsured by Family Income.....	36
4.4 Uninsured by Head of Household Employment Status.....	38
Section 5. Kansas County Perspective	
5.1 Kansans, Age 0-64: Uninsured by County	42
5.2 Kansans, Age 0-64: Medicaid/CHIP Enrollment by County	43
5.3 Kansas Adults, Age 19-64: Uninsured by County	44
5.4 Kansas Adults, Age 19-64: Medicaid Enrollment by County	45
5.5 Kansas Children, Age 0-18: Uninsured by County.....	46
5.6 Kansas Children, Age 0-18: Medicaid/CHIP Enrollment by County	47
Appendices	
Appendix A: About the Data.....	A-1
Appendix B: Glossary of Terms	B-1
Appendix C: Types of Health Insurance Coverage	C-1
Appendix D: Income Eligibility Guidelines for Public Coverage	D-1
Appendix E: Detailed Tables	E-1

About this Report

The *Annual Insurance Update 2019* 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 2017 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 both of these groups, 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 2016 U.S. Census Bureau Small Area Health Insurance Estimates (SAHIE). This report also provides county-specific Medicaid or CHIP enrollment in 2016 using data from the Kansas Department of Health and Environment Data Analytic Interface (DAI), 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 2009-2017 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 specified otherwise.

The 2017 PUMS survey sample included 28,587 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;



= indicate key points related to the bar chart; and



= indicate key points related to the trend chart (2009-2017).

Executive Summary

Gains in coverage among Kansans after the implementation of the Affordable Care Act (ACA) in 2010 have stalled in recent years, leaving 243,305 Kansans uninsured including 40,815 children age 0-18 in 2017. This translates to an overall uninsured rate of 8.5 percent, better than the uninsured rate of 21 other states, but similar to the U.S. average of 8.7 percent. The 2017 data shows that the longstanding edge that Kansas enjoyed prior to 2015 – an uninsured rate below that of the country as a whole – has disappeared (in 2009, 12.6 percent in Kansas compared to 15.1 percent in the U.S.). This trend can also be seen when comparing Kansas to people living in expansion states. In 2013, the year before the ACA Medicaid expansion, people living in states that eventually expanded Medicaid had an uninsured rate higher than people living in Kansas (13.0 percent in expansion states compared to 12.3 percent in Kansas). However, people living in expansion states now have an uninsured rate lower than Kansas (6.5 percent in expansion states compared to 8.5 percent in Kansas).

Although Kansas has not expanded Medicaid, two-thirds (67.2 percent) of uninsured Kansans may currently be eligible for public or subsidized private coverage, but are not enrolled. This includes 33,237 Kansans that may already qualify for Medicaid and/or the Children's Health Insurance Program (CHIP) under current Kansas eligibility rules, and 130,317 Kansans that may be eligible for subsidies on the ACA marketplace. Some uninsured Kansans may have been affected by technical challenges on the ACA marketplace or processing backlogs for Medicaid and/or CHIP, but other reasons for Kansans being uninsured may also include, but not be limited to:

- Cost, regardless of the availability of financial assistance;
- Lack of information;
- May not be aware of all available options; or
- Ideological opposition to the ACA or health insurance.

Below are key takeaways regarding health insurance coverage among Kansans in 2017 for policymakers, public health officials, health policy experts and other stakeholders to consider when exploring actions that could be taken at the state level.

SOURCES OF HEALTH INSURANCE COVERAGE

- Most Kansans had health insurance through an employer – 56.2 percent among all Kansans.
- Three in 10 children (30.2 percent) were covered by public insurance, primarily Medicaid/CHIP, and 97.3 percent of Kansas adults age 65 and older through Medicare. In comparison, 28.4 percent of all Kansans (including older adults) and 10.0 percent of Kansas adults age 19-64 were covered by public insurance.
- The percentage of Kansans who had direct-purchase insurance slowly increased after ACA marketplace opened in 2014, but dropped in the last year – from 8.4 percent in 2016 to 6.9 percent in 2017 among all Kansans and from 10.5 percent to 8.7 percent among nonelderly Kansas adults.

AGE

- Two-thirds (67.5 percent) of uninsured Kansans were working-age adults age 26-64.
- The age groups most likely to lack insurance were those age 26-44 (14.3 percent) and young adults age 19-25 (12.8 percent).
- While the uninsured rate was lower for Kansans age 45-64 (9.3 percent) compared to other working-age adults, these adults were the only age group that had a significant increase in their uninsured rate from the past year (from 7.9 percent in 2016 to 9.3 percent in 2017, a 17.7-percent rise).

RACE & ETHNICITY

- Most uninsured Kansans were non-Hispanic White — 58.9 percent among all Kansans.
- However, racial and ethnic minorities in Kansas were much more likely to lack health insurance. For instance, Kansans who were Hispanic, Any Race, were three times more likely to be uninsured (18.8 percent) than non-Hispanic Whites (6.6 percent).
- While uninsured rates have improved for all racial and ethnic groups in Kansas since 2009, earlier gains in insurance coverage for Kansans who were non-Hispanic White and Hispanic, Any Race, have begun to stall.

FAMILY INCOME

- Kansans living in poverty (less than 100 percent of the federal poverty level or \$24,600 for a family of four in 2017) remained the group most likely to lack insurance — 20.3 percent for all ages and 29.4 percent among nonelderly adults.
- However, most uninsured Kansans lived above the poverty line — 71.4 percent among all Kansans.
- Four in 10 (41.0 percent) uninsured nonelderly adults in Kansas had family incomes at or below 138 percent FPL and may have qualified for Medicaid if expanded.
- Two-thirds (64.9 percent) of uninsured children in Kansas were in families with income below 241 percent FPL and may already have been eligible for Medicaid or CHIP.
- The uninsured rate has improved for all income groups in Kansas, but gains in coverage have stalled in the past three years.

EMPLOYMENT STATUS

- Almost three-fourths (73.5 percent) of uninsured Kansas adults worked at least part-time.
- While nonelderly adults in Kansas who worked part-time were twice as likely to be uninsured than those who worked full-time year-round (16.8 percent compared to 8.0 percent), the uninsured rate for part-time workers has decreased by one-third between 2009 and 2017 (28.0 percent to 16.8 percent), compared to the decrease by one-quarter (10.7 percent to 8.0 percent) for uninsured Kansans who worked full-time year-round.

KANSAS COUNTIES

- The uninsured rate varied widely among Kansans age 0-64 across counties (ranging from 6.4 percent to 21.3 percent).
- Generally, more rural and western areas of the state had the highest uninsured rate.
- Similarly, enrollment in Medicaid and/or CHIP among Kansans age 0-64 varied widely across counties (ranging from 8.1 to 31.7 percent).
- Generally, those residing in Wyandotte County or southeast parts of the state had a higher percent of Kansans enrolled in Medicaid and/or CHIP.

1. NATIONAL PERSPECTIVE

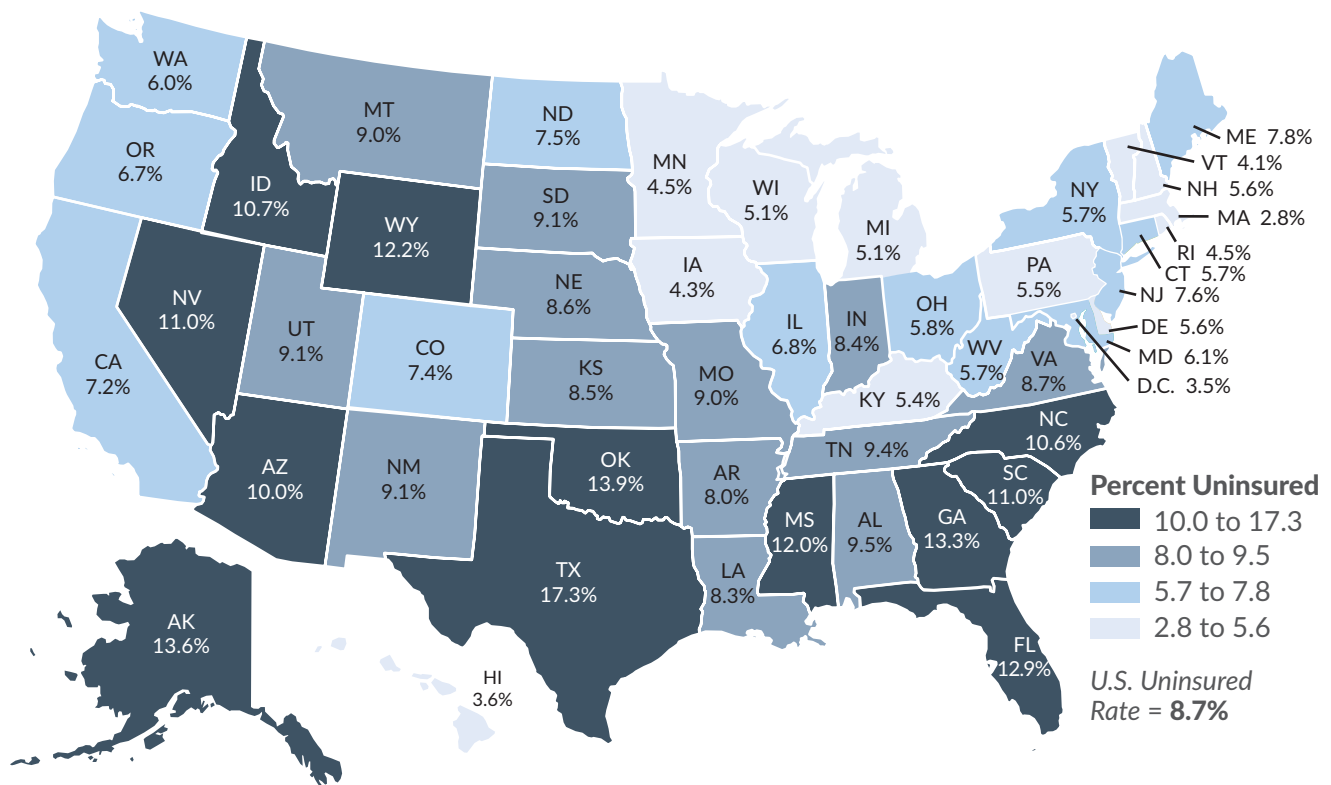
1.1 Uninsured Rate by State, 2017

NATIONAL PERSPECTIVE

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

Kansas Ranked 30th Among States for Insurance Coverage

Figure 1.1 Percentage of Uninsured Residents by State, 2017



Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

Key Points

- The uninsured rate in Kansas was 8.5 percent in 2017, ranking 30th in the country.
- 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, ranging from a low of 2.8 percent in Massachusetts to a high of 17.3 percent in Texas.

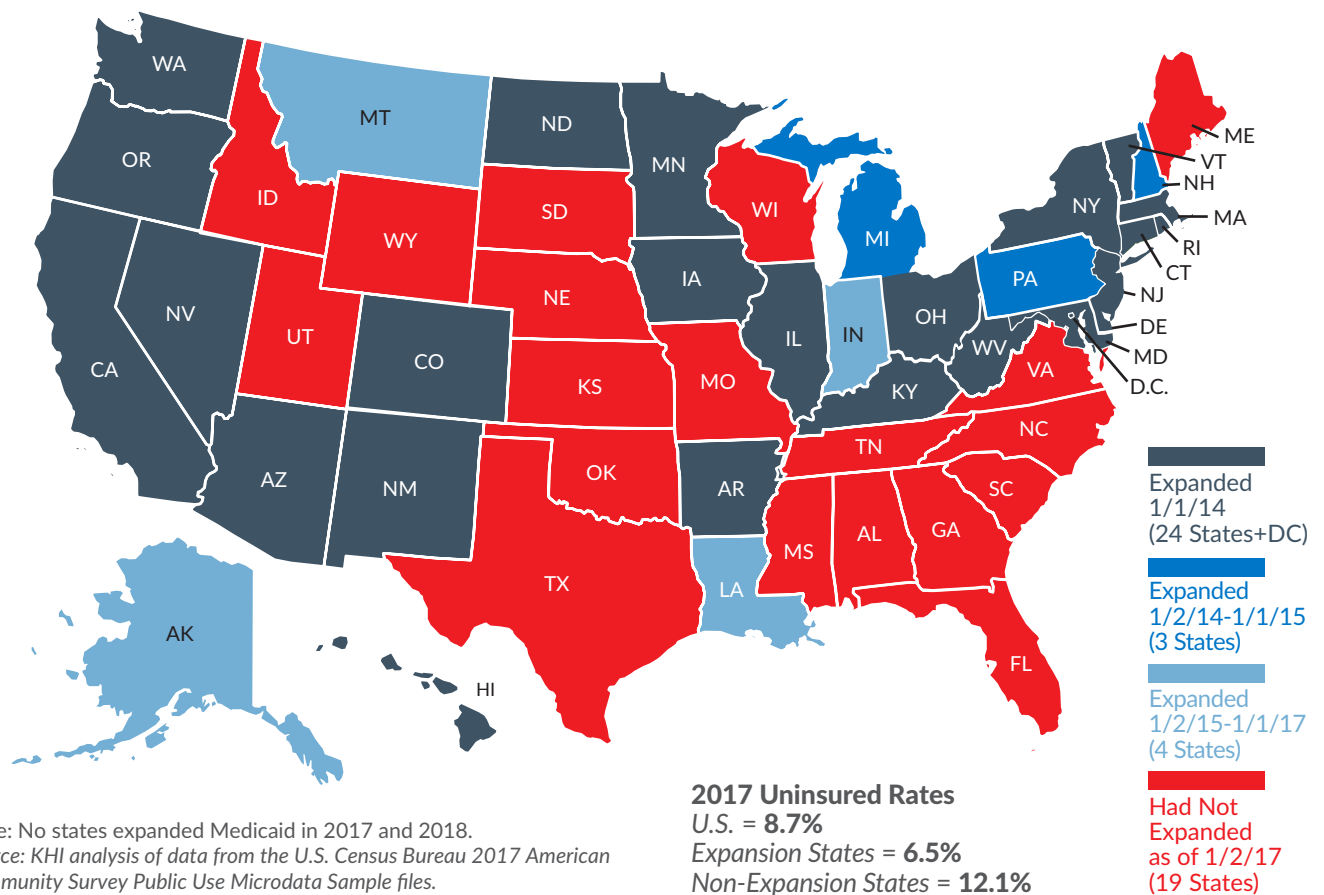
1.2 Medicaid Expansion Status by State, 2017

NATIONAL PERSPECTIVE

The Affordable Care Act (ACA) allowed states, beginning January 1, 2014, to expand Medicaid to adults age 19-64 with family incomes at or below 138 percent of the federal poverty level (FPL; equivalent to \$33,948 for a family of four in 2017). As of January 2, 2017, 31 states and the District of Columbia had expanded their Medicaid programs, with more states set to begin expanding Medicaid in 2019. Kansas has not expanded its program.

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

Figure 1.2 Medicaid Expansion Status by State, 2017



Note: No states expanded Medicaid in 2017 and 2018.
 Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

Key Points

- The uninsured rate among persons living in Medicaid expansion states (6.5 percent) was substantially lower than among those in non-expansion states (12.1 percent).
- The uninsured rate in Kansas (8.5 percent) was lower than the uninsured rate for those living in non-expansion states overall (12.1 percent).

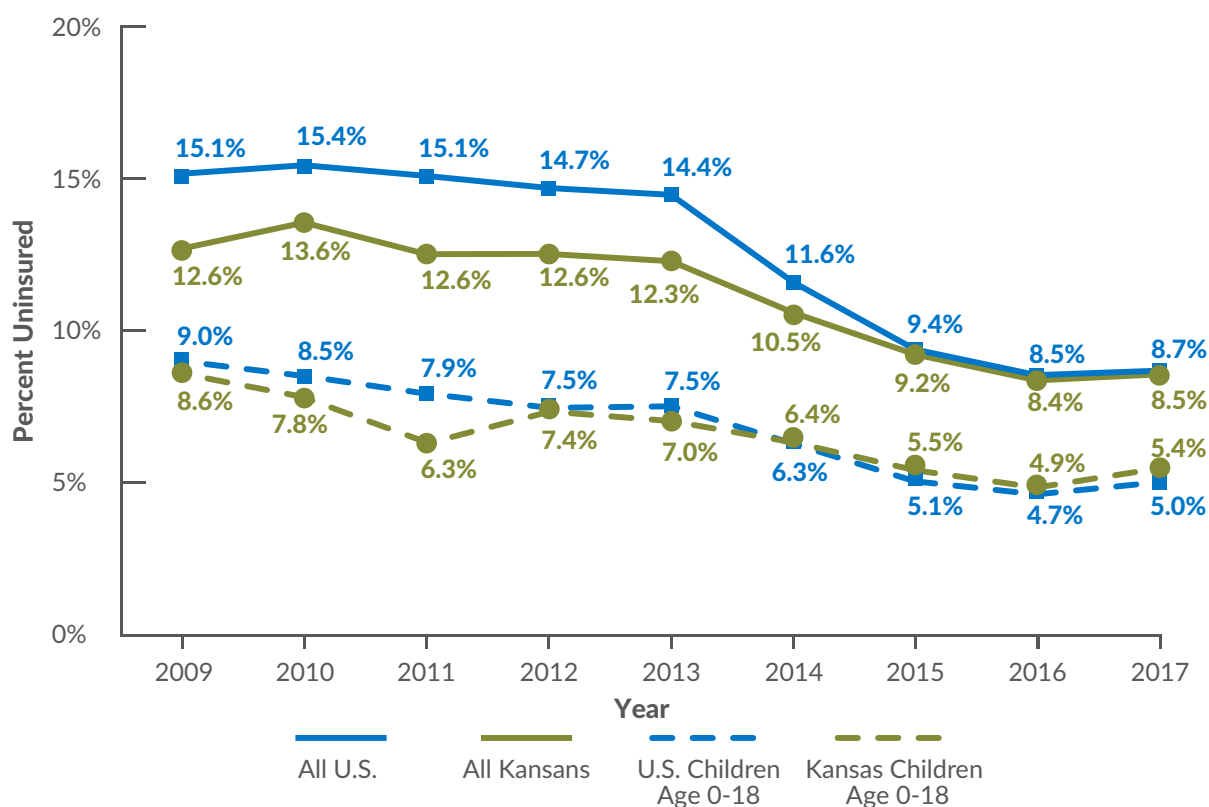
1.3 Trends in Insurance Coverage in Kansas and U.S., 2009-2017

NATIONAL PERSPECTIVE

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

Gains in Health Insurance Coverage Stall in Kansas and U.S.

Figure 1.3 Percentage of Uninsured Residents, Kansas and U.S., 2009-2017



Source: KHI analysis of data from the U.S. Census Bureau 2009-2017 American Community Survey Public Use Microdata Sample files.

Key Points

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

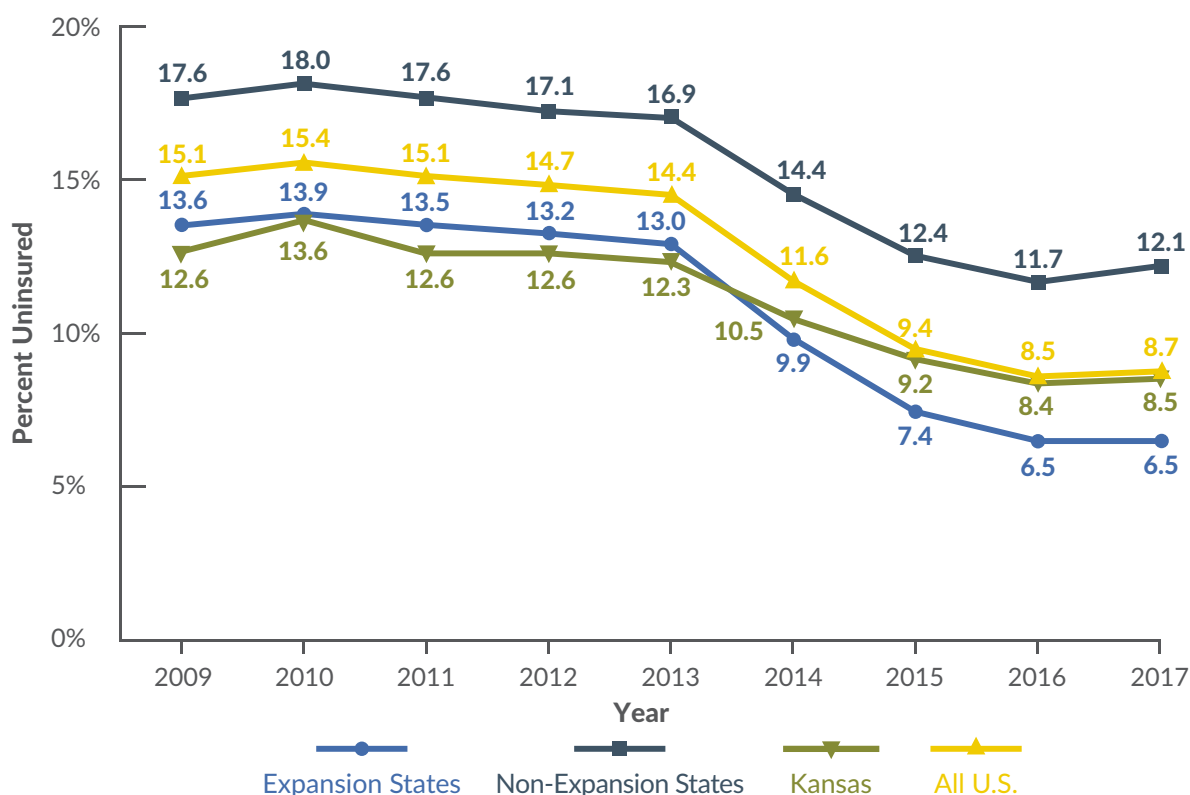
1.4 Trends in Insurance Coverage by Medicaid Expansion Status, 2009-2017

NATIONAL PERSPECTIVE

The ACA allowed states, beginning January 1, 2014, to expand Medicaid to adults age 19-64 with family incomes at or below 138 percent of the federal poverty level (FPL; equivalent to \$33,948 for a family of four in 2017). As of January 2, 2017, 31 states and the District of Columbia had expanded their Medicaid programs, with more states set to begin expanding Medicaid in 2019. Kansas has not expanded its program.

More Pronounced Improvement in Uninsured Rate Among Expansion States

Figure 1.4 Trends in Insurance Coverage for Medicaid Expansion and Non-Expansion States, 2009-2017



Note: Expansion States includes 31 states and the District of Columbia that expanded Medicaid as of January 1, 2017.
 Source: KHI analysis of data from the U.S. Census Bureau 2009-2017 American Community Survey Public Use Microdata Sample files.

Key Points

- The uninsured rate for expansion states was cut in half between 2009 and 2017 (from 13.6 percent to 6.5 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 2017).
- In 2013, the year before ACA Medicaid expansion, Kansas had an uninsured rate lower than people living in states that eventually would expand Medicaid (12.3 percent compared 13.0 percent). In 2017, people living in Kansas, a non-expansion state, had a higher uninsured rate (8.5 percent) than people living in expansion states (6.5 percent).

