



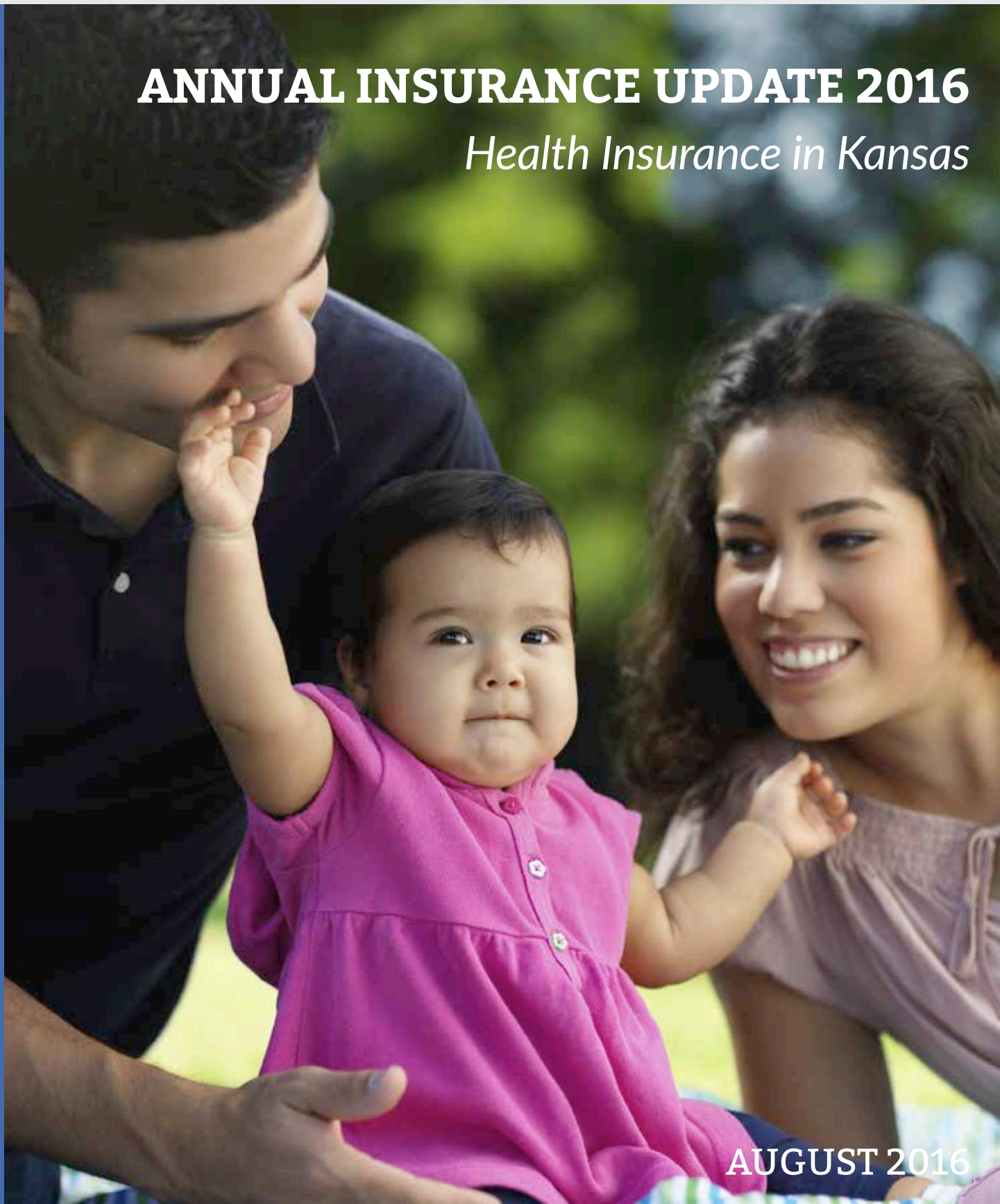
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# **ANNUAL INSURANCE UPDATE 2016**

*Health Insurance in Kansas*



**AUGUST 2016**



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# **ANNUAL INSURANCE UPDATE 2016**

## *Health Insurance in Kansas*

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**AUGUST 2016**

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### **Acknowledgments**

The authors would like to thank Linda J. Sheppard, J.D., KHI senior analyst and strategy team leader, for her contributions to the report.



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# Table of Contents

## ABOUT THIS REPORT

- 1 Introduction
- 1 The American Community Survey Data Source

## KEY FINDINGS

- 2 Health Insurance Coverage by Group

## ALL KANSANS

- 5 Sources of Insurance Coverage
- 7 Uninsured Rates by Age
- 9 Family Income & Insurance Coverage
- 10 Race/Ethnicity & Insurance Coverage

## ADULTS IN KANSAS, AGE 19–64

- 11 Sources of Insurance Coverage
- 13 Employment & Insurance Coverage
- 15 Family Income & Insurance Coverage
- 20 Race/Ethnicity & Insurance Coverage

## CHILDREN IN KANSAS, AGE 0–18

- 21 Sources of Insurance Coverage
- 22 Family Income & Insurance Coverage
- 25 Race/Ethnicity & Insurance Coverage

## IMPACTS OF THE ACA

- 26 The Kansas Marketplace
- 26 Financial Assistance through Premium Tax Credits and Cost-Sharing Subsidies
- 27 Medicaid Expansion
- 27 Looking Ahead

## APPENDIX

- 29 Glossary
- 30 Detailed Tables
- 36 Income & Eligibility Requirements for Public Coverage
- 38 Types of Health Insurance Coverage
- 39 About the Data
- 40 Endnotes

**INFOGRAPHIC:**  
**Health Insurance in Kansas 2014:**  
**Who's Covered?**

**Page 18**



## Introduction

As state and federal efforts to reform the health care system continue, this year's *Annual Insurance Update* provides detailed information on health insurance coverage in Kansas. This report is intended to help policymakers, consumers and other stakeholders understand the many factors influencing health insurance coverage rates and trends in Kansas.

