

HEALTH INSURANCE IN KANSAS

ANNUAL INSURANCE UPDATE 2021



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Annual Insurance Update 2021

HEALTH INSURANCE IN KANSAS

December 2021

Acknowledgments

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About this Report

The *Annual Insurance Update 2021* 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 enactment of the Affordable Care Act (ACA).

This report uses 2009 through 2019 American Community Survey (ACS) Public Use Microdata Sample (PUMS) files from the U.S. Census Bureau as the primary data source. These data are the most recent and comprehensive data available on insurance coverage in Kansas and across the U.S. After providing a national perspective and an overview of health insurance coverage for all Kansans, the analyses in this report focus on Kansas adults age 19-64 and children age 0-18, because nearly all Kansans age 65 and older are covered by the federal Medicare program. Within the groups analyzed, data are presented by subpopulations of interest: age, race/ethnicity, family income and employment status.

In the last section, the report provides county-level estimates on uninsured rates using the latest available data from the 2018 U.S. Census Bureau Small Area Health Insurance Estimates (SAHIE). This report also provides county-specific Medicaid or CHIP enrollment in 2018 using data from the Kansas Department of Health and Environment (KDHE) Enterprise Data Warehouse (EDW), a multi-payer administrative claims database.

INTERPRETING THE DATA

Differences specifically noted in the text are statistically significant at a p-value <0.05. Data from 2009-2019 were analyzed to understand trends in health insurance coverage. Due to rounding, some percentages may not add to 100 percent. The Affordable Care Act was enacted in 2010 and major insurance expansion provisions of the ACA were implemented in 2014. For the purposes of this report, the year 2009 will be used as the baseline year unless otherwise noted.

The 2019 PUMS survey sample included 28,923 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-2).

The racial and ethnic distribution for uninsured children in 2019 was very different from previous years. It is likely due to sampling variability, which may affect subgroups with small numbers of respondents. Extra caution is needed when interpreting results for Kansas children by race and ethnicity.

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



= indicate key points related to the pie chart in the subsection,



= indicate key points related to the bar chart in the subsection, and



= indicate key points related to the trend chart in the subsection.

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Executive Summary

Health insurance coverage in Kansas has improved since the implementation of the Affordable Care Act (ACA) in 2010; however, gains in coverage have stalled in recent years. In several population groups, disparities in insurance coverage that narrowed following implementation of the ACA have reversed and show signs of widening. This Annual Insurance Update 2021 provides information about insurance coverage in Kansas and highlights areas where disparities in coverage may be growing.

Uninsured Rate in Kansas

The overall uninsured rate in Kansas decreased from 12.6 percent in 2009 to 8.4 percent in 2016, and then flattened out afterwards. In 2019, over a quarter million Kansans were uninsured, including 43,000 children and 219,000 adults. This translates to an overall uninsured rate in Kansas of 9.1 percent, which was the same rate as the U.S. overall.

Nevertheless, in the wake of implementation of major ACA insurance expansion provisions in 2014, the long-standing edge that Kansas had enjoyed in insurance coverage compared to the U.S. overall disappeared. Kansas ranked 33rd among states for insurance coverage in 2019, a slip of 11 positions from its ranking in 2009, when Kansas had a lower uninsured rate than the U.S. as a whole (12.6 percent compared to 15.1 percent). The uninsured rate in Kansas remained lower than in the U.S. overall through 2014 (10.5 percent for Kansas compared to 11.6 percent for the U.S.), but by 2015 the difference was no longer statistically significant (9.2 percent for Kansas compared to 9.4 percent for the U.S.), and has remained that way.

Likewise, the uninsured rate in Kansas used to be similar to states that later expanded Medicaid (12.6 percent for Kansas in 2009 compared to 13.6 percent for states that would expand their program). However, in 2014, the uninsured rate in Kansas was higher than in expansion states as a group (10.5 percent compared to 9.9 percent), which continued into 2019 (9.1 percent compared to 6.9 percent).

Still, in 2019 many uninsured Kansans might have qualified for subsidized coverage but remained uninsured. Of the estimated 262,250 uninsured Kansans, 33,598 (12.8 percent) might have been eligible for Medicaid or the Children's Health Insurance Program (CHIP) even without expansion. Another 137,291 (52.4 percent) might have qualified for subsidies on the federally facilitated Kansas marketplace established by the ACA. If Kansas had expanded its Medicaid program to cover adults at or below 138 percent of the federal poverty level (FPL), 75,353 uninsured Kansans would have become newly eligible for Medicaid.

Disparities in Insurance Coverage

Although insurance coverage has improved for Kansans since 2009 many disparities remain, especially for racial and ethnic minorities and for low-income Kansans.

Compared to 2009, racial/ethnic disparities in insurance coverage narrowed by 2017. However, the gap has since widened and in 2019 was back to the same level it was in 2009. Hispanic, Any Race, Kansans were 3.6 times more likely to be uninsured than non-Hispanic White Kansans in 2019 (22.5 percent compared to 6.3 percent), while non-Hispanic Black (15.1 percent) and Other/Multiple Race (11.6 percent) Kansans were 2.4 and 1.8 times more likely to be uninsured than non-Hispanic White Kansans.

Kansans with family income below the poverty level and between 100-199 percent FPL were eight and six times more likely to be uninsured than those with income above 400 percent FPL in 2009 (29.7 percent, 22.2 percent and 3.7 percent respectively). Although the coverage gap narrowed by 2019, those low-income groups were still six and five times more likely to be uninsured than the higher-income group (20.1 percent, 17.0 percent and 3.5 percent respectively).

The uninsured rate increased for several groups over the past two years, although not all changes were statistically significant. For the second

consecutive year, the uninsured rate for Hispanic, Any Race, Kansans significantly increased (18.8 percent in 2017, 21.7 percent in 2018 and 22.5 percent in 2019). The uninsured rate for non-Hispanic Black Kansans also increased (10.7 percent in 2017 to 15.1 percent in 2019), but the change was not statistically significant. The uninsured rate for young adults age 19 to 25 increased from 12.8 percent in 2017 to 15.0 percent in 2019, a change which also was not statistically significant. The reversal trend suggests that gains in insurance coverage in the past decade are leveling out and might even be diminishing.

WHERE DOES KANSAS STAND IN INSURANCE COVERAGE?

- Prior to full implementation of the ACA, Kansas had an uninsured rate below the national average and similar to states that would later expand Medicaid; however, the advantage for Kansas has disappeared.
- In 2019, the uninsured rate in Kansas was the same as the U.S. overall at 9.1 percent.
- The uninsured rate in Kansas was higher than the rate for all Medicaid expansion states combined (6.9 percent), but lower than the rate for all non-expansion states combined (13.0 percent).

HOW DO KANSANS GET INSURANCE COVERAGE?

- More than half (55.6 percent) of Kansans obtained their health insurance through an employer.
- Almost 3 in 10 (29.5 percent) Kansans had public coverage, primarily Medicare, Medicaid and CHIP.
- The percentage of Kansans who had direct-purchase insurance was 6.4 percent in 2009, slowly increased following implementation of the ACA to peak at 8.4 percent in 2016, then gradually dropped to 5.7 percent in 2019.

WHO ARE UNINSURED KANSANS?

- Most uninsured Kansans were in their prime working years. Nearly 4 in 10 (40.2 percent) were age 26-44, while a quarter (26.4 percent) were age 45-64.
- More than half (52.2 percent) of uninsured Kansans were non-Hispanic White, while 3 in 10 (30.1 percent) were Hispanic, Any Race.
- Three-quarters (74.9 percent) of uninsured Kansans had income above the poverty line.
- Nearly 4 in 10 (39.7 percent) uninsured nonelderly adults were employed full-time, year-round.
- A majority of uninsured Kansans lived in Urban counties (56.4 percent); however, residents of Densely-Settled Rural, Rural and Frontier counties on average had higher uninsured rates than their Urban counterparts.

WHICH KANSANS ARE MORE LIKELY TO BE UNINSURED?

- While the overall uninsured rate for Kansans was 9.1 percent, it was 13.0 percent for nonelderly adults age 19-64 and 5.8 percent for children age 0-18.
- Adults age 19-25 and 26-44 were 1.5 times more likely to be uninsured than those age 45-64 (15.0 percent, 15.2 percent and 10.0 percent, respectively).
- The uninsured rate for young adults age 19-25 decreased from 24.6 percent in 2009 to 12.8 percent in 2017. In 2019, the rate was 15.0 percent, which was not a statistically significant increase over 2017, but is a trend worth watching in coming years.
- Compared to 2009, the racial/ethnic disparity in insurance coverage narrowed in 2017. However, the gap widened in 2019 and was back to the same level it had been in 2009.
- Hispanic, Any Race, Kansans were 3.6 times more likely to be uninsured than non-Hispanic Whites in 2019 (22.5 percent compared to

6.3 percent), while non-Hispanic Black (15.1 percent) and Other/Multiple Race (11.6 percent) Kansans were 2.4 and 1.8 times more likely to be uninsured than non-Hispanic Whites.

- Kansans with family income below the poverty line were nearly six times more likely to be uninsured than those with income above 400 percent FPL (20.1 percent compared to 3.5 percent).
- For working Kansas adults age 19-64, part-time workers were at least two times more likely to be uninsured than were those working full-time, year-round (19.5 percent compared to 8.6 percent).
- Frontier counties had the highest uninsured rate for Kansans age 0-64 (12.9 percent), while the lowest rate was in Semi-Urban counties (9.1 percent).

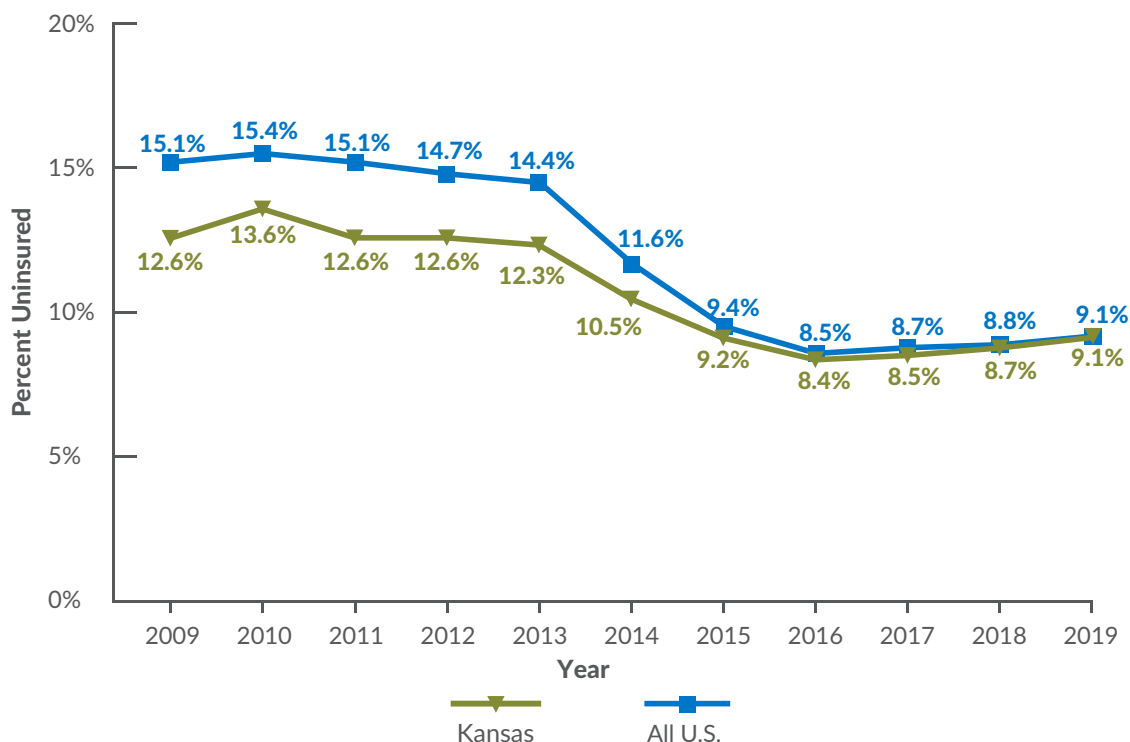
HOW DOES INSURANCE COVERAGE VARY ACROSS KANSAS COUNTIES?

- There was more than a three-fold difference between Kansas counties with the highest and lowest uninsured rate for nonelderly adults: 26.3 percent in Seward County and 8.4 percent in Leavenworth County.
- Counties in Southwest Kansas generally had higher uninsured rates for nonelderly adults, while counties in Northeast Kansas generally had lower uninsured rates.
- The uninsured rate for nonelderly adults in Wyandotte County was 2.5 times higher than in neighboring Johnson and Leavenworth counties (21.4 percent, 8.6 percent and 8.4 percent, respectively).
- More than half of uninsured nonelderly adults (55.1 percent) and uninsured children (52.0 percent) lived in the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).

Key Health Insurance Policy Updates

February 4, 2009 President Obama signed the Children's Health Insurance Program (CHIP) Reauthorization Act of 2009, which extended and expanded the program.	January 1, 2010 Kansas expansion of CHIP to children in households up to 250 percent of the 2008 federal poverty level took effect.	March 23, 2010 President Obama signed the Affordable Care Act (ACA). Provisions began to be adopted gradually to increase access to affordable care.	September 23, 2010 ACA provision allowing young adults to stay on their parents' health care plan until age 26 went into effect.
June 28, 2012 U.S. Supreme Court rules in the case of <i>National Federation of Independent Business vs Kathleen Sebelius</i> that the individual mandate is constitutional and states have the option to expand Medicaid or not.	October 1, 2013 First open enrollment period began in the ACA marketplaces for plan year 2014. Kansas uses the federally facilitated marketplace.	January 1, 2014 Kansas high risk pool dissolved. ACA provision allowing states to expand Medicaid to 138 percent of FPL as a provision of the ACA went into effect. Kansas has not expanded Medicaid.	October 12, 2017 President Donald Trump issued Executive Order promoting ACA alternatives, including short-term limited duration insurance (STDLI) and association health plans
January 1, 2019 The individual mandate penalty was reduced to zero under the federal Tax Cut and Jobs Act of 2017.	Note: Please see Appendix F for a timeline of important health insurance events in Kansas from 1965-2019. Source: Kansas Health Institute		

Kansas and U.S. Uninsured Rate, 2009-2019



Source: KHI analysis of data from the U.S. Census Bureau 2009-2019 American Community Survey Public Use Microdata Sample files.

1. NATIONAL PERSPECTIVE

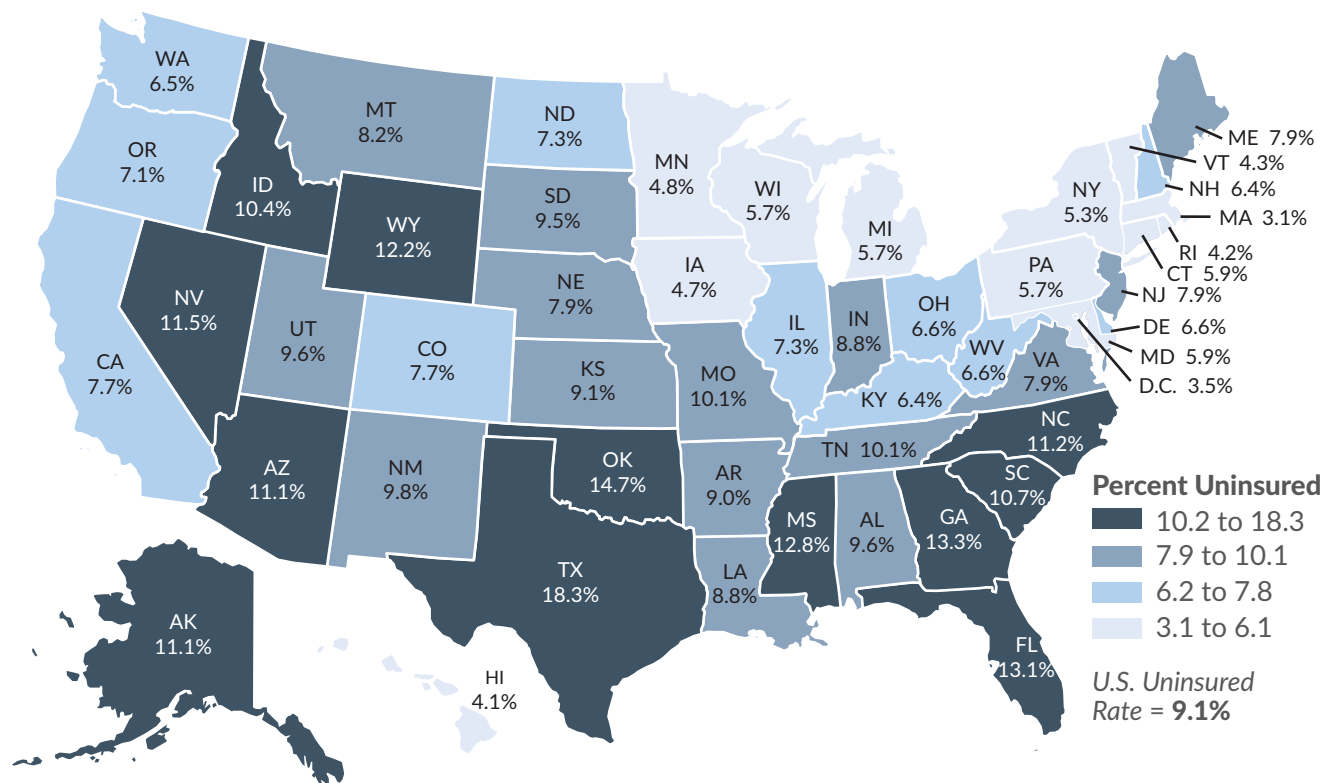
1.1 Uninsured Rate by State, 2019

NATIONAL PERSPECTIVE

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

Kansas Ranked 33rd Among States for Insurance Coverage

Figure 1.1 Percentage of Uninsured Residents by State, 2019



Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Key Points

- The uninsured rate in Kansas was the same as the U.S. overall at 9.1 percent.
- Upper Midwest, Northeast and West Coast states continued to have lower uninsured rates, while the South and parts of the Mountain West had higher rates.
- The uninsured rate in Kansas remained similar between 2018 and 2019, and its ranking in the country remained at 33rd.
- Uninsured rates varied six-fold among states, ranging from a low of 3.1 percent in Massachusetts to a high of 18.3 percent in Texas.

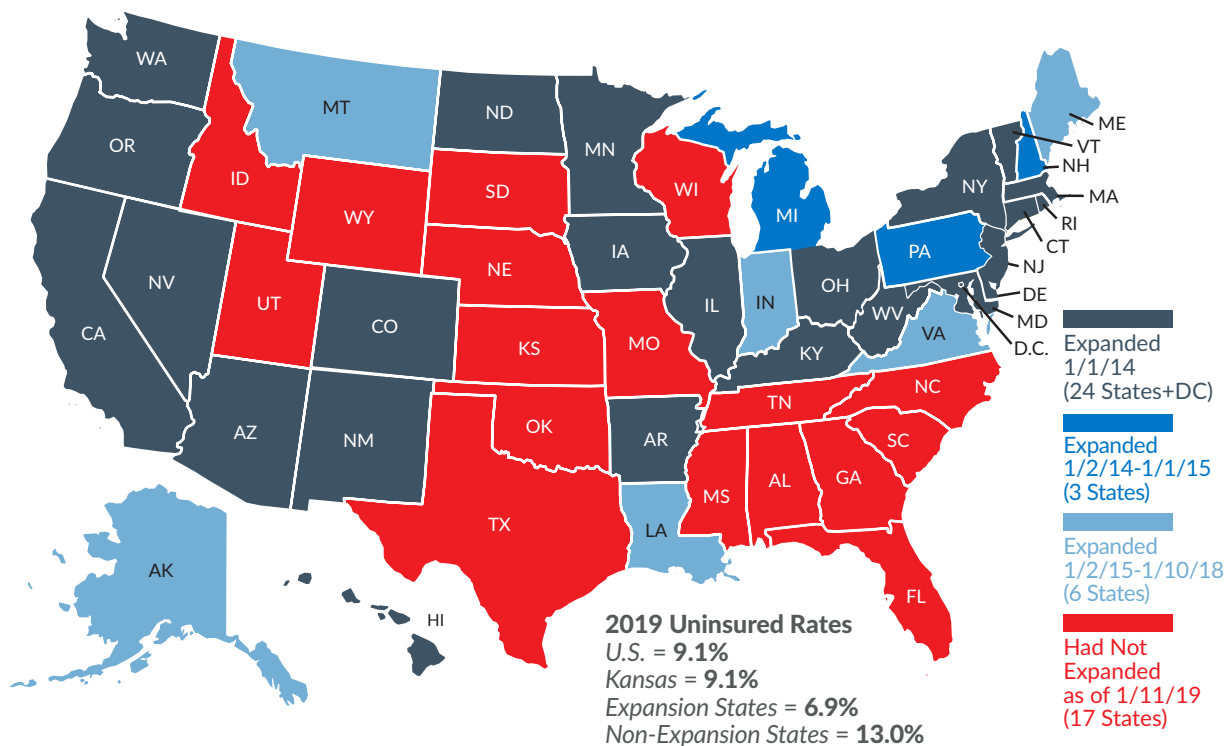
1.2 Medicaid Expansion Status by State, 2019

NATIONAL PERSPECTIVE

The Affordable Care Act (ACA) allowed states, beginning January 1, 2014, to expand Medicaid to adults age 19-64 with family income at or below 138 percent of the federal poverty level (FPL; equivalent to \$35,535 for a family of four in 2019). As of January 10, 2019, 33 states and the District of Columbia had expanded their Medicaid programs. Since that time, three additional states have expanded Medicaid (Idaho, Nebraska and Utah) and two are poised to do so later in 2021 (Missouri and Oklahoma). As of January 2021, Kansas has not expanded its Medicaid program.

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

Figure 1.2 Medicaid Expansion Status by State, 2019



Note: Three states (Idaho, Nebraska and Utah) have expanded Medicaid in 2020 and two (Missouri and Oklahoma) are poised to do so later in 2021.
 Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files for uninsured rates and from the U.S. Census Bureau Health Insurance Coverage in the United States: 2019 for Medicaid expansion status.

Key Points

- People living in non-expansion states were more likely to be uninsured than people living in expansion states (13.0 percent compared to 6.9 percent).
- The uninsured rate in Kansas (9.1 percent) was lower than most non-expansion states but higher than most expansion states

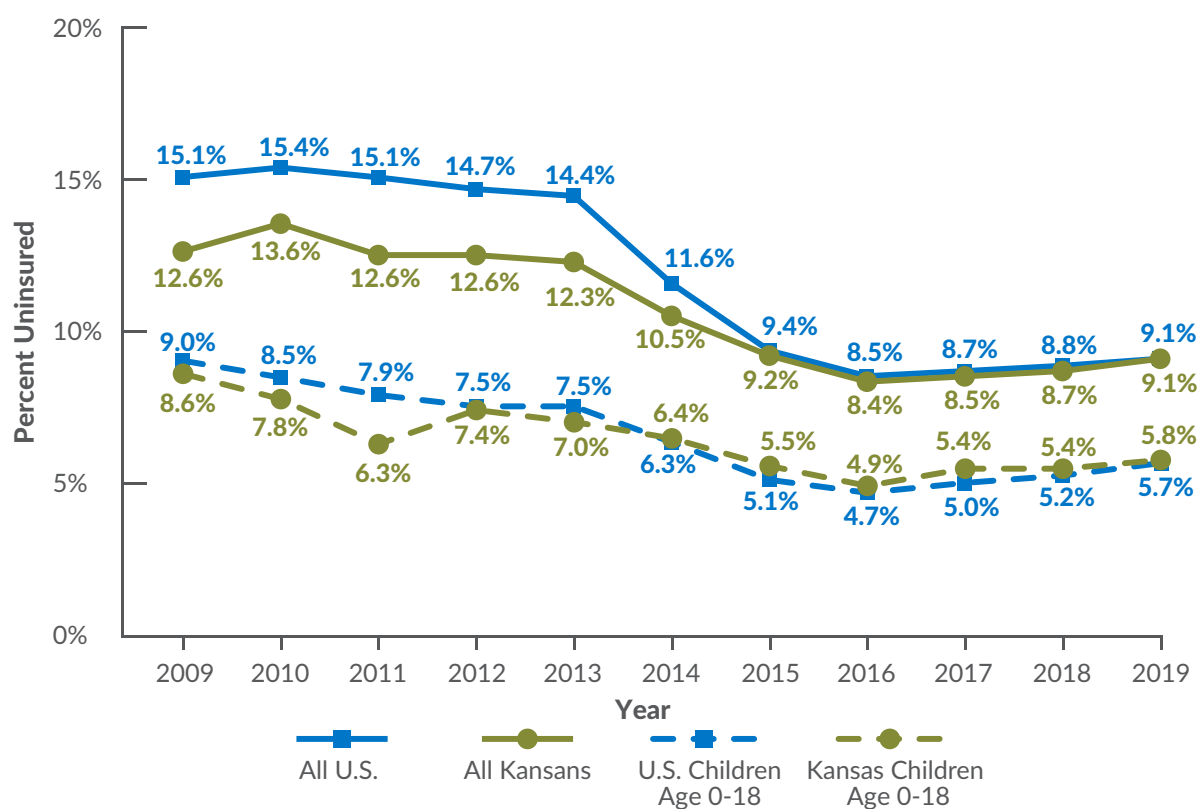
1.3 Trends in Insurance Coverage in Kansas and U.S., 2009-2019

NATIONAL PERSPECTIVE

Looking forward from 2009, the year before enactment of the ACA, shows how insurance coverage in Kansas has fared relative to coverage in the U.S. as a whole. In the years before full implementation of the ACA in 2014, the Kansas uninsured rate was well below the national average. As states responded differently to changes in federal law, the advantage in the uninsured rate for Kansas compared to the U.S. has disappeared.