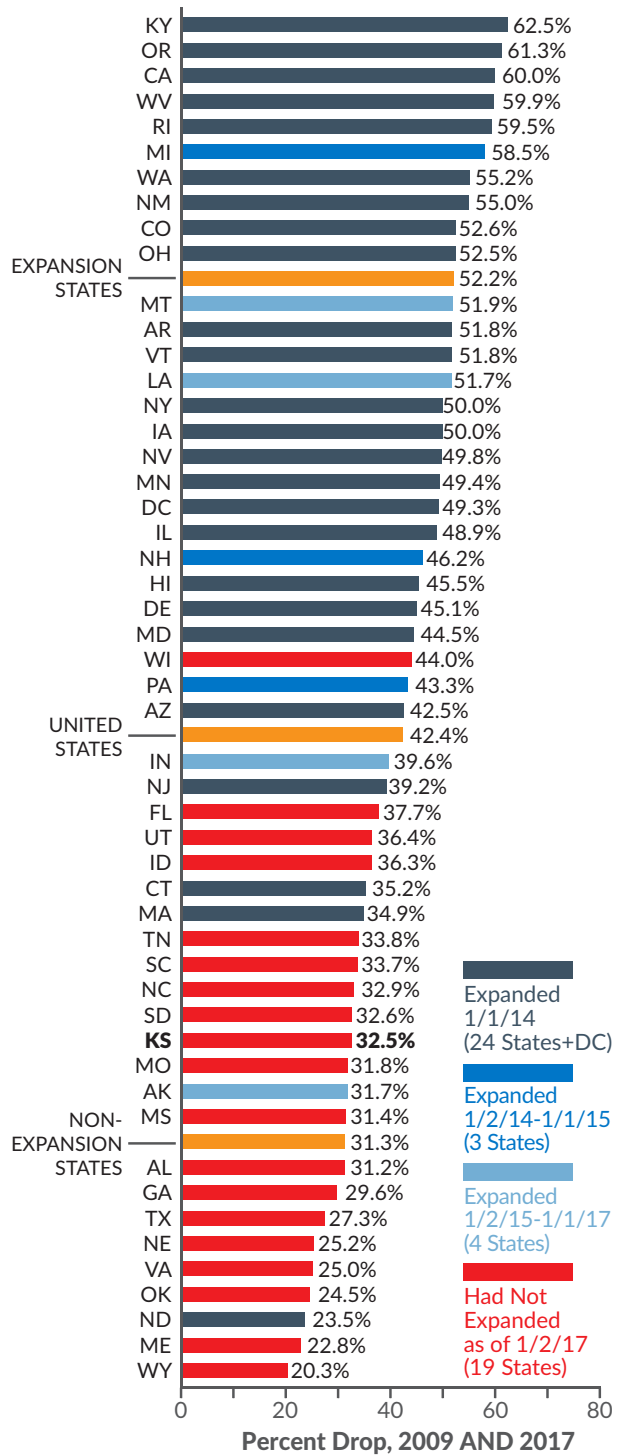
Key Points

- Even though the uninsured rate decreased for both expansion and non-expansion states between 2009 and 2017, it decreased more in expansion states. The uninsured rate was cut in half for expansion states (from 13.6 percent to 6.5 percent, a drop of 52.2 percent) compared to nearly one-third for non-expansion states (from 17.6 percent to 12.1 percent, a drop of 31.3 percent).
- Kansas ranked 39th for improved insurance coverage between 2009 and 2017 (from 12.6 percent to 8.5 percent, a drop of 32.5 percent).

Note: Percent drop indicates the magnitude of the change in uninsured rates between 2009 and 2017 for each state and is calculated by subtracting the 2017 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 2017

Figure 1.4b Percent Drop in Uninsured Rate for Medicaid Expansion and Non-Expansion States, 2009 and 2017



Note: No states expanded Medicaid in 2017 and 2018.
 Source: KHI analysis of data from the U.S. Census Bureau 2009 and 2017 American Community Survey Public Use Microdata Sample files.

2. ALL KANSANS

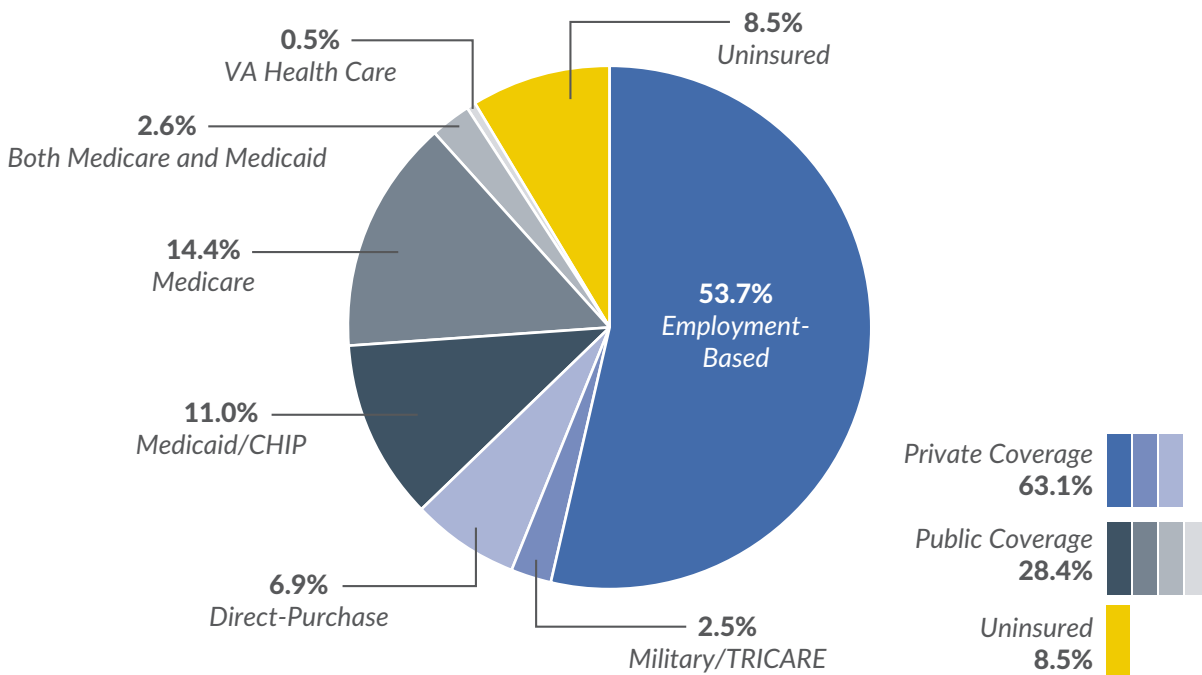
2.1 Sources of Health Insurance Coverage

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 may include insurance directly purchased by individuals, including buying insurance on the marketplace established by the ACA. Public coverage includes Medicaid, CHIP, Medicare, and VA Health Care (*Appendix C, page C-1*).

Half of Kansans Have Insurance Through an Employer

Figure 2.1a All Kansans: Sources of Health Insurance Coverage, 2017

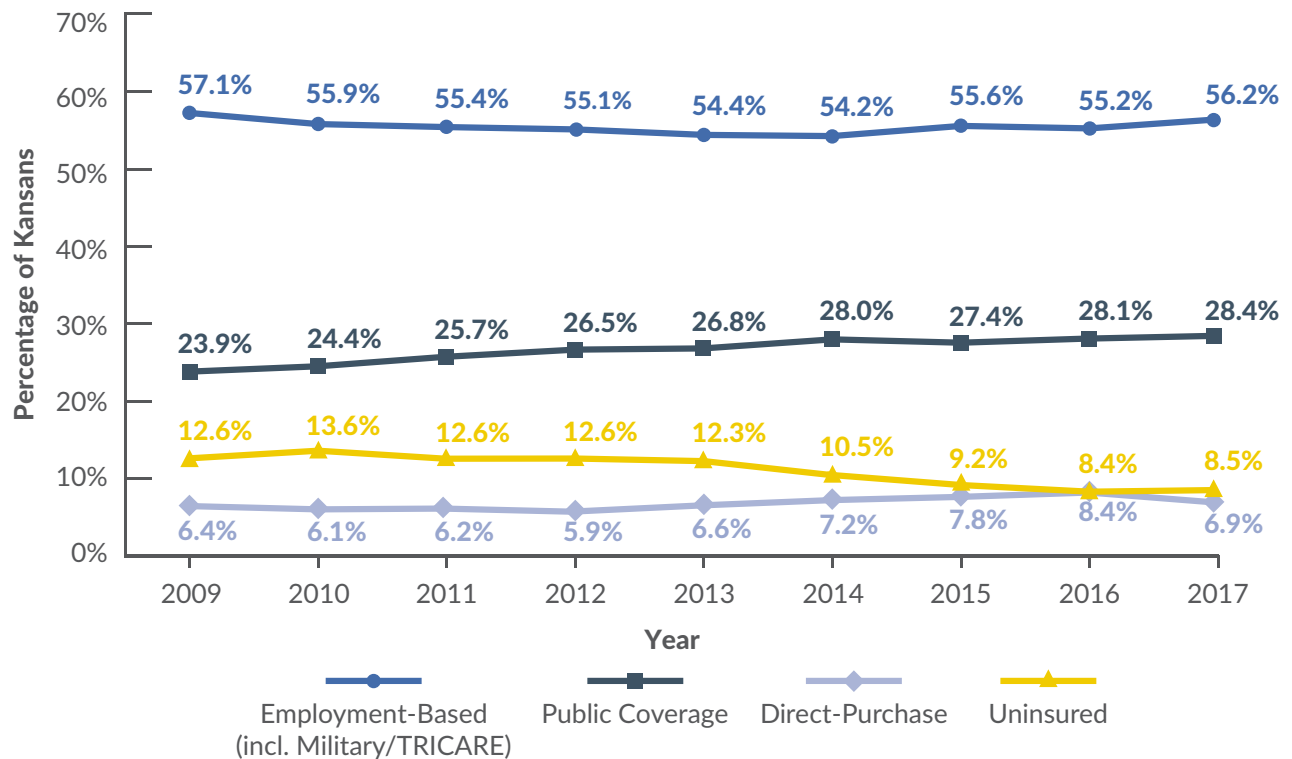


Note: All Kansans (not in institutions) = 2,872,207. Percentages may not sum to 100 percent because of rounding. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA Health Care is provided by the U.S. Department of Veterans 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 2017 American Community Survey Public Use Microdata Sample files.

Sources of Insurance Coverage Are Relatively Stable Over Time






Figure 2.1b All Kansans: Trends in Sources of Health Insurance Coverage, 2009-2017



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 2009-2017 American Community Survey Public Use Microdata Sample files.

Key Points

-  Almost six in 10 (56.2 percent) Kansans obtained their health insurance through an employer, including Military/TRICARE.
-  About one in four (28.4 percent) Kansans had public coverage, primarily Medicare and Medicaid/CHIP.
-  Employment-based coverage has remained steady since 2009.
-  The percentage of Kansans who had direct-purchase insurance slowly increased following implementation of the ACA, but dropped between 2016 and 2017 (from 8.4 percent to 6.9 percent). This is a trend to continue to watch.
-  Public coverage increased from 23.9 percent in 2009 to 28.0 percent in 2014 but has been flat since.

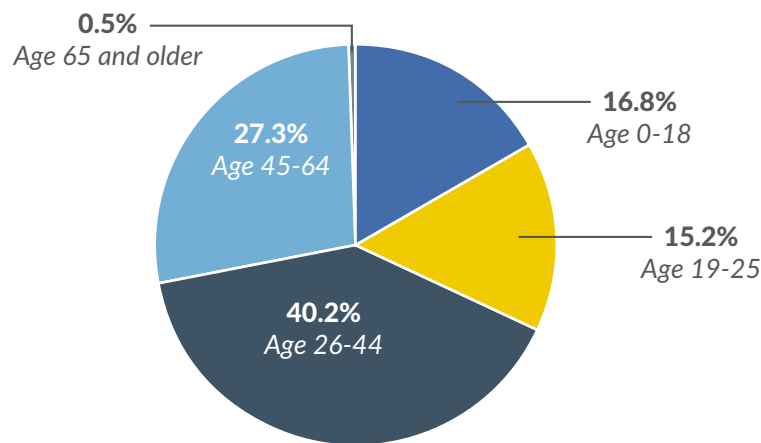
2.2 Uninsured by Age

ALL KANSANS

Adults who are in the prime of their earning years are more likely to have jobs with more generous benefits, including health insurance. Public policy has targeted coverage to other groups such as children, young adults who may be just entering the job market, seniors and people with disabilities. However, young adults may experience periods without insurance when aging off public insurance at age 19 or the policies of their parents at age 26.

Most Uninsured Kansans Are Working-Age Adults

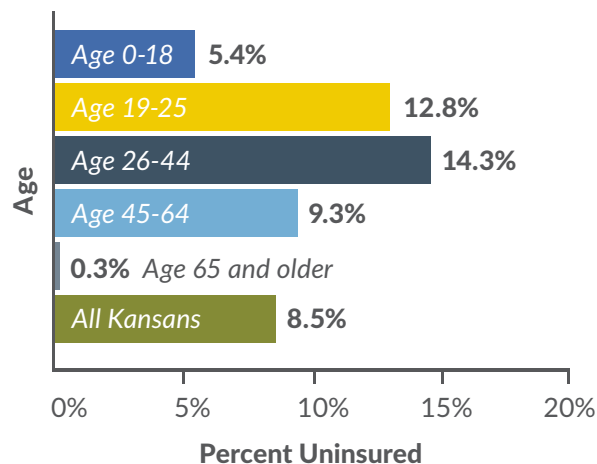
Figure 2.2a Uninsured Kansans by Age, 2017



Note: Uninsured Kansans (not in institutions) = 243,305. Percentages may not sum to 100 percent because of rounding.
Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

Adults Under Age 45 Most Likely to be Uninsured

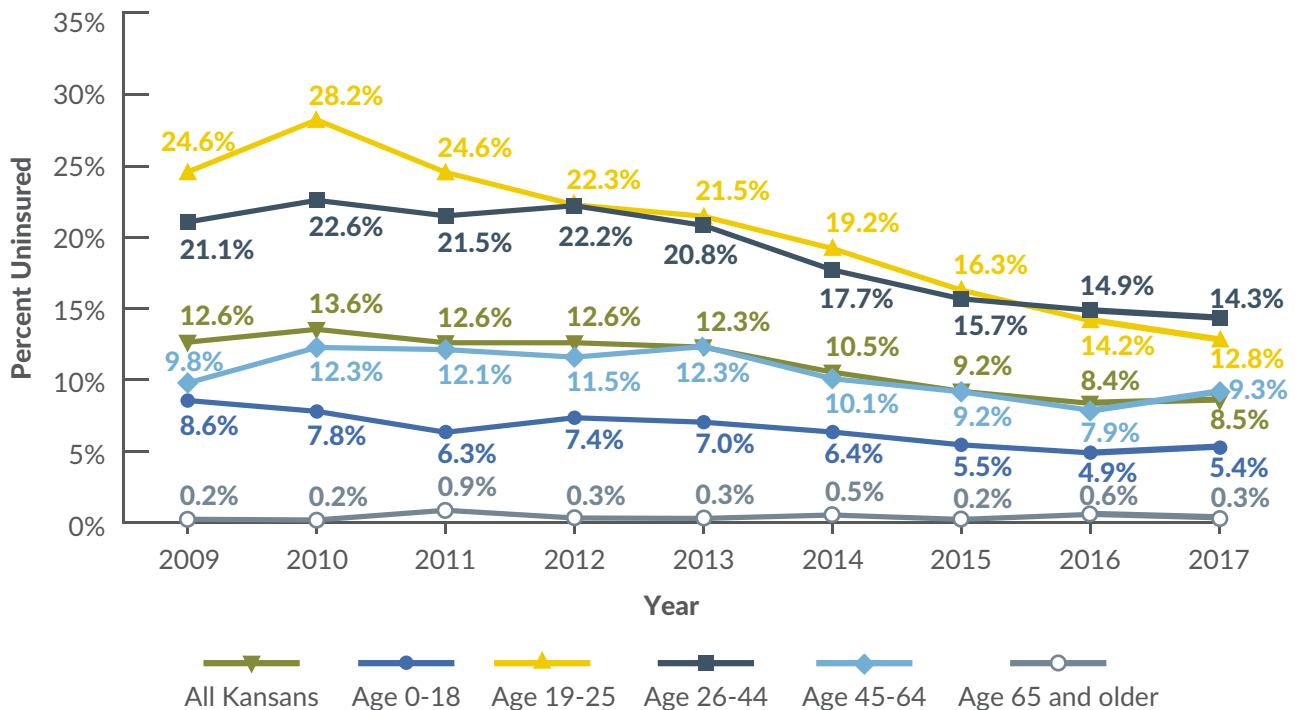
Figure 2.2b All Kansans: Uninsured Rates by Age, 2017



Note: All Kansans (not in institutions) = 2,872,207.
Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.







Uninsured Rate among Kansas Adults Age 45-64 Significantly Higher than Previous Year

Figure 2.2c All Kansans: Uninsured Rates by Age, 2009-2017



Source: KHI analysis of data from the U.S. Census Bureau 2009-2017 American Community Survey Public Use Microdata Sample files.

Key Points

-  Four in ten (40.2 percent) uninsured Kansans were age 26-44, adults entering their prime working years.
-  One-quarter (27.3 percent) of the uninsured were age 45-64, a pre-Medicare-eligible population more likely to have pre-existing conditions and more health care needs.
-  Adults age 26-44 had the highest uninsured rate (14.3 percent) followed by adults age 19-25 (12.8 percent).
-  The uninsured rate was lower for Kansans age 45-64 (9.3 percent) compared to other working age adults.
-  Adults age 45-64 were the only age group that had a significant increase in their uninsured rate between 2016 and 2017 (from 7.9 percent to 9.3 percent, a 17.7 percent rise).
-  Between 2009 and 2017, adults age 19-25 experienced the largest drop in uninsured rates (from 24.6 percent to 12.8 percent; a 48.0 percent drop); followed by children age 0-18 (from 8.6 percent to 5.4 percent, a 37.2 percent drop) and adults age 26-44 (from 21.1 percent to 14.3 percent, a 32.2 percent drop).

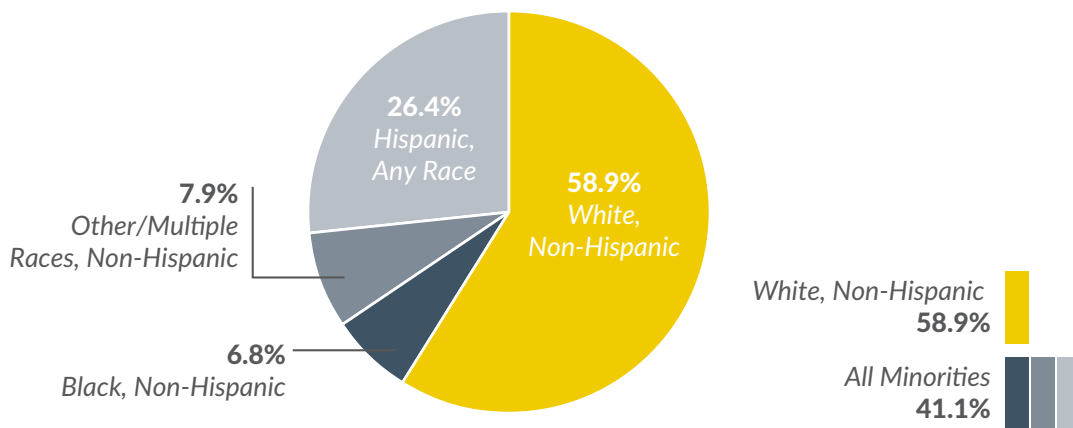
2.3 Uninsured by Race/Ethnicity

ALL KANSANS

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

Six in 10 Uninsured in Kansas Are White, Non-Hispanic

Figure 2.3a Uninsured Kansans by Race/Ethnicity, 2017

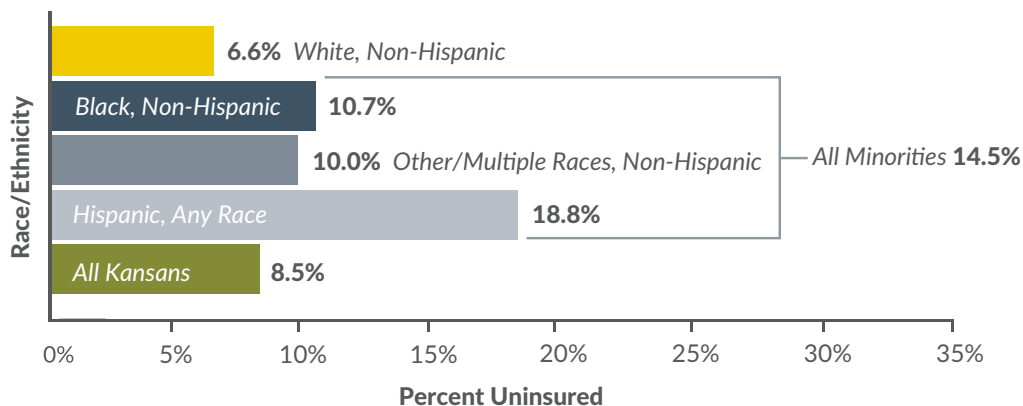


Note: Uninsured Kansans (not in institutions) = 243,305. Percentages may not sum to 100 percent because of rounding. All Minorities includes any race/ethnicity other than White, Non-Hispanic (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

Minorities Are Much More Likely to be Uninsured

Figure 2.3b All Kansans: Uninsured Rates by Race/Ethnicity, 2017

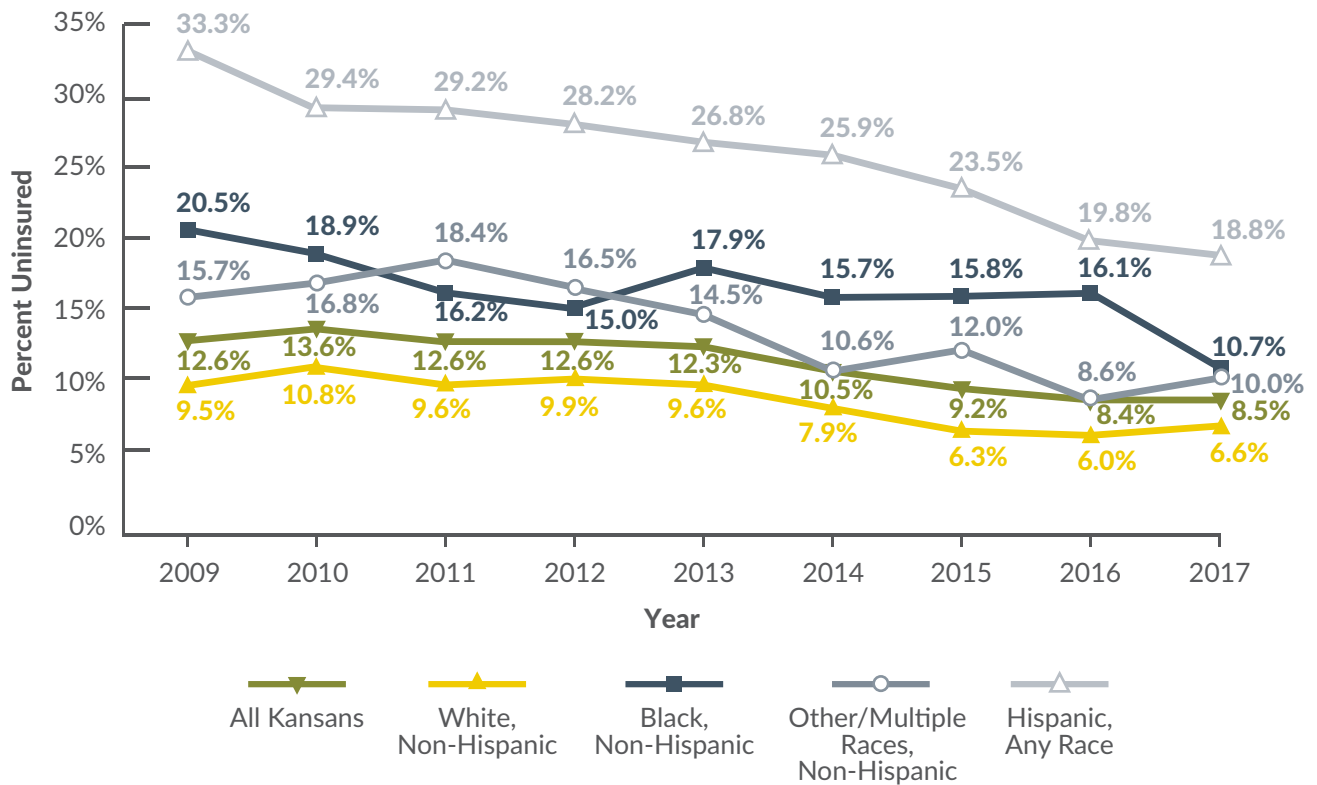


Note: All Kansans (not in institutions) = 2,872,207. See Appendix B, page B-1, for definitions of specific race and ethnicity groups.

Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

Black, Non-Hispanic Kansans Have Made Gains in Insurance Coverage

Figure 2.3c All Kansans: Uninsured Rates by Race/Ethnicity, 2009-2017



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 2009-2017 American Community Survey Public Use Microdata Sample files.

Key Points

- Nearly six in 10 (58.9 percent) uninsured Kansans were non-Hispanic White.
- One-quarter (26.4 percent) of uninsured Kansans were Hispanic, Any Race.
- Kansans belonging to a racial or ethnic minority group were more likely to be uninsured than non-Hispanic Whites.
- Hispanics, Any Race, were 2.8 times as likely to be uninsured (18.8 percent), and non-Hispanic Blacks were 1.6 times as likely to be uninsured (10.7 percent) compared to non-Hispanic Whites (6.6 percent).
- The significant decrease in the uninsured rate among non-Hispanic Black Kansans from the previous year is worth noting; however, this is a trend to watch and it requires additional years of data for validation due to smaller sample sizes.
- The uninsured rate for non-Hispanic White Kansans has begun to flatten during the past two years.
- Earlier gains in insurance coverage for Hispanics are beginning to flatten.

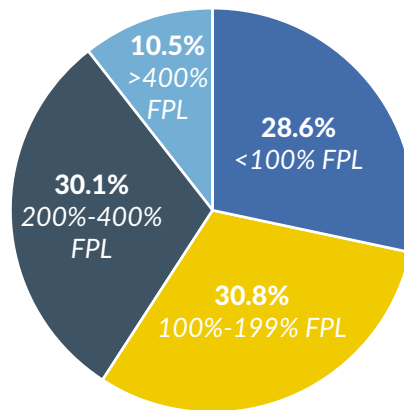
2.4 Uninsured by Family Income

ALL KANSANS

Several provisions of the ACA target affordability of health insurance for low- and middle-income working people, including providing financial assistance to pay premiums and reduce out-of-pocket expenses for families with incomes between 100 percent and 400 percent of the federal poverty level (\$24,600 to \$98,400 for a family of four in 2017).

Seven in 10 Uninsured Kansans Live Above Poverty Line

Figure 2.4a Uninsured Kansans by Family Income, 2017

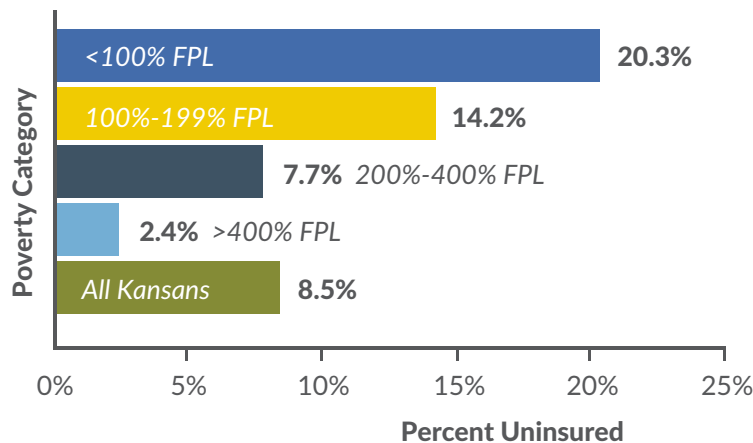


Note: Uninsured Kansans with income information (not in institutions) = 239,968. Percentages may not sum to 100 percent because of rounding. The federal poverty level for a family of four in 2017 was \$24,600.

Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

Lack of Insurance Closely Linked to Family Income

Figure 2.4b All Kansans: Uninsured Rates by Family Income, 2017

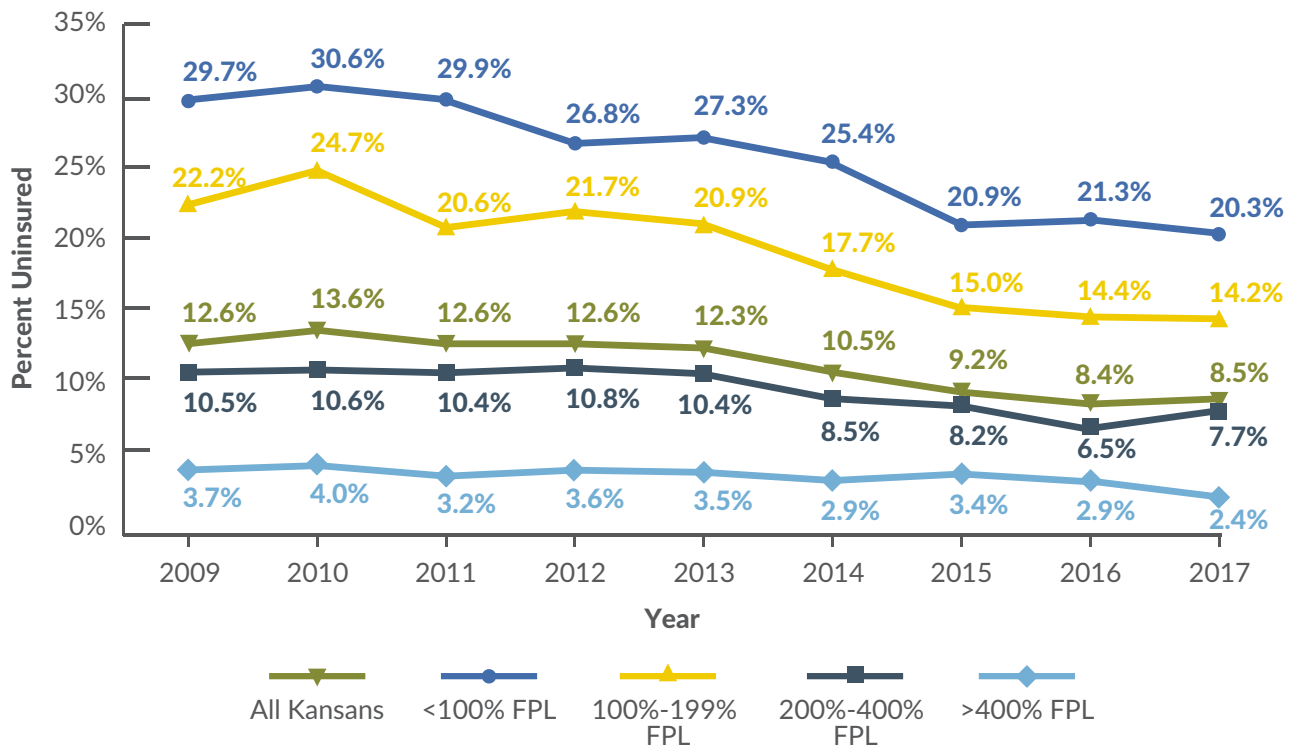


Note: All Kansans with income information (not in institution) = 2,828,850. The federal poverty level for a family of four in 2017 was \$24,600.

Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

Gains in Insurance Coverage Stall for Low-Income Kansans

Figure 2.4c All Kansans: Uninsured Rates by Family Income, 2009-2017



Note: The federal poverty level for a family of four in 2017 was \$24,600.

Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

Key Points

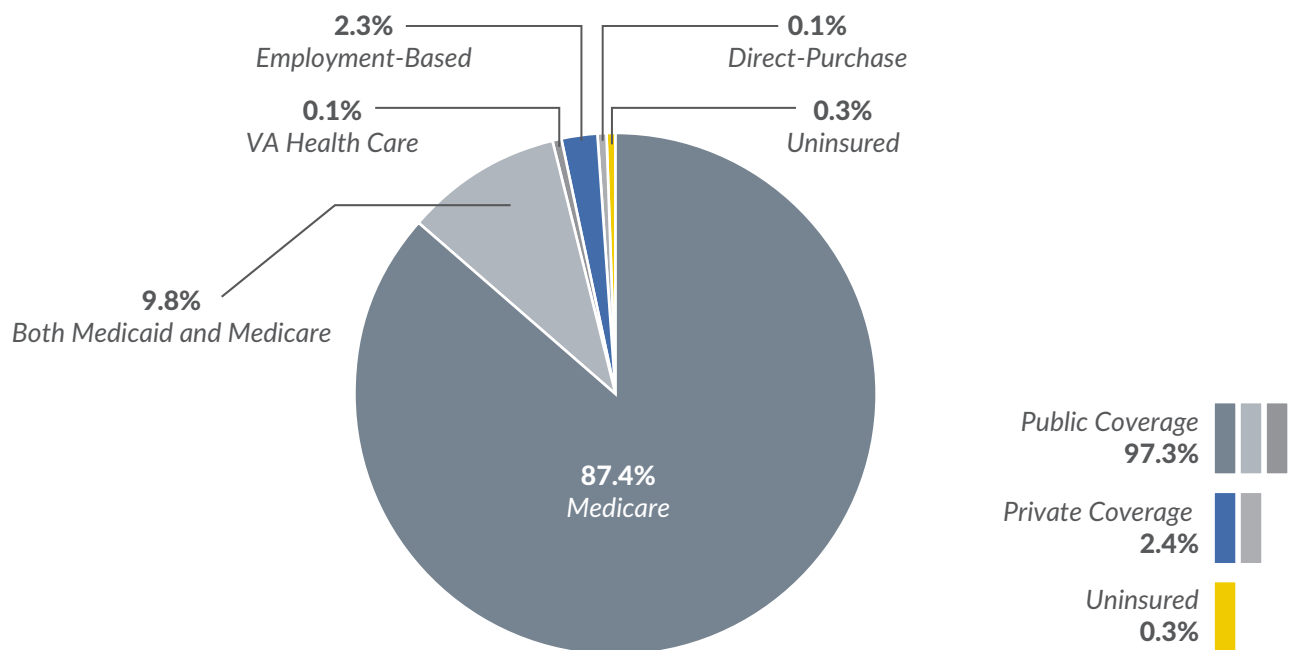
- Seven in 10 (71.4 percent) uninsured Kansans had family incomes above the federal poverty level.
- Six in 10 (60.9 percent) uninsured Kansans had family incomes between 100 percent and 400 percent of the poverty level – eligible for financial assistance to purchase health insurance on the ACA marketplace.
- Kansans with family incomes below the poverty line were eight and a half times more likely to be uninsured than those above 400 percent of FPL (20.3 percent compared to 2.4 percent).
- All income categories had significant improvements in insurance coverage between 2009 and 2017; however, there was no significant change between 2016 and 2017.

2.5 Kansas Adults, Age 65+

Essentially all seniors in the U.S. have comprehensive public health insurance, typically Medicare and/or Medicaid. With 99.7 percent insurance coverage, this group is not the focus of this report on insurance coverage and seniors are excluded from analyses after this section.

Essentially All Kansas Seniors Covered by Public Insurance

Figure 2.5 Kansas Adults, Age 65+: Sources of Health Insurance Coverage, 2017



Note: Kansas adults age 65 and older (not in institutions) = 430,862. Percentages may not sum to 100 percent because of rounding. Military/TRI-CARE is not labeled due to small percentage (less than 0.1%) and Medicaid had no enrollees. VA Health Care is provided by the US department of Veterans Affairs to eligible veterans of the US 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 2017 American Community Survey Public Use Microdata Sample files.

Key Points

Nearly all (97.3 percent) Kansans age 65 and older had public insurance coverage.

One in 10 (9.8 percent) Kansas adults age 65+ had Medicaid in addition to Medicare. These so-called “dual eligible” seniors qualify for dual coverage due to limited financial resources.

3. KANSAS ADULTS AGE 19-64

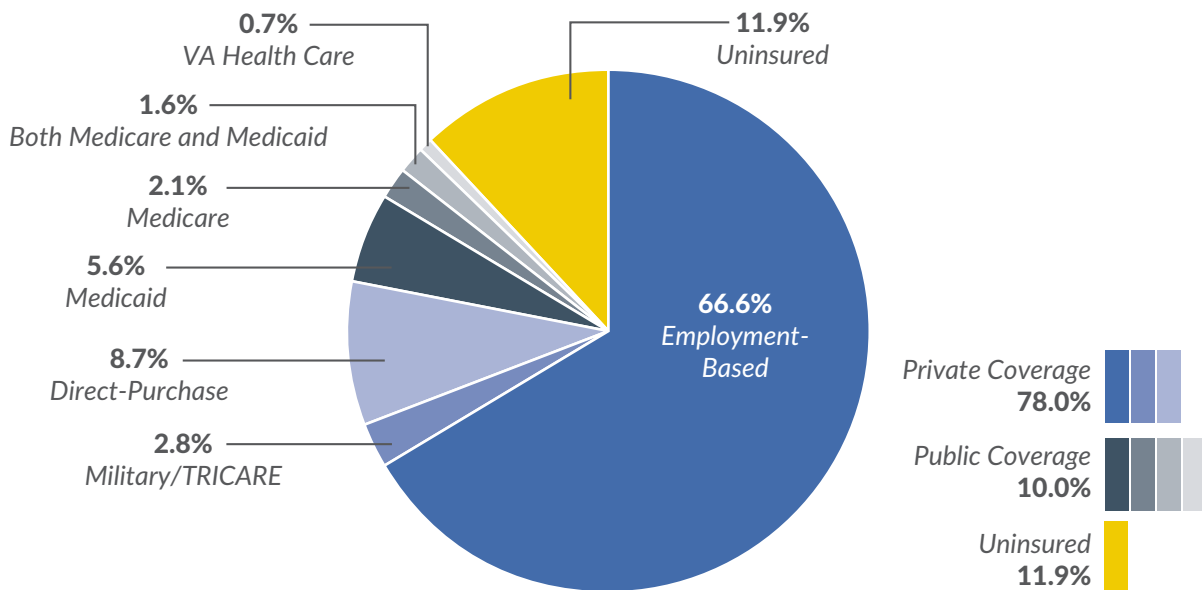
3.1 Sources of Health Insurance Coverage

KANSAS ADULTS, AGE 19-64

Health insurance coverage typically has been divided into private and public coverage. Private coverage is most commonly provided through a current or former employer, including the military, but also may include insurance directly purchased by individuals, including buying insurance on the Kansas marketplace established by the ACA. Public coverage for nonelderly adults age 19-64 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, 2017

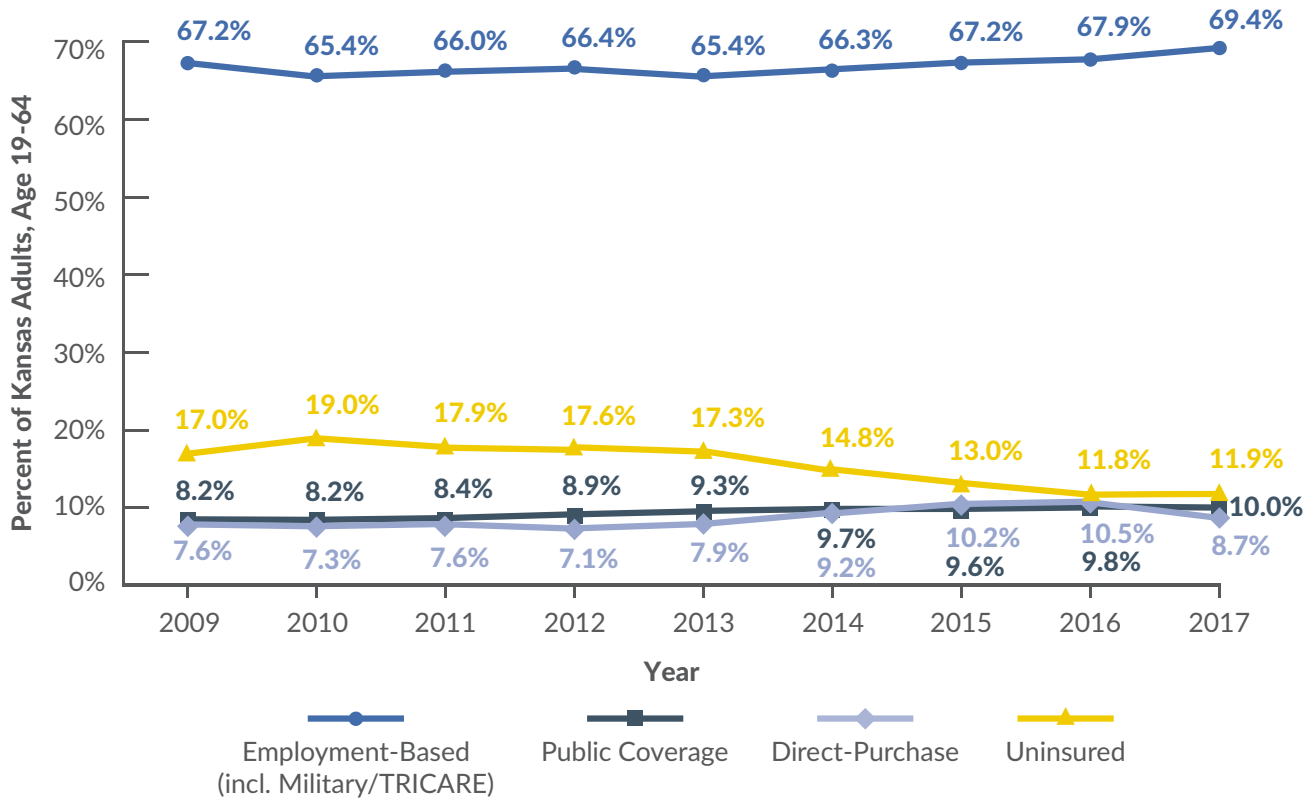


Note: Kansas adults age 19-64 (not in institutions) = 1,688,516. Percentages may not sum to 100 percent because of rounding. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA Health Care is provided by the U.S. Department 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 2017 American Community Survey Public Use Microdata Sample files.

Direct-Purchase Coverage for Nonelderly Adults Dropped Between 2016 and 2017

Figure 3.1b Kansas Adults, Age 19-64: Sources of Health Insurance Coverage, 2009-2017



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 2009-2017 American Community Survey Public Use Microdata Sample files.

Key Points

- Seven in 10 (69.4 percent) nonelderly adults received coverage through an employer, including Military/TRICARE.
- Only 10.0 percent of nonelderly adults had public coverage.
- The uninsured rate fell by nearly one-third among nonelderly adults, from 17.0

percent in 2009 to 11.9 percent in 2017; however, there was no significant change between 2016 and 2017.

- While direct-purchase coverage for nonelderly adults increased significantly from 7.6 percent in 2009 to 8.7 percent in 2017, it decreased significantly from 10.5 percent in 2016.

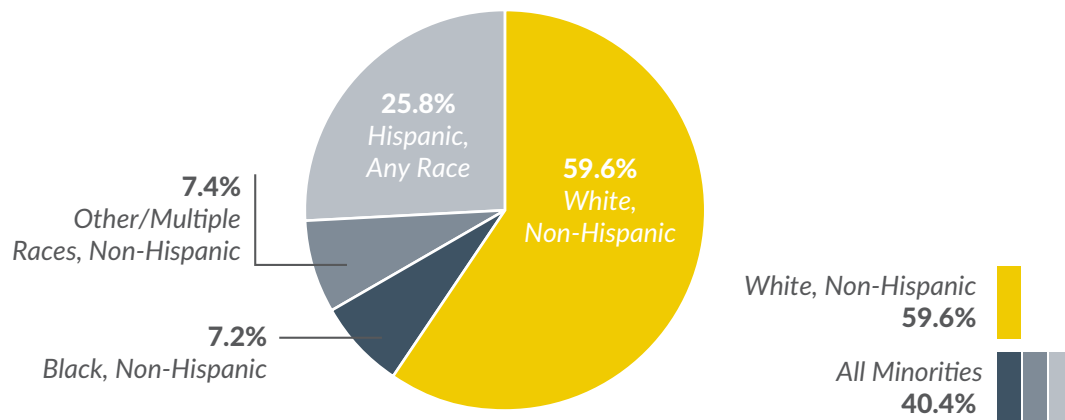
3.2 Uninsured by Race/Ethnicity

KANSAS ADULTS, AGE 19-64

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

Six in Ten Uninsured Nonelderly Adults Are White, Non-Hispanic

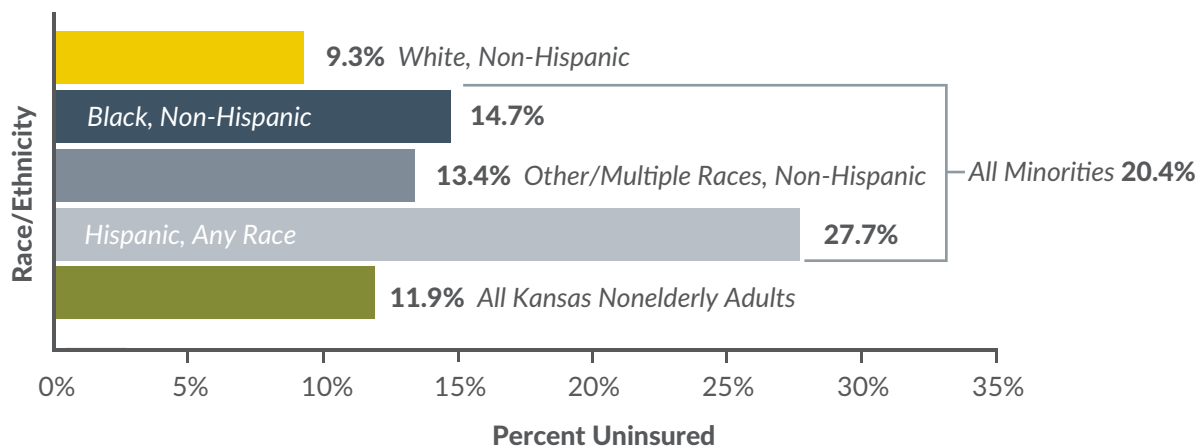
Figure 3.2a Uninsured Kansas Adults, Age 19-64, by Race/Ethnicity, 2017



Note: Uninsured Kansas adults age 19-64 (not in institutions) = 201,275. Percentages may not sum to 100 percent because of rounding. All 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 2017 American Community Survey Public Use Microdata Sample files.