The data reflect insurance coverage in 2014, which was the **first full year of implementation of the major health insurance expansion provisions of the Affordable Care Act (ACA)**. Information about insurance coverage in this report is based on data from the American Community Survey (ACS), gathered by the U.S. Census Bureau in 2014.

After providing an overview of major findings, the report examines sources and trends of health insurance coverage in Kansas and the relationship between insurance coverage and demographics (e.g., family income and race/ethnicity). Detailed information is provided for three groups.

- All Kansans
- Kansas Adults, Age 19–64
- Kansas Children, Age 0–18

This *Annual Insurance Update* highlights how the ACA has begun to impact health insurance coverage in Kansas, and offers insights into expected trends for the next few years as implementation of the ACA continues.

## The American Community Survey Data Source

This report uses the American Community Survey (ACS), conducted by the U.S. Census Bureau, as the primary data source for information about the health insurance status of Kansans. The latest available data from the ACS is for the year 2014. The ACS is an ongoing nationwide survey sent to approximately 250,000 addresses per month. The survey form is followed with an in-person interview for a smaller number of households. Survey respondents are asked if they have health insurance coverage at the time they are surveyed or interviewed. The survey results, therefore, represent “point-in-time” coverage for a large sample of individuals throughout the year. The 2014 ACS sample of non-institutionalized individuals included 28,724 Kansas residents who completed interviews.<sup>1</sup>

The ACS provides reliable, single-year estimates of health insurance coverage; estimates are available due to the large sample size of the ACS in Kansas. One year of ACS data can be used to generate estimates for counties or cities with populations of 65,000 or more. Three years of data can be combined to generate estimates for counties or cities with populations of 20,000 or more. The ACS started including basic health insurance questions in 2008. In addition, the ACS Public Use Microdata Sample (PUMS) data set—also used for this report—provides a more detailed analysis of health insurance status by several demographic characteristics at the state level.

This year's report considers Military/TRICARE coverage as private insurance, consistent with how the ACS defines this type of insurance. In prior reports, Military/TRICARE coverage was categorized as public insurance. Estimates included in this report were updated to reflect the new categorization.



## Health Insurance Coverage by Group

All Kansans: Key Findings on Health Insurance Coverage, 2014

### ALL KANSANS

*After remaining relatively flat for several years, the uninsured rates in both Kansas and the U.S. dropped significantly in 2014. In 2014, an estimated 301,926 (10.5 percent) Kansans did not have health insurance coverage compared to 349,809 (12.3 percent) Kansans in 2013.*

<p><b>SOURCES OF COVERAGE</b></p>	<ul style="list-style-type: none"> <li>- More than half (51.9 percent) of all Kansans are covered through employment-based health insurance, and 28.0 percent of Kansans are covered through public health insurance programs like Medicare or Medicaid.</li> <li>- The decrease in the uninsured rate for all Kansans could be, in part, due to a significant increase in other private (individually purchased) coverage, which rose from 15.1 percent in 2013 to 16.4 percent in 2014. Out of 207,302 Kansans with other private coverage, 57,013 Kansans purchased insurance plans through the marketplace.</li> <li>- Since 2009, the percentage of people in Kansas enrolled in public insurance programs like Medicaid and the Children's Health Insurance Program (CHIP) also has increased (24.6 percent in 2009 compared to 28.5 percent in 2014).</li> </ul>
<p><b>AGE</b></p>	<ul style="list-style-type: none"> <li>- About six in ten (59.3 percent) uninsured Kansans are between the ages of 19 and 44.</li> <li>- Kansans age 26–34 are the most likely to be uninsured (20.1 percent) compared to other age groups.</li> </ul>
<p><b>FAMILY INCOME</b></p>	<ul style="list-style-type: none"> <li>- More than two-thirds (67.5 percent) of uninsured Kansans have family incomes above the federal poverty level (FPL).</li> <li>- More than one in four (25.4 percent) Kansans with incomes below 100 percent of FPL are uninsured.</li> </ul>
<p><b>RACE/ETHNICITY</b></p>	<ul style="list-style-type: none"> <li>- Hispanic Kansans are three times more likely to be uninsured than White, non-Hispanic Kansans (25.9 percent compared to 7.9 percent).</li> <li>- Black/African American Kansans are two times more likely to be uninsured than White, non-Hispanics (15.7 percent compared to 7.9 percent).</li> </ul>

Source: KHI Annual Insurance Update 2016.