Advantage in Insurance Coverage for Kansas Has Disappeared

Figure 1.3 All Ages: Uninsured Rates for Kansas and United States, 2009-2019



Source: KHI analysis of data from the U.S. Census Bureau 2009-2019 American Community Survey Public Use Microdata Sample files.

Key Points

- U.S. and Kansas uninsured rates have decreased since implementation of the ACA in 2010.
- However, gains have flattened out for both Kansas and the U.S. in recent years. While the small increase in the uninsured rate between 2018 and 2019 was not statistically significant in Kansas, the increase in the national rate was significant.
- Prior to full implementation of the ACA, Kansas had an uninsured rate well below the national average; however, the advantage for Kansas has disappeared.

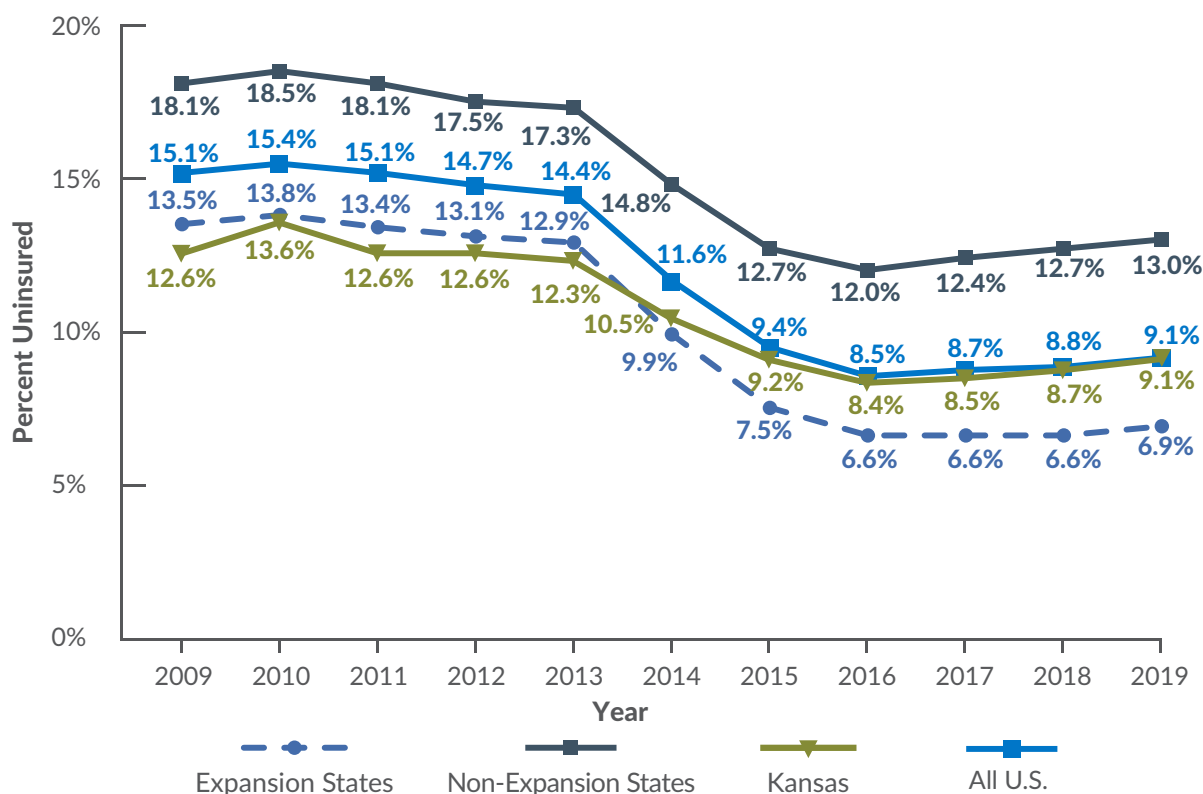
1.4 Trends in Insurance Coverage by Medicaid Expansion Status, 2009-2019

NATIONAL PERSPECTIVE

Insurance coverage in each state depends on a combination of policies and economic conditions. Medicaid expansion, as allowed by the ACA beginning January 1, 2014, is an example of a policy decision that affects insurance coverage. As of January 2021, Kansas has not expanded its Medicaid program.

Kansas Lags Behind Expansion States on Gains in Health Insurance Coverage

Figure 1.4a Trends in Insurance Coverage for Medicaid Expansion and Non-Expansion States, 2009-2019



Note: Expansion States include 33 states and the District of Columbia that expanded Medicaid as of January 10, 2019.

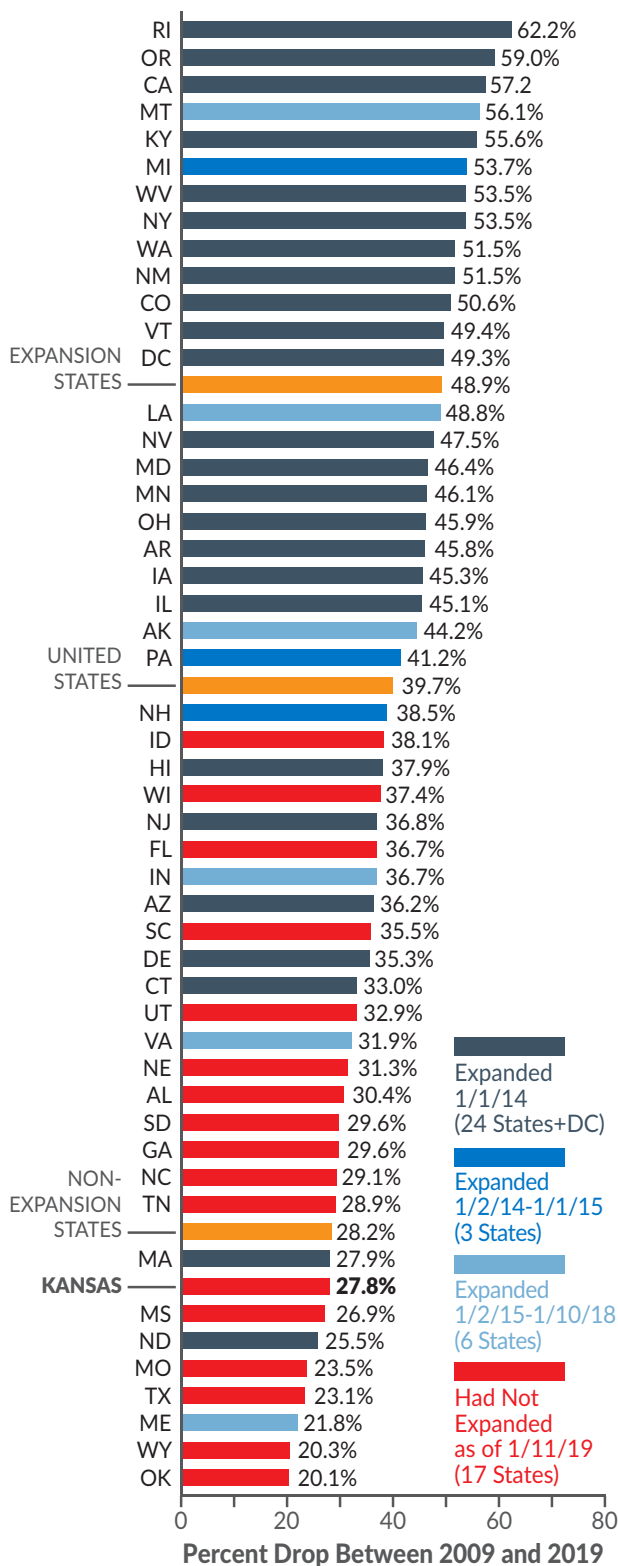
Source: KHI analysis of data from the U.S. Census Bureau 2009-2019 American Community Survey Public Use Microdata Sample files.

Key Points

- The uninsured rate for expansion states was cut in half between 2009 and 2019 (from 13.5 percent to 6.9 percent) compared to a drop of around a quarter for non-expansion states (from 18.1 percent to 13.0 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 2019).
- In 2013, the year before implementation of the major insurance expansion provisions of the ACA, Kansas had an uninsured rate similar to other states that eventually would expand Medicaid (12.3 percent compared 12.9 percent). In 2019, the uninsured rate in Kansas, a non-expansion state, was higher than that in expansion states (9.1 percent compared to 6.9 percent).

Kansas Ranked 44th for Improved Insurance Coverage Between 2009 and 2019

Figure 1.4b Percent Drop in Uninsured Rate for Medicaid Expansion and Non-Expansion States, 2009 and 2019



Key Points

- Improvement in insurance coverage varied widely among states between 2009 and 2019. Rhode Island experienced the biggest improvement, as the uninsured rate there was cut by almost two-thirds (a 62.2 percent decrease). Oklahoma experienced the smallest improvement, a reduction of about one-fifth (a 20.1 percent decrease).
- Kansas ranked 44th in the nation for improvement in insurance coverage, with a drop of slightly over a quarter (a 27.8 percent decrease between 2009 and 2019).

Technical Note: Percent drop indicates the magnitude of the change in uninsured rates between 2009 and 2019 for each state and is calculated by subtracting the 2019 uninsured rate from the 2009 uninsured rate and then dividing the difference by the 2009 uninsured rate.

Note: Figure shows Medicaid expansion status by state as of January 10, 2019. Idaho and Utah expanded coverage in January 2020, and Nebraska expanded coverage in October 2020. Missouri and Oklahoma are poised to do so later in 2021.

Source: KHI analysis of data from the U.S. Census Bureau 2009 and 2019 American Community Survey Public Use Microdata Sample files.

2. ALL KANSANS

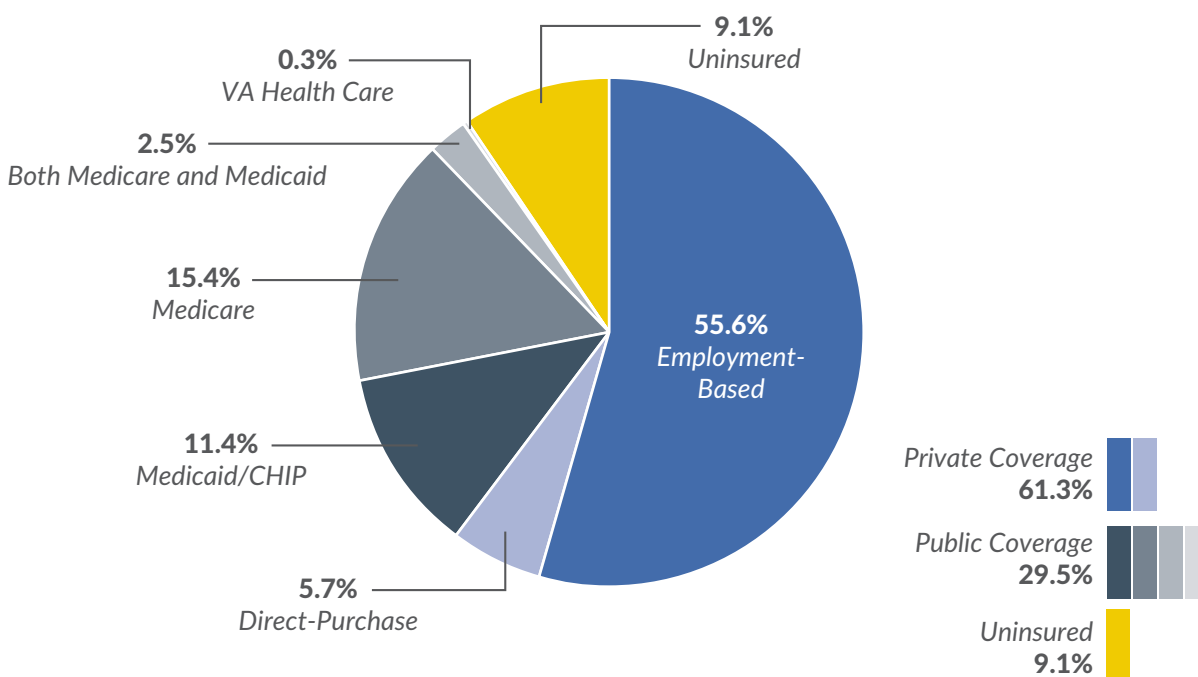
2.1 Sources of Health Insurance Coverage

ALL KANSANS

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

Over Half of Kansans Have Insurance Through an Employer

Figure 2.1a All Kansans: Sources of Health Insurance Coverage, 2019

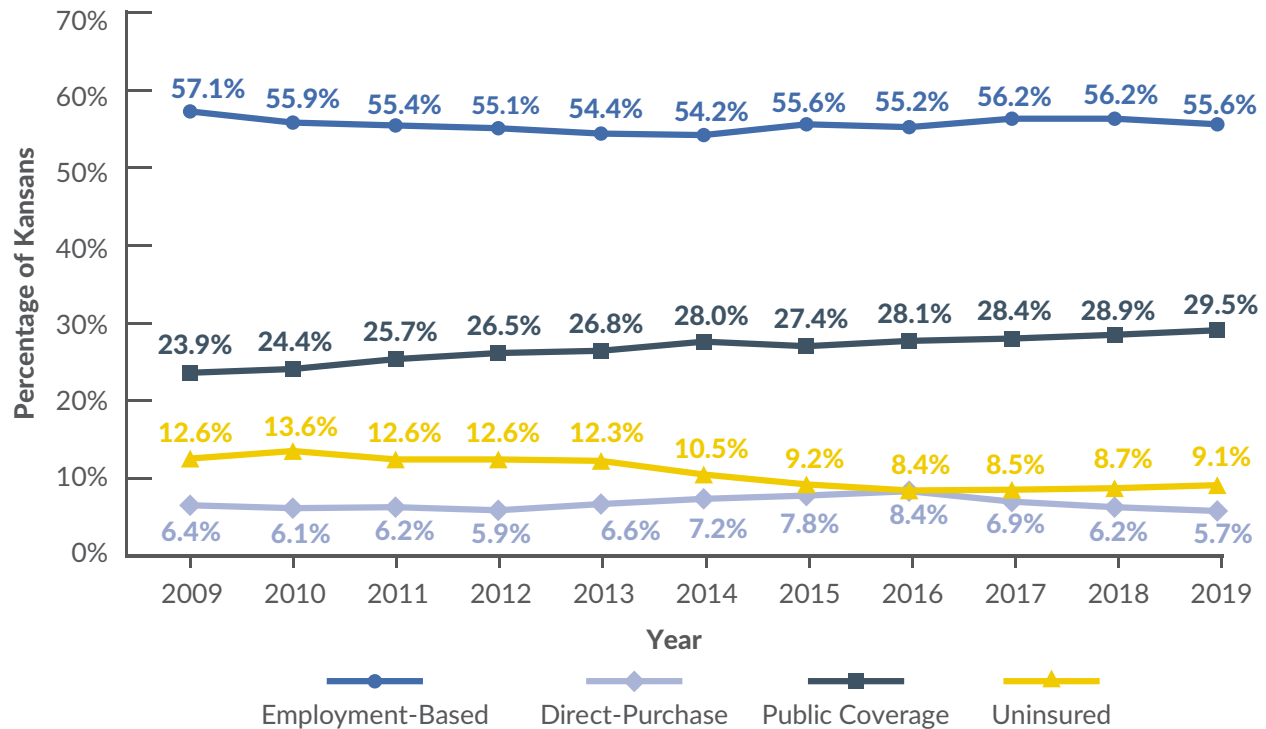


Note: All Kansans (not in institutions) = 2,872,404. Percentages may not sum to 100 percent because of rounding. Military/TRICARE coverage is included in Employment-Based coverage. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA Health Care is provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. Armed Forces. (*Appendix C, page C-1*).

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Direct-Purchase Coverage Peaked in 2016 and Has Decreased Since

Figure 2.1b All Kansans: Trends in Sources of Health Insurance Coverage, 2009-2019



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

Source: KHI analysis of data from the U.S. Census Bureau 2009-2019 American Community Survey Public Use Microdata Sample files.

Key Points

- More than half (55.6 percent) of Kansans obtained their health insurance through an employer.
- Almost 3 in 10 (29.5 percent) Kansans had public coverage, primarily Medicare, Medicaid and CHIP.
- The percentage of Kansans who had direct-purchase insurance was 6.4 percent in 2009, slowly increased following implementation of the ACA to peak at 8.4 percent in 2016, then gradually dropped to 5.7 percent in 2019.
- Public coverage increased over the last decade, from 23.9 percent in 2009 to 29.5 percent in 2019.
- Employment-based coverage has remained relatively stable over that time.

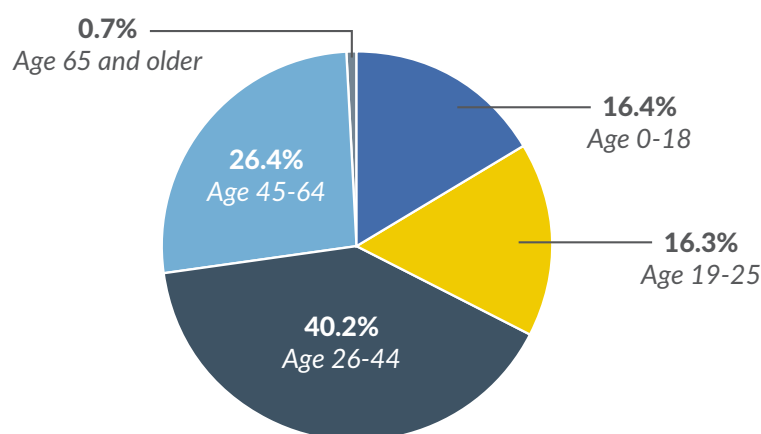
2.2 Uninsured by Age

ALL KANSANS

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

Most Uninsured Kansans Are Working-Age Adults

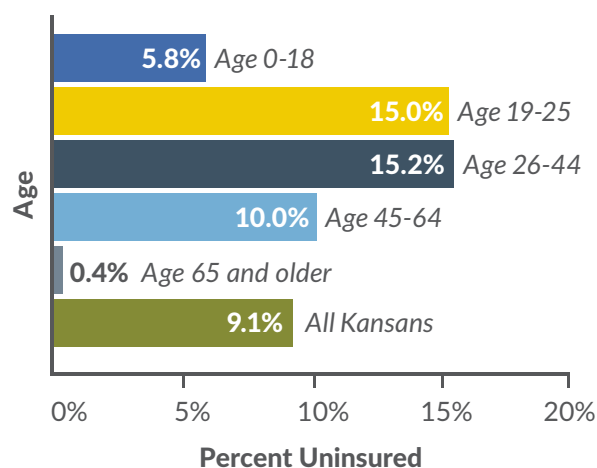
Figure 2.2a Percentage of Uninsured by Age, 2019



Note: Uninsured Kansans (not in institutions) = 262,250. Percentages may not sum to 100 percent because of rounding.
Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Adults Under Age 45 Most Likely to be Uninsured

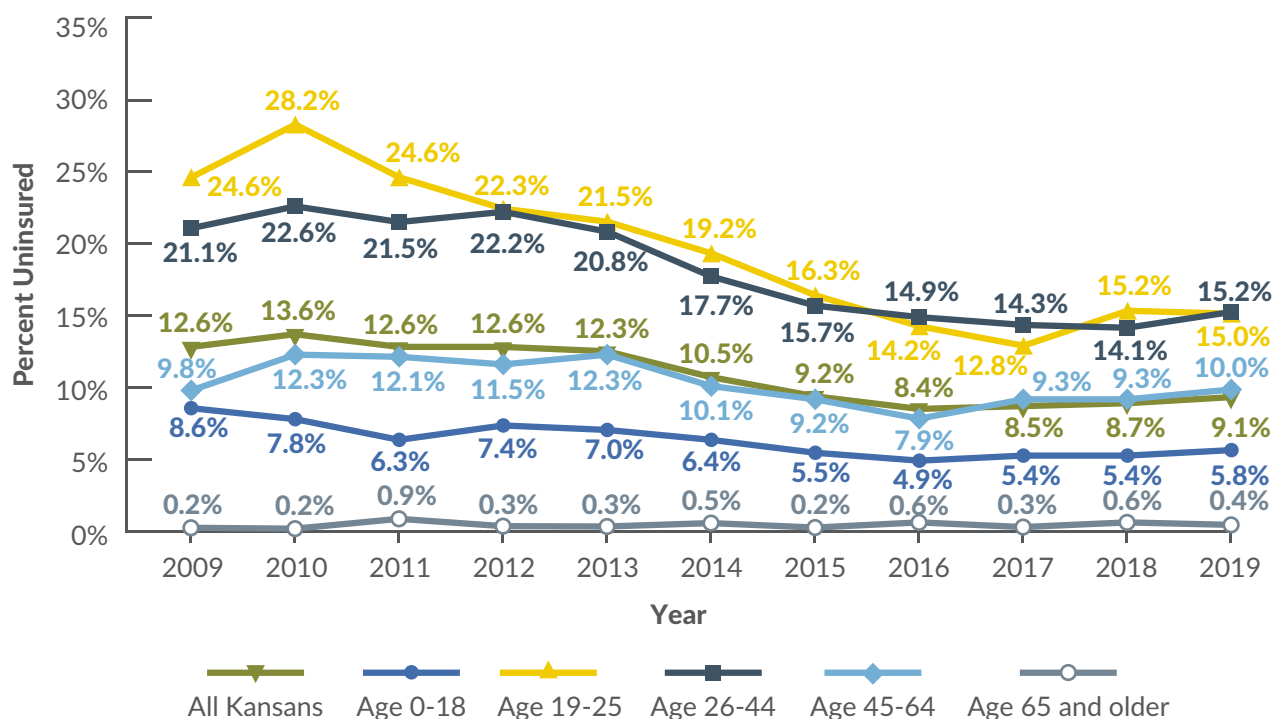
Figure 2.2b All Kansans: Uninsured Rates by Age, 2019



Note: All Kansans (not in institutions) = 2,872,404.
Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Compared to Other Age Groups, Insurance Coverage for Kansans Age 19-25 Improved Most in Past Decade

Figure 2.2c All Kansans: Uninsured Rates by Age, 2009-2019



Source: KHI analysis of data from the U.S. Census Bureau 2009-2019 American Community Survey Public Use Microdata Sample files.

Key Points

- Most uninsured Kansans were in their prime working years. Nearly 4 in 10 (40.2 percent) were age 26-44, while a quarter (26.4 percent) were age 45-64.
- Despite more generous rules for public coverage for children, 16.4 percent of uninsured Kansans were age 18 and younger.
- Adults age 19-25 and 26-44 were 1.5 times more likely to be uninsured than those age 45-64 (15.0 percent, 15.2 percent and 10.0 percent, respectively).
- Comparing the uninsured rate in 2009 and 2019, it decreased for all age groups except those above age 45, which remained similar.
- No age group had a statistically significant change in its uninsured rate between 2018 and 2019.
- The uninsured rate for young adults age 19-25 decreased from 24.6 percent in 2009 to 12.8 percent in 2017. In 2019, the rate was 15.0 percent, which was not a statistically significant increase over 2017, but is a trend worth watching in coming years.