Minority Nonelderly Adults Are More Likely to be Uninsured

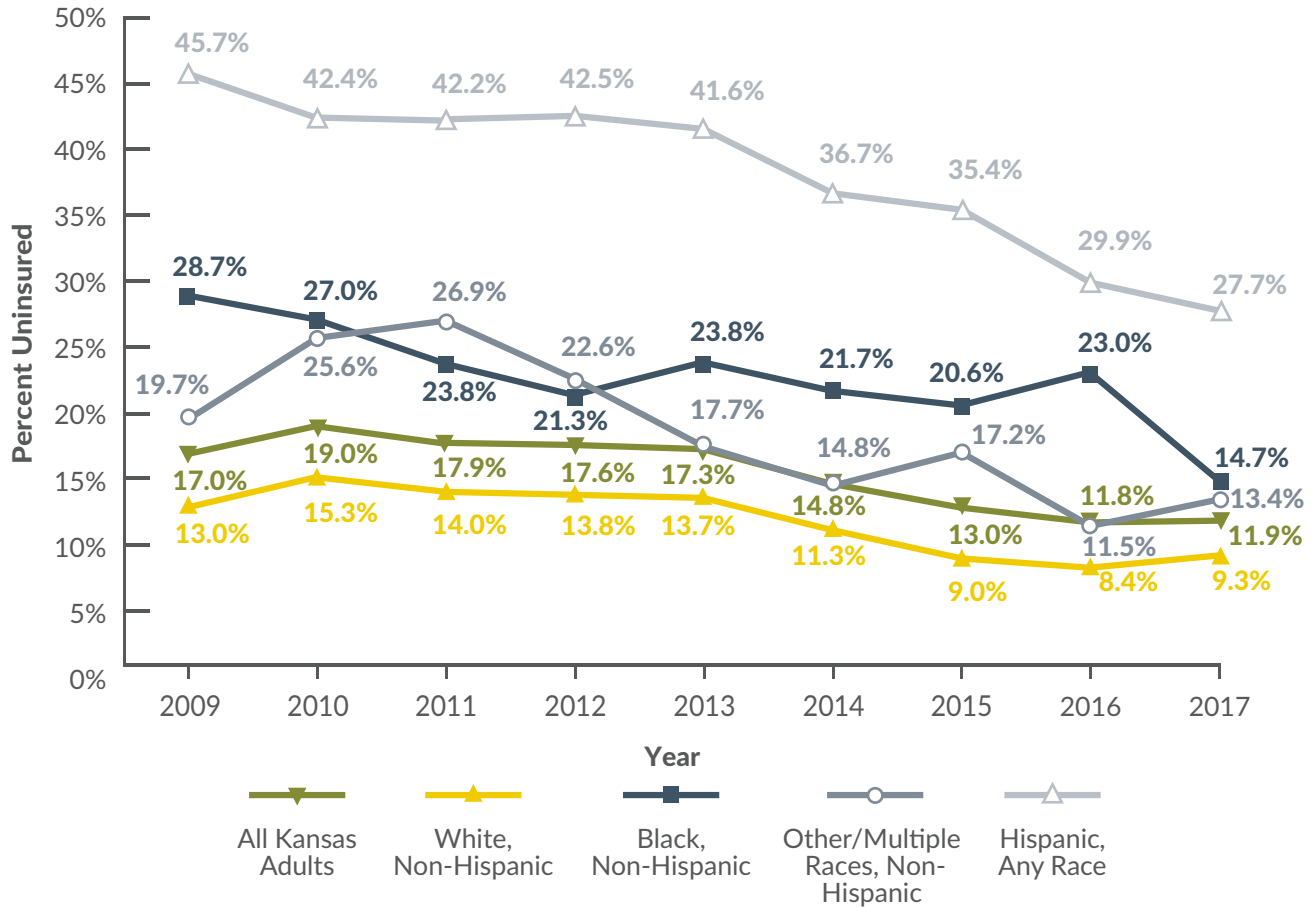
Figure 3.2b Kansas Adults, Age 19-64: Uninsured Rates by Race/Ethnicity, 2017



Note: All Kansas adults age 19-64 (not in institutions) = 1,688,516. See Appendix B, page B-1, for definitions of specific racial/ethnic groups.
 Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

All Racial and Ethnic Group Nonelderly Adults Made Gains in Insurance Coverage




Figure 3.2c Kansas Adults, Age 19-64: Uninsured Rates by Race/Ethnicity, 2009-2017





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 2009-2017 American Community Survey Public Use Microdata Sample files.

Key Points

-  Six in 10 (59.6 percent) uninsured nonelderly adults are non-Hispanic Whites.
-  One-quarter (25.8 percent) of uninsured nonelderly adults were Hispanic, Any Race.
-  Nonelderly adults who were Hispanic, Any Race, were three times more likely to be uninsured than non-Hispanic White Kansas adults (27.7 percent compared to 9.3 percent).

-  The significant decrease in the uninsured rate among non-Hispanic Black nonelderly adults from the previous year is worth noting; however, this is a trend to watch as this was a much larger change than expected.
-  All nonelderly adult racial/ethnic groups have experienced significant decreases in uninsured rates since 2009.

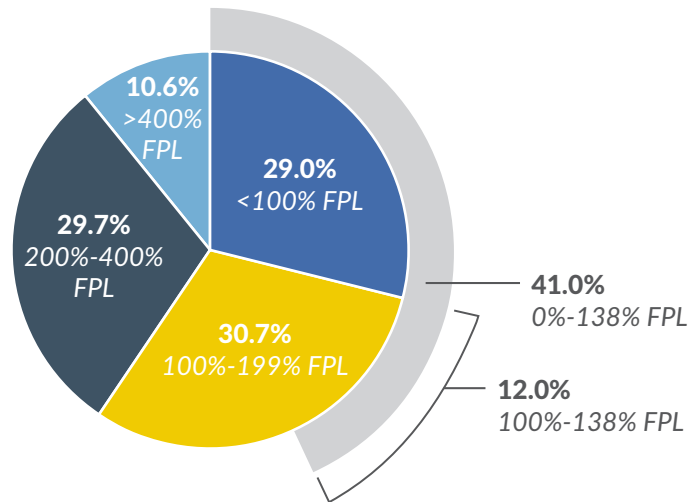
3.3 Uninsured by Family Income

KANSAS ADULTS, AGE 19-64

Several provisions of the ACA target affordability of health insurance for low- and middle-income, working people, including providing financial assistance to pay premiums and reduce out-of-pocket expenses. One provision of the ACA – Medicaid expansion – allows states to expand Medicaid coverage to adults with income below 138 percent of FPL (\$33,948 for a family of four in 2017). 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, 2017

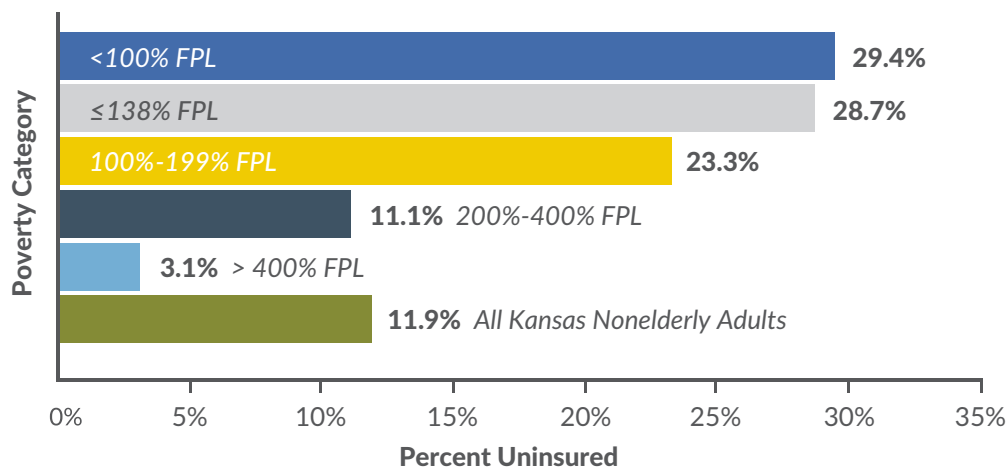


Note: Uninsured Kansas adults age 19-64 with income information (not in institutions) = 199,239. Percentages may not sum to 100 percent because of rounding. Adults with family income at or below 138 percent of FPL (\$33,948 for a family of four in 2017) may qualify for Medicaid if expanded (Appendix D, page D-1).

Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

Three in 10 Nonelderly Adults Below the Poverty Line Still Uninsured

Figure 3.3b Kansas Adults, Age 19-64: Uninsured Rates by Family Income, 2017

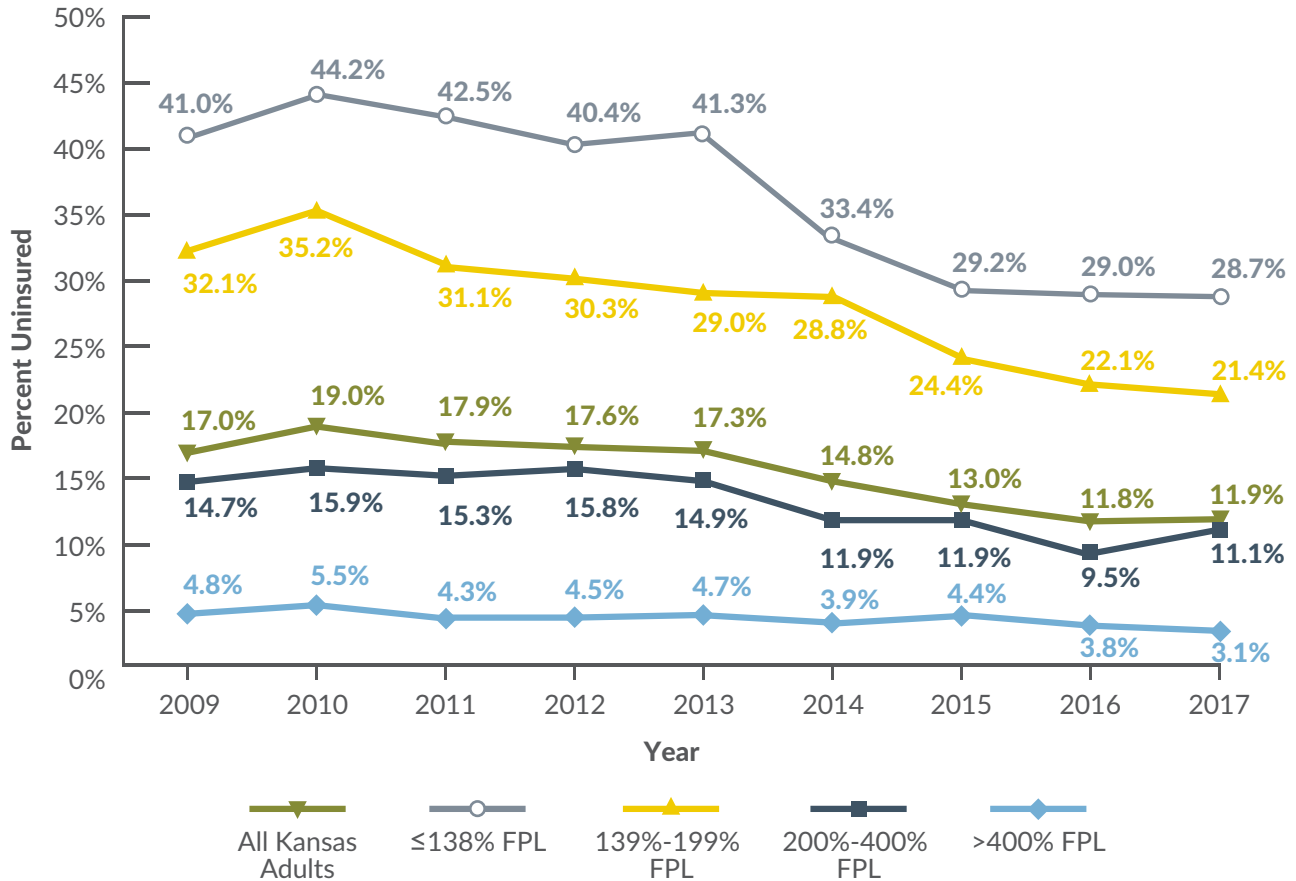


Note: All Kansas adults age 19-64 with income information (not in institution) = 1,663,921. Adults with family incomes at or below 138 percent of FPL (\$33,948 for a family of four in 2017) may qualify for Medicaid if expanded (Appendix D, page D-1).

Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

Decreases in Uninsured Rate Stall for Low-Income Nonelderly Adults

Figure 3.3c Kansas Adults, Age 19-64: Uninsured Rates by Family Income, 2009-2017



Note: Adults with family incomes at or below 138 percent of FPL (\$33,948 for a family of four in 2017) may qualify for Medicaid if expanded (Appendix D, page D-1).

Source: KHI analysis of data from the U.S. Census Bureau 2009-2017 American Community Survey Public Use Microdata Sample files.

Key Points

- Nearly three-quarters (71.0 percent) of uninsured nonelderly adults had family incomes greater than the poverty line.
- Four in 10 (41.0 percent) uninsured nonelderly adults had family incomes at or below 138 percent of FPL and may have qualified for Medicaid if expanded.
- The uninsured rate for Kansas adults with family incomes below 138 percent of FPL (28.7 percent) was 9.3 times higher than the uninsured rate for nonelderly adults with family incomes above 400 percent of FPL (3.1 percent).
- One in 10 (11.1 percent) nonelderly adults with family incomes between 200 and 400 percent FPL were uninsured.
- Between 2009 and 2017, the uninsured rate dropped for all income categories; however, no significant changes were found between 2016 and 2017.
- The uninsured rate for nonelderly adults with income levels below 138 percent of FPL has decreased by nearly one-third since 2009 (41.0 percent compared to 28.7 percent).

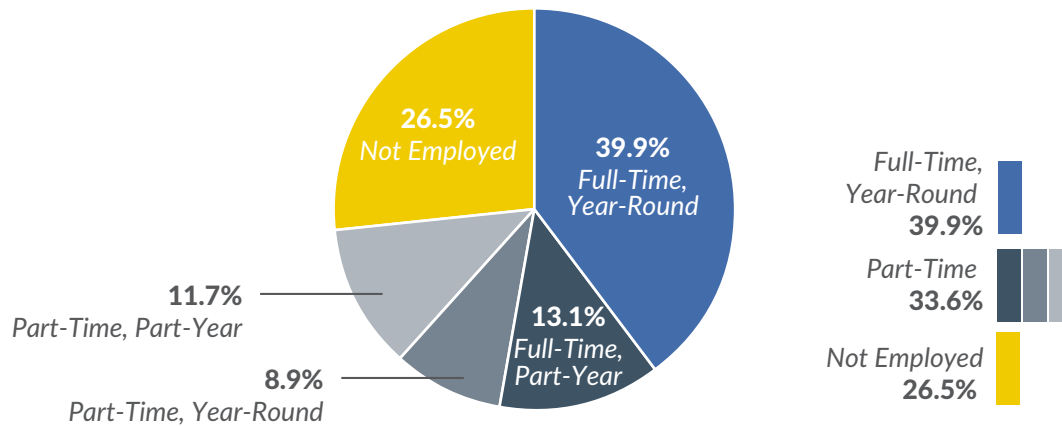
3.4 Uninsured by Employment Status

KANSAS ADULTS, AGE 19-64

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

Three in Four Uninsured Kansas Nonelderly Adults are Working

Figure 3.4a Uninsured Kansas Adults, Age 19-64, by Employment Status, 2017

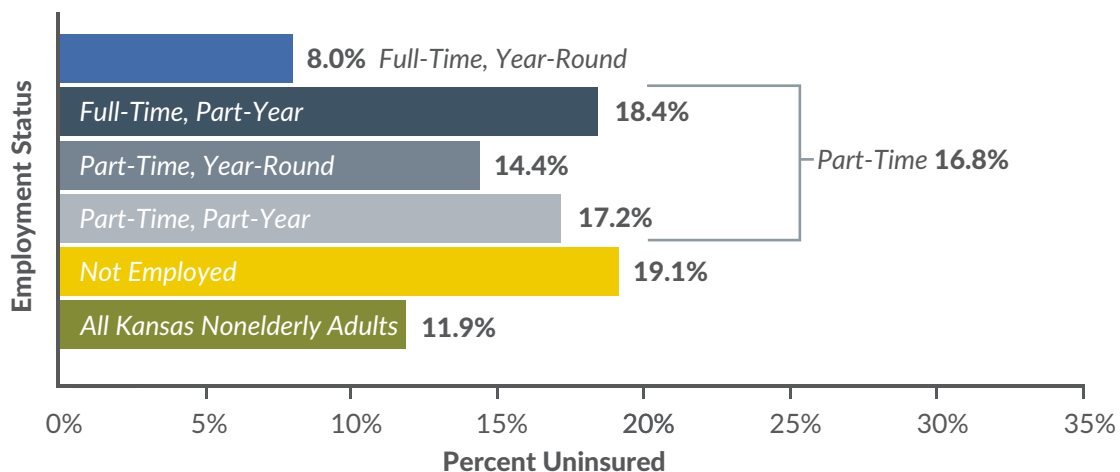


Note: Uninsured Kansas adults age 19-64 (not in institutions) = 201,275. Percentages may not sum to 100 percent because of rounding. Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2017 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, 2017

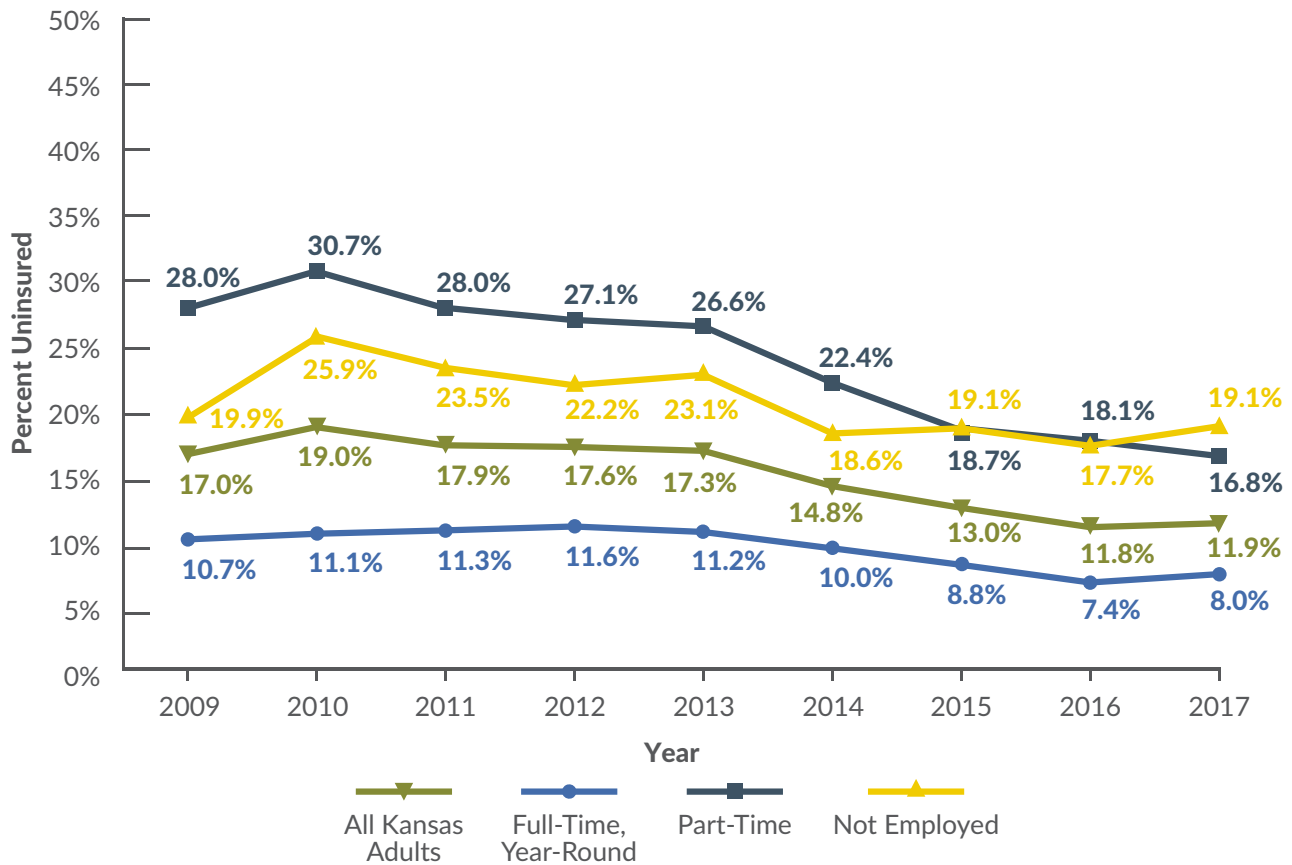


Note: All Kansas adults age 19-64 (not in institutions) = 1,688,516. Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months. Part-Time combines workers who reported Full-Time, Part-Year; Part-Time, Year-Round; or Part-Time, Part-Year employment (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

Part-Time Workers See Largest Insurance Coverage Gains

Figure 3.4c Kansas Adults, Age 19-64: Uninsured Rates by Employment Status, 2009-2017



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 2009-2017 American Community Survey Public Use Microdata Sample files.

Key Points

- Four in 10 (39.9 percent) uninsured nonelderly adults were employed full-time, year-round.
- Another one-third (33.6 percent) of uninsured nonelderly adults worked part-time or part-year.
- Part-time workers (16.8 percent) were twice as likely to be uninsured as those

who worked full-time, year-round (8.0 percent).