Adults in Kansas, Age 19–64: Key Findings on Health Insurance Coverage, 2014

ADULTS IN KANSAS, AGE 19–64	
SOURCES OF COVERAGE	<ul style="list-style-type: none"> <li>– Almost two-thirds (63.5 percent) of adult Kansans age 19–64 get their insurance through an employer.</li> <li>– Almost all (97.6 percent) Kansans age 65 and older have public health insurance such as Medicare.</li> </ul>
AGE	<ul style="list-style-type: none"> <li>– The percentage of young adults in Kansas age 19–25 without health insurance declined from 24.6 percent in 2009 to 19.2 percent in 2014, which may be the result of the ACA rule, effective September 23, 2010, allowing young adults to stay on their parents’ insurance until age 26.</li> </ul>
EMPLOYMENT	<ul style="list-style-type: none"> <li>– More than three in four (77.8 percent) uninsured adults age 19–64 in Kansas are working.</li> <li>– Unemployed Kansas adults are more likely to be uninsured than those who work full-time, year-round (18.6 percent compared to 10.0 percent).</li> </ul>
FAMILY INCOME	<ul style="list-style-type: none"> <li>– More than two-thirds (67.7 percent) of uninsured Kansas adults age 19–64 have incomes above 100 percent of FPL.</li> <li>– More than one in three (35.9 percent) Kansas adults making less than 100 percent of FPL are uninsured.</li> </ul>
RACE/ETHNICITY	<ul style="list-style-type: none"> <li>– Overall, minority adult Kansans age 19–64 are more likely to be uninsured than White, non-Hispanic Kansas adults (e.g., 21.7 percent of Black/African Americans compared to 11.3 percent White, non-Hispanics and 36.7 percent uninsured Hispanics compared to 11.3 percent of White, non-Hispanics).</li> </ul>

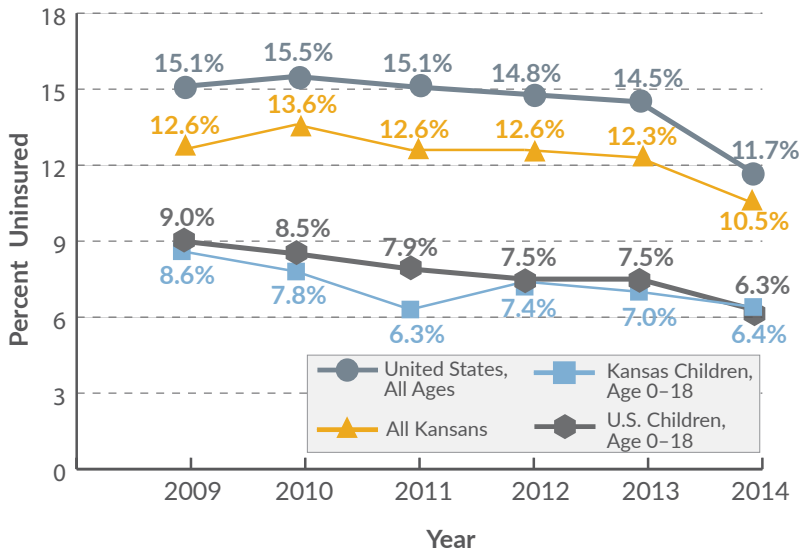
Source: KHI Annual Insurance Update 2016.

Children in Kansas, Age 0–18: Key Findings on Health Insurance Coverage, 2014

CHILDREN IN KANSAS, AGE 0–18	
SOURCES OF COVERAGE	<ul style="list-style-type: none"> <li>– More than half (52.0 percent) of Kansas children age 0–18 are covered by employment-based insurance, typically through a parent’s employer.</li> <li>– Almost a third (32.4 percent) of Kansas children receive public coverage such as Medicaid or CHIP. That proportion has grown since 2009, when 25.3 percent had public coverage.</li> <li>– The uninsured rate for Kansas children age 0–18 did not change significantly from 2013 to 2014 (7.0 percent compared to 6.4 percent).</li> </ul>
FAMILY INCOME	<ul style="list-style-type: none"> <li>– Two out of three (65.5 percent) uninsured Kansas children age 0–18 live in families that earn more than 100 percent of FPL.</li> <li>– Kansas children in families with incomes less than 100 percent of FPL are approximately seven-and-a-half times more likely to be uninsured than those living in families making 400 percent of FPL or more (12.7 percent compared to 1.7 percent).</li> <li>– Almost six in ten (58.7 percent) uninsured Kansas children live in families that would qualify for tax credits should they choose to purchase insurance through the marketplace created by the ACA.</li> </ul>
RACE/ETHNICITY	<ul style="list-style-type: none"> <li>– Minority children age 0–18 in Kansas are more likely to be uninsured than White, non-Hispanic children.</li> <li>– Hispanic children in Kansas are three times more likely to be uninsured than White, non-Hispanic children (13.6 percent compared to 4.4 percent).</li> <li>– Black/African American children in Kansas are nearly two times more likely to be uninsured than White, non-Hispanic children (8.0 percent compared to 4.4 percent).</li> </ul>

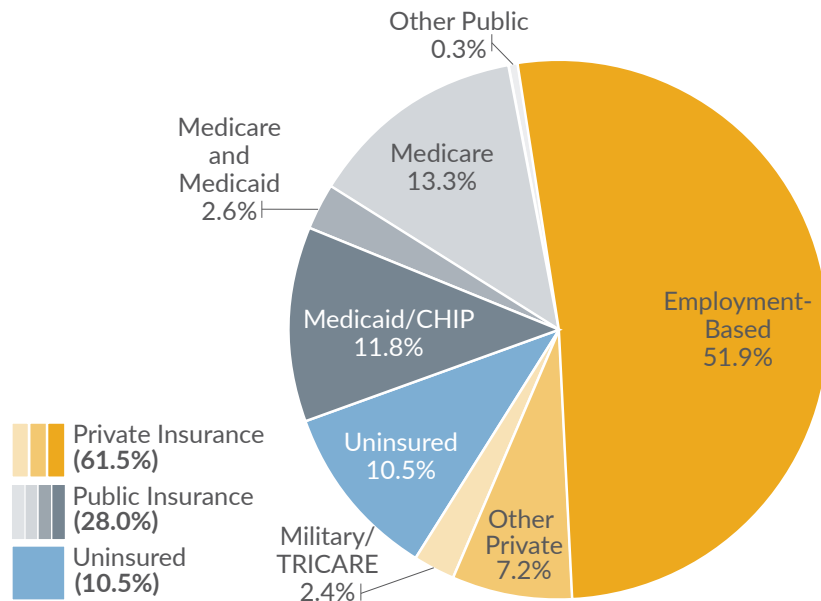
Source: KHI Annual Insurance Update 2016.