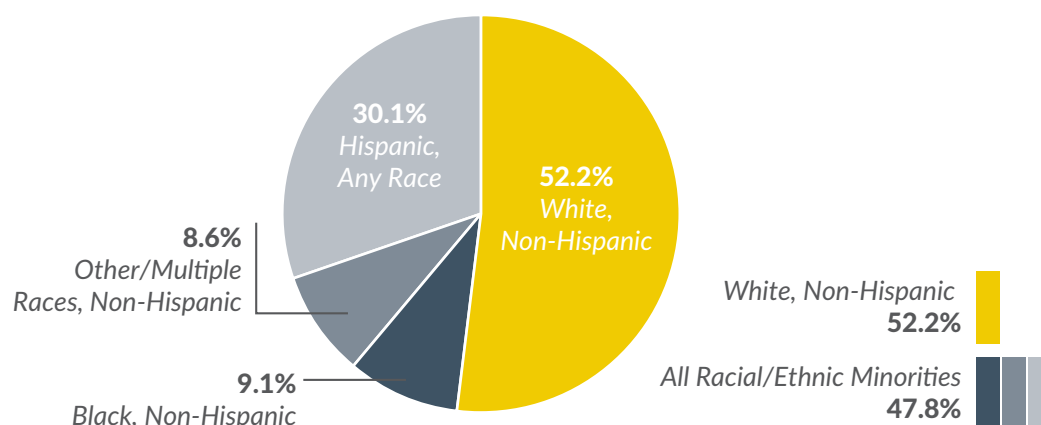
2.3 Uninsured by Race/Ethnicity

ALL KANSANS

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

Most Uninsured Kansans Are Non-Hispanic Whites

Figure 2.3a Uninsured Kansans by Race/Ethnicity, 2019

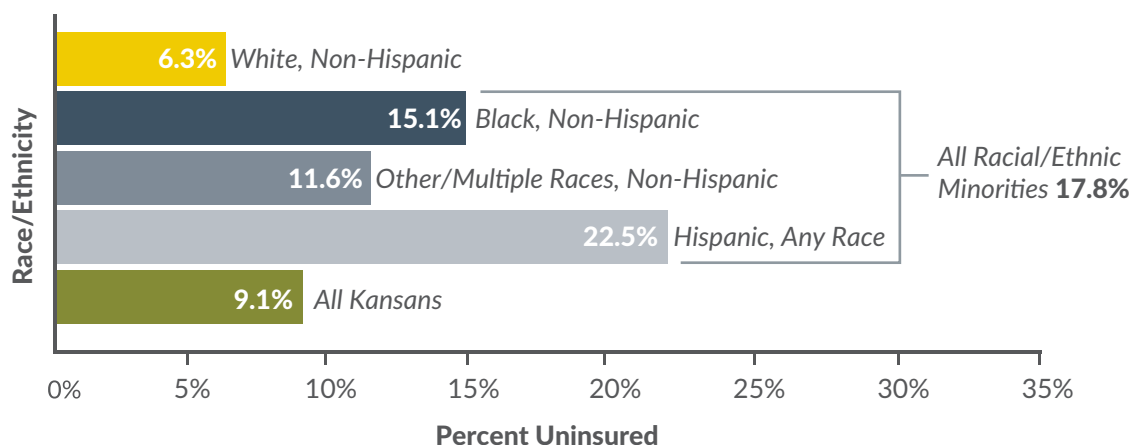


Note: Uninsured Kansans (not in institutions) = 262,250. Percentages may not sum to 100 percent because of rounding. All Racial/Ethnic Minorities includes any race/ethnicity other than White, Non-Hispanic (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

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

Figure 2.3b All Kansans: Uninsured Rates by Race/Ethnicity, 2019

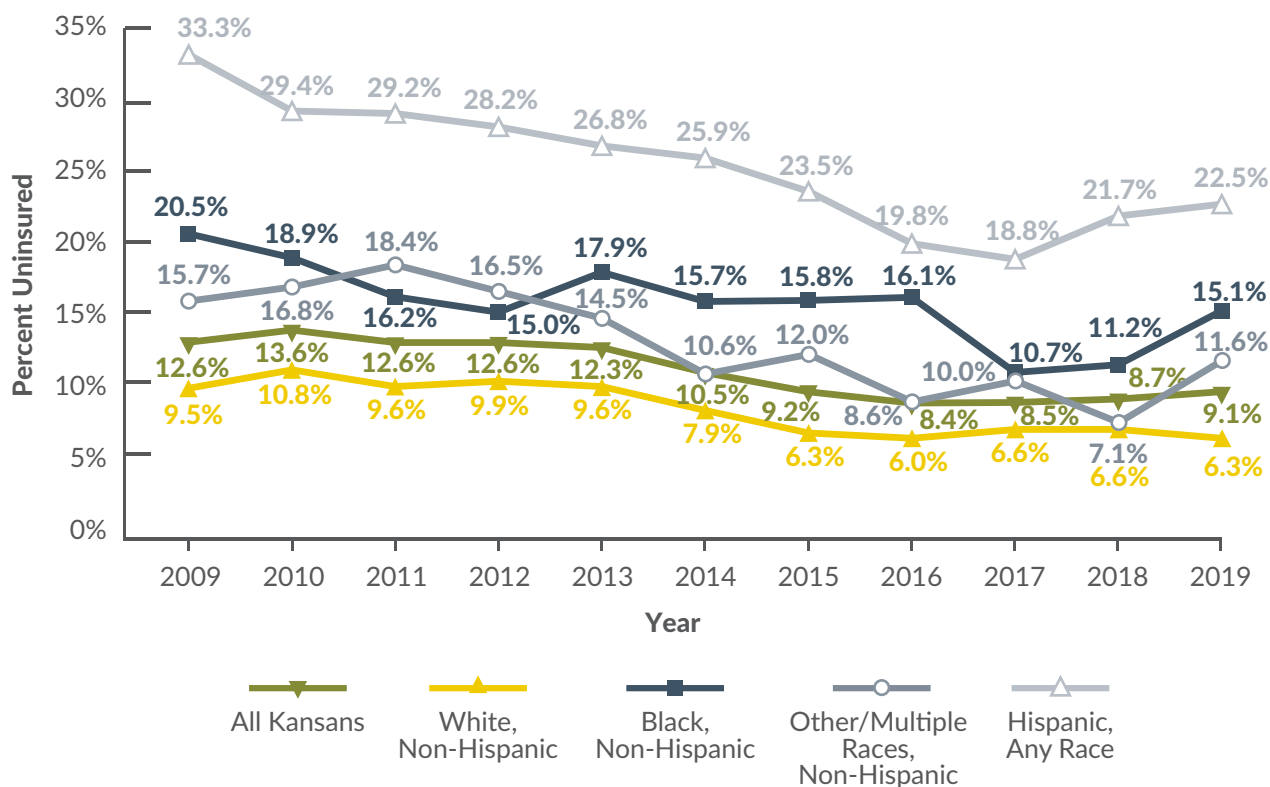


Note: All Kansans (not in institutions) = 2,872,404. See Appendix B, page B-1, for definitions of specific race and ethnicity groups.

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

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

Figure 2.3c All Kansans: Uninsured Rates by Race/Ethnicity, 2009-2019



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 2009-2019 American Community Survey Public Use Microdata Sample files.

Key Points

- More than half (52.2 percent) of uninsured Kansans were non-Hispanic White.
- Three in 10 (30.1 percent) uninsured Kansans were Hispanic, Any Race.
- In Kansas, All Racial/Ethnic Minorities, were 2.8 times more likely to be uninsured than non-Hispanic Whites (17.8 percent compared to 6.3 percent).
- Kansans who are Hispanic, Any Race, had the highest uninsured rate at 22.5 percent.
- For all racial/ethnic groups in Kansas except the non-Hispanic Other/Multiple Races group, the uninsured rate in 2019 was lower than in 2009.

- While insurance coverage for Kansans who are Hispanic, Any Race, has greatly improved since 2009 (33.3 percent), the uninsured rate began to increase in 2018 and there was a statistically significant difference between 2017 and 2019 (18.8 and 22.5 percent, respectively).
- Between 2018 and 2019, the uninsured rate among non-Hispanic Blacks and non-Hispanic Other/Multiple Races increased 3.9 percent and 4.5 percent respectively. Although these increases were not statistically significant, it is a trend that should be monitored in coming years.

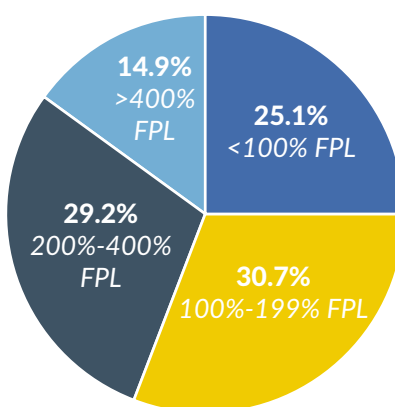
2.4 Uninsured by Family Income

ALL KANSANS

Several provisions of the ACA target affordability of health insurance for low- and middle-income working people. The ACA provides financial assistance to help pay premiums for those with income between 100 percent and 400 percent FPL (\$25,750 to \$103,000 for a family of four in 2019) and assistance with out-of-pocket costs for those with income between 100 percent and 250 percent FPL (\$25,750 to \$64,375 for a family of four in 2019).

Three-Quarters of Uninsured Kansans Live Above Poverty Line

Figure 2.4a Uninsured Kansans by Family Income, 2019

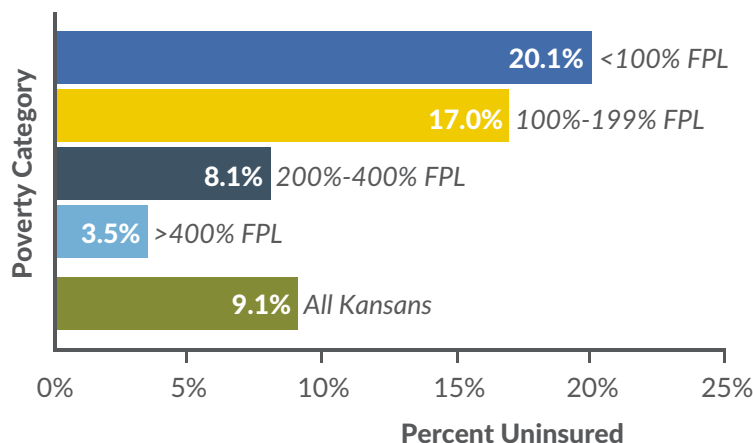


Note: Uninsured Kansans with income information (not in institutions) = 259,331. Percentages may not sum to 100 percent because of rounding. The federal poverty level for a family of four in 2019 was \$25,750.

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Kansans Living Below Poverty Line Most Likely to Be Uninsured

Figure 2.4b All Kansans: Uninsured Rates by Family Income, 2019

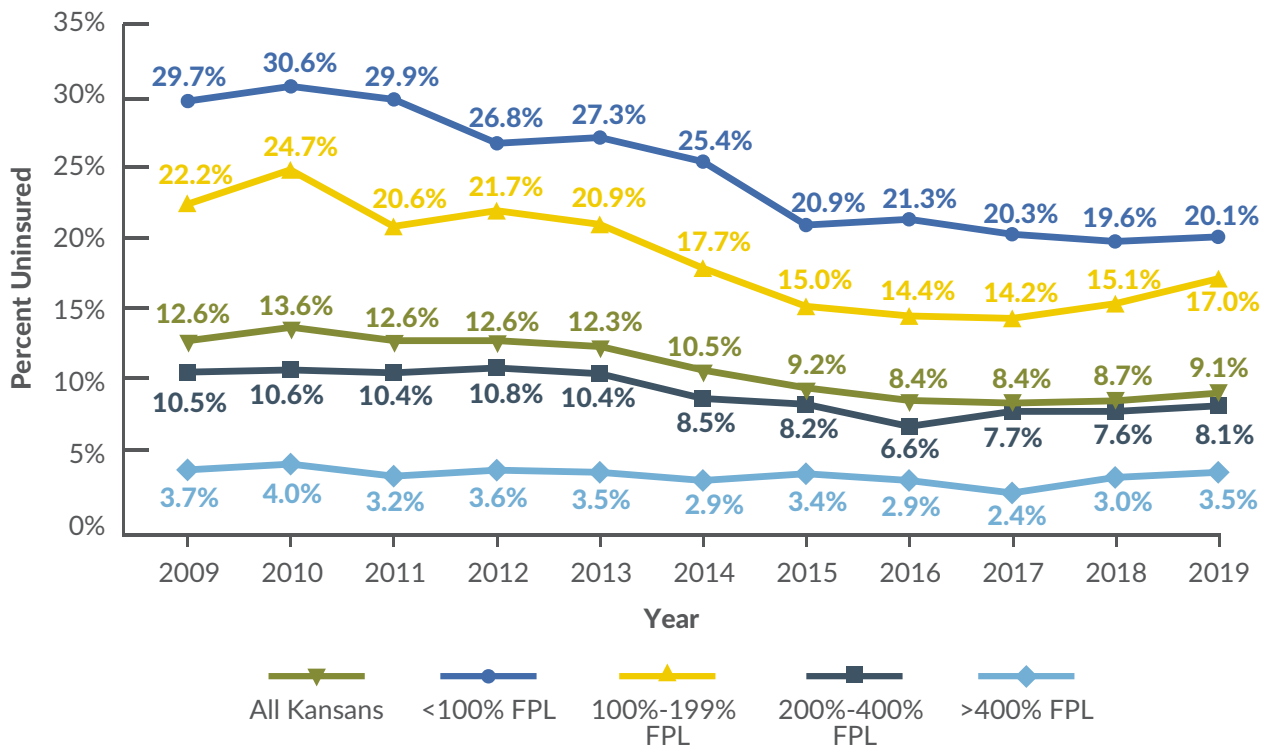


Note: All Kansans with income information (not in institutions) = 2,825,266. The federal poverty level for a family of four in 2019 was \$25,750.

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Gains in Insurance Coverage Stall for All Income Groups

Figure 2.4c All Kansans: Uninsured Rates by Family Income, 2009-2019



Note: All Kansans with income information (not in institutions) = 2,872,404. The federal poverty level for a family of four in 2019 was \$25,750. Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Key Points

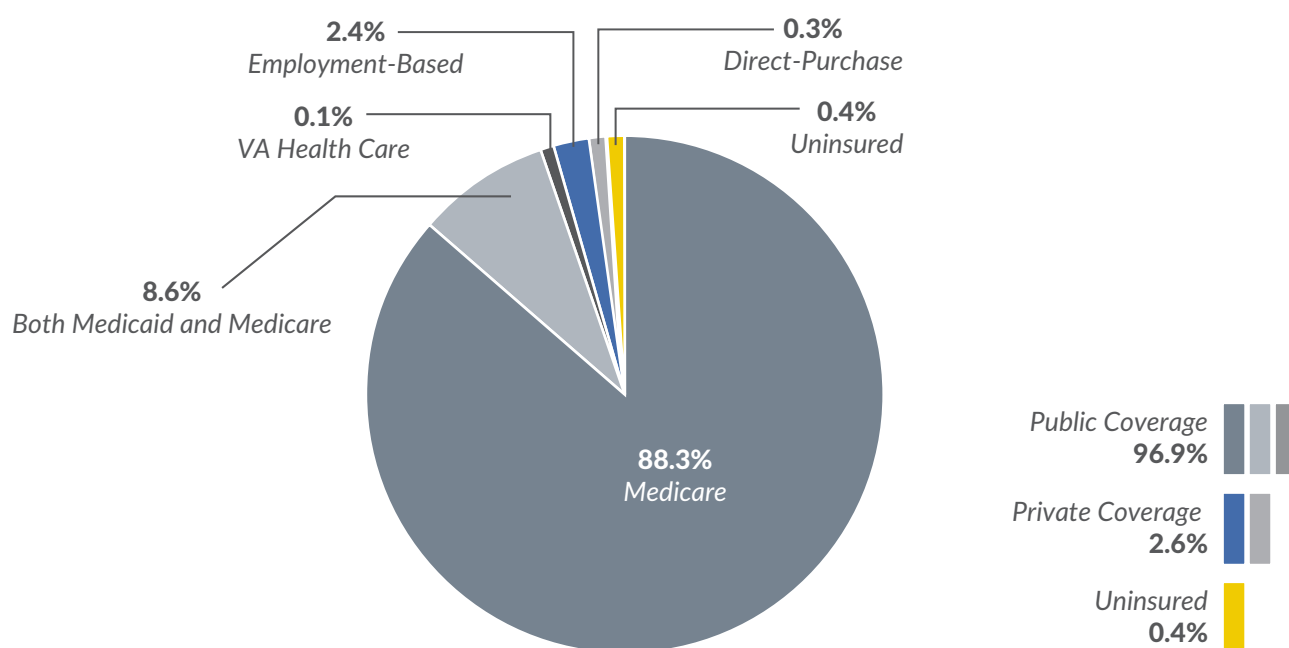
- Three-quarters (74.9 percent) of uninsured Kansans had income above the poverty line.
- Six in 10 (59.9 percent) uninsured Kansans had income between 100 and 400 percent FPL and might have been eligible for financial assistance to purchase health insurance on the Kansas marketplace.
- Kansans with family income below the poverty line were nearly six times more likely to be uninsured than those with income above 400 percent FPL (20.1 percent compared to 3.5 percent).
- Similarly, Kansans with family income between 100 and 199 percent FPL were nearly five times more likely to be uninsured than those above 400 percent FPL (17.0 percent compared to 3.5 percent).
- Insurance coverage in all income categories in Kansas was better in 2019 than in 2009, other than for those with income higher than 400 percent FPL.

2.5 Kansas Adults, Age 65 and Older

Essentially all older adults in the U.S. have comprehensive public health insurance, typically Medicare and/or Medicaid. With 99.6 percent insurance coverage, this age group is not the focus of this report, and older adults are excluded from analyses after this section.

Nearly All Kansas Seniors Covered by Public Insurance

Figure 2.5 Kansas Adults, Age 65 and Older: Sources of Health Insurance Coverage, 2019



Note: Kansas Adults, Age 65 and Older (not in institutions) = 460,260. Percentages may not sum to 100 percent because of rounding. Military/TRI-CARE is not labeled due to small percentage (less than 0.1 percent) and Medicaid Alone had no enrollees. VA Health Care is provided by the U.S. department of Veterans Affairs to eligible veterans of the U.S. Armed Forces. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace (Appendix C, page C-1).

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Key Points

Nearly all (96.9 percent) Kansans age 65 and older had public insurance coverage.

Nearly 1 in 10 (8.6 percent) Kansas adults age 65 and older had Medicaid in addition to Medicare. These so-called “dually eligible” older adults qualify for both programs due to limited financial resources.

3. KANSAS ADULTS AGE 19-64

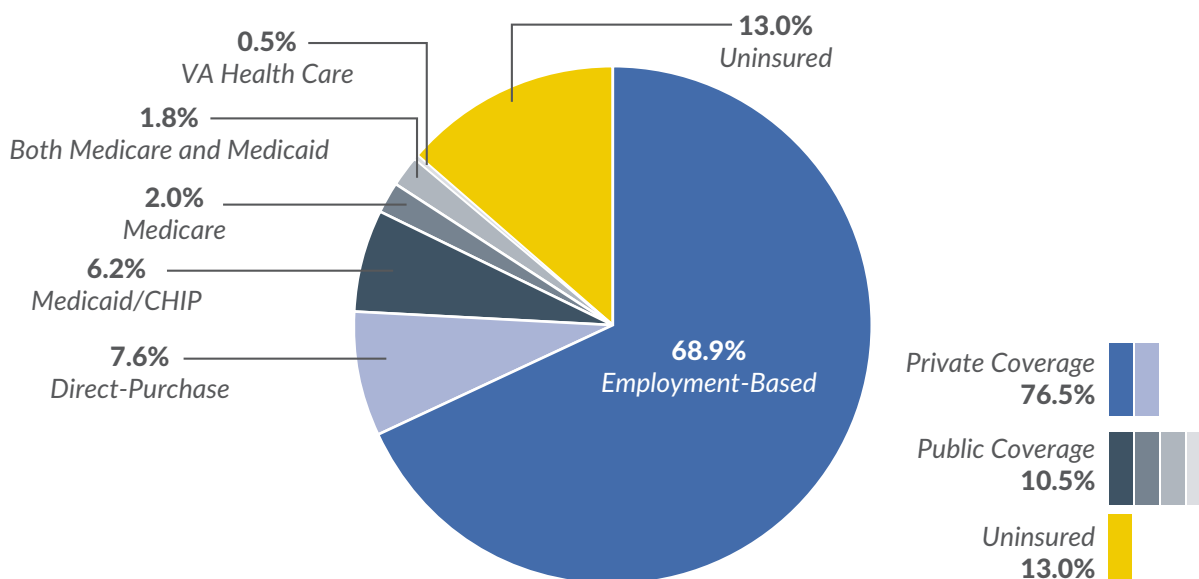
3.1 Sources of Health Insurance Coverage

KANSAS ADULTS, AGE 19-64

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

Nearly 7 in 10 Nonelderly Adults Have Insurance Through an Employer

Figure 3.1a Kansas Adults, Age 19-64: Sources of Health Insurance Coverage, 2019

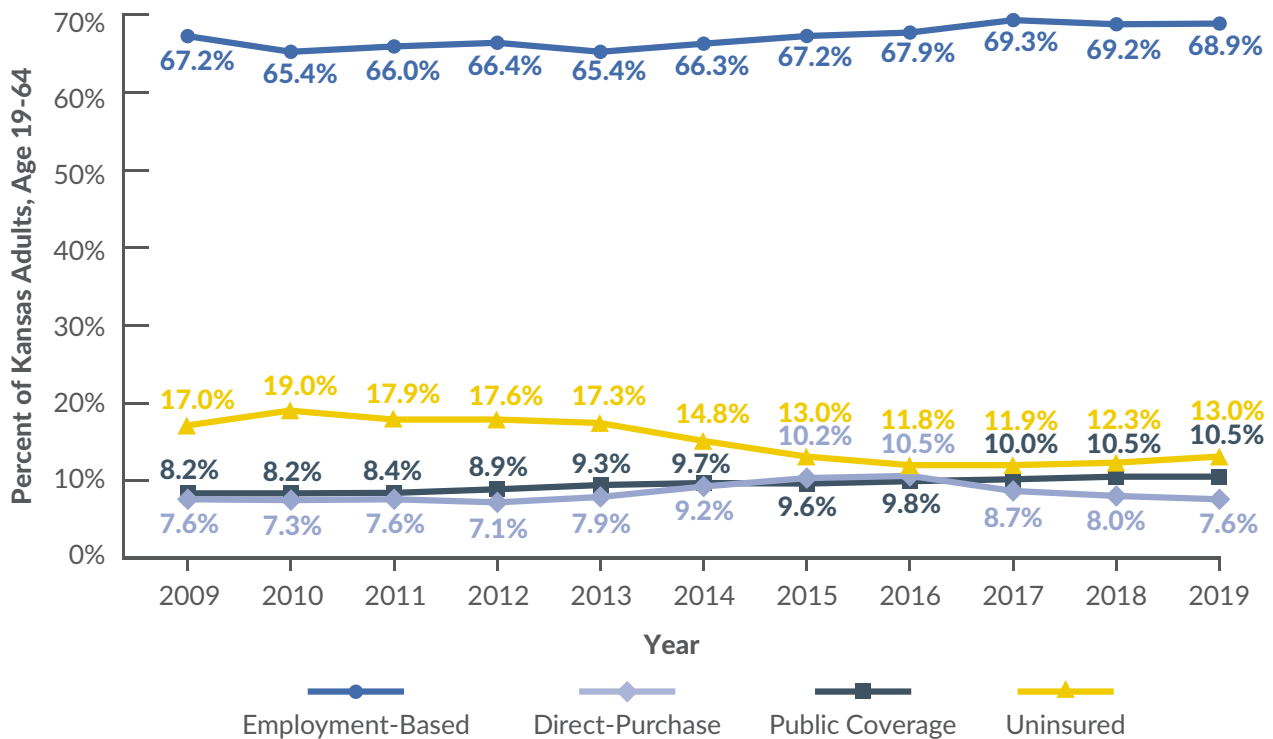


Note: Kansas Adults, Age 19-64 (not in institutions) = 1,668,162. Percentages may not sum to 100 percent because of rounding. Military/TRI-CARE coverage is included in Employment-Based coverage. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA Health Care is provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. Armed Forces. (*Appendix C, page C-1*).

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Direct-Purchase Coverage Falls Back to Pre-ACA Level

Figure 3.1b Kansas Adults, Age 19-64: Trends in Sources of Health Insurance Coverage, 2009-2019



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

Source: KHI analysis of data from the U.S. Census Bureau 2009-2019 American Community Survey Public Use Microdata Sample files.