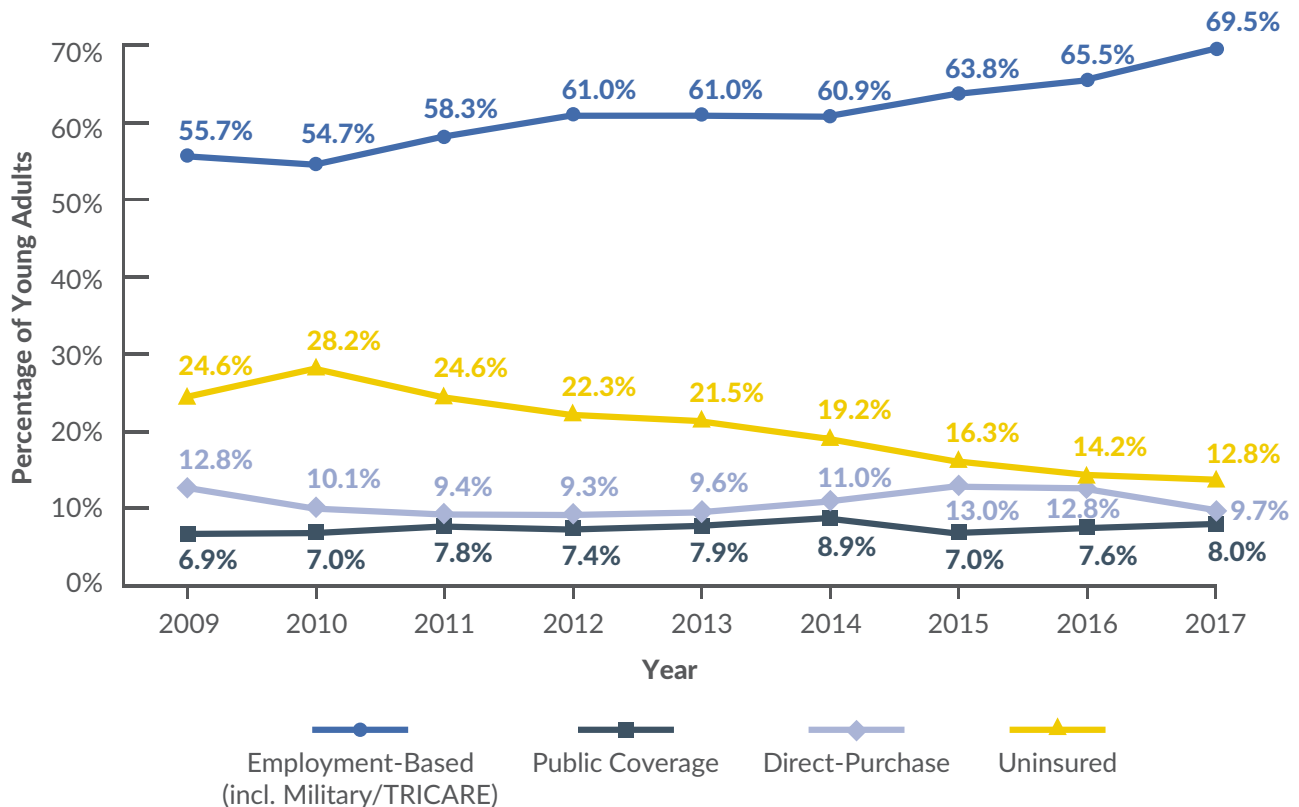
Between 2009 and 2017, the uninsured rate for Kansas nonelderly adults who worked part-time decreased by more than one-third (28.0 percent to 16.8 percent), while the uninsured rate for adults who worked full-time decreased by one-quarter (10.7 percent to 8.0 percent).

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 may feel invincible and not see the value of health insurance. The ACA specifically targets this age group by allowing young adults to stay on the insurance policy of their parents until age 26.

Uninsured Rate Among Young Adults Cut in Half

Figure 3.5 Kansas Young Adults, Age 19-25: Sources of Health Insurance Coverage, 2009-2017



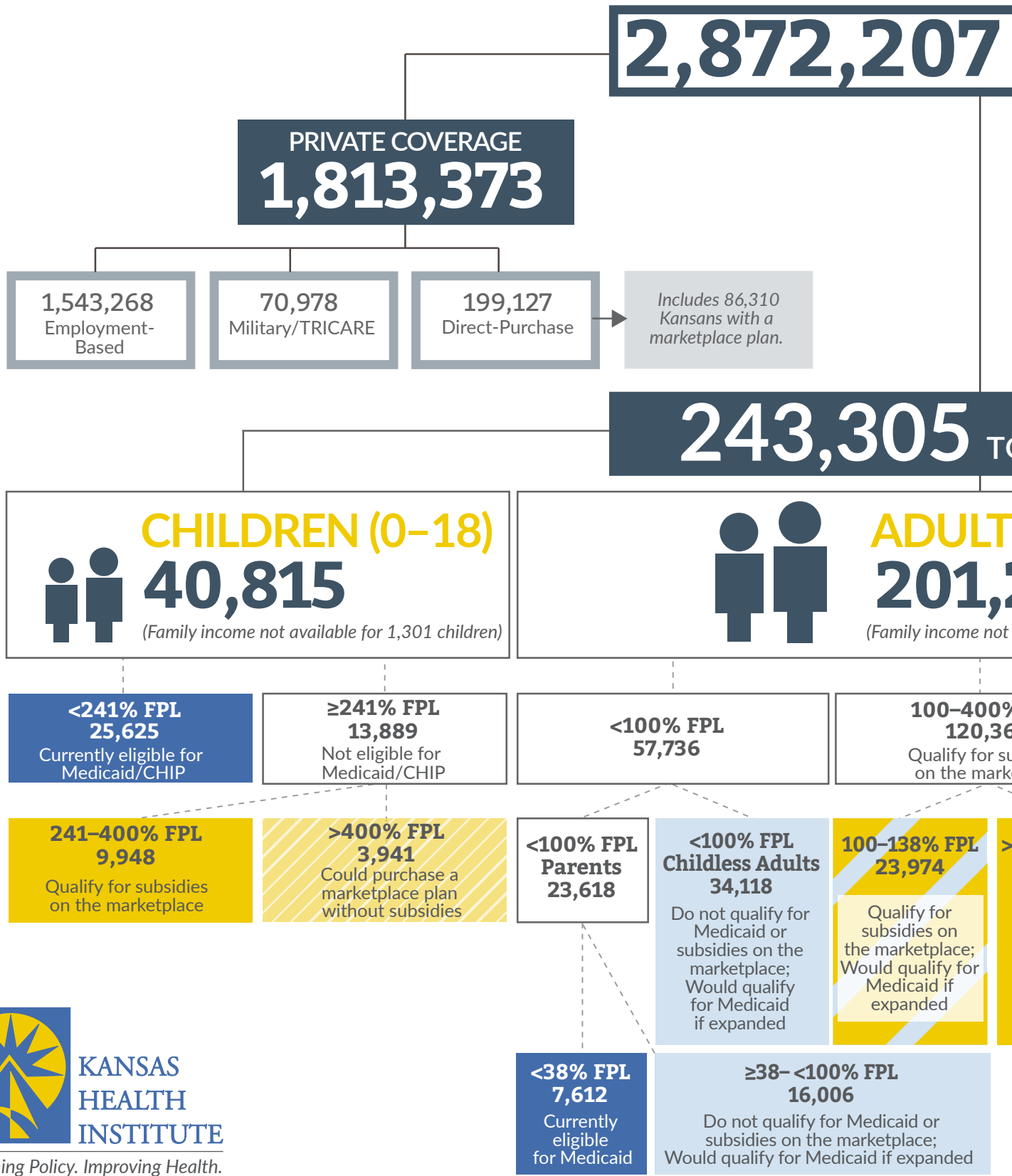
Note: Military/TRICARE coverage is included in Employment-Based coverage. Public Coverage includes Medicaid/CHIP, Medicare, Both Medicaid and Medicare, and VA Health Care. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace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

Source: KHI analysis of data from the U.S. Census Bureau 2009-2017 American Community Survey Public Use Microdata Sample files.

Key Points

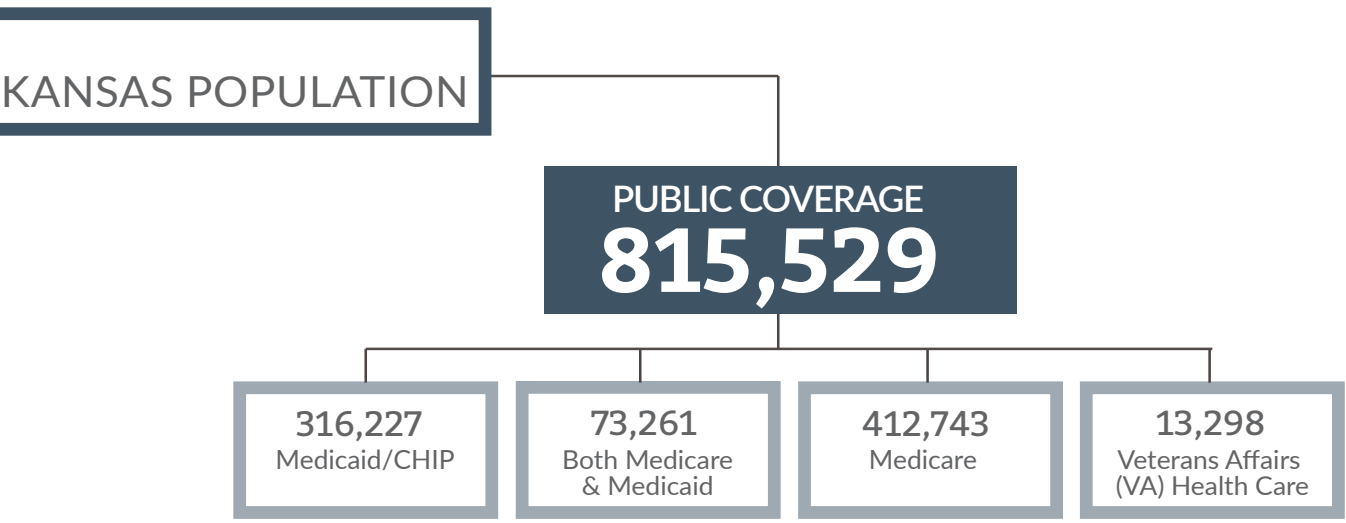
- ✓ The uninsured rate among young adults in Kansas was cut in half between 2009 and 2017 (24.6 percent to 12.8 percent).
- ✓ The percent of young adults with employment-based coverage increased from 55.7 percent in 2009 to 69.5 percent in 2017 (a 24.8 percent rise).
- ✓ The percent of young adults with direct-purchase coverage decreased by nearly one-quarter between 2016 and 2017 (from 12.8 percent to 9.7 percent) while other sources of insurance coverage remained similar.

HEALTH INSURANCE



Informing Policy. Improving Health.

COVERAGE IN KANSAS 2017



LEGEND

- Currently eligible for Medicaid and/or CHIP — 33,237
- Would qualify for Medicaid if expanded — 74,098
- Qualify for subsidies on the marketplace — 130,317
- Could purchase a marketplace plan without subsidies — 25,075

Federal Poverty Level (FPL) — Family of Four, 2017

- 38% of FPL = \$9,348
- 100% of FPL = \$24,600
- 138% of FPL = \$33,948
- 241% of FPL = \$59,286
- 400% of FPL = \$98,400

Source: KHI analysis of data from the 2017 American Community Survey Public Use Microdata Sample from the U.S. Census Bureau and the 2017 Effectuated Enrollment Snapshot Fact Sheet from the Centers for Medicare and Medicaid Services.

4. KANSAS CHILDREN AGE 0-18

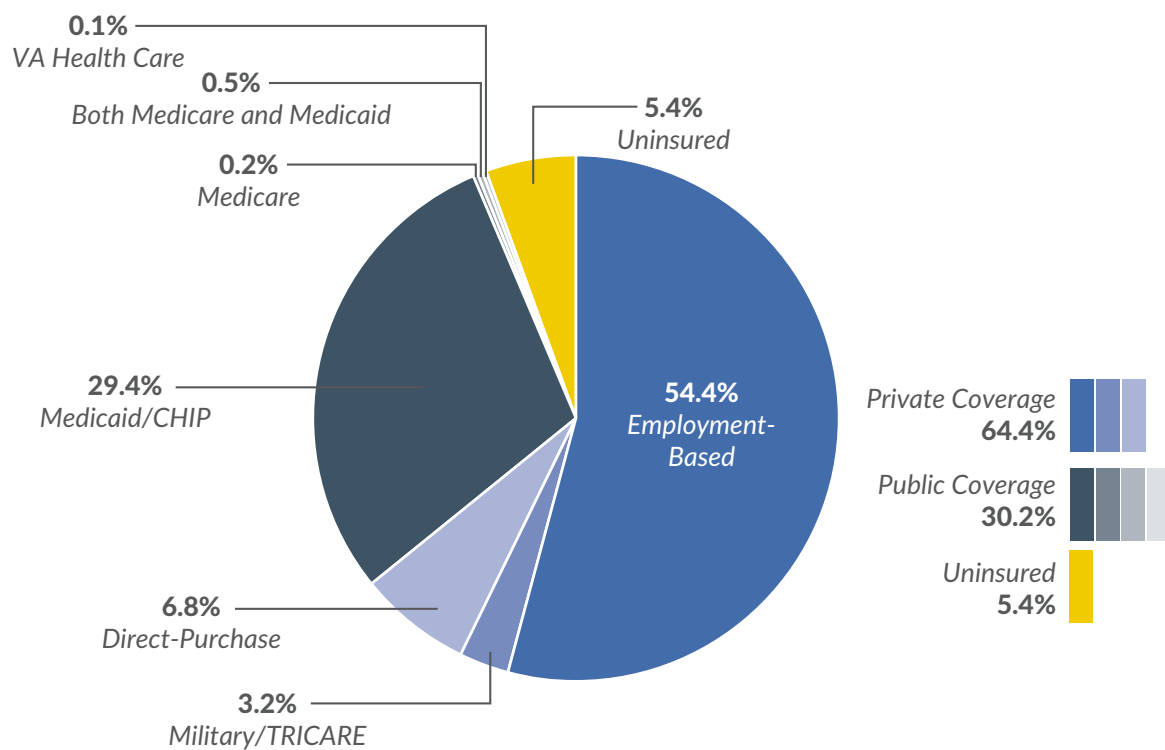
4.1 Sources of Health Insurance Coverage

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 child, such as the ACA marketplace. More children have public coverage, most commonly Medicaid or CHIP, than other age group because of the more generous eligibility rules for children (*Appendix C, page C-1*).

Nearly Three in 10 Children are Covered by Medicaid or CHIP

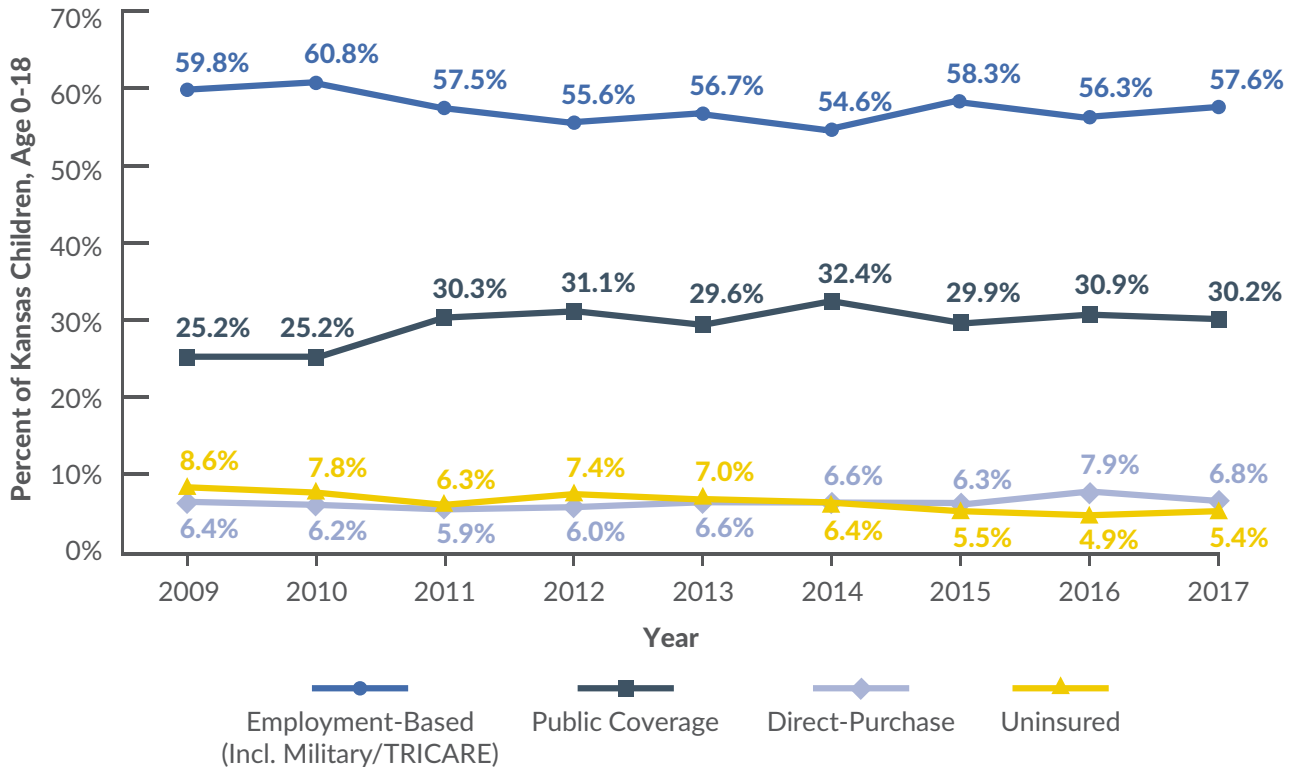
Figure 4.1a Kansas Children, Age 0-18: Sources of Health Insurance Coverage, 2017



Note: Kansas children age 0-18 (not in institutions) = 752,829. Percentages may not sum to 100 percent because of rounding. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA Health Care is provided by the US Department of Veterans Affairs to eligible veterans of the US Armed Forces (*Appendix C, page C-1*). Source: KHI analysis of data from the U.S. Census Bureau 2017 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, 2009-2017



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 2009-2017 American Community Survey Public Use Microdata Sample files.

Key Points

- Nearly six in 10 (57.6 percent) of Kansas children were covered through the employer of a parent.
- Three in 10 (30.2 percent) children had public coverage.
- The uninsured rate for children dropped by one-third (from 8.6 percent in 2009 to 5.4 percent in 2017).
- While public insurance coverage has increased from 25.2 percent in 2009 to 30.2 percent in 2017, it has remained flat in recent years.
- Both employment-based and direct purchase coverage have remained stable for children.

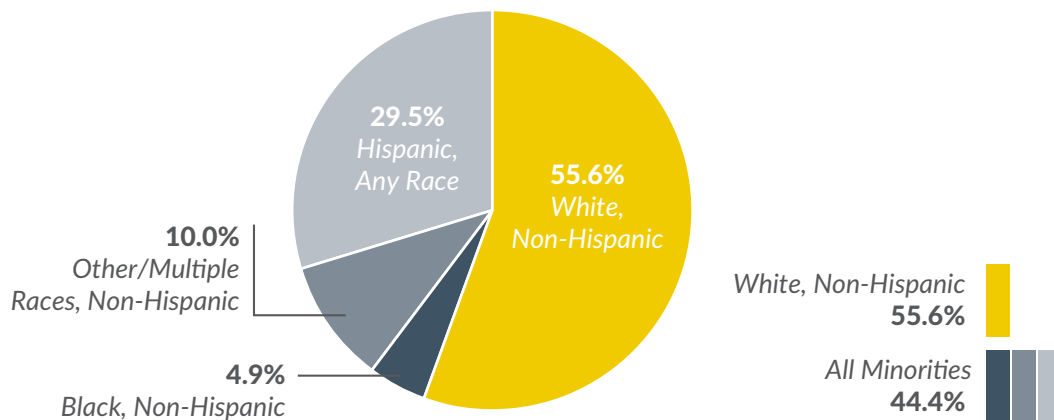
4.2 Uninsured by Race/Ethnicity

KANSAS CHILDREN, AGE 0-18

Various social policies have led to smaller racial/ethnic disparities in health insurance coverage among children than adult minorities, but the inequities have persisted. Minority children still have had higher uninsured rates than non-Hispanic Whites. State policies and additional outreach and education can further reduce the inequity.

Half of Uninsured Children Are White, Non-Hispanic

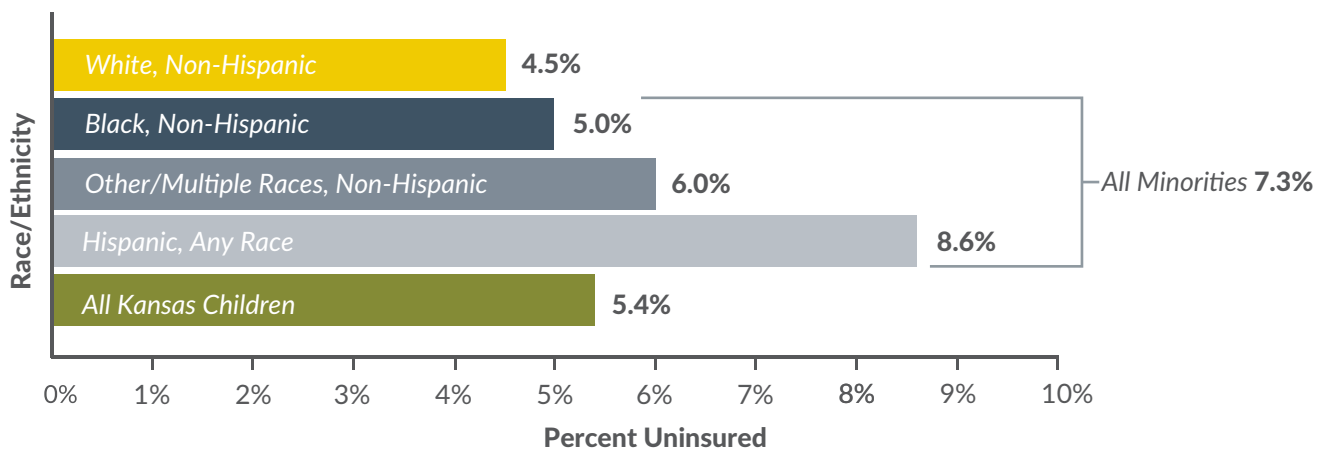
Figure 4.2a Uninsured Kansas Children, Age 0-18, by Race/Ethnicity, 2017



Note: Uninsured Kansas children age 0-18 (not in institutions) = 40,815. Percentages may not sum to 100 percent because of rounding. All 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 2017 American Community Survey Public Use Microdata Sample files.

Hispanic Children Most Likely to be Uninsured

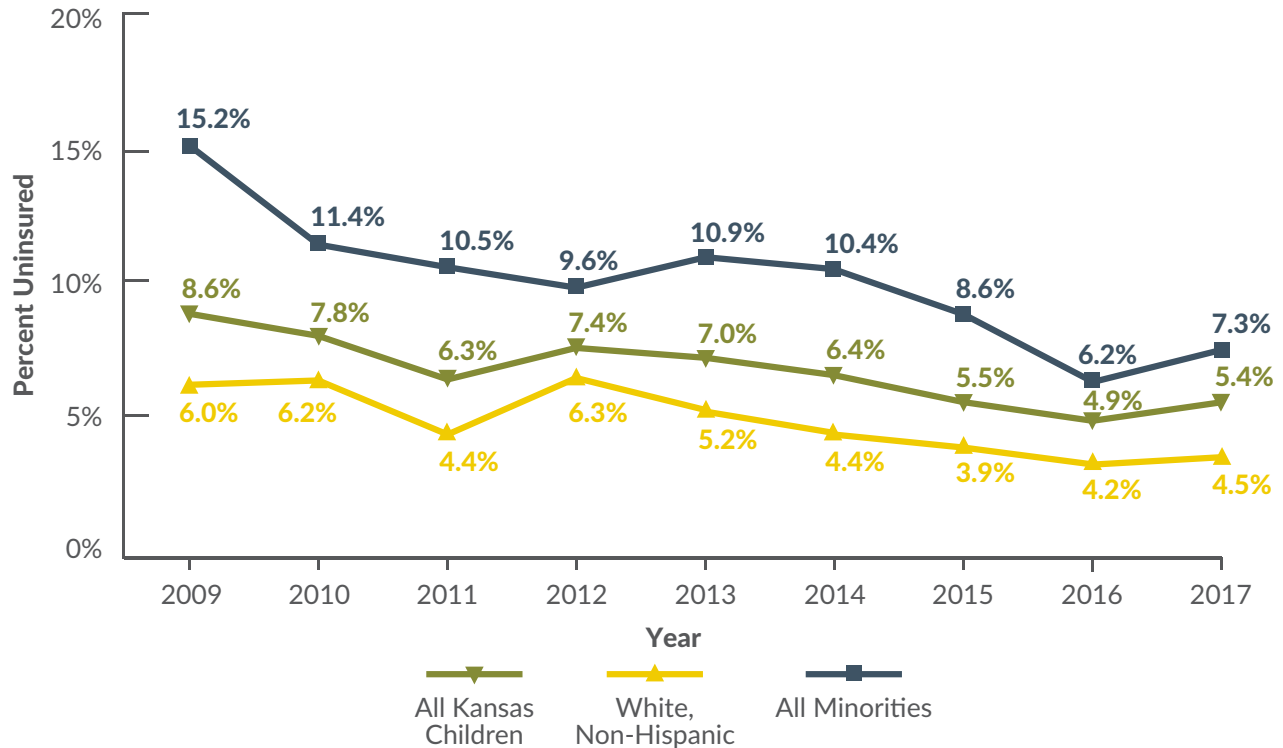
Figure 4.2b Kansas Children, Age 0-18: Uninsured Rates by Race/Ethnicity, 2017



Note: All Kansas children age 0-18 (not in institutions) = 752,829. All 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 2017 American Community Survey Public Use Microdata Sample files.