Figure 1. Uninsured Rates for Kansas and the United States, 2009–2014



Source: KHI analysis of U.S. uninsured rates from the U.S. Census Bureau’s 2009–2014 American Community Surveys. Analysis of Kansas uninsured rates and U.S. children uninsured rates is from the 2009–2014 American Community Survey Public Use Microdata Samples.

Figure 2. All Kansans: Source of Health Insurance, 2014



Note: All Kansans (not in institutions such as correctional facilities or state hospitals) = 2,862,478. Percentages may not sum to 100 percent because of rounding. “Other Private” is coverage directly purchased by individuals, and includes those covered by insurance purchased on the Kansas marketplace established by the ACA. “Military/TRICARE” coverage is considered private insurance.

Source: KHI analysis of data from the U.S. Census Bureau’s 2014 Public Use Microdata Sample.

## Sources of Insurance Coverage

After remaining relatively flat for the last several years, the uninsured rates in both Kansas and the U.S. dropped significantly in 2014 (Figure 1). National experts have attributed this decrease to the Affordable Care Act (ACA), which in January 2014 expanded the availability of insurance coverage through the health insurance marketplace. The ACA prohibited the denial of coverage for individuals with pre-existing health conditions and premium rating based on health status.

The ACA also allowed states to expand Medicaid, but a 2012 U.S. Supreme Court ruling made expansion optional for states. As of January 2014, Kansas and 25 other states had not expanded their Medicaid programs, although some states other than Kansas have done so since then.

There are 301,926 (10.5 percent) uninsured Kansans, which is a decrease of nearly 48,000 from 2013 (12.3 percent). As in previous years, the uninsured rate in Kansas continues to be significantly lower than the national rate of 11.7 percent. Notably, the uninsured rate for Kansas children did not change significantly from 2013 to 2014 (7.0 percent compared to 6.4 percent). The uninsured rate for children in Kansas is now comparable to the U.S. rate in 2014 (6.4 percent compared to 6.3 percent).

The majority of Kansans are covered by private insurance (61.5 percent), and most are covered through an employer (51.9 percent). A smaller percentage of Kansans (7.2 percent) are covered by other private insurance, which includes Kansans who purchased insurance through the federally operated Kansas marketplace in 2014. Military/TRICARE insurance, which is another form of private insurance, covers 2.4 percent of Kansans. Public health insurance—like Medicare or Medicaid/CHIP—covers 28.0 percent of Kansans. However, 10.5 percent of Kansans remain uninsured, as shown in Figure 2.<sup>2</sup>

Examining the sources of health insurance coverage over time is important to determine the impact of state and national policies like the ACA. For Kansans, several trends in health insurance coverage emerged between 2009 and 2014.