Key Points

- Nearly 7 in 10 (68.9 percent) nonelderly adults received coverage through an employer.
- Among nonelderly adults in 2019, 10.5 percent had public coverage, and 13.0 percent were uninsured.
- Despite earlier gains this decade in insurance coverage for nonelderly adults, the uninsured rate began to gradually increase after 2016, although the

difference between 2016 and 2019 (11.8 and 13.0 percent, respectively) was not statistically significant.

- Direct-purchase coverage for nonelderly adults rose after 2013 (7.9 percent), peaked in 2016 (10.5 percent), but then began to drop back to a level similar to pre-ACA implementation (7.6 percent in 2009 and 2019).

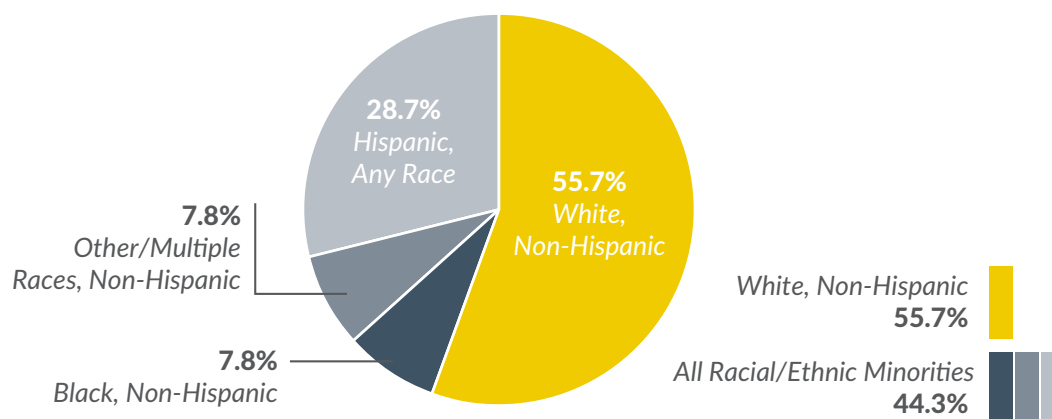
3.2 Uninsured by Race/Ethnicity

KANSAS ADULTS, AGE 19-64

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

More Than Half of Uninsured Nonelderly Adults Are Non-Hispanic Whites

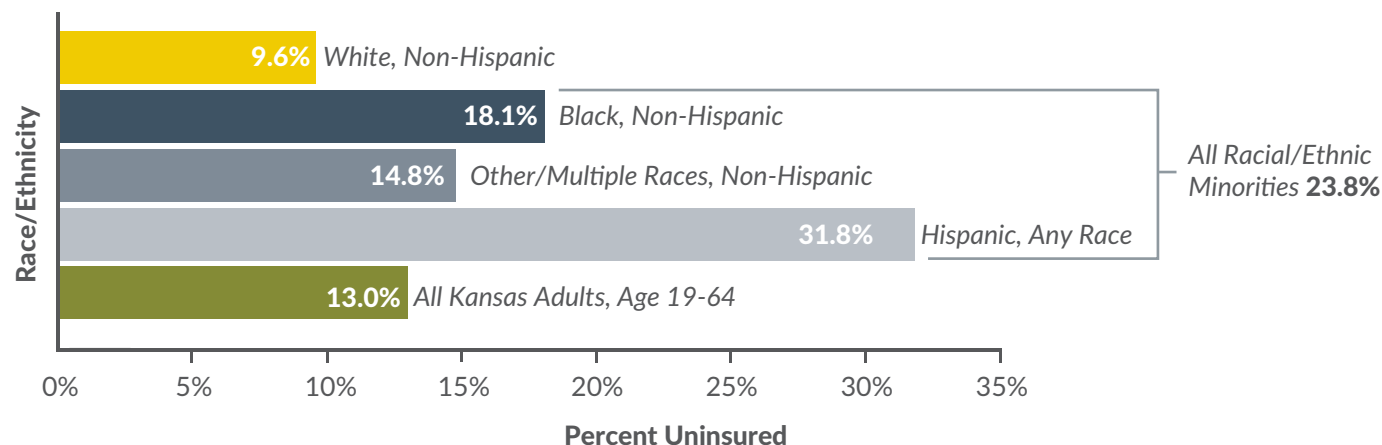
Figure 3.2a Uninsured Kansas Adults, Age 19-64, by Race/Ethnicity, 2019



Note: Uninsured Kansas Adults, Age 19-64 (not in institutions) = 217,404. Percentages may not sum to 100 percent because of rounding. All Racial/Ethnic Minorities includes any race and ethnicity other than White, Non-Hispanic (Appendix B, page B-1). Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

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

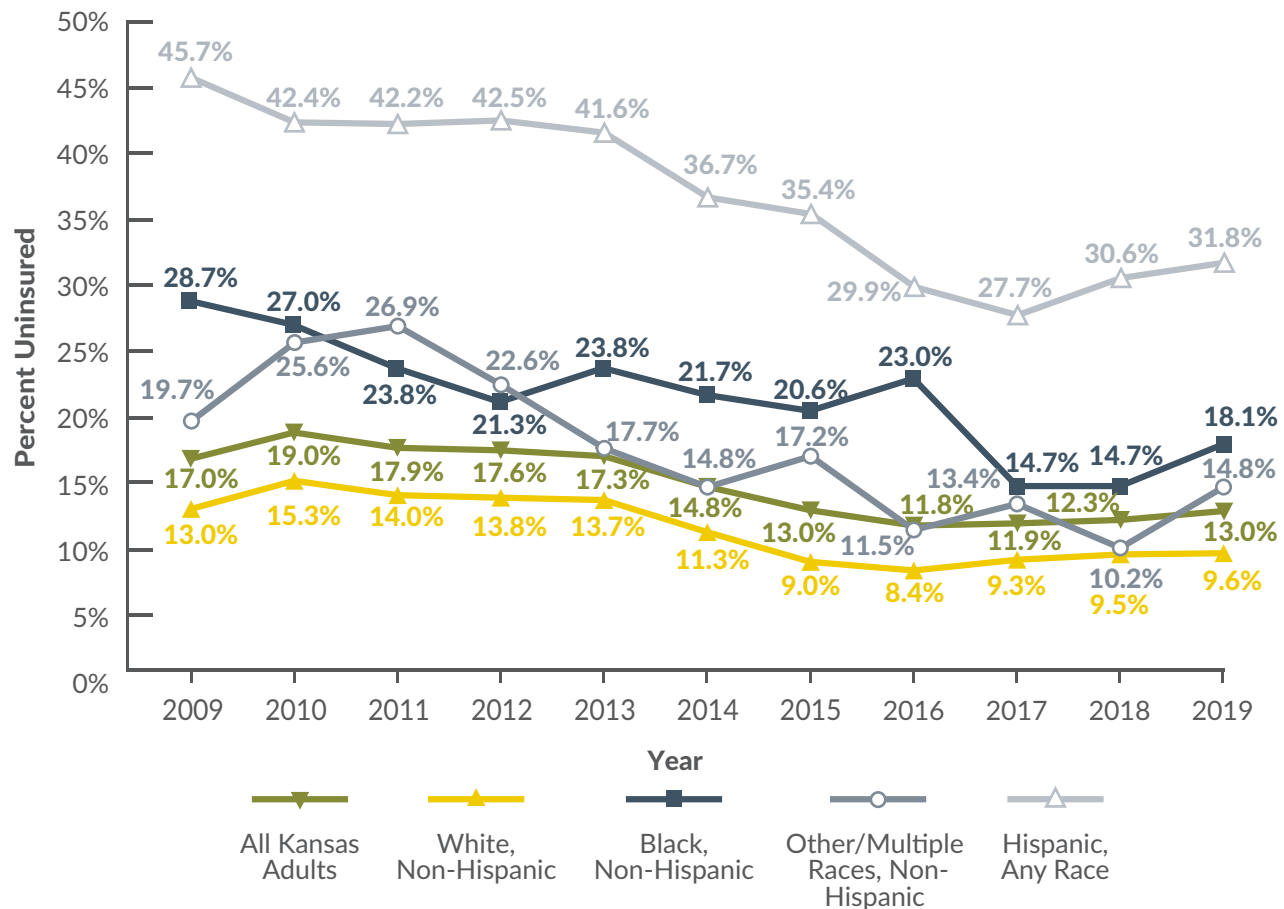
Figure 3.2b Kansas Adults, Age 19-64: Uninsured Rates by Race/Ethnicity, 2019



All Kansas Adults, Age 19-64 (not in institutions) = 1,668,162. See Appendix B, page B-1, for definitions of specific racial/ethnic groups. Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

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

Figure 3.2c Kansas Adults, Age 19-64: Uninsured Rates by Race/Ethnicity, 2009-2019



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 2009-2019 American Community Survey Public Use Microdata Sample files.

Key Points

- More than half (55.7 percent) of uninsured nonelderly adults were non-Hispanic Whites.
- Nearly 3 in 10 (28.7 percent) uninsured nonelderly adults were Hispanic, Any Race.
- Among nonelderly adults, those who are Hispanic, Any Race, were three times more likely to be uninsured than those who are non-Hispanic White (31.8 percent compared to 9.6 percent).
- All nonelderly adult racial and ethnic groups have experienced decreases in

uninsured rates since 2009; however, the improvements have slowed and only Other/Multiple Races, Non-Hispanic Kansans had a statistically significant change in its uninsured rate between 2018 and 2019.

- The uninsured rate for Hispanic, Any Race, nonelderly adults increased from 27.7 percent in 2017 to 30.6 percent in 2018 and 31.8 percent in 2019. While the increase is not statistically significant, additional years of data should be tracked to determine whether this trend continues.

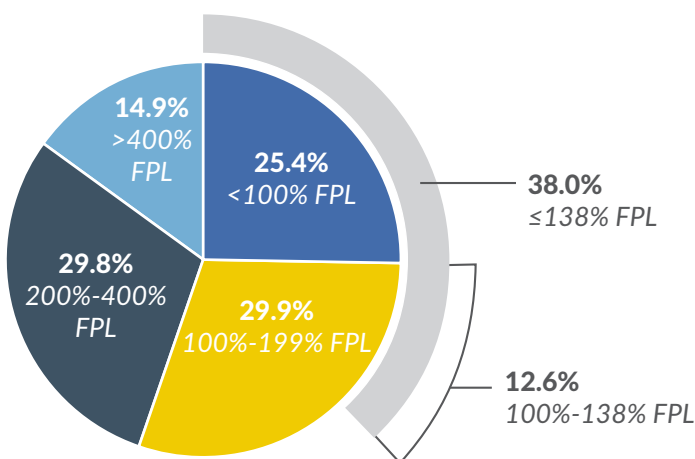
3.3 Uninsured by Family Income

KANSAS ADULTS, AGE 19-64

Several provisions of the ACA target affordability of health insurance for low-income people. The ACA provides financial assistance to help pay premiums for those with income between 100 percent and 400 percent FPL (\$25,750 to \$103,000 for a family of four in 2019), and assistance with out-of-pocket costs for those with income between 100 percent and 250 percent FPL (\$25,750 to \$64,375 for a family of four in 2019). To improve coverage specifically among nonelderly adults, the ACA allows states to expand Medicaid coverage to those with income at or below 138 percent FPL (\$35,535 for a family of four in 2019). As of February 2021, Kansas has not expanded Medicaid coverage.

Nearly 4 in 10 Uninsured Kansas Nonelderly Adults May Qualify for Medicaid if Expanded

Figure 3.3a Uninsured Kansas Adults, Age 19-64, by Family Income, 2019

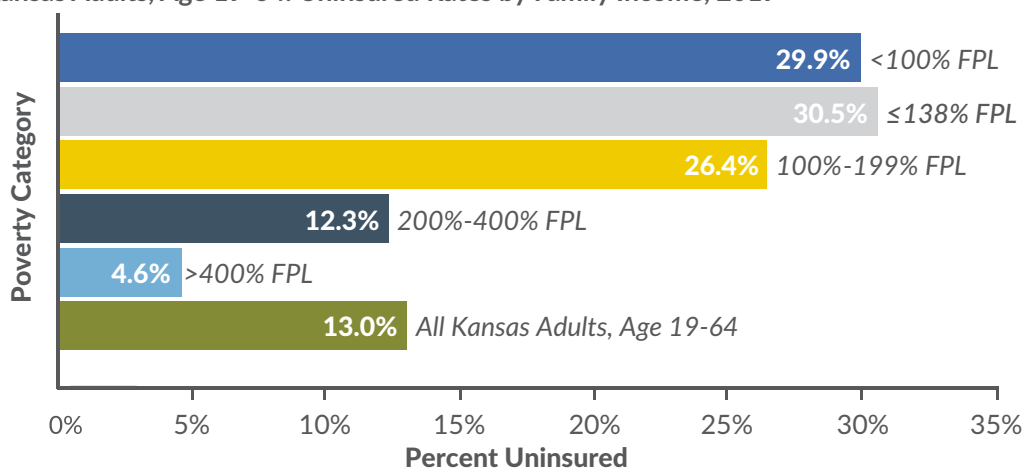


Note: Uninsured Kansas Adults, Age 19-64 with income information (not in institutions) = 215,594. Percentages may not sum to 100 percent because of rounding. Adults with family income at or below 138 percent FPL (\$35,535 for a family of four in 2019) might qualify for Medicaid if expanded (Appendix D, page D-1).

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Lack of Insurance Strongly Linked to Family Income

Figure 3.3b Kansas Adults, Age 19-64: Uninsured Rates by Family Income, 2019

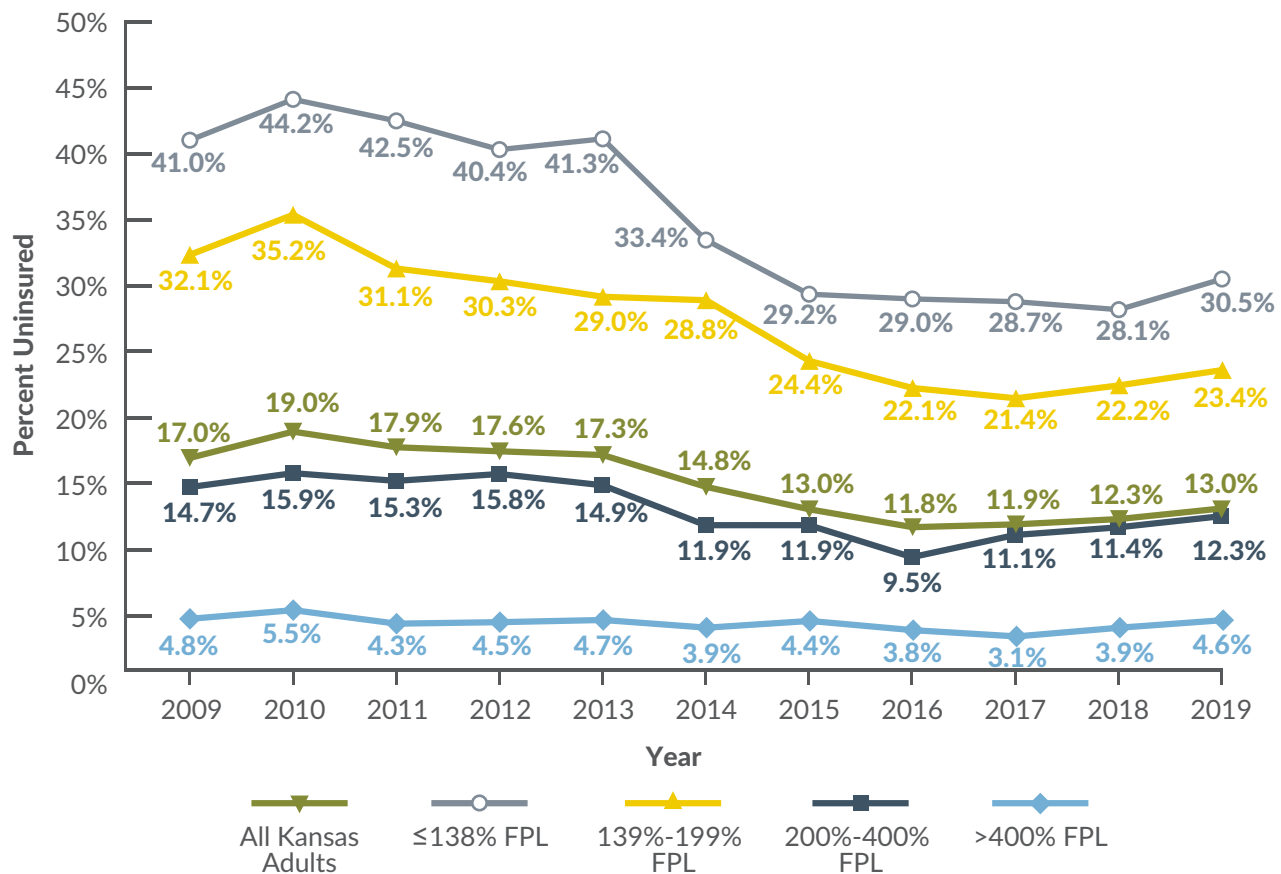


Note: Kansas Adults, Age 19-64 with income information (not in institution) = 1,642,944. Adults with family income at or below 138 percent FPL (\$35,535 for a family of four in 2019) might qualify for Medicaid if expanded (Appendix D, page D-1). After rounding, the uninsured rates were the same for people with family income less than 100 percent FPL and people at or below 138 percent FPL.

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

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

Figure 3.3c Kansas Adults, Age 19-64: Uninsured Rates by Family Income, 2009-2019



Note: Adults with family income ≤138 percent FPL (\$35,535 for a family of four in 2018) might qualify for Medicaid if expanded (Appendix D, page D-1).

Source: KHI analysis of data from the U.S. Census Bureau 2009-2019 American Community Survey Public Use Microdata Sample files.

Key Points

- Three-quarters (74.6 percent) of uninsured nonelderly adults had family income at or above the poverty line.
- Nearly 4 in 10 (38.0 percent) uninsured nonelderly adults had family income at or below 138 percent FPL and might have qualified for Medicaid if it had been expanded.
- Nonelderly adults with family income at or below 138 percent FPL were six times more likely to be uninsured than those with family income greater than 400 percent FPL (30.5 percent compared to 4.6 percent), and 2.5 times more likely to be uninsured than those with family income between 200-400 percent FPL (30.5 percent compared to 12.3 percent).
- Insurance coverage has improved for all income groups below 400 percent FPL between 2009 and 2019; however, insurance coverage has remained stable for those above 400 percent FPL.
- The uninsured rate for nonelderly adults with income at or below 138 percent FPL — the Medicaid expansion target population — decreased by nearly a quarter between 2009 and 2019 (41.0 percent compared to 30.5 percent), but remained higher than the rate for nonelderly adults in all other income groups.

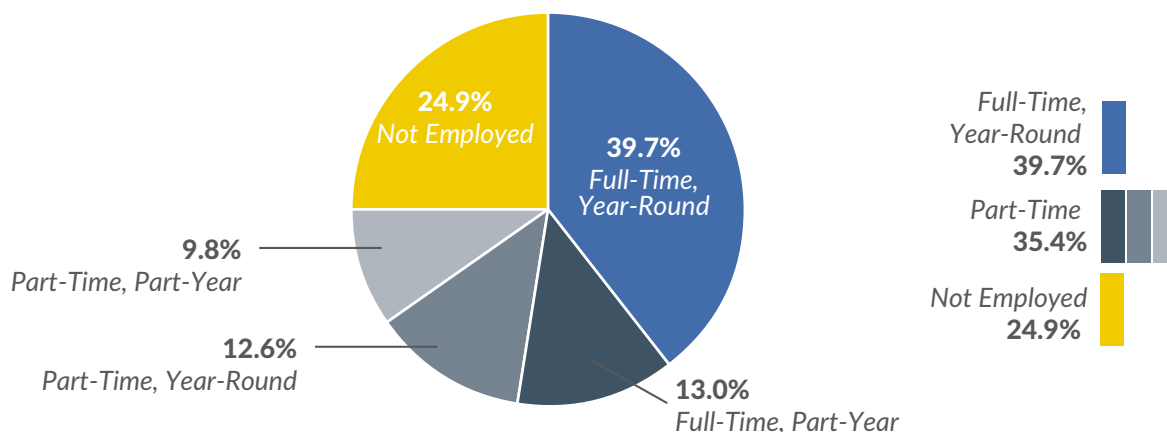
3.4 Uninsured by Employment Status

KANSAS ADULTS, AGE 19-64

While employment makes it more likely a person will be insured, it does not guarantee it. Whether or not an employer offers health insurance, the eligibility of the employee and dependents for coverage, and the affordability and value of the health insurance are all factors that contribute to the likelihood an employee is insured. In this publication, employment is considered full-time if an individual worked 35 hours or more per week, and year-round if an individual worked at least 50 weeks in the last 12 months.

Three-Quarters of Uninsured Nonelderly Adults Are Working

Figure 3.4a Uninsured Kansas Adults, Age 19-64, by Employment Status, 2019

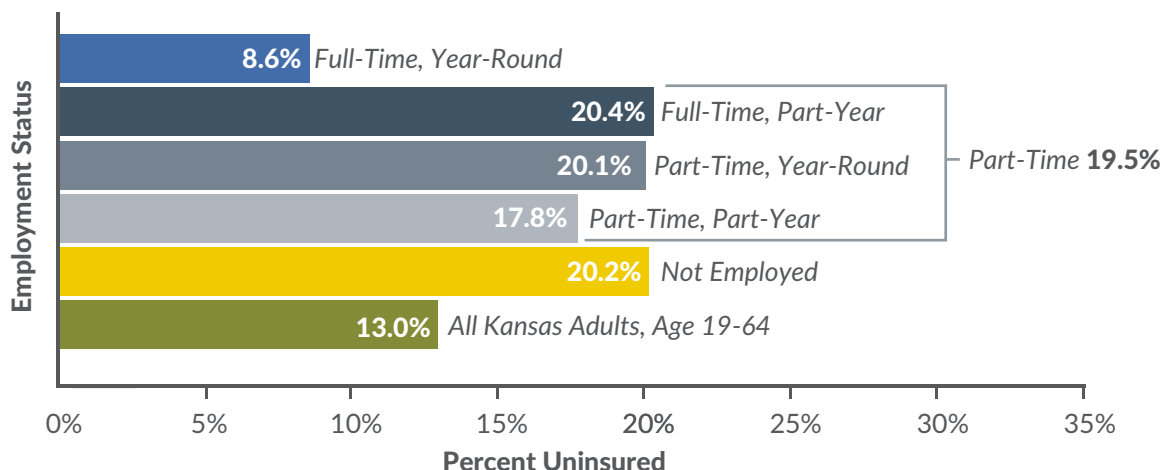


Note: Uninsured Kansas Adults, Age 19-64 (not in institutions) = 217,404. Percentages may not sum to 100 percent because of rounding. Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months (Appendix B, page B-1.)