Gains in Coverage for Minority Children Begins to Stall

Figure 4.2c Kansas Children, Age 0-18: Uninsured Rates by Race/Ethnicity, 2009-2017



Note: All Minorities includes any race/ethnicity other than White, Non-Hispanic and is used because of small number for these racial and ethnic groups (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2009-2017 American Community Survey Public Use Microdata Sample files.

Key Points

- Over half (55.6 percent) of uninsured children were non-Hispanic White.
- Three in 10 (29.5 percent) uninsured children were Hispanic, Any Race.
- Children who were Hispanic, Any Race, were nearly two (1.9) times more likely to be uninsured than were children who were non-Hispanic White (8.6 percent compared to 4.5 percent).
- Children who were non-Hispanic Black (5.0 percent) and non-Hispanic Other/Multiple Races (6.0 percent) had similar uninsured rates to non-Hispanic White children (4.5 percent).
- In 2009, All Minorities as a group were 2.5 times more likely than non-Hispanic White children to be uninsured (15.2 percent compared to 6.0 percent). In 2017, this gap narrowed to 1.6 times, but was still significantly different (7.3 percent compared to 4.5 percent).

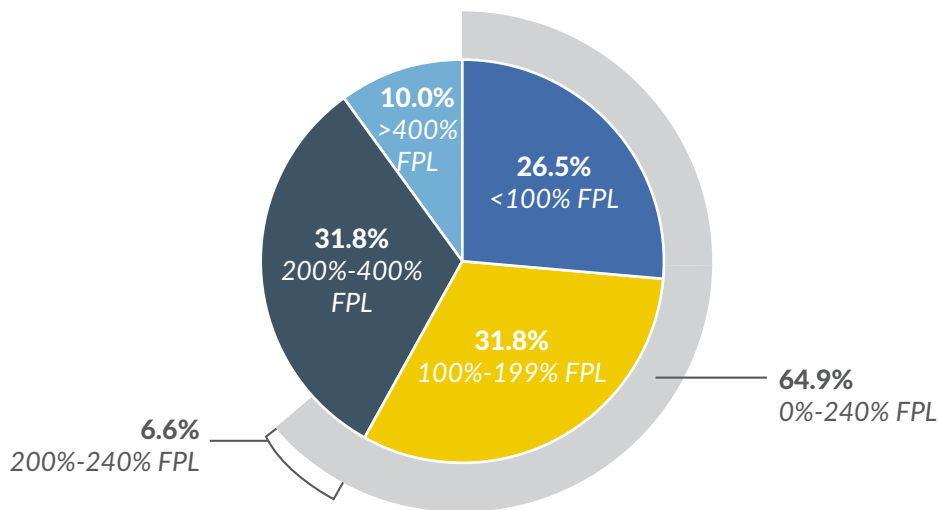
4.3 Uninsured by Family Income

KANSAS CHILDREN, AGE 0-18

The Children’s Health Insurance Program (CHIP) program and other policies have made insurance for children more affordable. In 2017, children living in families earning less than 241 percent of FPL (\$59,286 for a family of four in 2017) qualified for CHIP. Additionally, the ACA created mechanisms to help make coverage for even more children affordable by offering financial assistance to families earning up to 400 percent of FPL (\$98,400 for a family of four in 2017).

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

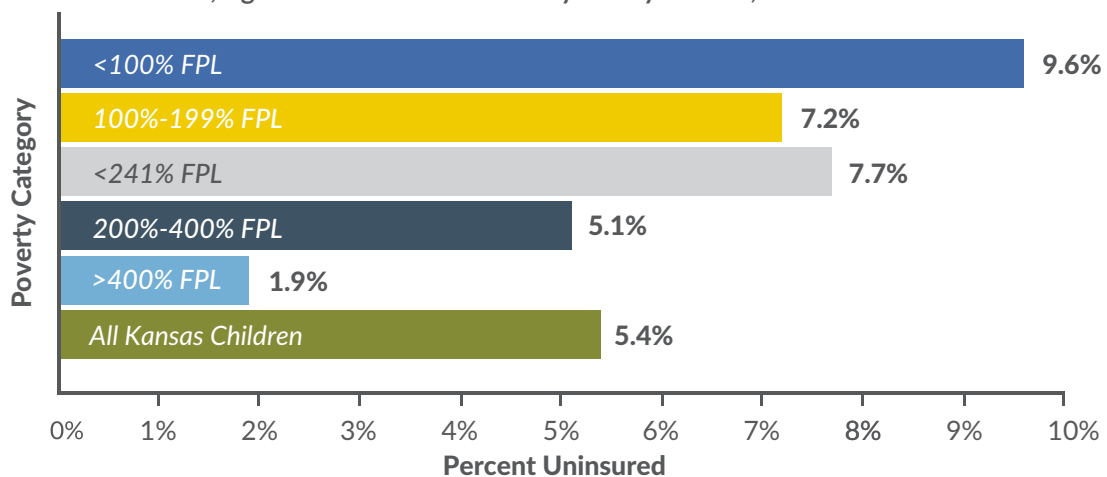
Figure 4.3a Uninsured Kansas Children, Age 0-18, by Family Income, 2017



Note: Uninsured Kansas children age 0-18 with income information (not in institutions) = 39,514. Percentages may not sum to 100 percent because of rounding. Children living in families with incomes below 241 percent of FPL (\$59,286 for a family of four in 2017) may qualify for Medicaid/CHIP (Appendix D, page D-1).

Children Living Below Poverty Five Times More Likely to Lack Insurance

Figure 4.3b Kansas Children, Age 0-18: Uninsured Rates by Family Income, 2017

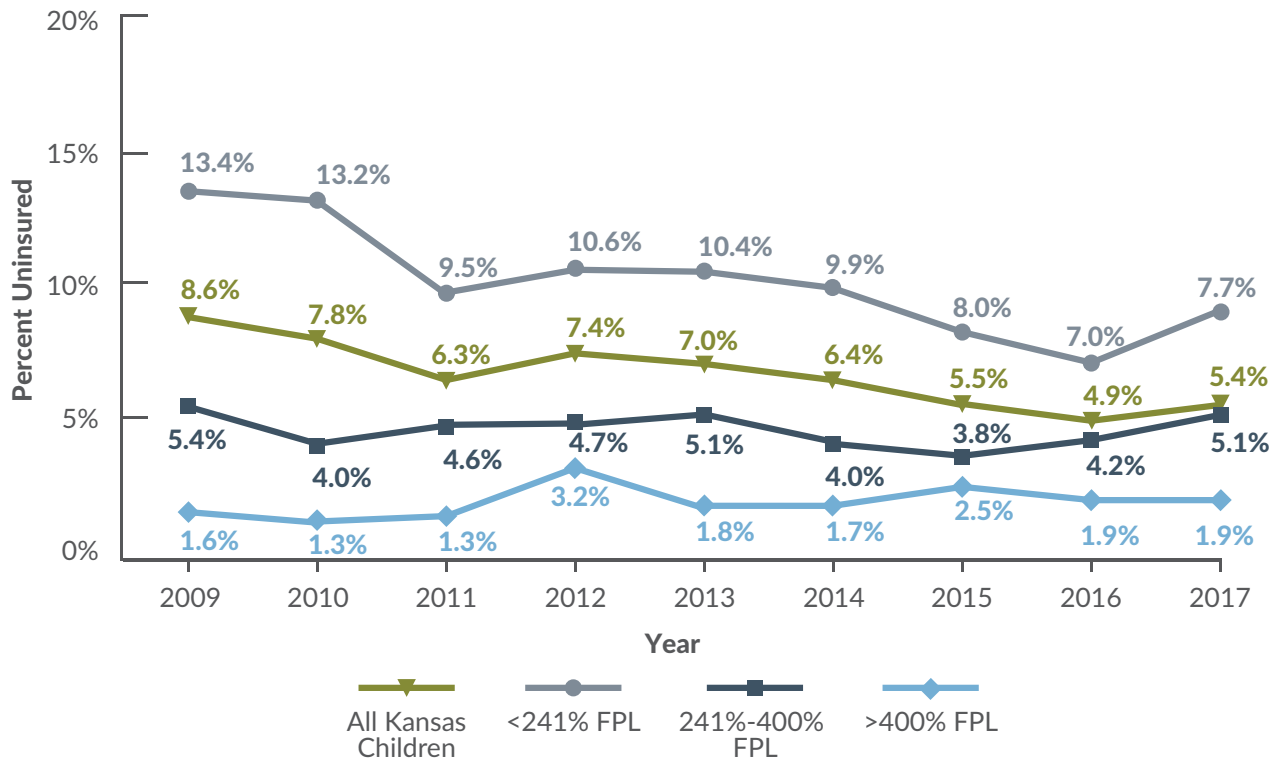


Note: All Kansas children age 0-18 with income information (not in institution) = 734,067. Children living in families with incomes below 241 percent of FPL (\$59,286 for a family of four in 2017) may qualify for Medicaid/CHIP (Appendix D, page D-1).

Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

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

Figure 4.3c Kansas Children, Age 0-18: Uninsured Rates by Family Income, 2009-2017



Note: Children living in families with incomes below 241 percent of FPL (\$59,286 for a family of four in 2017) may qualify for Medicaid/CHIP (Appendix D, page D-1). This chart differs from previous chart in the 2018 AIU because eligibility thresholds change each year. Source: KHI analysis of data from the U.S. Census Bureau 2009-2017 American Community Survey Public Use Microdata Sample files.

Key Points

- Nearly two-thirds (64.9 percent) of uninsured children living in families with incomes under 241 percent of FPL and may already qualify for Medicaid or CHIP.
- One-quarter (25.2 percent) of uninsured children may have qualified for financial assistance on the ACA marketplace as their family incomes were between 241 and 400 percent of FPL.
- Children living below the poverty line were 5.1 times more likely than those in families with incomes over 400 percent FPL to be uninsured in 2017 (9.6 percent compared to 1.9 percent).
- The uninsured rate for children living in families with incomes under 241 percent of FPL dropped 42.5 percent (from 13.4 percent in 2009 to 7.7 percent in 2017); however, there was no significant change between 2016 and 2017 for any income categories.

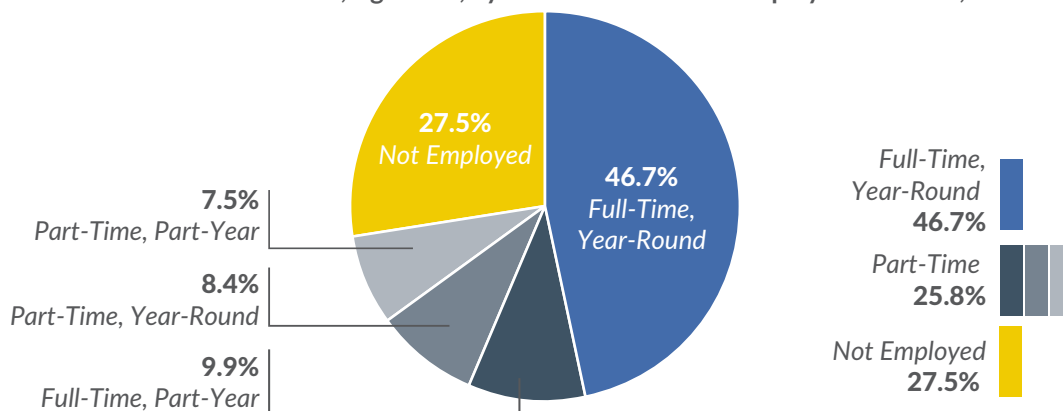
4.4 Uninsured by Head of Household Employment Status

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 their 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 50 weeks in the last 12 months.

Nearly Three in Four Uninsured Kansas Children Live in Working Families

Figure 4.4a Uninsured Kansas Children, Age 0-18, by Head of Household Employment Status, 2017

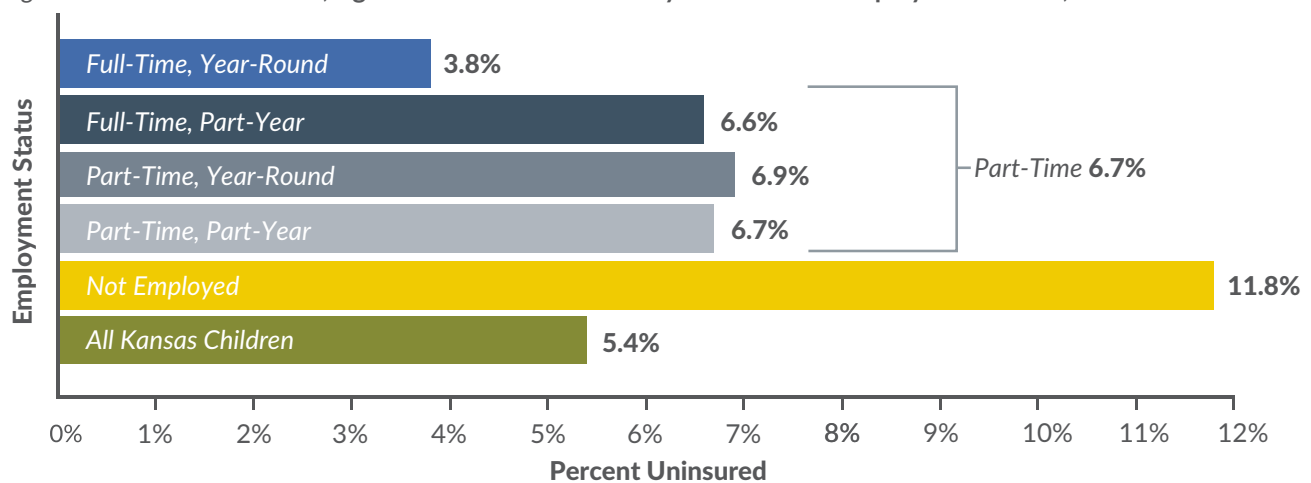


Note: Uninsured Kansas children age 0-18 (not in institutions) = 40,815. Percentages may not sum to 100 percent because of rounding. Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

Uninsured Rates Higher for Children Living with Part-Time or Not-Employed Heads of Household

Figure 4.4b Kansas Children, Age 0-18: Uninsured Rates by Householder Employment Status, 2017

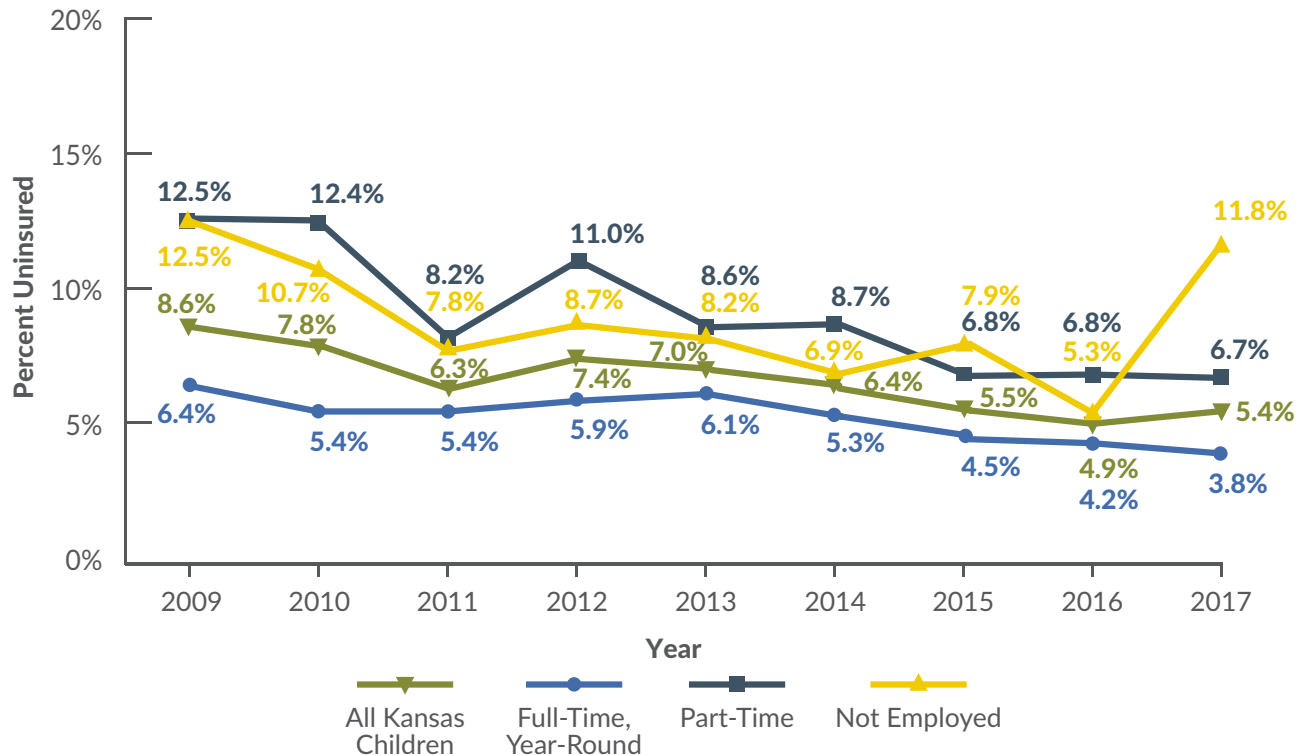


Note: All Kansas children age 0-18 (not in institutions) = 752,829. Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months. Part-Time combines workers who reported Full-Time, Part-Year; Part-Time, Year-Round; or Part-Time, Part-Year employment (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2017 American Community Survey Public Use Microdata Sample files.

Improvement Similar Among Children in Families with Full-Time and Part-Time Workers

Figure 4.4c Kansas Children, Age 0-18: Uninsured Rates by Head of Household Employment Status, 2009-2017



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 2009-2017 American Community Survey Public Use Microdata Sample files.

Key Points

- Almost three-quarters (72.5 percent) of uninsured Kansas children lived in families where the head of household worked at least part-time during the year.
- Nearly half (46.7 percent) of uninsured children lived in families where the head of household worked full-time, year-round.
- One-quarter (27.5 percent) of uninsured children lived in families where the head of household was not employed.
- Children in families with a head of household who worked other than full-time, year-round had higher uninsured rates.
- Between 2009 and 2017, the uninsured rate for children dropped for those living in working families (40.6 percent drop for full-time, year-round; and 46.4 percent drop for part-time).
- While the uninsured rate in 2017 for children living in families where the head of household was not employed increased dramatically, it requires additional years of data for validation before making any conclusions.

5. KANSAS COUNTY PERSPECTIVE

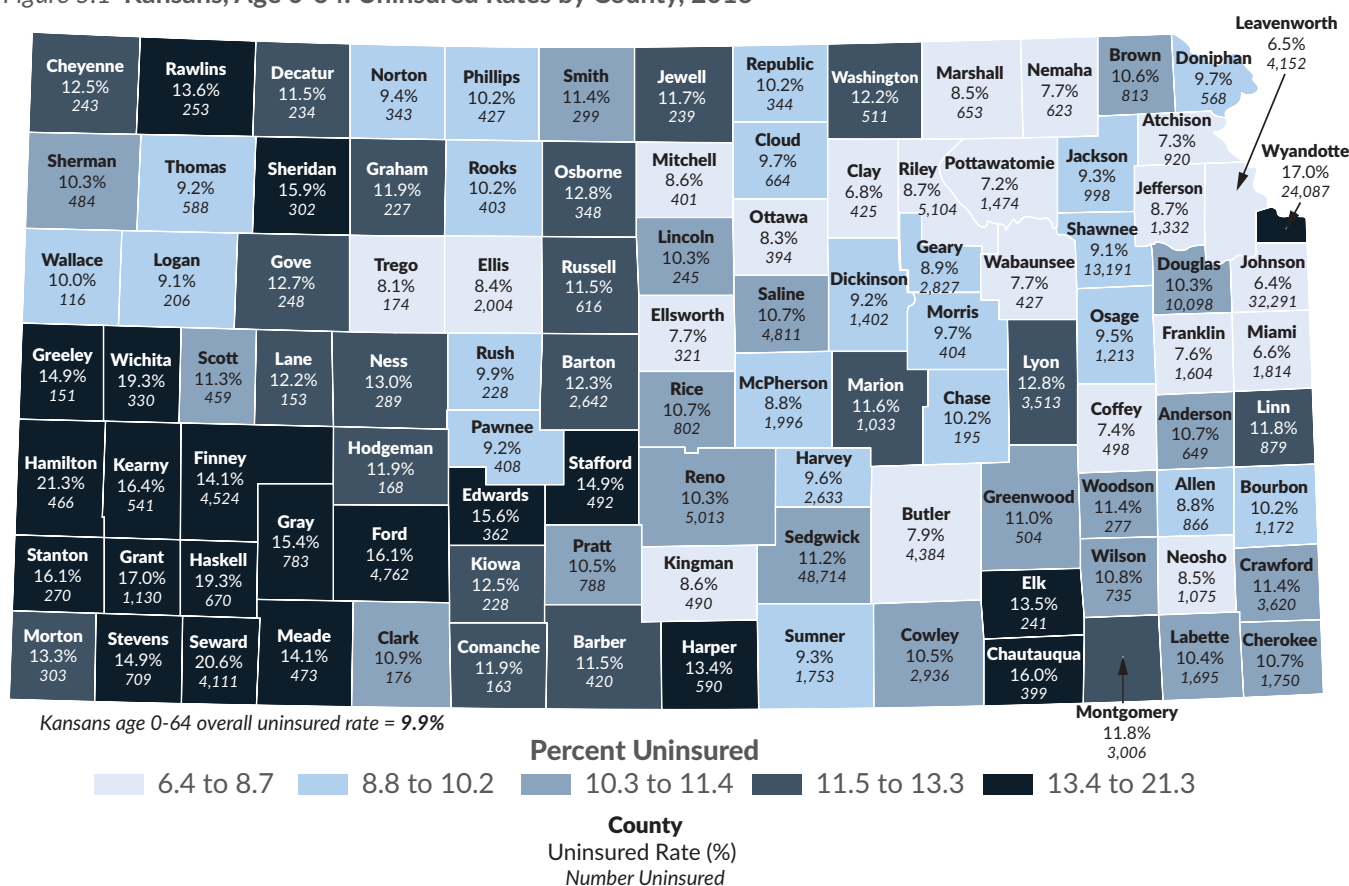
5.1 Uninsured by County

KANSANS AGE 0-64

Earlier this year, the U.S. Census Bureau released the 2016 Small Area Health Insurance Estimates (SAHIE) providing county-level uninsured rates. While the earlier sections in this report provide the 2017 statewide uninsured rate, the 2016 county-level data in this section of the report are the most recent and comprehensive data available for county-specific, single-year estimates for health insurance coverage among people under age 65. The one-year lag between the SAHIE and PUMS data is due to when and how the U.S. Census Bureau releases them.