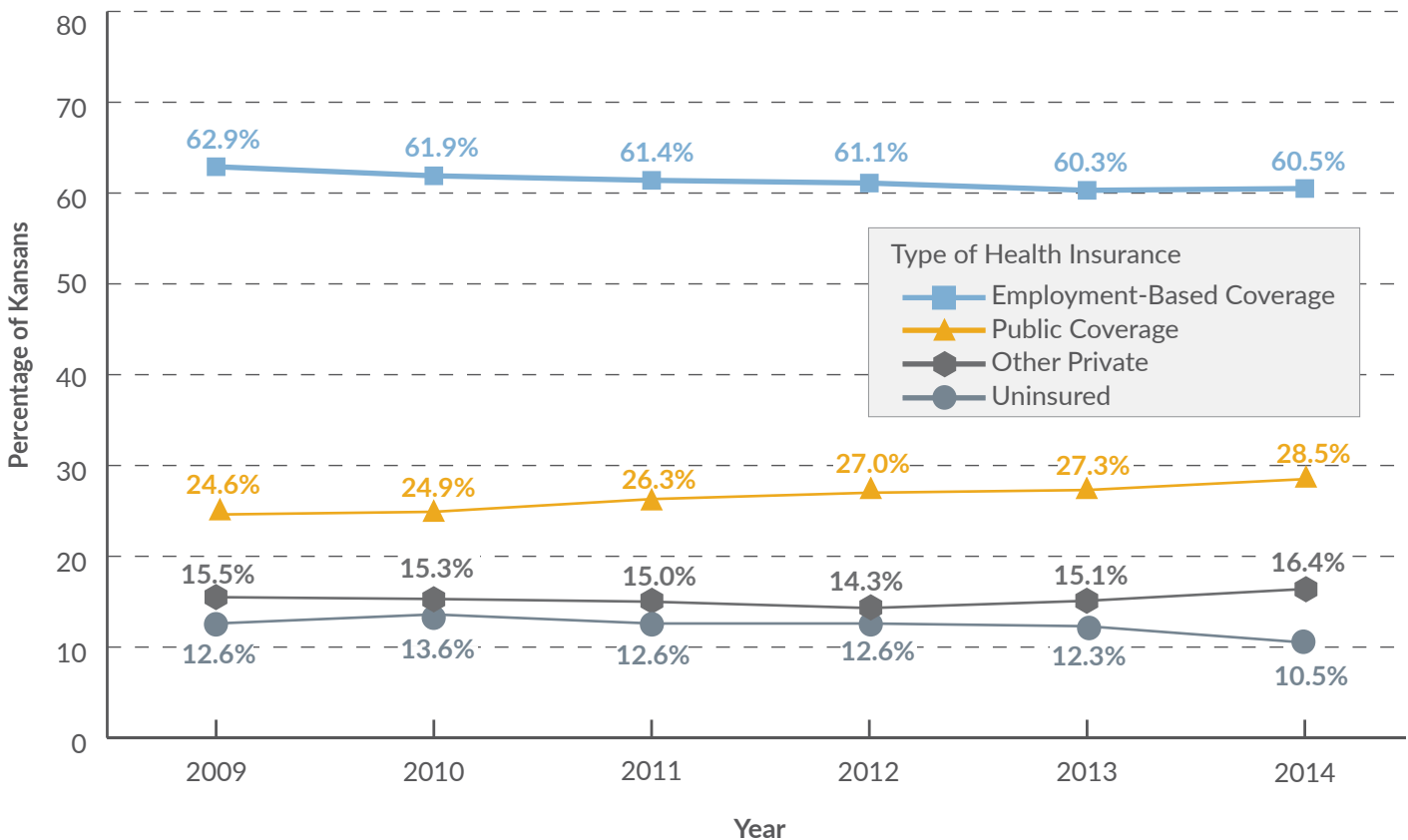
**Coverage Trends (Figure 3)**

- The rate of uninsured Kansans remained about the same from 2009–2013, but decreased from 12.3 to 10.5 percent in 2014.
- The decrease in the uninsured rate for 2014 could be, in part, due to a significant increase in other private coverage, which rose from 15.1 percent in 2013 to 16.4 percent in 2014. Beginning in 2014, individuals could purchase coverage through the federally operated Kansas marketplace with financial

assistance through premium tax credits to help pay for premium costs. Additionally, individuals who before the ACA may not have been able to purchase coverage due to a pre-existing condition could have purchased coverage on or off the marketplace.

- A higher proportion of Kansans now have public insurance—24.6 percent in 2009 compared to 28.5 percent in 2014. Public coverage increased significantly from 2013 to 2014, which could be due to what is called the “woodwork effect”—or increased awareness of public insurance options available through Medicaid/CHIP programs in Kansas as the ACA was implemented.
- Although employment-based coverage has declined in recent years, it has remained steady since 2013.

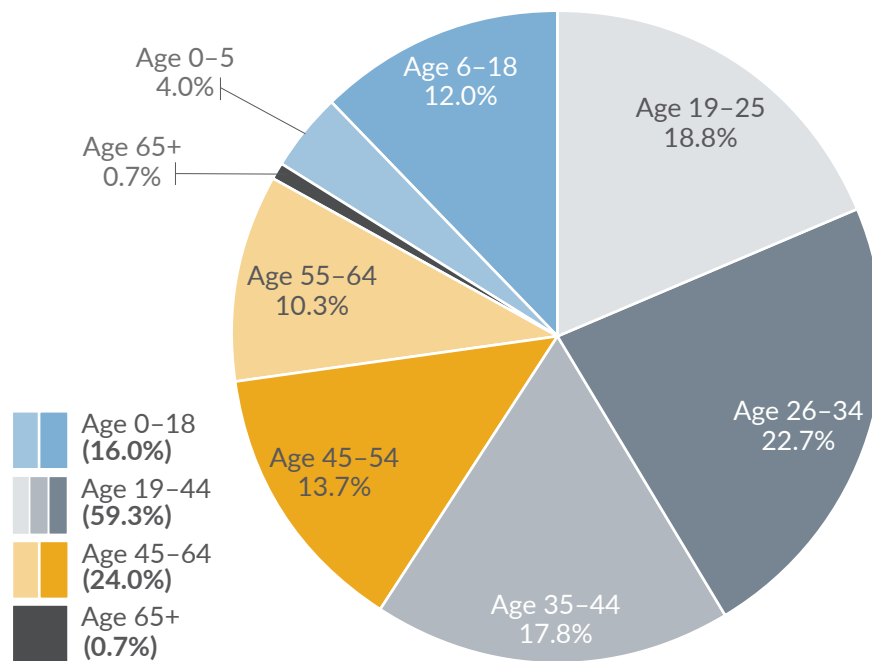
Figure 3. All Kansans: Trends in Sources of Health Insurance Coverage, 2009–2014



Note: These estimates include respondents who reported multiple forms of insurance and may not sum to 100 percent, nor match the percentages on Figure 2. Military/TRICARE coverage is included in employment-based coverage.

Source: KHI analysis of data from the U.S. Census Bureau’s 2009–2014 American Community Survey Public Use Microdata Samples.