Source: KHI analysis of data from the U.S. Census Bureau 2019 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, 2019

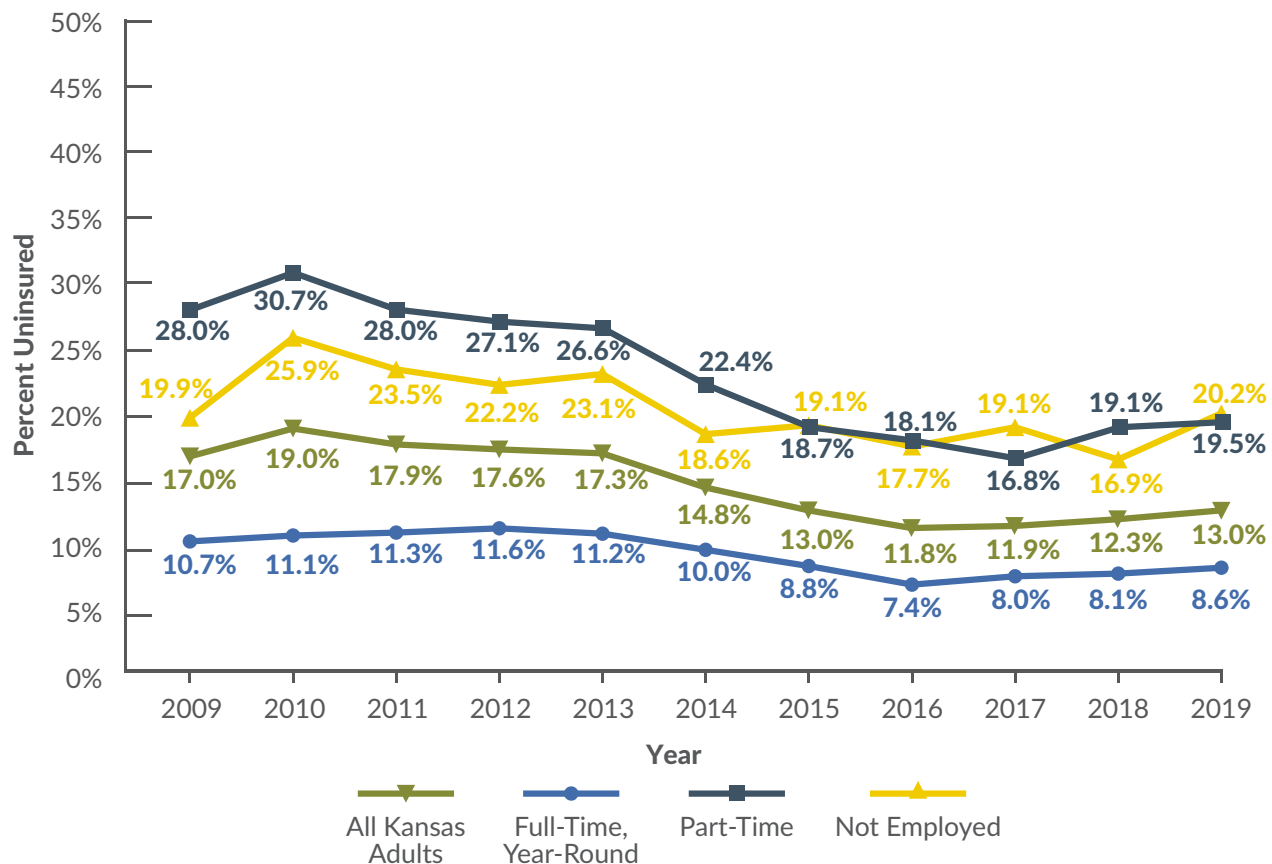


Note: All Kansas Adults, Age 19-64 (not in institutions) = 1,668,162. Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months. Part-Time combines workers who reported Full-Time, Part-Year; Part-Time, Year-Round; or Part-Time, Part-Year employment (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Gains in Insurance Coverage Have Flattened Regardless of Employment Status

Figure 3.4c Kansas Adults, Age 19-64: Uninsured Rates by Employment Status, 2009-2019



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 2009-2019 American Community Survey Public Use Microdata Sample files.

Key Points

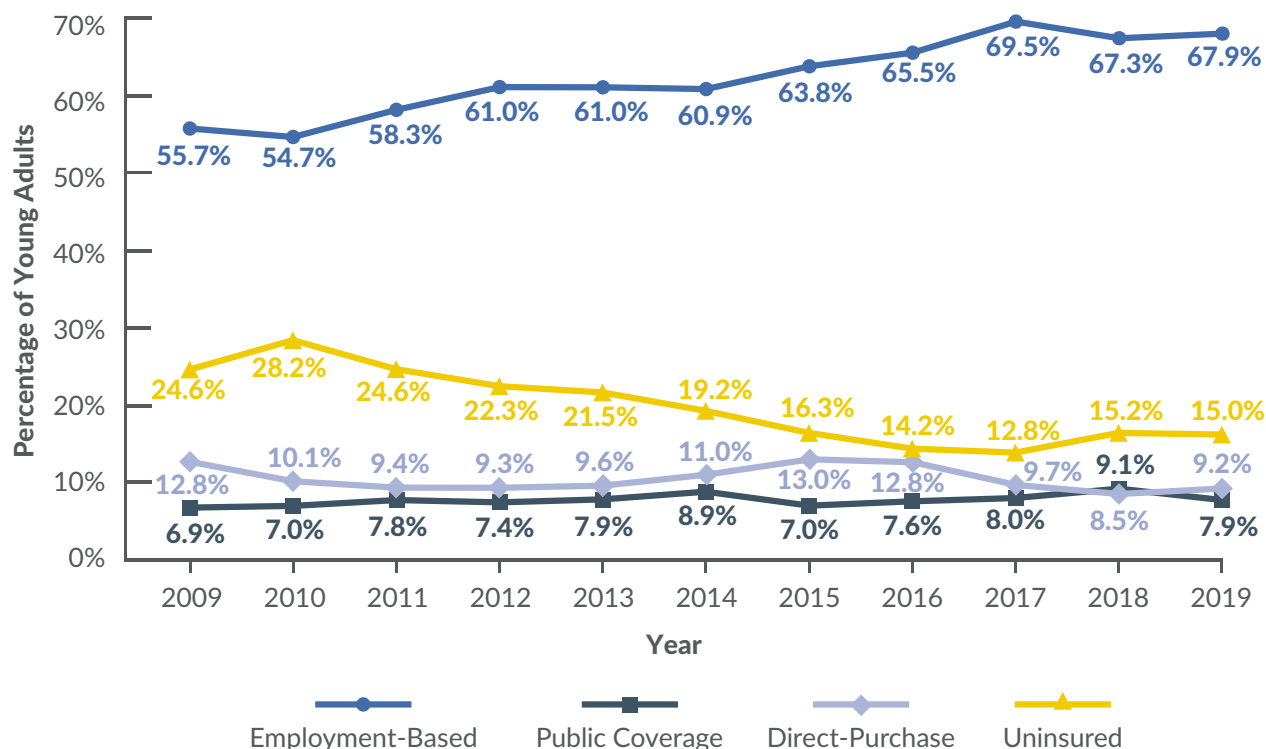
- Nearly 4 in 10 (39.7 percent) uninsured nonelderly adults were employed full-time, year-round.
- Three-quarters (75.1 percent) of uninsured nonelderly adults were working at least part-time or part-year.
- For working Kansas adults age 19-64, part-time workers were at least two times more likely to be uninsured than those working full-time (19.5 percent compared to 8.6 percent).
- The uninsured rate for unemployed nonelderly adults increased from 16.9 percent in 2018 to 20.2 percent in 2019.
- The uninsured rate for nonelderly adults working full- or part-time decreased between 2009 and 2019, but for the unemployed, the rate was similar.
- The uninsured rate for nonelderly adults working part-time decreased by almost one-third (28.0 percent to 19.5 percent) between 2009 and 2019, and by one-fifth for those working full-time (10.7 percent to 8.6 percent).

3.5 Young Adults, Age 19-25

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

Improvements in Insurance Coverage for Young Adults Stalled

Figure 3.5 Young Kansas Adults, Age 19-25: Trends in Sources of Health Insurance Coverage, 2009-2019



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 2009-2019 American Community Survey Public Use Microdata Sample files.

Key Points

- Between 2009 and 2019, the uninsured rate for young adults decreased by more than one-third (24.6 percent to 15.0 percent).
- The uninsured rate among adults age 19-25 increased from 12.8 percent in 2017 to 15.2 percent in 2018 and stayed at 15.0 percent in 2019. While it was not a statistically significant increase, the trend should be watched closely.
- Employment-based coverage among young adults increased from 55.7 percent in 2009 to 67.9 percent in 2019, likely a result of remaining on their parents' employment-based insurance as allowed by the ACA.

4. KANSAS CHILDREN AGE 0-18

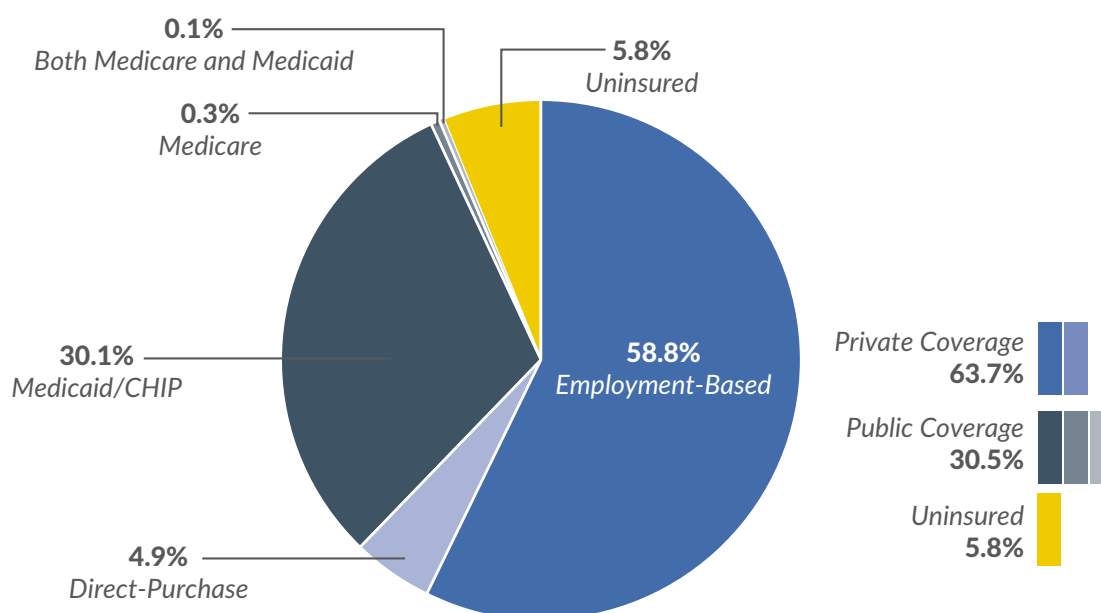
4.1 Sources of Health Insurance Coverage

KANSAS CHILDREN, AGE 0-18

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

Nearly Three in 10 Children Are Covered by Medicaid or CHIP

Figure 4.1a Kansas Children, Age 0-18: Sources of Health Insurance Coverage, 2019

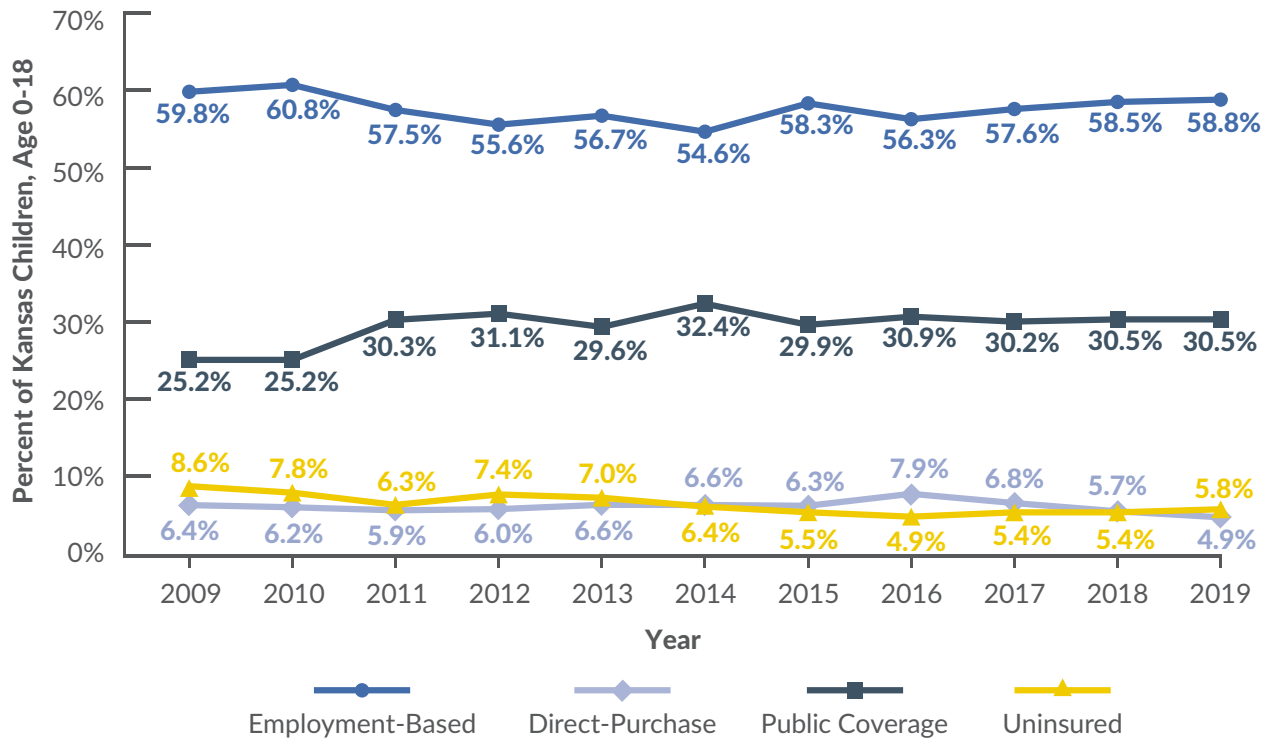


Note: Kansas Children, Age 0-18 (not in institutions) = 743,982. Percentages may not sum to 100 percent because of rounding. Military/TRICARE coverage is included in Employment-Based coverage. Direct-Purchase is health insurance purchased directly from a private company or on the federally facilitated Kansas marketplace. VA Health Care is provided by the U.S. Department of Veterans Affairs to eligible veterans of the U.S. Armed Forces (*Appendix C, page C-1*).

Source: KHI analysis of data from the U.S. Census Bureau 2019 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: Trends in Sources of Health Insurance Coverage, 2009-2019



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

Source: KHI analysis of data from the U.S. Census Bureau 2009-2019 American Community Survey Public Use Microdata Sample files.

Key Points

- Nearly 6 in 10 (58.8 percent) children were covered by employment-based insurance through a parent's employer.
- Three in 10 (30.1 percent) children were covered by Medicaid or CHIP.
- The uninsured rate for children (5.8 percent) remained steady in 2019 when compared to the previous year.
- While public coverage for children increased overall between 2009 and 2019, it has remained stable since 2011.
- Direct-purchase coverage decreased for children between 2009 and 2019.
- Although it was not statistically significant, the uninsured rate for children increased from 4.9 percent in 2016 (the lowest in the past decade) to 5.8 percent in 2019.

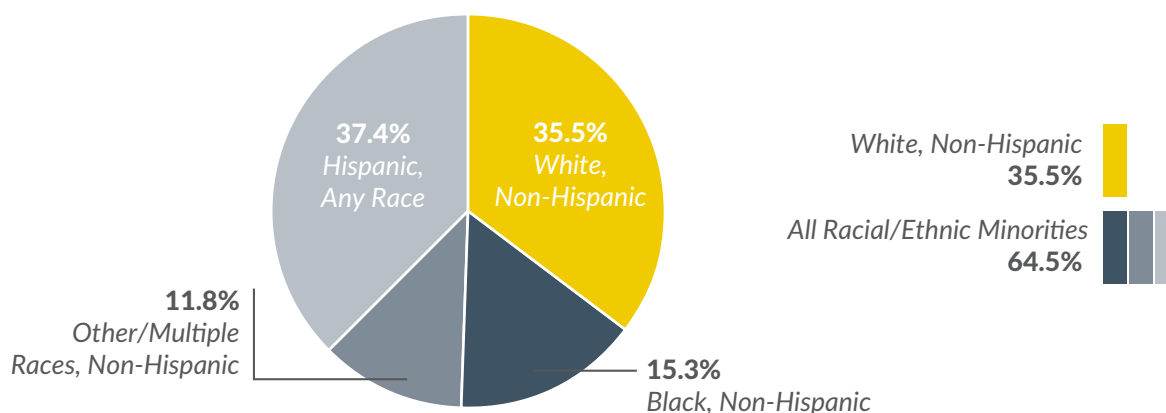
4.2 Uninsured by Race/Ethnicity

KANSAS CHILDREN, AGE 0-18

The racial and ethnic distribution of uninsured children in 2019 was very different from previous years. While the uptick in the uninsured rate for racial/ethnic minority children in Kansas is remarkable, it could be due to small sample sizes for subgroups of children and presents a challenge to concluding whether the change is statistically significant. It will be important to monitor the trend in future years to determine if policy change is needed.

Nearly 2 in 5 Uninsured Children Are Non-Hispanic Whites

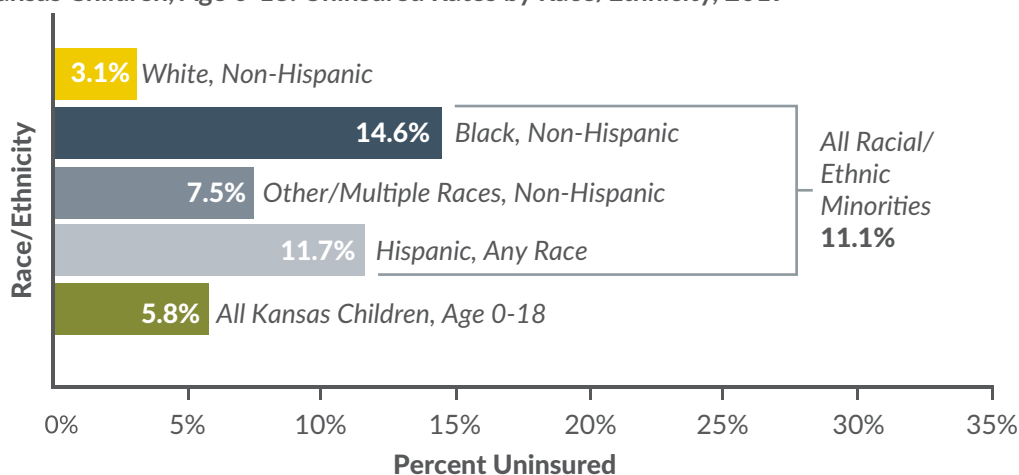
Figure 4.2a Uninsured Kansas Children, Age 0-18, by Race/Ethnicity, 2019



Note: Uninsured Kansas Children, Age 0-18 (not in institutions) = 42,888. Percentages may not sum to 100 percent because of rounding. All Racial/Ethnic Minorities includes any race/ethnicity other than White, Non-Hispanic (Appendix B, page B-1).
Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Children in Racial/Ethnic Minority Groups Are More Likely to be Uninsured

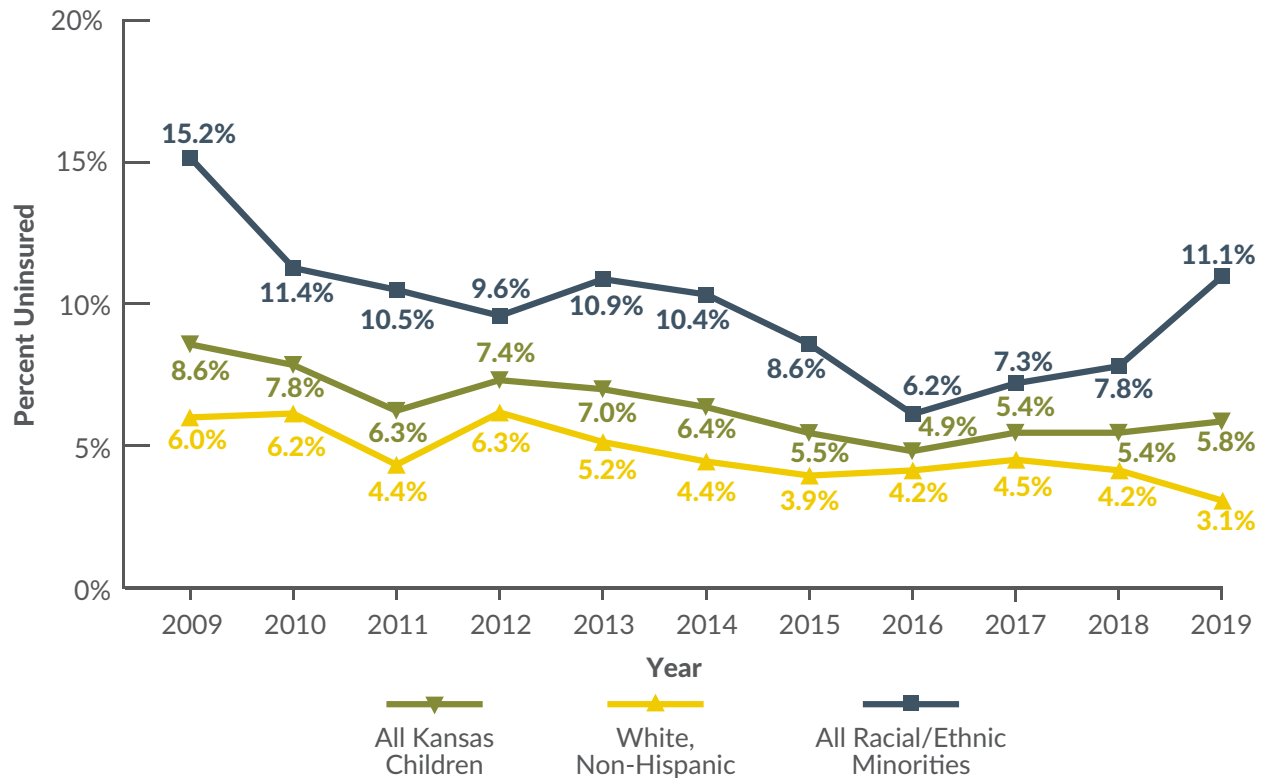
Figure 4.2b Kansas Children, Age 0-18: Uninsured Rates by Race/Ethnicity, 2019



Note: All Kansas Children, Age 0-18 (not in institutions) = 743,982. All Racial/Ethnic Minorities includes any race/ethnicity other than White, Non-Hispanic (Appendix B, page B-1).
Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Racial/Ethnic Disparities in Insurance Coverage for Children Widen







Figure 4.2c Kansas Children, Age 0-18: Uninsured Rates by Race/Ethnicity, 2009-2019



Note: All Racial/Ethnic Minorities includes any race/ethnicity other than White, Non-Hispanic, and is used because trend lines for each racial/ethnic minority group fluctuate substantially due to small number for each of these groups (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2009-2019 American Community Survey Public Use Microdata Sample files.

Key Points

-  In 2019, one-third (35.5 percent) of uninsured children were non-Hispanic Whites. This is different from previous years when more than half of the uninsured children in Kansas were non-Hispanic Whites.
-  In 2019, nearly 2 in 5 (37.4 percent) uninsured children were Hispanic, Any Race, which was similar to 2018.
-  Children in racial/ethnic minority groups were more likely to be uninsured than non-Hispanic White children. The disparity was nearly five times for non-Hispanic Black children (14.6 percent were uninsured compared to 3.1 percent of non-Hispanic White children), followed by almost four times for Hispanic, Any Race, children (11.7 percent were uninsured) and 2.4 times for non-Hispanic Other/Multiple Races (7.5 percent were uninsured).
-  In 2009, children who are racial/ethnic minorities were 2.5 times more likely to be uninsured than non-Hispanic White children (15.2 percent and 6.0 percent, respectively). While this gap was thought to be narrowing, it has begun to widen since 2017.
-  Children who are racial/ethnic minorities were 3.6 times more likely to be uninsured than were to non-Hispanic White children in 2019 (11.1 percent and 3.1 percent, respectively).
-  Year-to-year changes in relatively small groups of people can lead to big changes in trends such as the uninsured rate, so caution is needed when interpreting yearly trends.

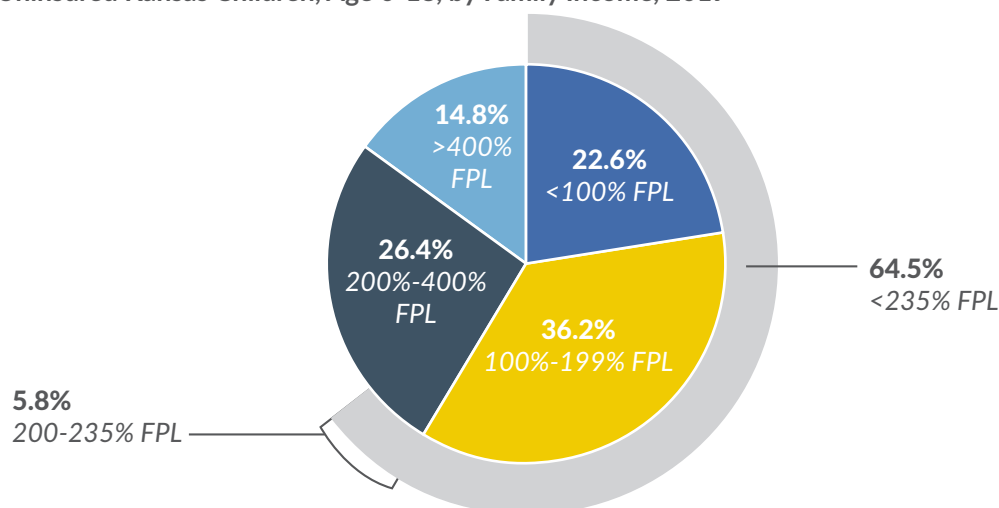
4.3 Uninsured by Family Income

KANSAS CHILDREN, AGE 0-18

The Children's Health Insurance Program (CHIP) and other policies have made insurance coverage for children more affordable. Kansas children living in families earning less than 235 percent FPL (\$60,513 for a family of four in 2019) qualified for Medicaid or CHIP. Additionally, financial assistance to purchase health insurance from the federally facilitated Kansas marketplace was available through the ACA to cover children in families with income over the CHIP eligibility threshold up to 400 percent FPL (\$103,000 for a family of four in 2019).