Uninsured Rate Varies Widely Across Kansas Counties

Figure 5.1 Kansans, Age 0-64: Uninsured Rates by County, 2016



Note: Uninsured Kansans age 0-64 (not in institutions) = 239,482.
 Source: KHI analysis of data from the U.S. Census Bureau 2016 Small Area Health Estimates.

Key Points

- There was a three-fold difference between Kansas counties with the highest and lowest uninsured rates for nonelderly adults: 21.3 percent in Hamilton County and 6.4 percent in Johnson County.
- Counties in southwest Kansas generally had the highest uninsured rates. However, Wyandotte County in northeast Kansas also had one of the highest rates (17.0 percent).

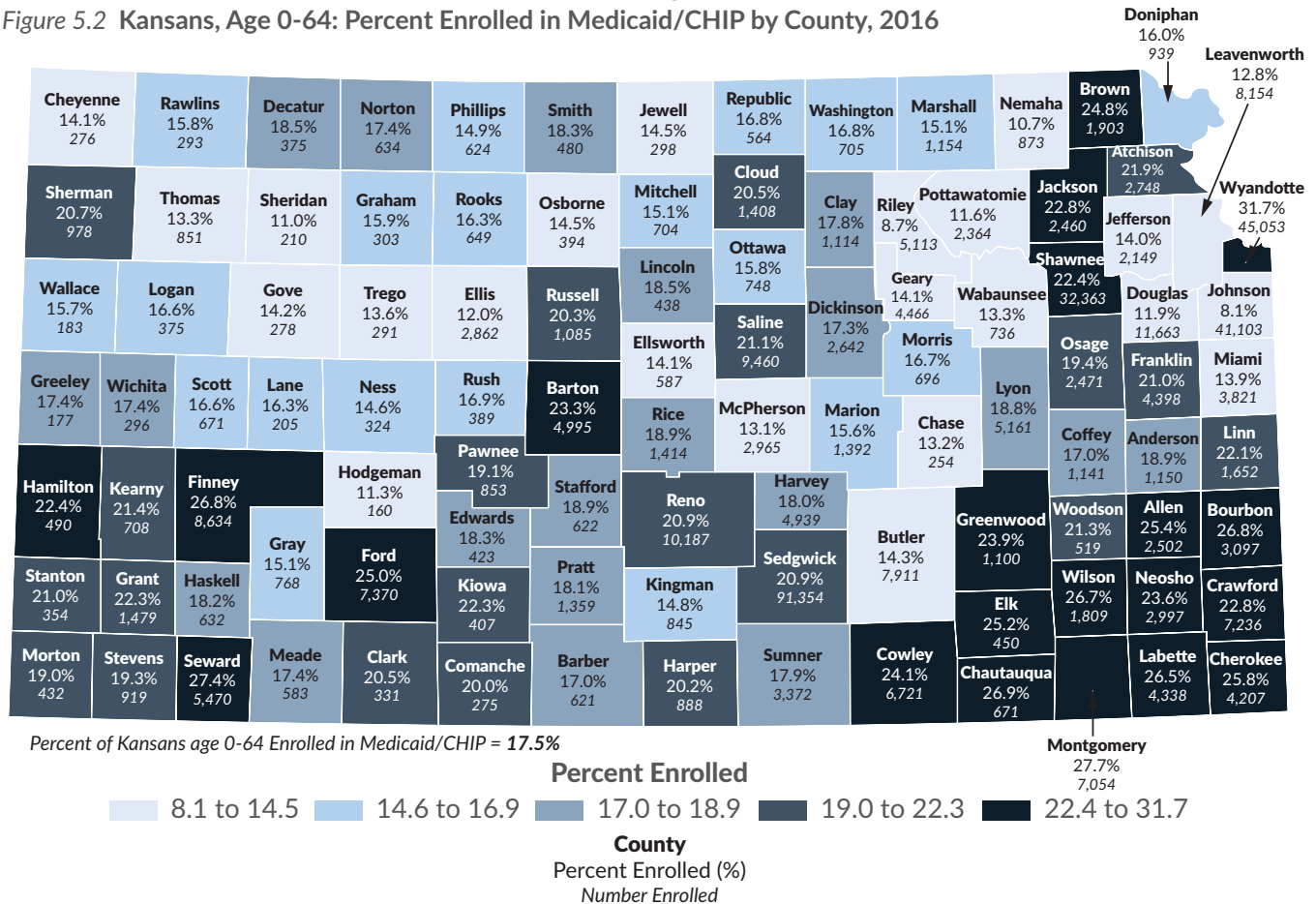
5.2 Medicaid/CHIP Enrollment by County

KANSANS AGE 0-64

Since 2009, the number of people enrolled in public health insurance has increased in Kansas. The two largest public health insurance programs for nonelderly Kansans are Medicaid and CHIP. Eligibility for these programs is based on a variety of factors (e.g., assets) and varying income requirements, and is mainly offered to children, pregnant women, parents or caretakers of children and disabled Kansans. See *Figure D.2*, page D-2, for more information on eligibility guidelines for these programs. Kansas children age 0-18 make up 71.3 percent of the overall Medicaid and CHIP population.

Percent Enrolled in Medicaid/CHIP Varies Widely Across Kansas Counties

Figure 5.2 Kansans, Age 0-64: Percent Enrolled in Medicaid/CHIP by County, 2016



Note: Medicaid/CHIP Enrollees age 0-64 = 421,702. Percent enrolled in Medicaid/CHIP is calculated using the average monthly enrollment of the age 0-64 in each county and dividing by the population in each county.
 Source: Kansas Health Institute analysis of Kansas Department of Health and Environment Data Analytic Interface.

Key Points

- In 2016, the percent of Kansans under age 65 enrolled in Medicaid/CHIP was 17.5 percent (421,702 people).
- There was nearly a four-fold difference between Kansas counties with the highest and lowest percent enrolled in Medicaid/CHIP: 31.7 percent in Wyandotte County and 8.1 percent in Johnson County.
- Counties in southeast Kansas generally had higher percent enrolled in Medicaid and CHIP.

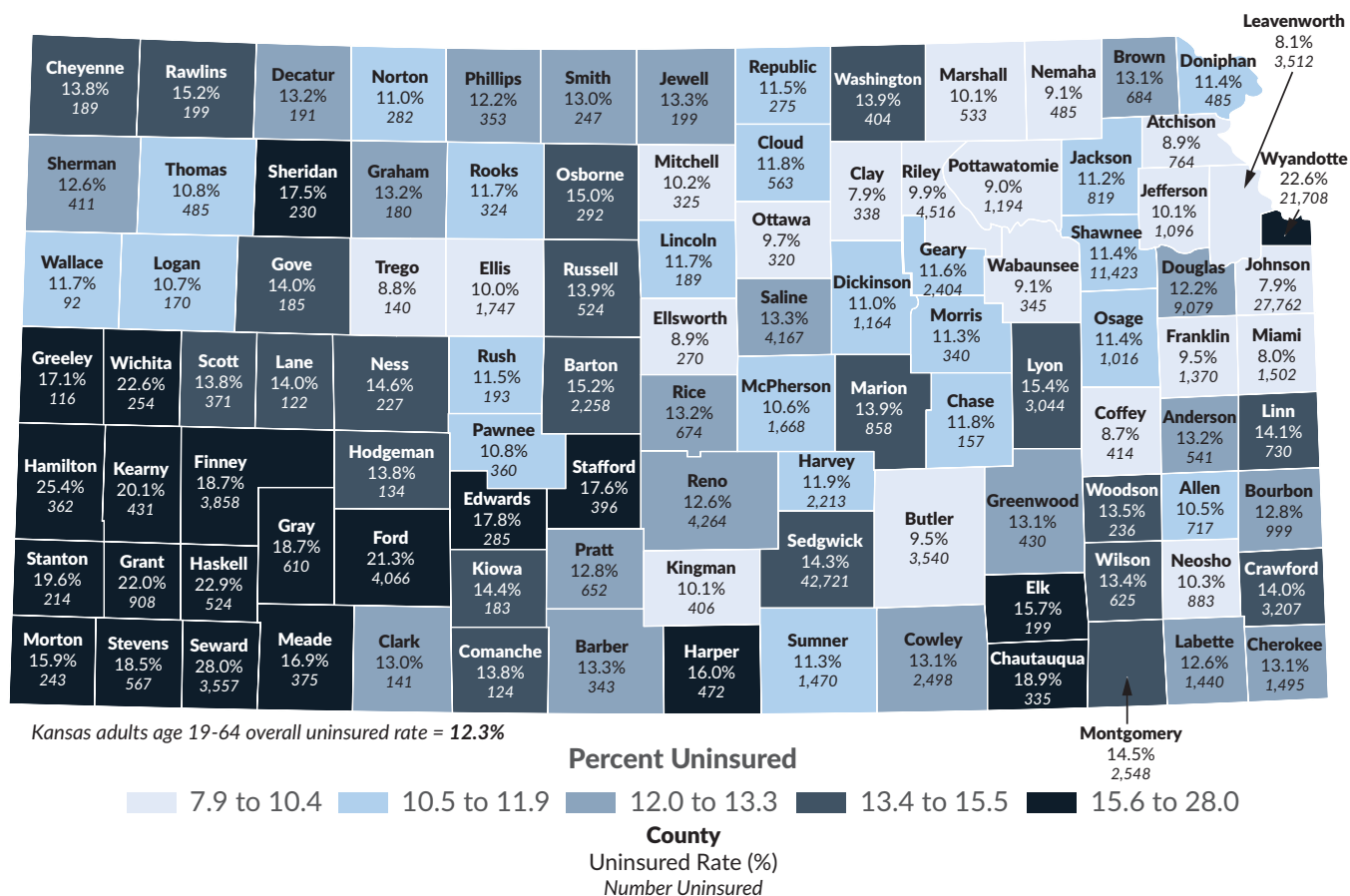
5.3 Uninsured by County

KANSAS ADULTS AGE 19-64

Earlier this year, the U.S. Census Bureau released the 2016 Small Area Health Insurance Estimates (SAHIE) providing county-level uninsured rates. While the earlier sections in this report provide the 2017 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 it.

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

Figure 5.3 Kansas Adults Age 19-64: Uninsured Rates by County, 2016



Note: Uninsured Kansas Adults Age 19-64 (not in institutions) = 206,150.
 Source: KHI analysis of data from the U.S. Census Bureau 2016 Small Area Health Estimates.

Key Points

- In 2016, the overall uninsured rate among nonelderly adults fell to 12.3 percent (206,150 uninsured).
- There was more than a three-fold difference between Kansas counties with the highest and lowest uninsured rates for nonelderly adults:
 - 28.0 percent in Seward County and 7.9 percent in Johnson County and Clay County.
 - Counties in southwest Kansas generally had the highest uninsured rates for nonelderly adults. Wyandotte County in northeast Kansas also had one of the highest rates (22.6 percent).

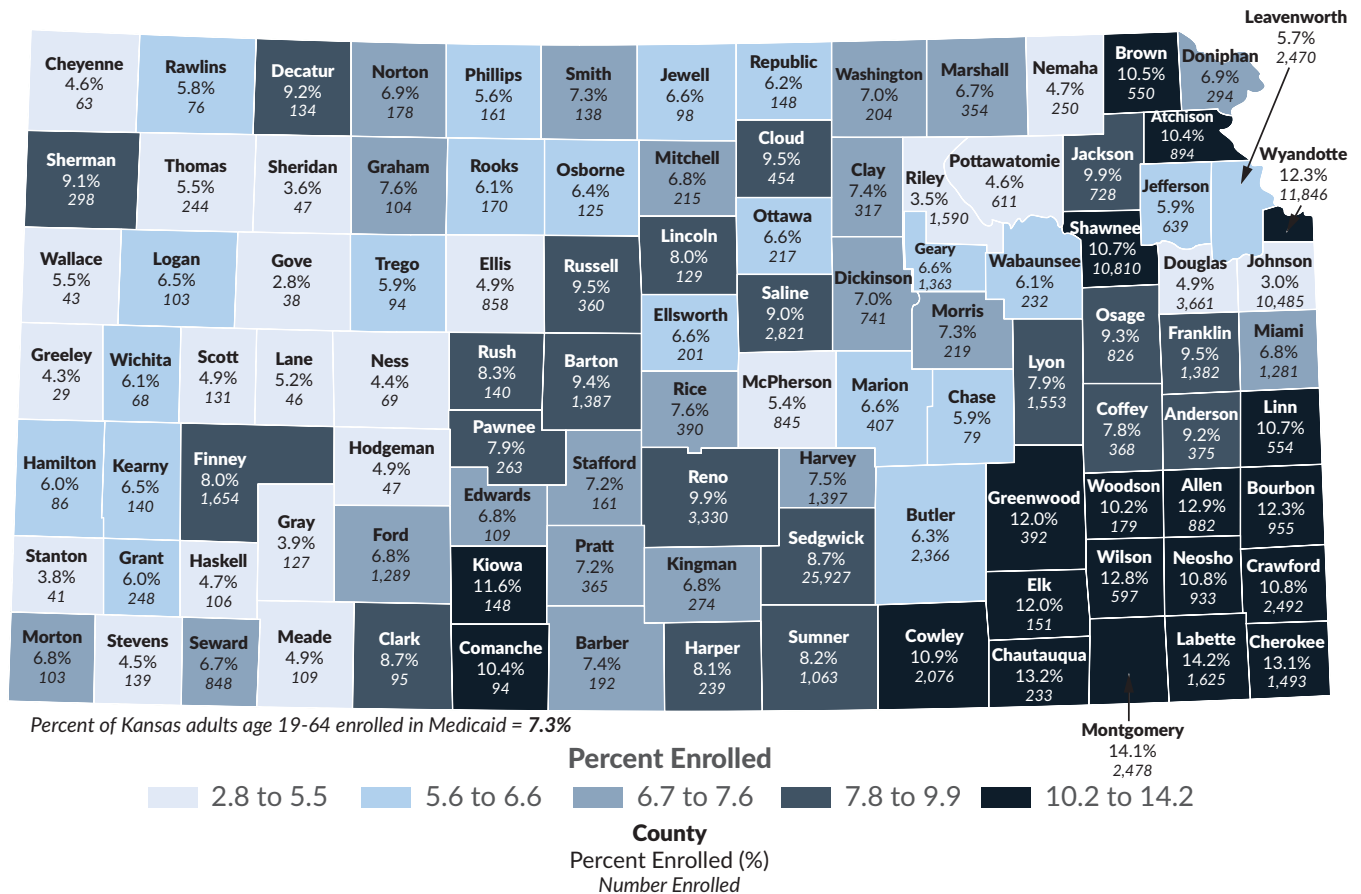
5.4 Medicaid Enrollment by County

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 disabled Kansans. 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 5.4 Nonelderly Kansas Adults, age 19-64: Percent Enrolled in Medicaid by County



Note: Medicaid Enrollees age 19-64 = 121,144. 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.
 Source: Kansas Health Institute analysis of Kansas Department of Health and Environment's Data Analytic Interface.

Key Points

- In 2016, the overall percent of nonelderly adults enrolled in Medicaid was 7.3 percent (121,144 people).
- There was more than a five-fold difference between Kansas counties with the highest and lowest percent enrolled in Medicaid for nonelderly adults: 14.2 percent in Labette County and 2.8 percent in Gove County.
- Counties in southeast Kansas generally have higher percent enrolled in Medicaid than counties in northern and western Kansas.

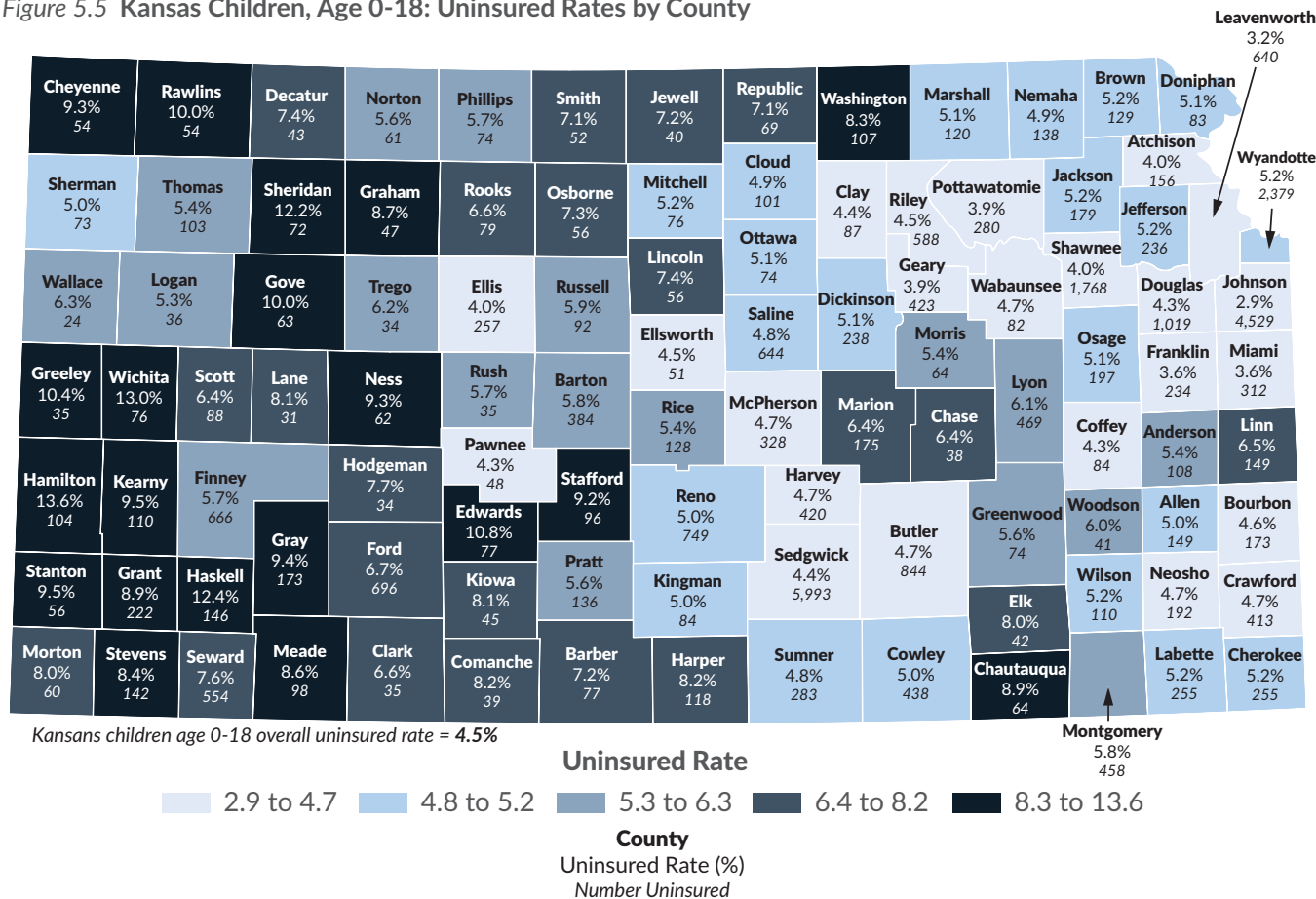
5.5 Uninsured by County

KANSAS CHILDREN AGE 0-18

Earlier this year, the U.S. Census Bureau released the 2016 Small Area Health Insurance Estimates (SAHIE) providing county-level uninsured rates. While the earlier sections in this report provide the 2017 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 it.

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

Figure 5.5 Kansas Children, Age 0-18: Uninsured Rates by County



Note: Uninsured Kansas Children age 0-18 (not in institutions) = 33,332.
 Source: KHI analysis of data from the U.S. Census Bureau 2016 Small Area Health Estimates.

Key Points

- In 2016, the overall uninsured rate among children reached an all-time low of 4.5 percent (33,332 uninsured children).
- There was a nearly five-fold difference between the highest and lowest county uninsured rates for children in 2016: 13.6 percent in Hamilton County and 2.9 percent in Johnson County.
- Children in western counties generally had higher uninsured rates than in other parts of Kansas.
- While uninsured rates were relatively low in the five largest counties – Douglas, Johnson, Sedgwick, Shawnee and Wyandotte – nearly half (47.1 percent, or 15,688) of uninsured children lived in these counties.

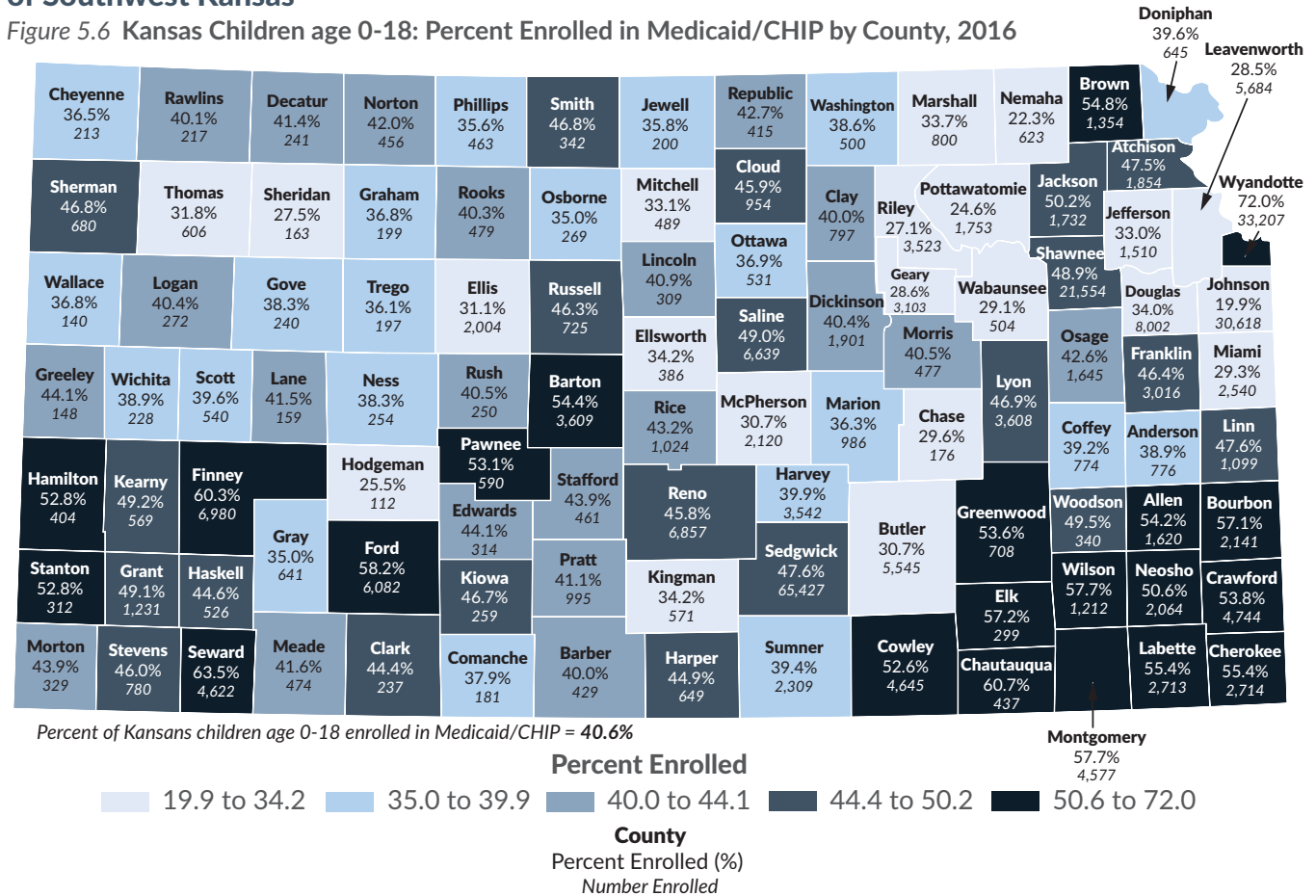
5.6 Medicaid/CHIP Enrollment by County

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 of FPL (\$59,286 for a family of four in 2016) qualified for Medicaid or CHIP. See *Figure D.2*, page D-2, for more information on eligibility guidelines for these programs.