Figure 4. All Kansans: Percentage of Total Uninsured by Age, 2014



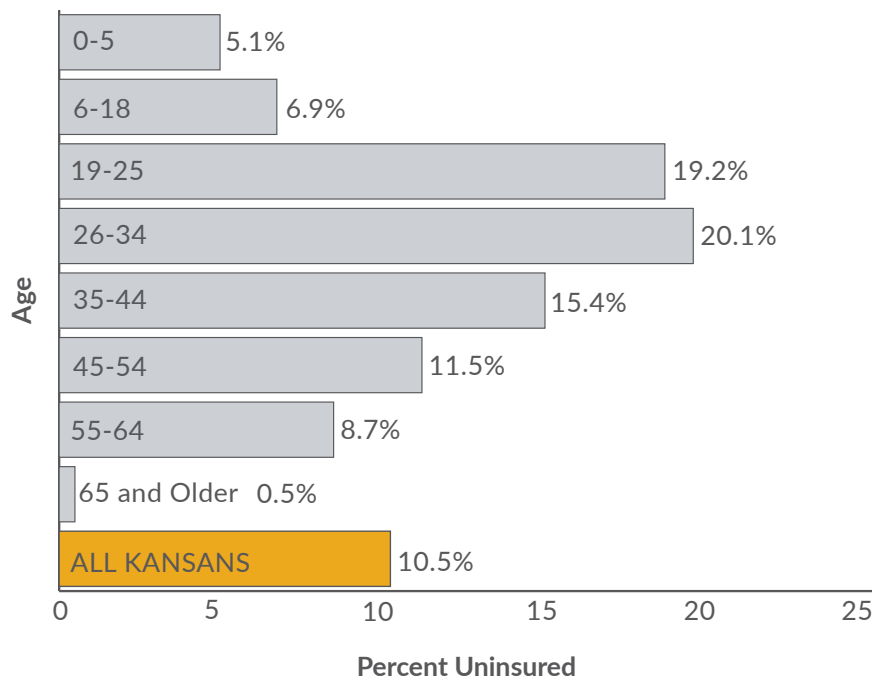
Note: Uninsured Kansans = 301,926. Percentages may not sum to 100 percent because of rounding.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

## Uninsured Rates by Age

The majority of uninsured Kansans are adults age 19–44 (59.3 percent). Children age 0–18 make up a smaller percentage of uninsured Kansans (16.0 percent) when compared to adults. Because of the availability of Medicare, few uninsured Kansans are age 65 and older (0.7 percent) (Figure 4). Kansans age 26–34 are most likely to be uninsured compared to other age groups (Figure 5). Previously, Kansans age 19–25 were the most likely to be uninsured, but this group has benefited from the insurance expansion provisions of the ACA allowing young adults to stay on their parents’ insurance plans until age 26.

Figure 5. All Kansans: Likelihood of Being Uninsured by Age Group, 2014

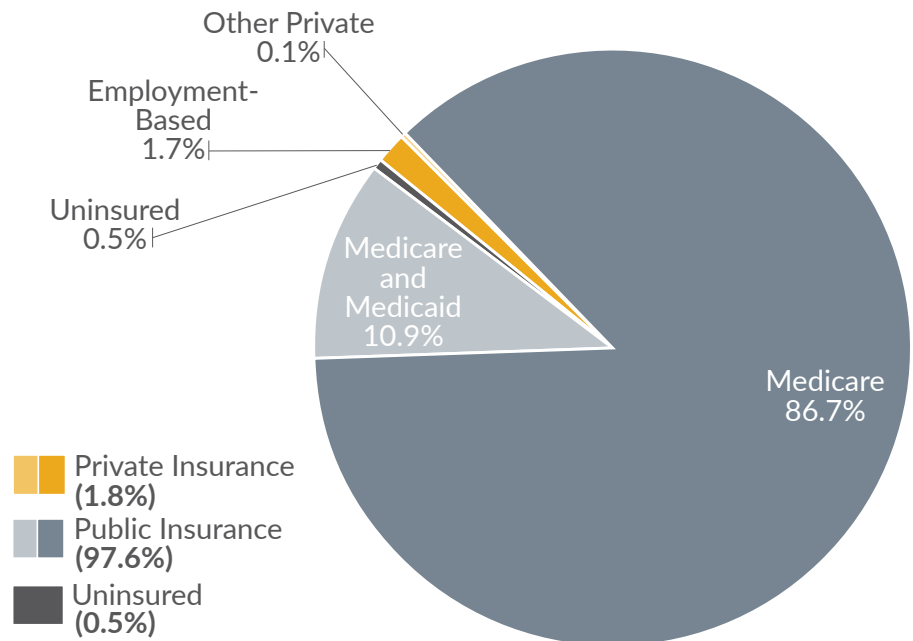


Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

**59%**  
of all  
uninsured  
Kansans  
are age  
19–44.

Almost all Kansans age 65 and older (97.6 percent) have public health insurance: 86.7 percent have Medicare coverage and an additional 10.9 percent have combined coverage through both Medicare and Medicaid.<sup>3</sup> Only 1.7 percent have employment-based coverage alone (instead of Medicare), as shown in Figure 6. Because essentially all older Kansans are insured, the analysis in this report focuses on children and adults age 19–64.