Nearly Two-Thirds of Uninsured Children in Kansas Might Already be Eligible for Medicaid or CHIP

Figure 4.3a Uninsured Kansas Children, Age 0-18, by Family Income, 2019

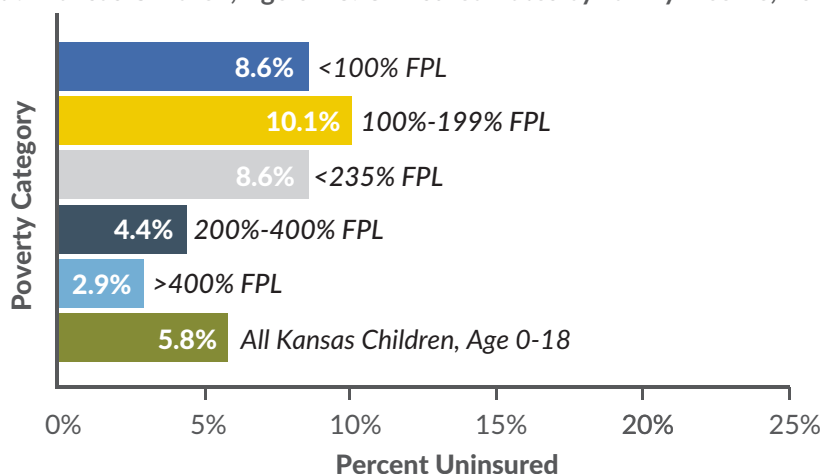


Note: Uninsured Kansas Children, Age 0-18 with income information (not in institutions) = 41,779. Percentages may not sum to 100 percent because of rounding. Children living in families with income <235 percent FPL (\$60,513 for a family of four in 2019) might qualify for Medicaid or CHIP (Appendix D, page D-1).

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Children Living Below Poverty Most Likely to Lack Insurance

Figure 4.3b Kansas Children, Age 0-18: Uninsured Rates by Family Income, 2019

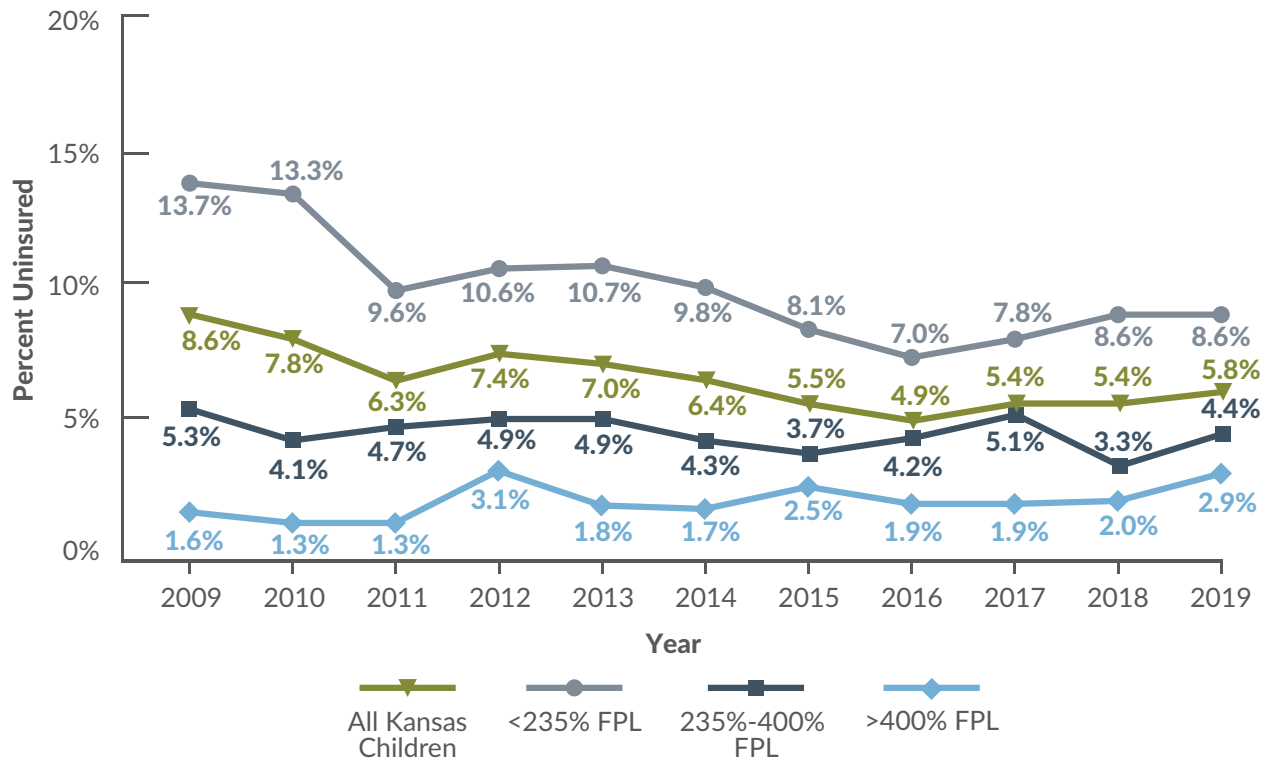


Note: Kansas Children, Age 0-18 with income information (not in institution) = 722,062. Children living in families with income <235 percent FPL (\$60,513 for a family of four in 2019) might qualify for Medicaid or CHIP (Appendix D, page D-1).

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

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






Figure 4.3c Kansas Children, Age 0-18: Uninsured Rates by Family Income, 2009-2019



Note: Children living in families with income <235 percent FPL (\$60,513 for a family of four in 2019) might qualify for Medicaid or CHIP (Appendix D, page D-1). The eligibility thresholds change each year.

Source: KHI analysis of data from the U.S. Census Bureau 2009-2019 American Community Survey Public Use Microdata Sample files.

Key Points

-  Nearly two-thirds (64.5 percent) of uninsured children were living in families with income under 235 percent FPL and might have qualified for Medicaid or CHIP.
-  An additional 2 in 10 (20.7 percent) uninsured children might have qualified for financial assistance on the Kansas marketplace, as their family income was between 235 and 400 percent FPL.
-  Children in families earning between 100 and 199 percent FPL were 3.5 times more likely to be uninsured than those in families with income over 400 percent FPL (10.1 percent compared to 2.9 percent).
-  While the uninsured rate for children living in families with income under 235 percent FPL decreased between 2009 and 2019 (13.7 percent compared to 8.6 percent), it remained the same for those children from 2018 to 2019.
-  There was no statistically significant change in the coverage rate between 2018 and 2019 for children in any income category.

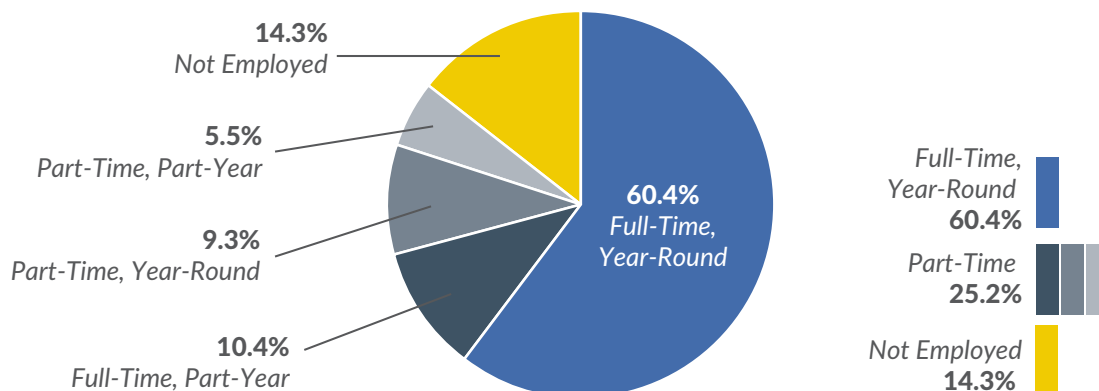
4.4 Uninsured by Head of Household Employment Status

KANSAS CHILDREN, AGE 0-18

While employment makes it more likely a person will be insured, it does not guarantee it. Whether or not an employer offers health insurance, the eligibility of the employee and dependents for coverage, and the affordability and value of health insurance are all factors that contribute to the likelihood the employee and dependents are insured. In this section, the employment of the head of household (employed parent) is considered full-time if an individual worked 35 hours or more per week and year-round if an individual worked at least 50 weeks in the last 12 months.

Eight in 10 Uninsured Children Live in Working Families

Figure 4.4a Uninsured Kansas Children, Age 0-18, by Head of Household Employment Status, 2019

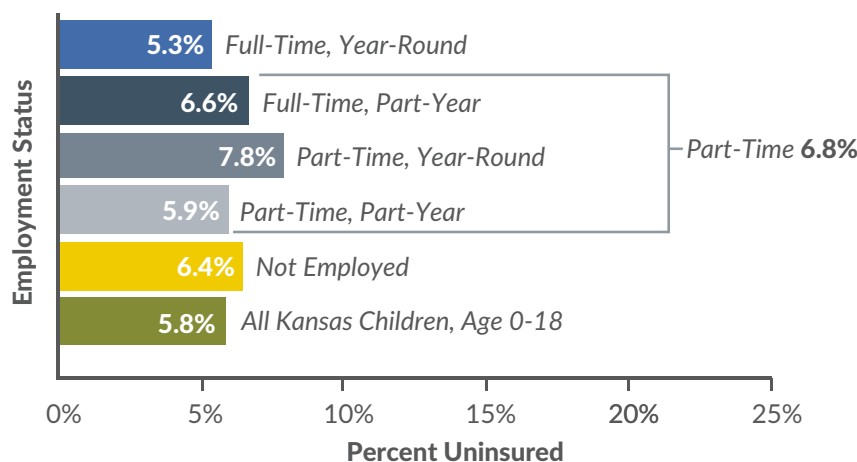


Note: Uninsured Kansas Children, Age 0-18 (not in institutions) = 42,888. Percentages may not sum to 100 percent because of rounding. Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

Uninsured Rates for Children Are Similar Among Households With Varied Employment Status

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

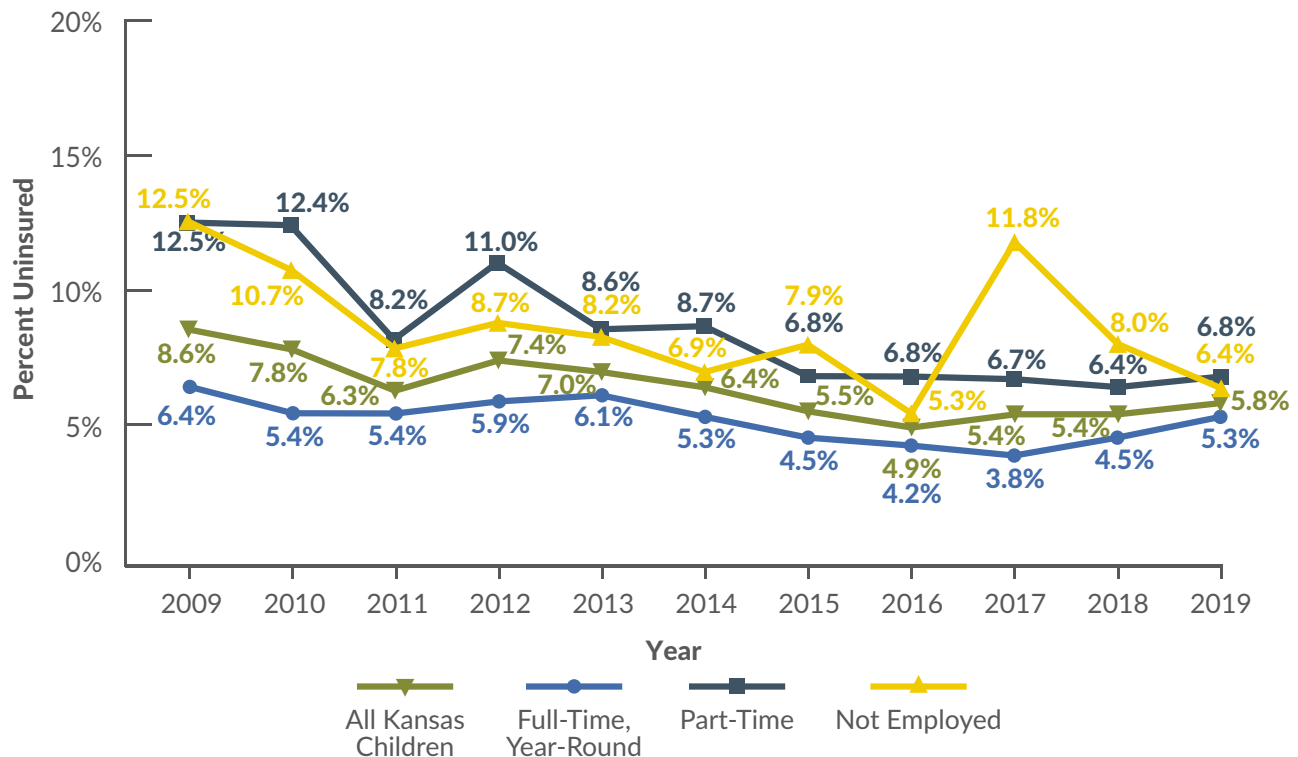


Note: All Kansas Children, Age 0-18 (not in institutions) = 743,982. Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months. Part-Time combines workers who reported Full-Time, Part-Year; Part-Time, Year-Round; or Part-Time, Part-Year employment (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample files.

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






Figure 4.4c Kansas Children, Age 0-18: Uninsured Rates by Employment Status of Head of Household, 2009-2019



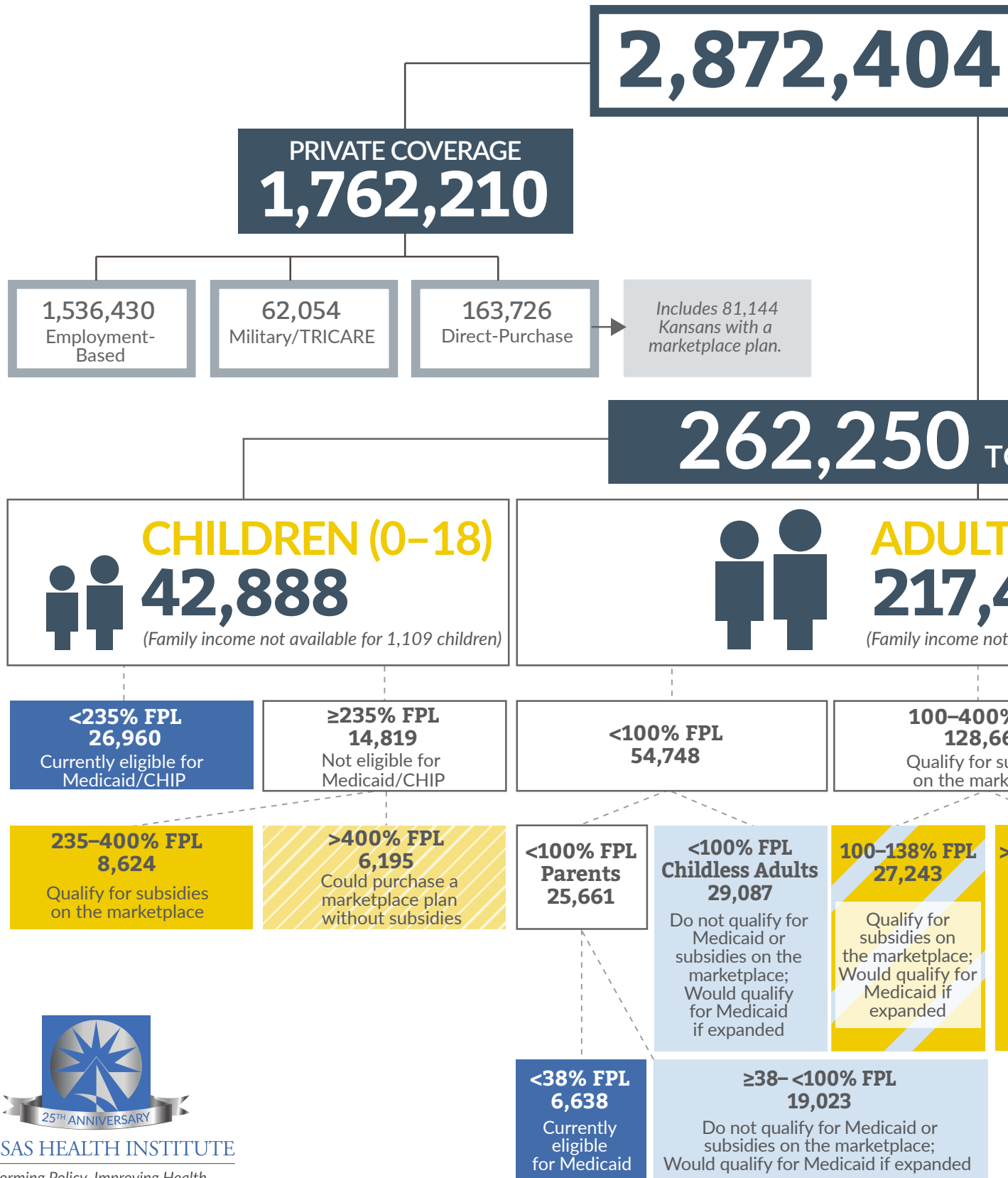
Note: Employment is considered Full-Time if an individual worked 35 hours or more per week and Year-Round if an individual worked 50 weeks in the last 12 months. Part-Time combines workers who reported Full-Time, Part-Year; Part-Time, Year-Round; or Part-Time, Part-Year employment (Appendix B, page B-1).

Source: KHI analysis of data from the U.S. Census Bureau 2009-2019 American Community Survey Public Use Microdata Sample files.

Key Points

-  Six in 10 (60.4 percent) uninsured Kansas children age 0-18 lived in families where the head of household worked full-time, year-round.
-  Most (85.7 percent) uninsured children lived in families where the head of household was working at least part-time during the year.
-  There is no statistically significant difference in the uninsured rate for children living in families with a head of household who is working full-time, part-time or unemployed.
-  Between 2009 and 2019, the uninsured rate for children in families headed by unemployed Kansans or part-time workers decreased (12.5 percent to 6.4 percent, and 12.5 percent to 6.8 percent, respectively), but it remained similar for children in families headed by full-time, year-round workers.
-  The uninsured rate did not change significantly for children between 2018 and 2019, regardless the working status of the head of household.

HEALTH INSURANCE



KANSAS HEALTH INSTITUTE

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December 2021

CE IN KANSAS 2019

KANSAS POPULATION

PUBLIC COVERAGE
847,944

327,599
Medicaid/CHIP

71,158
Both Medicare
& Medicaid

441,033
Medicare

8,154
Veterans Affairs
(VA) Health Care

TOTAL UNINSURED

ADULTS (19-64)
1,404

(available for 1,810 adults)



SENIORS (65+)
1,958

(Likely eligible for Medicare)

% FPL
57

Qualify for subsidies
on the marketplace

>400% FPL
32,179

Could purchase a marketplace
plan without subsidies

138-400% FPL
101,424

Qualify for
subsidies
on the
marketplace

LEGEND

- Currently eligible for Medicaid and/or CHIP — 33,598
- Would qualify for Medicaid if expanded — 75,353
- Qualify for subsidies on the marketplace — 137,291
- Could purchase a marketplace plan without subsidies — 38,374

Federal Poverty Level (FPL) — Family of Four, 2019



38% of FPL = \$9,785
100% of FPL = \$25,750
138% of FPL = \$35,535
235% of FPL = \$60,513
400% of FPL = \$103,000

Source: KHI analysis of data from the U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample and the Early 2019 Effectuated Enrollment Snapshot Fact Sheet from the Centers for Medicare and Medicaid Services.

5. KANSAS COUNTY PERSPECTIVE

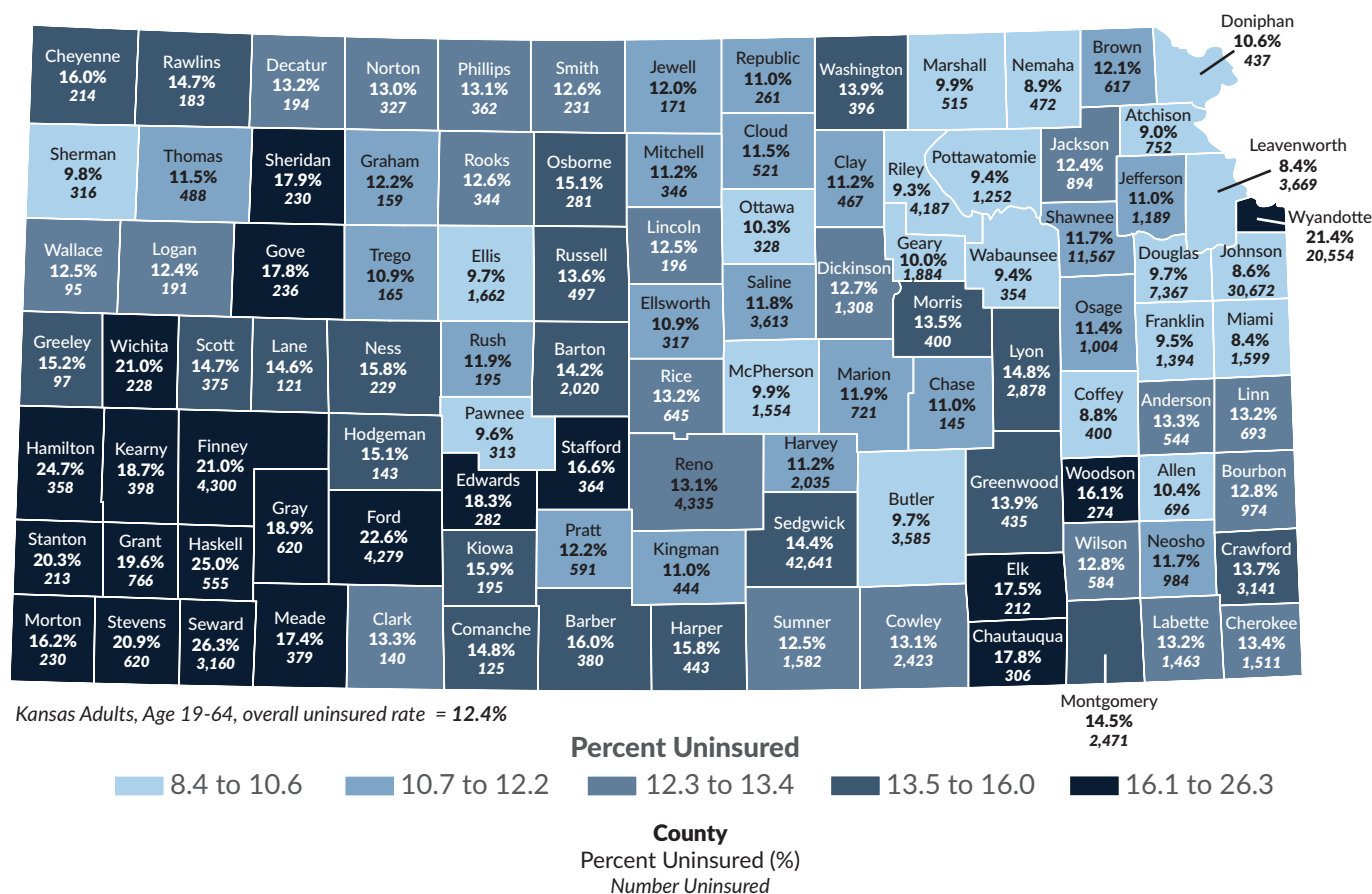
5.1 Uninsured Adults by County

KANSAS ADULTS, AGE 19-64

Earlier this year, the U.S. Census Bureau released the 2018 Small Area Health Insurance Estimates (SAHIE), which provide county-level uninsured rates. While the earlier sections in this report provide the 2019 statewide uninsured rate, the county-level data in this section of the report are one year older due to when the U.S. Census Bureau releases the data.