Percent Enrolled in Medicaid/CHIP Higher for Children in Southeast and Parts of Southwest Kansas

Figure 5.6 Kansas Children age 0-18: Percent Enrolled in Medicaid/CHIP by County, 2016



Note: Note: Medicaid/CHIP Enrollees age 0-18 = 300,557. 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.
 Source: Kansas Health Institute analysis of Kansas Department of Health and Environment's Data Analytic Interface.

Key Points

- In 2016, the overall percent of children enrolled in Medicaid/CHIP was 40.6 percent (300,557 people).
- There was a three-and-a-half-fold difference between Kansas counties with the highest and lowest percent enrolled in Medicaid/CHIP for children: 72.0 percent in Wyandotte County and 19.9 percent in Johnson County.
- Some counties in southwest Kansas had a high percentage of children enrolled in Medicaid/CHIP while these counties also experienced high uninsured rates for children. For example, Hamilton County has the highest uninsured rate of 13.6 percent (*Figure 5.5*, page 46), but 52.8 percent of children in the county were enrolled in Medicaid/CHIP.

APPENDICES

A. About the Data

Health insurance coverage rates in Kansas and the U.S. are typically estimated through survey responses. These surveys differ in their design, target population, and sample size. The timing of data collection varies from a short span of days, couple months to a rolling basis throughout the year. The survey could be administrated through post mail, internet, phone and in-person. The options and organization for questions related to the source of insurance coverage also differ among surveys. Respondents could be asked whether they have insurance coverage currently (point-in-time) or any time during the past month or the past year. Therefore, differences in the insurance coverage rate across surveys are expected. Below are the sources of data used in this report.

THE AMERICAN COMMUNITY SURVEY PUBLIC USE MICRODATA SAMPLE

The American Community Survey (ACS), administered by the U.S. Census Bureau, is an ongoing nationwide survey sent to approximately 250,000 addresses per month. The ACS collects and provides population and housing information every year, thus producing up-to-date information about the U.S. population. The survey form is followed with an in-person interview for a smaller number of households. As part of survey, respondents are asked if they have health insurance coverage at the time they are surveyed or interviewed. The survey results, therefore, represent “point-in-time” coverage for a large sample of individuals throughout the year.

For this report we 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 a more detailed and customized analysis of health insurance status by several demographic characteristics at the state-level than the predefined ACS 1-year estimate tables

published in American FactFinder. The PUMS files contain datasets for the household-level as well as the person-level, where individuals are organized into households, so that it is possible to study people within the contexts of their families and other household members. The PUMS files provide reliable, single-year estimates of health insurance coverage. The 2017 PUMS sample included 28,587 non-institutionalized Kansans – persons not living in institutions such as correctional facilities, nursing facilities or state hospitals – representing about one percent of the population.

While PUMS files contain cases from nearly every town and county in the country, towns and counties are not identified by any variables in the PUMS datasets. The most detailed unit of geography contained in the PUMS files 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 100,00 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 PUMA boundaries from 2010.

SMALL AREA HEALTH INSURANCE ESTIMATES (SAHIE)

The Small Area Health Insurance Estimates (SAHIE) program was created to develop model-based estimates of health insurance coverage for counties and states. SAHIE is the only source of single-year estimates of health insurance coverage for all counties in the U.S. The model-based estimates are created based on the health insurance estimates from the ACS, adjusted for demographic input from Population Estimates and Census 2010, income and economic input from aggregated federal tax returns and County Business Patterns, and for program participation from data sources such as Supplemental Nutrition Assistance Program, Medicaid, and 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 2016, so SAHIE reflects annual changes over time. 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 numbers insured and uninsured. We used the SAHIE data to provide county-specific uninsured rate for Kansas. However, the latest SAHIE data are one year behind the ACS data due to how and when the U.S. Census Bureau releases the data.

DATA ANALYTIC INTERFACE (DAI)

The Data Analytic Interface (DAI) is a multi-payer administrative claims database initiative sponsored by the Kansas Department of Health and Environment and the Kansas Insurance Department. The DAI 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 the DAI to determine Medicaid/CHIP participation rates in each county of Kansas.

MARKETPLACE ENROLLMENT

The marketplace enrollment data used in the Infographic were retrieved from the 2017 Marketplace Open Enrollment Period Public Use Files from the Centers for Medicare and Medicaid Services website. The federally facilitated marketplace (FFM) is the health insurance exchange for Kansans, where individuals, families and small employers can compare private health insurance plans and directly purchase health insurance coverage. The U.S. Department of Health and Human Services established the FFM in Kansas since it is among the 38 states that did not set up its own marketplace for health insurance and used the federal HealthCare.gov platform. In 2017, the three insurers offering plans

on the Marketplace were Blue Cross Blue Shield of Kansas Solutions, Inc., Blue Cross Blue Shield of Kansas City and Medica Insurance Company. The Kansas marketplace opened on October 1, 2013, and, for the 2017 plan year, the open enrollment period was held from November 1, 2016-January 31, 2017.

STATISTICAL SIGNIFICANCE

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

TREND ANALYSIS

For trend analyses, 2009-2017 data were used to cover this entire period. We examined 2009-2017 data to understand the trend of health insurance coverage. Year 2009 is the baseline year before the enactment of the Affordable Care Act (ACA) in 2010, although the major insurance expansion provisions of the ACA were not implemented until 2014.

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 and can be of any race.
- All Minorities: includes any race/ethnicity other than White, Non-Hispanic.

FAMILY INCOME

The Federal Poverty Level (FPL) is also called the poverty line. FPL is an income threshold that designates which individuals or families are considered poor by the federal government. In this report, family income relative to FPL is determined using the official U.S. Census Bureau poverty thresholds that correspond to the survey year. The Federal Poverty Guidelines are the dollar amounts taken from the 2017 Federal Register publication (*Figure D.1*, page D-1) and Medicaid/CHIP eligibility is based on income eligibility (*Figure D.2*, page D-2).

EMPLOYMENT STATUS

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

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 is coverage offered through an individual's or relative's employment. It may be offered by an employer or by a union.
- Military/TRICARE is a military health care program for active duty and retired members of the uniformed services, their families and survivors.
- Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. Under the ACA, people with incomes between 100 percent (\$24,600 for a family of four in 2017) and 400 percent FPL (\$98,400 for a family of four in 2017) may be eligible to receive financial assistance in the form of premium tax credits to help pay for private health insurance purchased on the marketplace. In 2017, 86.4 percent of Kansans used advanced premium tax credits (APTC) and the average premium cost for enrollees after those credits was \$97 per month.

PUBLIC HEALTH INSURANCE

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

- Medicare
- Medicaid
- Children's Health Insurance Program (CHIP)
- VA Health Care

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

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

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

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

CHIP is administered at the state-level, providing health care to children who are not eligible for the Title XIX Medicaid program and live in families that earn less than a certain percent of Federal Poverty Level. The Kansas CHIP income eligibility for 2017 was a family income under 241% FPL, or \$59,286 for a family of four.

Figure D.2 (page D-2) outlines current Kansas income eligibility requirements for Medicaid and CHIP.

KanCare, the program through which the state of Kansas administers Medicaid and CHIP, began in January 2013. Kansas contracted with three publicly traded, for-profit health plans — or managed care organizations (MCOs) — to coordinate health care for nearly all Medicaid and CHIP beneficiaries. The KanCare health

plans in 2017 were Amerigroup of Kansas, Inc. (Amerigroup), Sunflower Health Plan (Sunflower), and UnitedHealthcare Community Plan of Kansas (United). The Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS) administer KanCare within the state of Kansas. KDHE maintains financial management and contract oversight of the KanCare program, while KDADS administers the Medicaid programs for disability services, mental health and substance abuse, operates the state hospitals, and oversees long-term care facilities.

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

UNINSURED

People without private or public health insurance are considered uninsured. For Kansans with only Indian Health Service (IHS) coverage, they 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.

HEALTH INSURANCE COVERAGE HIERARCHY

Because ACS respondents can report more than one type of insurance for the calendar year,

KHI uses a standard hierarchy to assign health insurance coverage. KHI uses the following hierarchy:

- Medicaid and Medicare (“dual eligibles”)
- Medicaid/CHIP
- Medicare
- Employment-based
- Military/TRICARE
- VA Health Care
- 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 the hierarchy for health insurance coverage beginning from the Annual Insurance Update 2018.

TREND ANALYSES FOR SOURCES OF HEALTH INSURANCE COVERAGE

In our analysis of the trends in sources of health insurance coverage, 2009-2017, the insurance coverage was further grouped into:

- Public coverage, including Medicaid or CHIP (collectively known in Kansas as KanCare), Medicare and VA Health Care;
- Employment-Based, including employment-based insurance and military/TRICARE insurance; and
- Direct-Purchase, defined as health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace.
- Uninsured, defined as no health insurance coverage.

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 also may depend 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 assistance is mainly offered to children, pregnant women, parents or caretakers of children and disabled Kansans, as shown in *Figure D.2*, page D-2. Assistance 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, 2017

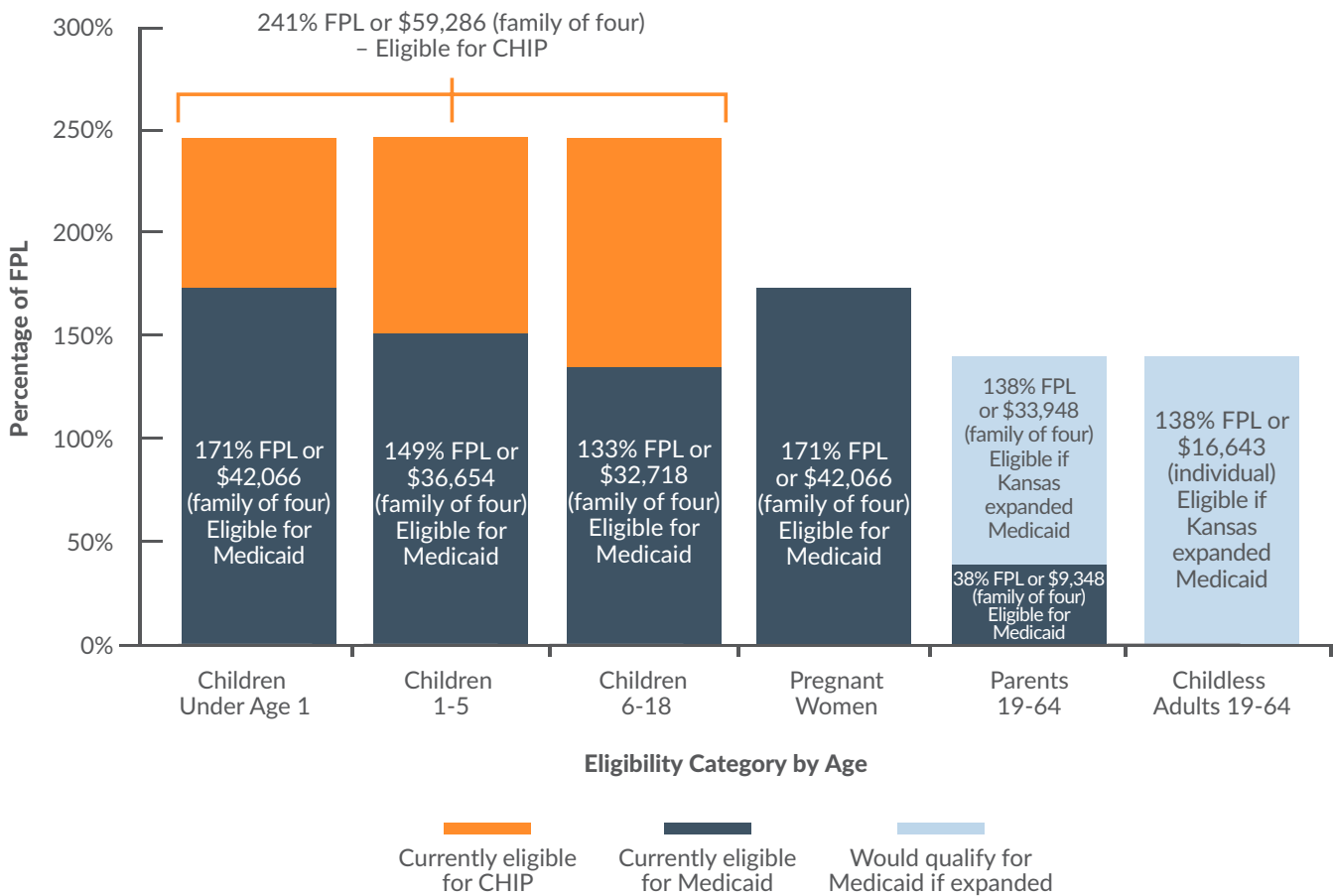
Household Size	Annual Income	Monthly Income	Weekly Income
1	\$12,060	\$1,005	\$232
2	\$16,240	\$1,353	\$312
3	\$20,420	\$1,702	\$393
4	\$24,600	\$2,050	\$473
5	\$28,780	\$2,398	\$553
6	\$32,960	\$2,747	\$634
7	\$37,140	\$3,095	\$714
8	\$41,320	\$3,443	\$795
For each additional family member add:	\$4,180	\$348	\$80

Source: *Federal Register* (January 18, 2017), Vol. 82, page 8831-8832.

MEDICAID AND CHIP ELIGIBILITY

Kansas offers public health insurance through KanCare (Medicaid and CHIP) for those who meet certain income requirements. This assistance is mainly offered to children, pregnant women, parents or caretakers of children and disabled Kansans. Assistance 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 Children and Families in Kansas Medicaid and CHIP, 2017



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 may be applied on an individual basis.

Source: Eligibility information from the Division of Health Care Finance, Kansas Department of Health and Environment, 2017.

E. Detailed Tables

Figure E.1 All Kansans by Source of Coverage, Age, Race/Ethnicity and Family Income, 2017

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
All Kansans	2,872,207	2,628,902	91.5%	243,305	100.0%	8.5%
Sources of Health Insurance Coverage						
Public Coverage		815,529	28.4%			
<i>Medicaid/CHIP</i>		316,227	11.0%			
<i>Medicare</i>		412,743	14.4%			
<i>Both Medicaid and Medicare</i>		73,261	2.6%			
<i>VA Health Care</i>		13,298	0.5%			
Private Coverage		1,813,373	63.1%			
<i>Employment-Based</i>		1,543,268	53.7%			
<i>Military/TRICARE</i>		70,978	2.5%			
<i>Direct-Purchase</i>		199,127	6.9%			
Age						
Kansas Children, Age 0-18	752,829			40,815	16.8%	5.4%
Kansas Adults, Age 19-64	1,688,516			201,275	82.7%	11.9%
<i>Age 19-25</i>	290,131			37,067	15.2%	12.8%
<i>Age 26-44</i>	686,779			97,906	40.2%	14.3%
<i>Age 45-64</i>	711,606			66,302	27.3%	9.3%
Kansas Adults, Age 65+	430,862			1,215	0.5%	0.3%
Race/Ethnicity						
White, Non-Hispanic	2,182,424			143,266	58.9%	6.6%
All Minorities	689,783			100,039	41.1%	14.5%
<i>Black, Non-Hispanic</i>	154,088			16,528	6.8%	10.7%
<i>Other/Multiple Races, Non-Hispanic</i>	193,511			19,274	7.9%	10.0%
<i>Hispanic, Any Race</i>	342,184			64,237	26.4%	18.8%
Family Income						
Less Than 100% FPL	337,746			68,619	28.6%	20.3%
100%-199% FPL	519,585			73,995	30.8%	14.2%
200%-400% FPL	931,310			72,118	30.1%	7.7%
> 400% FPL	1,040,209			25,236	10.5%	2.4%

Note: Percentages may not sum to 100 percent because of rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity; C – types of health insurance coverage; D – income eligibility guidelines for public coverage. Information on family income not available for all respondents.

Source: KHI analysis of data from the 2017 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, 2017

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
Kansas Adults, Age 19-64	1,688,516	1,487,241	88.1%	201,275	100.0%	11.9%
Sources of Health Insurance Coverage						
Public Coverage		169,437	10.0%			
<i>Medicaid/CHIP</i>		94,848	5.6%			
<i>Medicare</i>		35,025	2.1%			
<i>Both Medicaid and Medicare</i>		27,593	1.6%			
<i>VA Health Care</i>		11,971	0.7%			
Private Coverage		1,317,804	78.0%			
<i>Employment-Based</i>		1,123,999	66.6%			
<i>Military/TRICARE</i>		46,593	2.8%			
<i>Direct-Purchase</i>		147,212	8.7%			
Race/Ethnicity						
White, Non-Hispanic	1,290,498			119,953	59.6%	9.3%
All Minorities	398,018			81,322	40.4%	20.4%
<i>Black, Non-Hispanic</i>	99,098			14,518	7.2%	14.7%
<i>Other/Multiple Races, Non-Hispanic</i>	111,684			14,919	7.4%	13.4%
<i>Hispanic, Any Race</i>	187,236			51,885	25.8%	27.7%
Family Income						
Less Than 100% FPL	196,506			57,736	29.0%	29.4%
100%-199% FPL	262,373			61,259	30.7%	23.3%
200%-400% FPL	532,653			59,110	29.7%	11.1%
> 400% FPL	672,389			21,134	10.6%	3.1%
≤ 138% FPL	284,700			81,710	41.0%	28.7%
100%-138% FPL	88,194			23,974	12.0%	27.2%
Employment Status						
Full-Time, Year-Round	1,004,769			80,210	39.9%	8.0%
Part-Time	403,741			67,706	33.6%	16.8%
<i>Full Time, Part-Year</i>	143,276			26,351	13.1%	18.4%
<i>Part-Time, Year-Round</i>	123,964			17,885	8.9%	14.4%
<i>Part-Time, Part-Year</i>	136,501			23,470	11.7%	17.2%
Not Employed	280,006			53,359	26.5%	19.1%

Note: Percentages may not sum to 100 percent because of rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity, employment status; C – types of health insurance coverage; D – income eligibility guidelines for public coverage. Information on family income not available for all respondents.

Source: KHI analysis of data from the 2017 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 Head of Household Employment Status, 2017

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
Kansas Children, Age 0-18	752,829	712,014	94.6%	40,815	100.0%	5.4%
Sources of Health Insurance Coverage						
Public Coverage		227,029	30.2%			
<i>Medicaid/CHIP</i>		221,379	29.4%			
<i>Medicare</i>		1,308	0.2%			
<i>Both Medicaid and Medicare</i>		3,489	0.5%			
<i>VA Health Care</i>		853	0.1%			
Private Coverage		484,985	64.4%			
<i>Employment-Based</i>		409,273	54.4%			
<i>Military/TRICARE</i>		24,372	3.2%			
<i>Direct-Purchase</i>		51,340	6.8%			
Race/Ethnicity						
White, Non-Hispanic	505,566			22,685	55.6%	4.5%
All Minorities	247,263			18,130	44.4%	7.3%
<i>Black, Non-Hispanic</i>	40,190			2,010	4.9%	5.0%
<i>Other/Multiple Races, Non-Hispanic</i>	67,686			4,091	10.0%	6.0%
<i>Hispanic, Any Race</i>	139,387			12,029	29.5%	8.6%
Family Income						
Less Than 100% FPL	109,302			10,473	26.5%	9.6%
100%-199% FPL	173,896			12,550	31.8%	7.2%
200%-400% FPL	245,641			12,550	31.8%	5.1%
> 400% FPL	205,228			3,941	10.0%	1.9%
< 241% FPL	334,144			25,625	64.9%	7.7%
200%-241% FPL	50,946			2,602	6.6%	5.1%
Head of Household Employment Status						
Full-Time, Year-Round	501,486			19,043	46.7%	3.8%
Part-Time	156,420			10,546	25.8%	6.7%
<i>Full Time, Part-Year</i>	60,869			4,037	9.9%	6.6%
<i>Part-Time, Year-Round</i>	49,750			3,430	8.4%	6.9%
<i>Part-Time, Part-Year</i>	45,801			3,079	7.5%	6.7%
Not Employed	94,923			11,226	27.5%	11.8%

Note: Percentages may not sum to 100 percent because of rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity, employment status; C – types of health insurance coverage; D – income eligibility guidelines for public coverage. Information on family income not available for all respondents.

Source: KHI analysis of data from the 2017 American Community Survey Public Use Microdata Sample files.

Figure E.4 Kansas Adults, Age 65+ by Source of Coverage, 2017

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
Kansas Adults, Age 65+	430,862	429,647	99.7%	1,215	100.0%	0.3%
Sources of Health Insurance Coverage						
Public Coverage		419,063	97.3%			
<i>Medicaid/CHIP</i>		0	0.0%			
<i>Medicare</i>		376,410	87.4%			
<i>Both Medicaid and Medicare</i>		42,179	9.8%			
<i>VA Health Care</i>		474	0.1%			
Private Coverage		10,584	2.5%			
<i>Employment-Based</i>		9,996	2.3%			
<i>Military/TRICARE</i>		13	<0.1%			
<i>Direct-Purchase</i>		575	0.1%			

Note: Percentages may not sum to 100 percent because of rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity, employment status; C – types of health insurance coverage; D – income eligibility guidelines for public coverage. Information on family income not available for all respondents.

Source: KHI analysis of data from the 2017 American Community Survey Public Use Microdata Sample files.

KANSAS HEALTH INSTITUTE

The Kansas Health Institute supports effective policymaking through nonpartisan research, education and engagement. KHI believes evidence-based information, objective analysis and civil dialogue enable policy leaders to be champions for a healthier Kansas. Established in 1995 with a multiyear grant from the Kansas Health Foundation, KHI is a nonprofit, nonpartisan educational organization based in Topeka.



KANSAS
HEALTH
INSTITUTE

Informing Policy. Improving Health.