Figure 6. Adult Kansans, Age 65+: Sources of Health Insurance, 2014

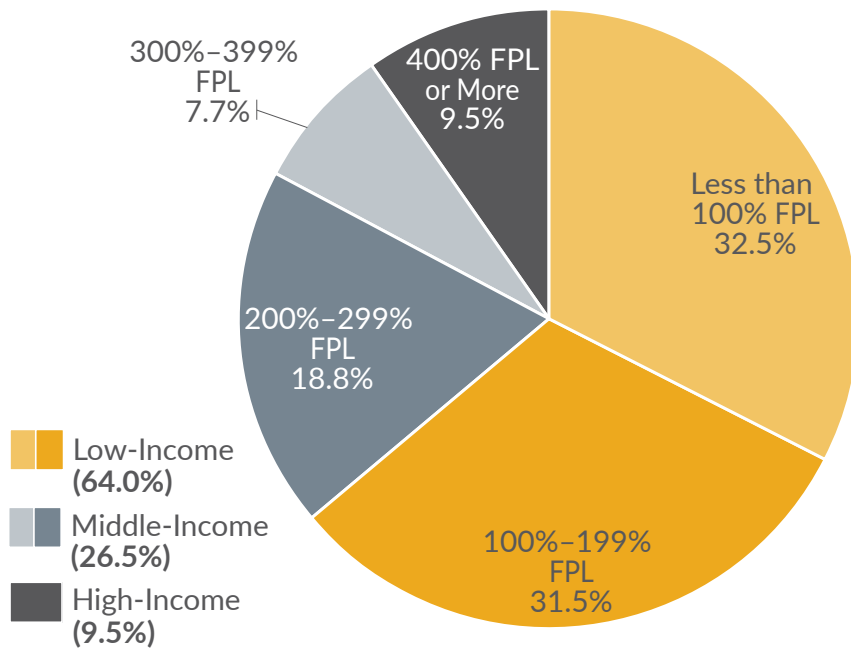


Note: Adult Kansans, age 65 and older = 396,926. Percentages may not sum to 100 percent because of rounding.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.



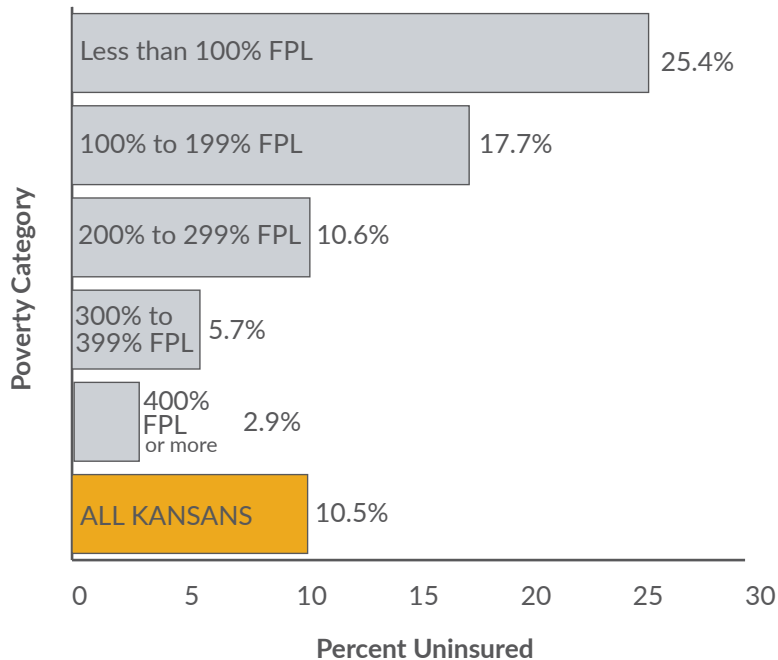
Figure 7. All Kansans: Percentage of Total Uninsured by Poverty Category, 2014



Note: Uninsured Kansans with poverty information = 299,299. Percentages may not sum to 100 percent because of rounding.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

Figure 8. All Kansans: Likelihood of Being Uninsured by Poverty Category, 2014



Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

## Family Income & Insurance Coverage

Two out of three (67.5 percent) uninsured Kansans have incomes above 100 percent of the federal poverty level (FPL), as shown in Figure 7.<sup>4</sup> Under the ACA, people with incomes between 100 percent (\$23,850 for a family of four in 2014) and 400 percent of FPL (\$95,400 for a family of four in 2014) may be eligible to receive financial assistance—in the form of premium tax credits—to help pay for health insurance. Based on income, more than half (58.0 percent) of uninsured Kansans could be eligible for this financial assistance to purchase coverage through the ACA’s health insurance marketplace, which began in January 2014. Kansans with low incomes are less likely to have health insurance. One in four Kansans (25.4 percent) with incomes below 100 percent of FPL are likely to be uninsured. In contrast, only 2.9 percent of Kansans with incomes above 400 percent of FPL are likely to be uninsured (Figure 8).

More than

**1/2**

of uninsured Kansans could be eligible for financial assistance to purchase coverage through the Kansas health insurance marketplace.