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

Figure 5.1 Kansas Adults, Age 19-64: Uninsured Rates and Numbers by County, 2018



Note: Uninsured Kansas Adults, Age 19-64 (noninstitutionalized civilians) = 204,673.
Source: KHI analysis of data from the U.S. Census Bureau 2018 Small Area Health Estimates.

Key Points

- More than half (55.1 percent) of uninsured nonelderly adults lived in the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).
- There was more than a three-fold difference between Kansas counties with the highest and lowest uninsured rates for nonelderly adults: 26.3 percent in Seward County (Southwest

Kansas) and 8.4 percent in Leavenworth County (Northeast Kansas).

- The uninsured rate for nonelderly adults in Wyandotte County was 2.5 times higher than in neighboring Johnson and Leavenworth counties (21.4 percent, 8.6 percent and 8.4 percent, respectively.)

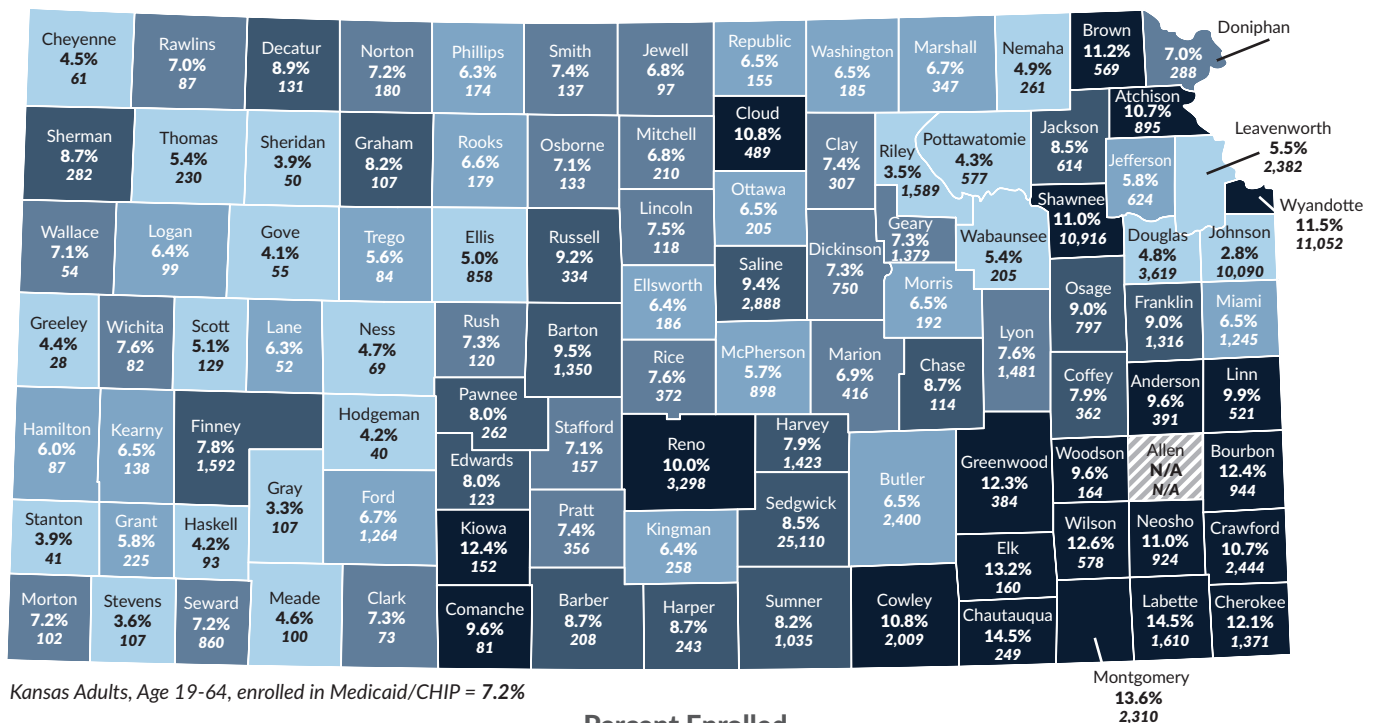
5.2 Adults Enrolled in Medicaid/CHIP by County

KANSAS ADULTS, AGE 19-64

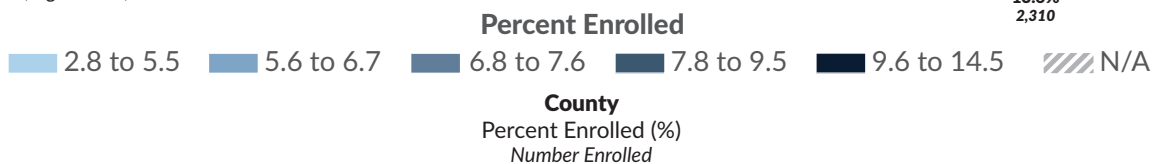
Some Kansas adults age 19-64 qualify for public health insurance programs such as Medicaid. Eligibility for adults is based on a variety of factors (e.g., assets) and varying income requirements, and is mainly offered to pregnant women, parents or caretakers of children, and Kansans with disabilities.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

Medicaid Enrollment for Nonelderly Adults Varies Five-Fold Across Kansas Counties

Figure 5.2 Nonelderly Kansas Adults, Age 19-64: Percent Enrolled in Medicaid/CHIP by County, 2018



Kansas Adults, Age 19-64, enrolled in Medicaid/CHIP = 7.2%



Note: Medicaid/CHIP Enrollees Age 19-64 = 117,244. Percent enrolled in Medicaid/CHIP is calculated using the average monthly enrollment of the age 19-64 in each county and dividing by the population in each county. Data for Allen County are under review and excluded from this analysis.

Source: KHI analysis of Kansas Department of Health and Environment Enterprise Data Warehouse and data from the US Census Bureau 2019 Small Area Health Estimates.

Key Points

- Half (51.8 percent) of nonelderly adult Medicaid enrollees lived in the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).
- Counties in Southeast Kansas generally had higher rates of Medicaid enrollment among nonelderly adults than did counties in the Western and Northern Kansas.
- There was more than a five-fold difference between Kansas counties with the highest and lowest percentage of nonelderly adults enrolled in Medicaid: 14.5 percent in Labette County and 2.8 percent in Johnson County.

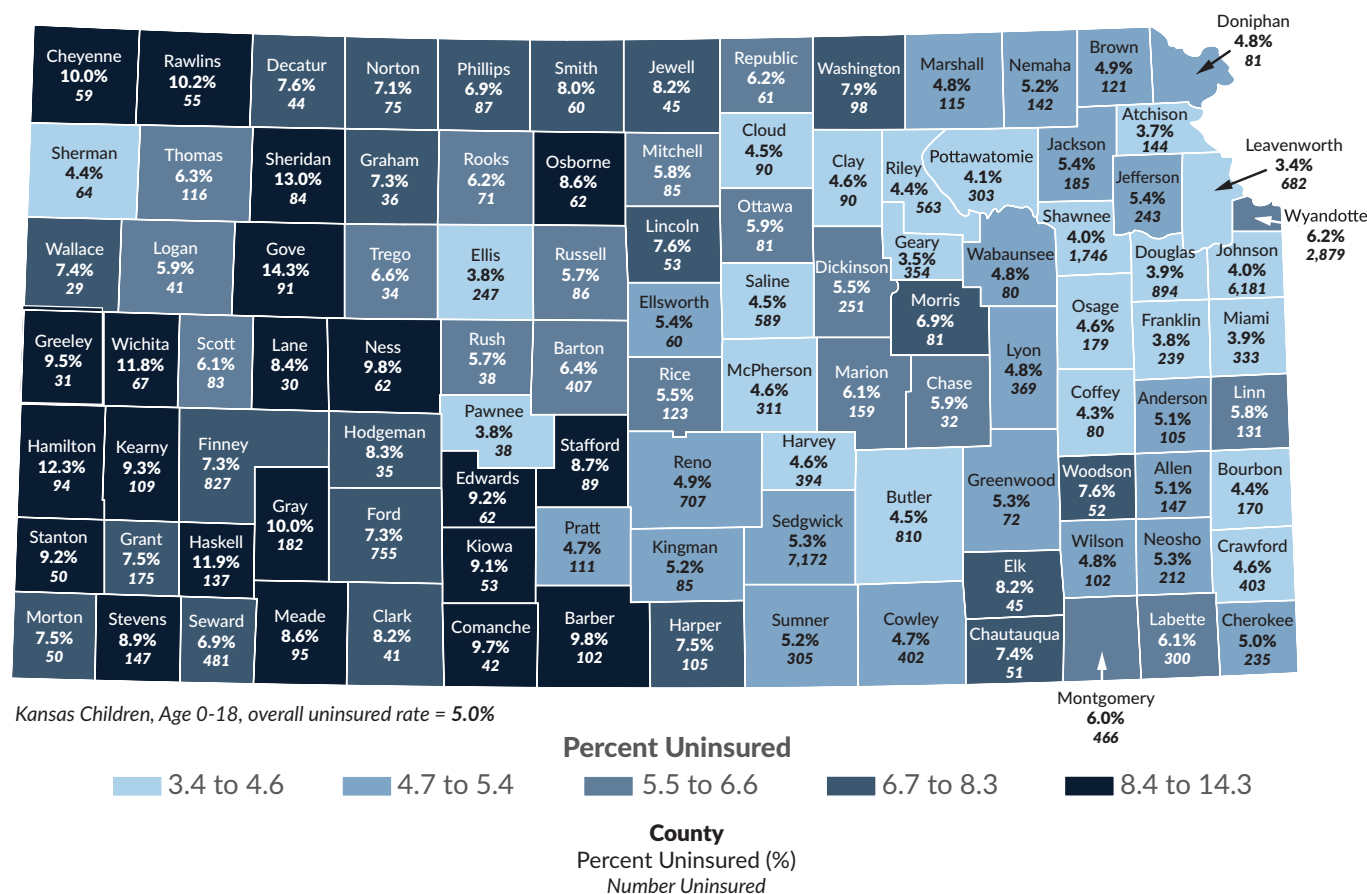
5.3 Uninsured Children by County

KANSAS CHILDREN, AGE 0-18

Earlier this year, the U.S. Census Bureau released the 2018 Small Area Health Insurance Estimates (SAHIE), which provides county-level uninsured rates. While the earlier sections in this report provide the 2019 statewide uninsured rate, the county-level data in this section of the report are one year older due to when the U.S. Census Bureau releases the data.

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

Figure 5.3 Kansas Children, Age 0-18: Uninsured Rates and Numbers by County, 2018



Note: Uninsured Kansas Children, Age 0-18, (noninstitutionalized civilians) = 36,327.

Source: KHI analysis of data from the U.S. Census Bureau 2018 Small Area Health Estimates.

Key Points

- While uninsured rates for children were relatively low in the five largest counties — Douglas, Johnson, Sedgwick, Shawnee and Wyandotte — more than half (52.0 percent or 18,872) of uninsured children lived in these counties.
- Counties in Western Kansas generally had the highest uninsured rate for children age 0-18, while counties in Northeast Kansas generally had the lowest uninsured rate for children.
- There was nearly a five-fold difference between Kansas counties with the highest and lowest uninsured rates for children in 2018: 14.3 percent in Gove County and 3.4 percent in Leavenworth County.

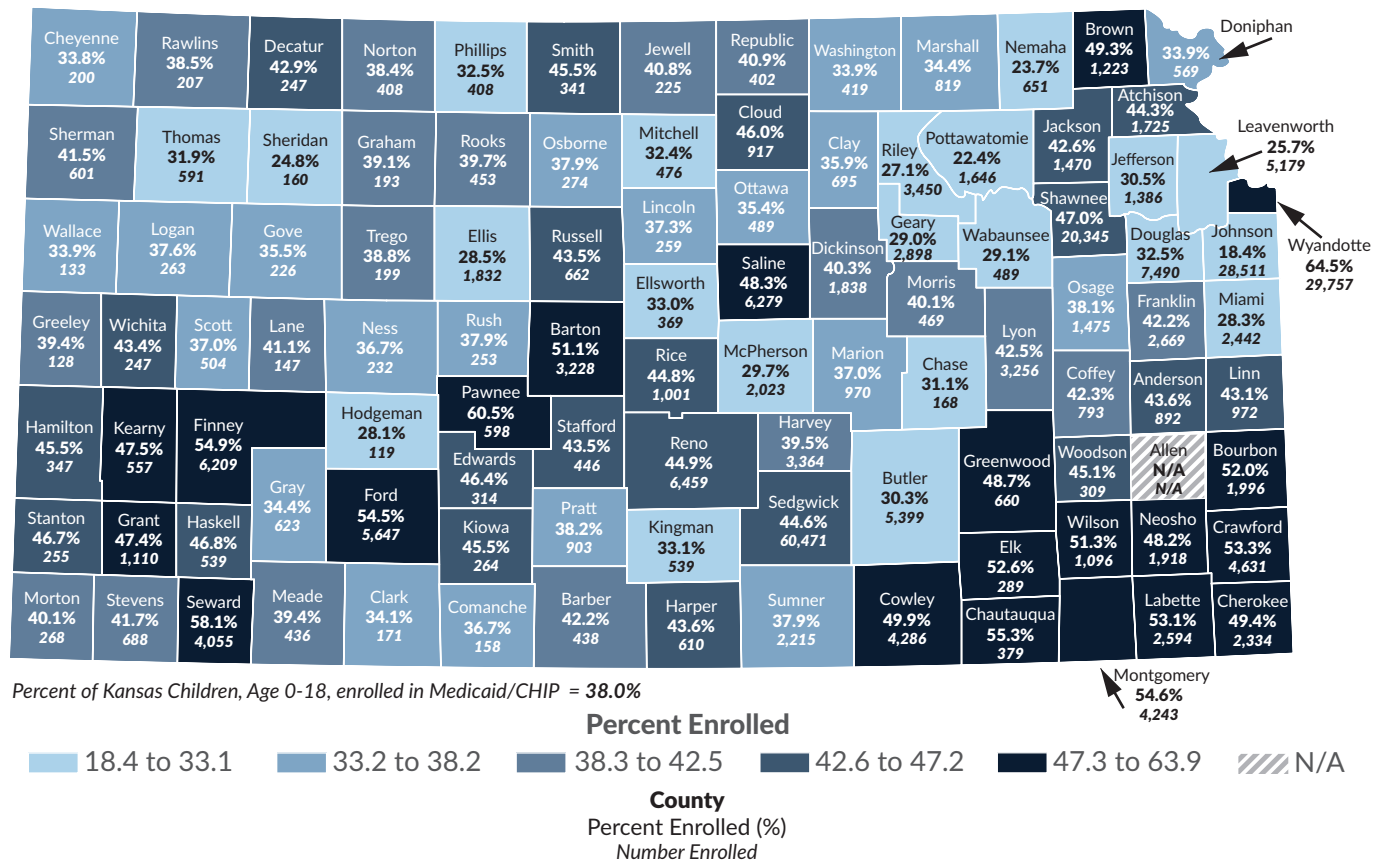
5.4 Children Enrolled in Medicaid/CHIP by County

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 2018, children in families making up to 240 percent FPL (\$60,240 for a family of four in 2018) were eligible for Medicaid or CHIP. See *Figure D.2*, page D-2, for more information on eligibility guidelines for these programs.

Medicaid Enrollment for Children Higher in Southeast Kansas

Figure 5.4 Kansas Children, Age 0-18: Percent and Number Enrolled in Medicaid/CHIP by County, 2018



Note: Medicaid/CHIP Enrollees Age 0-18 = 277,180. Percent enrolled in Medicaid/CHIP is calculated using the average monthly enrollment of Kansas children age 0-18 in each county and dividing by the population in each county. Data for Allen County are under review and excluded from this analysis.

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

Key Points

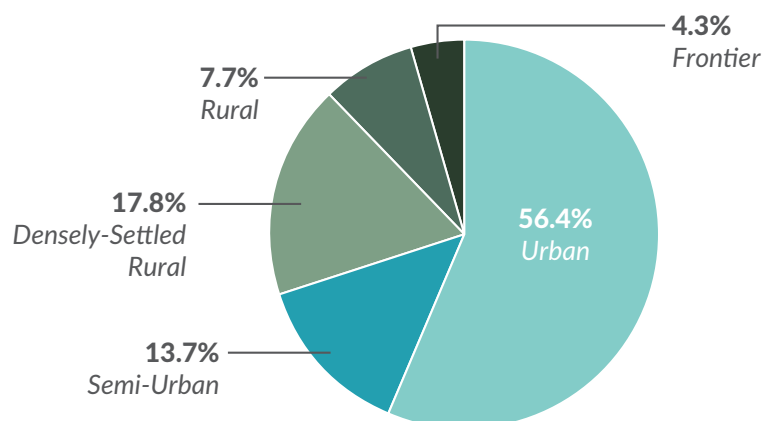
- Nearly 4 in 10 (38.0 percent) Kansas children were enrolled in Medicaid or CHIP.
- Half (52.9 percent) of Kansas children enrolled in Medicaid or CHIP lived in one of the five most populous counties in the state (Douglas, Johnson, Sedgwick, Shawnee and Wyandotte).
- In 2018, there was more than a three-fold difference between Kansas counties with the highest and lowest percentage of children age 0-18 enrolled in Medicaid or CHIP: 64.5 percent in Wyandotte County and 18.4 percent in Johnson County.
- Counties in Southeast Kansas generally had the highest Medicaid or CHIP enrollment rates for children.

5.5 Uninsured by County Urban-Rural Classification, Kansans Age 0-64

While Kansas has made strides in reducing the uninsured rate since 2009, there is a gap in insurance coverage between urban and rural areas. Kansans living in less densely populated counties (those with 39.9 persons per square mile or fewer) had higher uninsured rates (11.4 percent) than Kansans in more densely populated counties (9.6 percent). The highest uninsured rate, 12.9 percent, was for residents of Frontier counties (those with less than 6.0 persons per square mile). Counties were classified into five peer groups by population density for the analysis. While most sections of this report provide statewide data from 2019, the county-level data here are one year older due to when the U.S. Census Bureau releases the Small Area Health Insurance Estimates (SAHIE).

Most Uninsured Kansans Live in Urban Areas

Figure 5.5a Uninsured Kansans, Age 0-64, by County Urban-Rural Classification, 2018

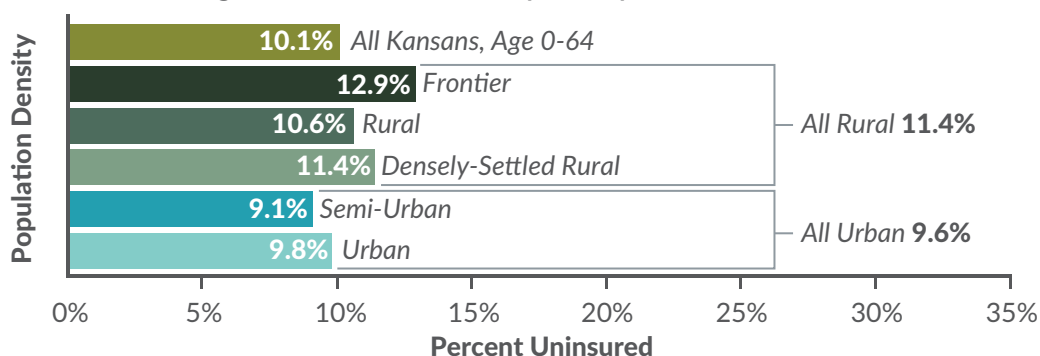


Note: Uninsured Kansans Age 0-64 (not in institutions) = 241,000. The uninsured rate for Kansans Age 0-64 was calculated by taking the number of Kansans Age 0-64 and dividing by the total number of Kansans Age 0-64. Peer Groups are designated using the Kansas Department of Health and Environment County Peer Groups by population density.

Source: KHI analysis of data from the U.S. Census Bureau 2018 Small Area Health Insurance Estimates.

Kansans, Age 0-64, Living in Frontier Counties Most Likely to be Uninsured

Figure 5.5b Kansas Adults, Age 0-64: Uninsured Rate by County Urban-Rural Classification, 2018

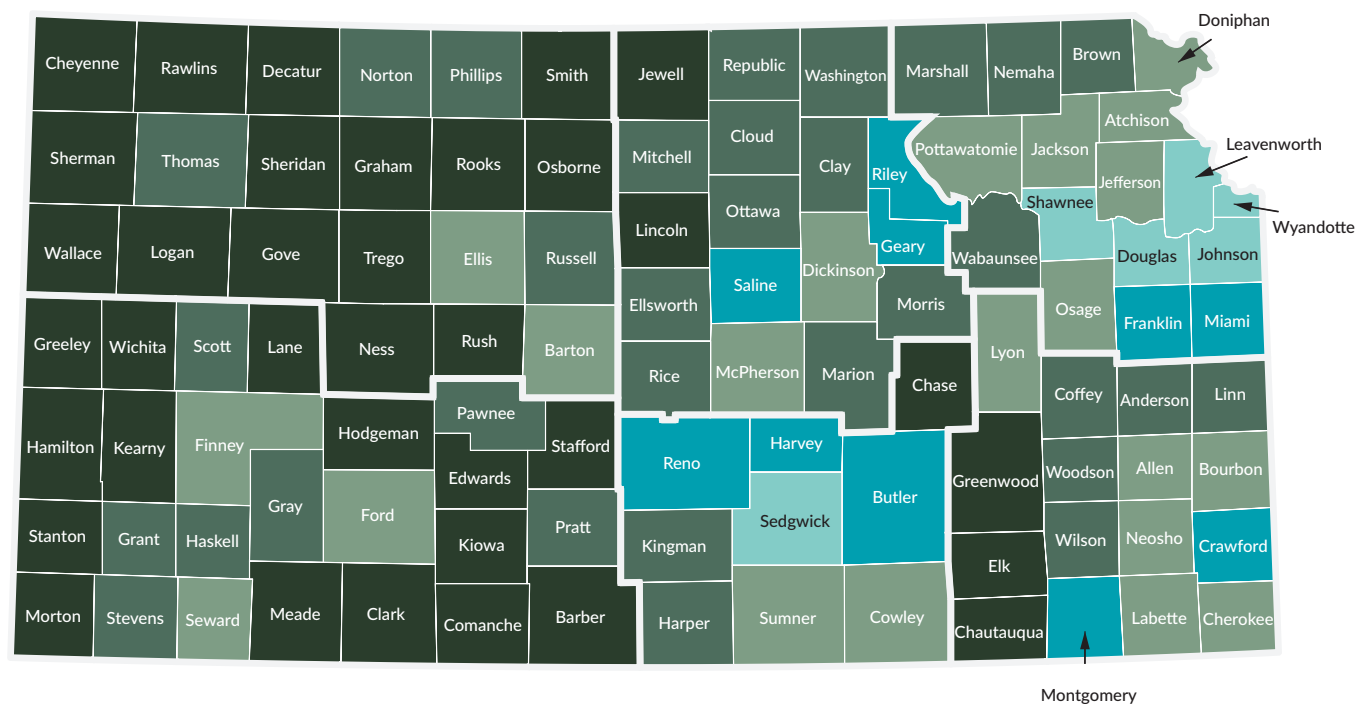


Note: Uninsured Kansans Age 0-64 (not in institutions) = 241,000. The uninsured rate for Kansans Age 0-64 was calculated by taking the number of uninsured Kansans Age 0-64 and dividing by the total number of Kansans Age 0-64. Peer Groups are designated using the Kansas Department of Health and Environment County Peer Groups by population density.

Source: KHI analysis of data from the U.S. Census Bureau 2018 Small Area Health Insurance Estimates.

Eighty-Nine of 105 Kansas Counties are Rural

Figure 5.5c County Urban-Rural Classification, 2018



County Peer Group	Percent Enrolled					All Uninsured Kansans Age 0-64
	Frontier	Rural	Densely-Settled Rural	Semi-Urban	Urban	
Uninsured Rate (%)	12.9%	10.6%	11.4%	9.1%	9.8%	10.1%
Number Uninsured	10,459	18,539	42,876	33,102	136,024	241,000

ALL RURAL		ALL URBAN
Frontier Counties: <6.0 persons per square mile		Semi-Urban Counties: 40.0-149.9 persons per square mile
Rural Counties: 6.0-19.9 persons per square mile		Urban Counties: 150.0 or more persons per square mile
Densely Settled Rural Counties: 20.0-39.9 persons per square mile		

Note: Uninsured Kansans Age 0-64 (not in institutions) = 241,000. The uninsured rate for Kansans Age 0-64 was calculated by taking the number of uninsured Kansans Age 0-64 and dividing by the total number of Kansans Age 0-64. Peer Groups are designated using the Kansas Department of Health and Environment County Peer Groups by population density.

Source: KHI analysis of data from the U.S. Census Bureau 2018 Small Area Health Insurance Estimates.

Key Points

- A majority of uninsured Kansans lived in Urban counties (55.7 percent); however, residents of Densely-Settled Rural, Rural and Frontier counties on average had higher uninsured rates than their Urban counterparts.
- Frontier counties had the highest uninsured rate for Kansans age 0-64 (12.9 percent), while the lowest rate was in Semi-Urban counties (9.1 percent).

APPENDICES

A. About the Data

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

THE AMERICAN COMMUNITY SURVEY PUBLIC USE MICRODATA SAMPLE

The American Community Survey (ACS), administered by the U.S. Census Bureau, is an ongoing nationwide survey sent to approximately 295,000 addresses per month. Of households that receive the ACS form, a subset also receives a follow-up in-person interview. The ACS collects population and housing information every year, thus providing up-to-date information about the U.S. population. As part of the survey, respondents are asked if they have health insurance coverage at the time they are surveyed or interviewed. The survey results, therefore, represent “point-in-time” coverage for a large sample of individuals throughout the year.

This report uses the ACS Public Use Microdata Sample (PUMS) data set, which is a subsample of ACS housing units and group quarters that contains the full range of responses collected on individual ACS questionnaires. The PUMS files allow for a reliable, detailed and customized analysis of health insurance status by several demographic characteristics at the state level.

The PUMS files contain responses for the households and individuals, where individuals are organized into households, so that it is possible to study insurance status within the context of people’s families or other household members.

The 2019 PUMS sample included 28,923 non-institutionalized Kansans — meaning people not living in institutions such as correctional facilities, nursing facilities or state hospitals — representing about one percent of the population.

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

SMALL AREA HEALTH INSURANCE ESTIMATES (SAHIE)

The Small Area Health Insurance Estimates (SAHIE) program was created by the U.S. Census Bureau to provide model-based estimates of health insurance coverage for counties and states. SAHIE is the only source for single-year estimates of health insurance coverage in all counties in the U.S.

The model-based estimates are derived from the ACS health insurance estimates of the civilian non-institutionalized population. Adjustments to the ACS estimates are made with demographic input from the Census Bureau’s Current Population Estimates and the 2010 Census; economic input from aggregated federal tax returns and the Census Bureau’s County Business Patterns; and federal program participation data

from sources such as the Supplemental Nutrition Assistance Program (SNAP), Medicaid and the Children's Health Insurance Program (CHIP).

SAHIE data can be used to analyze geographic variations 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 2018.

Each year's estimates are adjusted so that, before rounding, the county estimates sum to their respective state totals, and for key demographics the state estimates sum to the national ACS estimates of the number of insured and uninsured. SAHIE are used in this report to provide estimates of the uninsured rate for each county in Kansas in 2018.

ENTERPRISE DATA WAREHOUSE (EDW)

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

MARKETPLACE ENROLLMENT

The marketplace enrollment data used in the *Infographic* were retrieved from the 2019 Marketplace Open Enrollment Period Public Use Files from the Centers for Medicare and Medicaid Services. Individuals, families and small employers in Kansas can compare private health insurance plans and directly purchase health insurance coverage on the federally facilitated marketplace. The U.S. Department of Health and Human Services established the marketplace in Kansas on October 1, 2013, using the federal [HealthCare.gov](https://www.healthcare.gov) platform. In 2019, the three

insurers offering plans on the marketplace were Blue Cross Blue Shield of Kansas, Ambetter from Sunflower Health Plan, and Medica Insurance Company. The 2019 plan year open enrollment period was held from November 1, 2018 – December 15, 2018.

STATISTICAL SIGNIFICANCE

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

TREND ANALYSIS

KHI conducted trend analyses with data from 2009 to 2019 to understand how health insurance coverage has changed over time. The year prior to the 2010 enactment of the Affordable Care Act was chosen as the baseline year. The major insurance expansion provisions of the ACA were

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.
- Older Adults: 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: Includes non-Hispanic ethnicity in the following racial categories: American Indian alone; Alaska Native alone; American Indian and Alaska Native tribes, specified or American Indian or Alaska Native, not specified and No Other Races; Asian alone; Native Hawaiian and Other Pacific Islander alone; Some Other Race alone; and/or Two or More Races.
- Hispanic, Any Race: Ethnicity of Hispanic or Latino origin (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin) and can be of any race.
- All Racial/Ethnic Minorities: Includes any race or ethnic group other than White, Non-Hispanic.

FAMILY INCOME

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

EMPLOYMENT STATUS

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

C. Types of Health Insurance Coverage

PRIVATE HEALTH INSURANCE

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

- **Employment-Based** health insurance coverage is offered through an individual's or family member's employment. It could be offered by an employer or by a union. Military/TRICARE is considered employment-based coverage. It is a military health care program for active duty and retired members of the uniformed services, their families and survivors.
- **Direct-Purchase** is health insurance purchased either directly from a private company or on the federally facilitated Kansas marketplace created by the ACA.

PUBLIC HEALTH INSURANCE

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

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

Medicare is a federal health care program that provides coverage for people age 65 and older, and for certain people under age 65 with long-term disabilities.

Medicaid is a program administered at the state level that provides medical assistance to the needy. Families with dependent children, pregnant women, people with disabilities, low-income children and older adults who meet

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

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

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

Children's Health Insurance Program (CHIP) is a federal program administered at the state level that provides health care coverage to children who are not eligible for the Medicaid program and who live in families that earn less than a certain percent of FPL. The Kansas CHIP income eligibility for 2019 was a family income under 235 percent FPL, or \$60,513 for a family of four.

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

KanCare, the program through which the state of Kansas administers Medicaid and CHIP, began in January 2013. Kansas contracted with three publicly traded, for-profit health plans — or managed care organizations (MCOs) — to coordinate health care for nearly all Medicaid and CHIP beneficiaries. The KanCare health plans in 2019 were Aetna Better Health of Kansas, Sunflower Health Plan and UnitedHealthcare Community Plan of Kansas. The Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS) administer KanCare within the state of Kansas. KDHE maintains financial management

and contract oversight of the KanCare program, while KDADS administers the Medicaid programs for disability services and mental health and substance use disorders, operates the state hospitals and oversees long-term care facilities.

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

UNINSURED

People without private or public health insurance are considered uninsured. Kansans with only Indian Health Service (IHS) coverage are included in the uninsured category, consistent with how the ACS classifies such persons. The IHS is a health care program offered through the U.S. Department of Health and Human Services that provides medical assistance to eligible American Indians through IHS facilities. In addition, the IHS helps pay the cost of selected health care services provided at non-IHS facilities.

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

OTHER COVERAGE OPTIONS

Short-Term Limited Duration Insurance (STLDI) is a type of health insurance originally designed to allow consumers to fill temporary gaps in coverage for short periods of time. However, in 2018, the Trump administration issued a federal rule extending the permissible terms of these policies to up to 364 days. Kansas law (K.S.A. 40-12,193) limits terms to six or 12 months based upon policy design. Newly defined STLDI plans were available in 2019. In November 2020, KID

reported eight companies which may offer STLDI policies in Kansas.

Kansas Farm Bureau Health Plans became available for enrollment starting October 1, 2019, with coverage effective January 2020. Kansas House Bill 2209, which passed into law in 2019 without the governor’s signature, allows the Kansas Farm Bureau to sell health care benefit coverage to its members. The coverage does not comply with the requirements of the ACA (e.g., it does not cover pre-existing health conditions), is not subject to the jurisdiction of the Kansas Insurance Department and is not defined as health insurance. In future surveys, it is not clear whether the ACS will consider persons enrolled in these plans uninsured or privately insured.

HEALTH INSURANCE COVERAGE HIERARCHY

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

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

The *Annual Insurance Update 2017* and previous editions from KHI included figures showing the results for respondents who reported more than one type of insurance coverage for the calendar year. This led to reporting two slightly different numbers on the sources of health insurance coverage that had little meaning. For that reason, KHI started to use the standard hierarchy when reporting health insurance coverage beginning with the *Annual Insurance Update 2018*.

D. Income Eligibility Guidelines for Public Coverage

FEDERAL POVERTY GUIDELINES

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

Figure D.1 Federal Poverty Guidelines for 48 Contiguous States and the District of Columbia, 2019

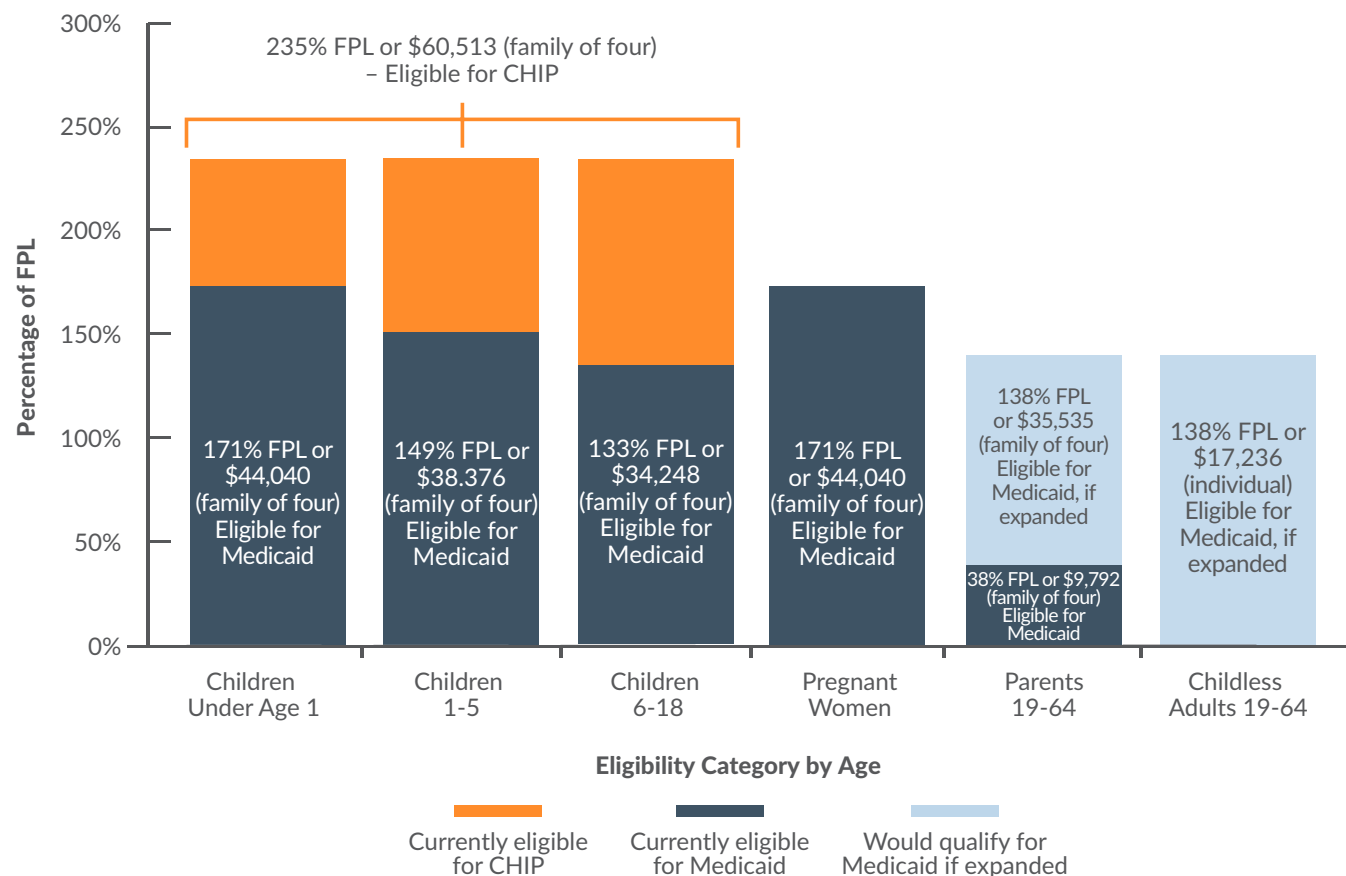
Household Size	Annual Income	Monthly Income	Weekly Income
1	\$12,490	\$1,041	\$240
2	\$16,910	\$1,409	\$325
3	\$21,330	\$1,778	\$410
4	\$25,750	\$2,146	\$495
5	\$30,170	\$2,514	\$580
6	\$34,590	\$2,883	\$665
7	\$39,010	\$3,251	\$750
8	\$43,430	\$3,619	\$835
For each additional family member add:	\$4,420	\$368	\$85

Source: KHI analysis of data from the Federal Register (February 1, 2019), 84FR 1167, <https://www.federalregister.gov/documents/2019/02/01/2019-00621/annual-update-of-the-hhs-poverty-guidelines>

MEDICAID AND CHIP ELIGIBILITY

Kansas offers public health insurance through KanCare (Medicaid and CHIP) for those who meet certain income requirements. This assistance is mainly offered to children, pregnant women, parents or caretakers of children and Kansans with disabilities. Assistance also is available to seniors age 65 or older who have limited resources. This assistance is based on a variety of factors (e.g., assets) and varying income requirements.

Figure D.2 Income Eligibility Levels for Kansas Medicaid and CHIP, 2019



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

Source: KHI analysis of Kansas Medical Assistance Standards Report, Division of Health Care Finance, Kansas Department of Health and Environment, 2019. (<https://www.kancare.ks.gov/docs/default-source/policies-and-reports/kdhe-keesm/appendix/financial/f-8-ks-medical-standard-1-20.pdf>) .

E. Detailed Tables

Figure E.1 All Kansans by Source of Coverage, Age, Race/Ethnicity and Family Income, 2019

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
All Kansans	2,872,404	2,610,154	90.9%	262,250	100.0%	9.1%
Sources of Coverage						
Public Coverage		847,944	29.5%			
Medicaid/CHIP		327,599	11.4%			
Medicare		441,033	15.4%			
Both Medicaid and Medicare		71,158	2.5%			
VA Health Care		8,154	0.3%			
Private Coverage		1,762,210	61.3%			
Employment-Based		1,598,484	55.6%			
Direct-Purchase		163,726	5.7%			
Age						
Kansas Children, Age 0-18	743,982			42,888	16.4%	5.8%
Kansas Adults, Age 19-64	1,668,162			217,404	82.9%	13.0%
Age 19-25	285,489			42,830	16.3%	15.0%
Age 26-44	692,863			105,330	40.2%	15.2%
Age 45-64	689,810			69,244	26.4%	10.0%
Kansas Adults, Age 65 and Older	460,260			1,958	0.7%	0.4%
Race/Ethnicity						
White, Non-Hispanic	2,168,706			136,848	52.2%	6.3%
All Minorities	703,698			125,402	47.8%	17.8%
Black, Non-Hispanic	158,600			23,934	9.1%	15.1%
Other/Multiple Races, Non-Hispanic	194,893			22,596	8.6%	11.6%
Hispanic, Any Race	350,205			78,872	30.1%	22.5%
Family Income						
<100% FPL	324,030			65,218	25.1%	20.1%
100%-199% FPL	468,833			79,593	30.7%	17.0%
200%-400% FPL	933,483			75,762	29.2%	8.1%
>400% FPL	1,098,920			38,758	14.9%	3.5%

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity, employment status; C – types of health insurance coverage; D – eligibility requirements for public coverage. Information on family income not available for all respondents. Military/TRICARE is included in Employment-Based coverage.

Source: KHI analysis of data from the 2019 American Community Survey Public Use Microdata Sample.

Figure E.2 Kansas Adults Age 19-64 by Source of Coverage, Race/Ethnicity, Family Income, and Employment Status, 2019

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
Kansas Adults, Age 19-64	1,668,162	1,450,758	87.0%	217,404	100.0%	13.0%
Sources of Coverage						
Public Coverage		174,605	10.5%			
<i>Medicaid/CHIP</i>		103,581	6.2%			
<i>Medicare</i>		32,715	2.0%			
<i>Both Medicaid and Medicare</i>		30,727	1.8%			
<i>VA Health Care</i>		7,582	0.5%			
Private Coverage		1,276,153	76.5%			
<i>Employment-Based</i>		1,149,946	68.9%			
<i>Direct-Purchase</i>		126,207	7.6%			
Race/Ethnicity						
White, Non-Hispanic	1,264,437			121,150	55.7%	9.6%
All Minorities	403,725			96,254	44.3%	23.8%
<i>Black, Non-Hispanic</i>	93,649			16,950	7.8%	18.1%
<i>Other/Multiple Races, Non-Hispanic</i>	113,688			16,860	7.8%	14.8%
<i>Hispanic, Any Race</i>	196,388			62,444	28.7%	31.8%
Family Income						
<100% FPL	183,193			54,748	25.4%	29.9%
100%-199% FPL	244,116			64,461	29.9%	26.4%
200%-400% FPL	520,294			64,206	29.8%	12.3%
>400% FPL	695,341			32,179	14.9%	4.6%
≤138% FPL	268,529			81,991	38.0%	30.5%
100%-138% FPL	85,336			27,243	12.6%	31.9%
Employment Status						
Full-Time, Year-Round	1,006,267			86,381	39.7%	8.6%
Part-Time	394,212			76,906	35.4%	19.5%
<i>Full Time, Part-Year</i>	138,085			28,222	13.0%	20.4%
<i>Part-Time, Year-Round</i>	136,427			27,406	12.6%	20.1%
<i>Part-Time, Part-Year</i>	119,700			21,278	9.8%	17.8%
Not Employed	267,683			54,117	24.9%	20.2%

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity, employment status; C – types of health insurance coverage; D – eligibility requirements for public coverage. Information on family income not available for all respondents. Military/TRICARE is included in Employment-Based coverage.

Source: KHI analysis of data from the 2019 American Community Survey Public Use Microdata Sample.

Figure E.3 Kansas Children, Age 0-18 by Source of Coverage, Race/Ethnicity, Family Income, and Householder Employment Status, 2019

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
Kansas Children, Age 0-18	743,982	701,094	94.2%	42,888	100.0%	5.8%
Sources of Coverage						
Public Coverage		227,188	30.5%			
<i>Medicaid/CHIP</i>		224,018	30.1%			
<i>Medicare</i>		1,983	0.3%			
<i>Both Medicaid and Medicare</i>		1,057	0.1%			
<i>VA Health Care</i>		130	0.0%			
Private Coverage		473,906	63.7%			
<i>Employment-Based</i>		437,705	58.8%			
<i>Direct-Purchase</i>		36,201	4.9%			
Race/Ethnicity						
White, Non-Hispanic	494,798			15,224	35.5%	3.1%
All Minorities	249,184			27,664	64.5%	11.1%
<i>Black, Non-Hispanic</i>	44,998			6,582	15.3%	14.6%
<i>Other/Multiple Races, Non-Hispanic</i>	67,277			5,060	11.8%	7.5%
<i>Hispanic, Any Race</i>	136,909			16,022	37.4%	11.7%
Family Income						
<100% FPL	109,666			9,442	22.6%	8.6%
100%-199% FPL	150,221			15,107	36.2%	10.1%
200%-400% FPL	250,026			11,035	26.4%	4.4%
>400% FPL	212,149			6,195	14.8%	2.9%
<235% FPL	313,857			26,960	64.5%	8.6%
200%-235% FPL	55,028			2,411	5.8%	4.4%
Householder Employment Status						
Full-Time, Year-Round	489,304			25,921	60.4%	5.3%
Part-Time	158,830			10,818	25.2%	6.8%
<i>Full Time, Part-Year</i>	67,546			4,468	10.4%	6.6%
<i>Part-Time, Year-Round</i>	50,984			3,971	9.3%	7.8%
<i>Part-Time, Part-Year</i>	40,300			2,379	5.5%	5.9%
Not Employed	95,848			6,149	14.3%	6.4%

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity, employment status; C – types of health insurance coverage; D – eligibility requirements for public coverage. Information on family income not available for all respondents. Military/TRICARE is included in Employment-Based coverage.

Source: KHI analysis of data from the 2019 American Community Survey Public Use Microdata Sample.

Figure E.4 Kansas Adults, Age 65 and Older by Source of Coverage, 2019

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
Kansas Adults, Age 65 and Older	460,260	458,302	99.6%	1,958	100.0%	0.4%
Sources of Coverage						
Public Coverage		446,151	96.9%			
Medicaid/CHIP		0	0.0%			
Medicare		406,335	88.3%			
Both Medicaid and Medicare		39,374	8.6%			
VA Health Care		442	0.1%			
Private Coverage		12,151	2.6%			
Employment-Based		10,833	2.4%			
Direct-Purchase		1,318	0.3%			

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity, employment status; C – types of health insurance coverage; D – eligibility requirements for public coverage. Information on family income not available for all respondents. Military/TRICARE is included in Employment-Based coverage.

Source: KHI analysis of data from the 2019 American Community Survey Public Use Microdata Sample.

Figure E.5 Kansas Adults, Age 19-25 by Source of Coverage, 2019

	Total Population	Number Covered	Coverage Rate	Number Uninsured	% of Total Uninsured Population	Uninsured Rate
Kansas Adults, Age 65 and Older	285,489	242,659	85.0%	42,830	100.0%	15.0%
Sources of Coverage						
Public Coverage		22,411	7.9%			
Medicaid/CHIP		20,502	7.2%			
Medicare		610	0.2%			
Both Medicaid and Medicare		1,243	0.4%			
VA Health Care		56	0.0%			
Private Coverage		220,248	77.1%			
Employment-Based		193,855	67.9%			
Direct-Purchase		26,393	9.2%			

Note: Percentages may not sum to 100 percent due to rounding. Definitions of key variables are in the respective appendices: B – race and ethnicity, employment status; C – types of health insurance coverage; D – eligibility requirements for public coverage. Information on family income not available for all respondents. Military/TRICARE is included in Employment-Based coverage.

Source: KHI analysis of data from the 2019 American Community Survey Public Use Microdata Sample.

F. Timeline of Important Events

HEALTH INSURANCE IN KANSAS, 1965-2019

Year	Action
1965	Medicaid enacted into law with Medicare.
1990	Federal Medicaid rules required coverage for children ages 6–18 in families under 100 percent of FPL and created special low-income Medicare beneficiaries.
1997	Federal Balanced Budget Act of 1997 created the Children's Health Insurance Program (CHIP).
1999	Kansas implemented the State Children's Health Insurance Program (CHIP) based on state law.
1999	Ticket to Work and Work Incentives Improvement Act allowed states to cover working people with disabilities up to 250 percent of FPL and charge income-based premiums.
2006	The Deficit Reduction Act of 2006 required verification of citizenship and identity for people applying for Medicaid.
2009	President Obama signed the Children's Health Insurance Program Reauthorization Act of 2009, which extended and expanded the program.
2010	Kansas expansion of CHIP to children in households up to 250 percent of the 2008 federal poverty level took effect.
2010	Affordable Care Act (ACA) passed, including an expansion of Medicaid that was to be effective in 2014 to all adults under 138 percent of the federal poverty level.
2010	ACA provision allowing young adults to stay on their parents' health insurance plan until age 26 went into effect.
2010	ACA extended CHIP two additional years to 2015.
2012	Supreme Court ruled in the case of <i>National Federation of Independent Business vs Sebelius</i> that the individual mandate is constitutional but Medicaid expansion to low-income adults is optional for states.
2013	First open enrollment period began in the ACA marketplaces for plan year 2014. Kansas uses federally facilitated marketplace.
2013	Kansas implemented KanCare comprehensive managed care for most Medicaid and CHIP beneficiaries.
2014	Kansas' high-risk pool, which was active from 1992-2014, was dissolved due to the ACA provisions that made individuals with pre-existing health conditions able to purchase ACA compliant plans.
2014	Under the ACA, states can expand Medicaid to all adults under 138 percent of the federal poverty level. Kansas has not expanded Medicaid.
2015	Congress reauthorized CHIP for another two years, through 2017.
2017	President Trump issued an Executive Order promoting two types of health insurance coverage as alternatives to ACA compliant health plans, including short-term, limited duration insurance (STLDI) and association health plans (AHPs).
2017	The Trump Administration discontinued cost-sharing reduction (CSR) payments on the ACA Marketplaces. Insurers offering ACA compliant plans increased premiums for silver plans to recoup the loss of CSR payments from the federal government.
2017	U.S. Congress passed the Tax Cuts and Jobs Act, which reduced the ACA individual mandate penalty to zero, effective January 1, 2019.
2018	The U.S. Congress reauthorized CHIP through 2023 and then extended the program another four years through 2027.
2019	Reduction of ACA individual mandate to zero went into effect on January 1, 2019.

Source: Kansas Health Institute



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.



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