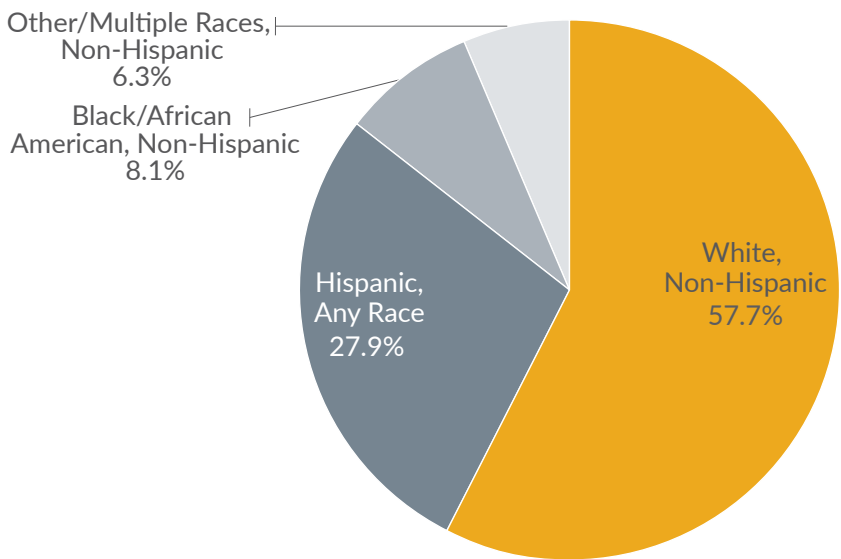
## Race/Ethnicity & Insurance Coverage

White, non-Hispanic Kansans make up most of the uninsured in the state (57.7 percent) (Figure 9). Although Hispanic Kansans make up just 11.4 percent of the overall Kansas population, they make up 27.9 percent of the uninsured population. Moreover, Kansans belonging to a racial or ethnic minority group are more likely to be uninsured than White, non-Hispanics (Figure 10). For example, the percentage of Hispanics who are uninsured is approximately three times higher than the percentage of White, non-Hispanics who are uninsured (25.9 percent compared to 7.9 percent). Additionally, Black/African American Kansans are two times more likely to be uninsured than White, non-Hispanics (15.7 percent compared to 7.9 percent).

## Policy Consideration

Although uninsured rates among minorities in Kansas have decreased following ACA implementation, these Kansans are still disproportionately uninsured compared to White, non-Hispanics. For example, Kansas continues to have a high rate of uninsured Hispanics (25.9 percent). In fact, Hispanics in Kansas are three times more likely to be uninsured than White, non-Hispanics (7.9 percent). Policymakers and organizations may want to consider additional outreach and education strategies for reducing uninsured rates among these Kansans.

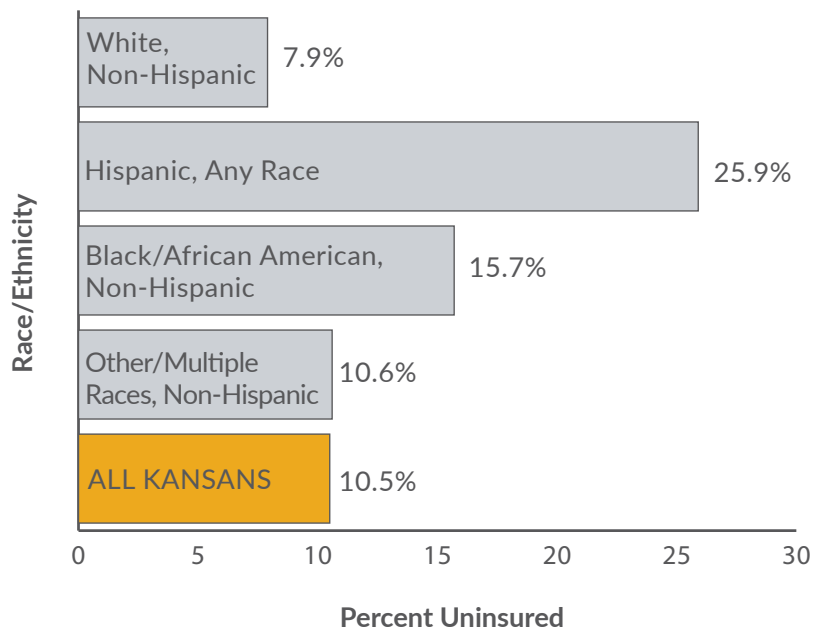
Figure 9. All Kansans: Percentage of Total Uninsured by Race/Ethnicity, 2014



Note: Uninsured Kansans = 301,926. Percentages may not sum to 100 percent because of rounding. The Racial/Ethnic Group "Other/Multiple Races, non-Hispanic" includes the following: 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.

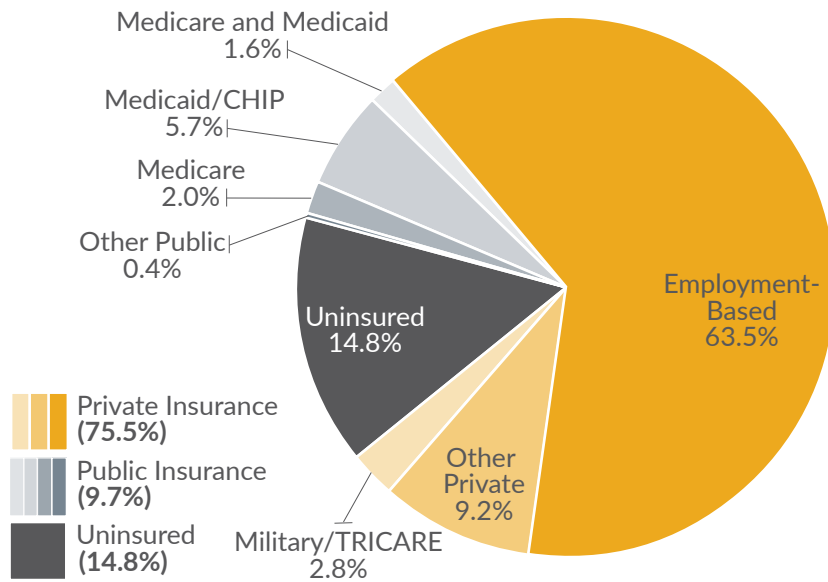
Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

Figure 10. All Kansans: Likelihood of Being Uninsured by Race/Ethnicity, 2014



Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

Figure 11. Adult Kansans, Age 19-64: Sources of Health Insurance, 2014



Note: Uninsured Kansas adults age 19-64 = 251,407. Percentages may not add to 100 percent because of rounding.  
 Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

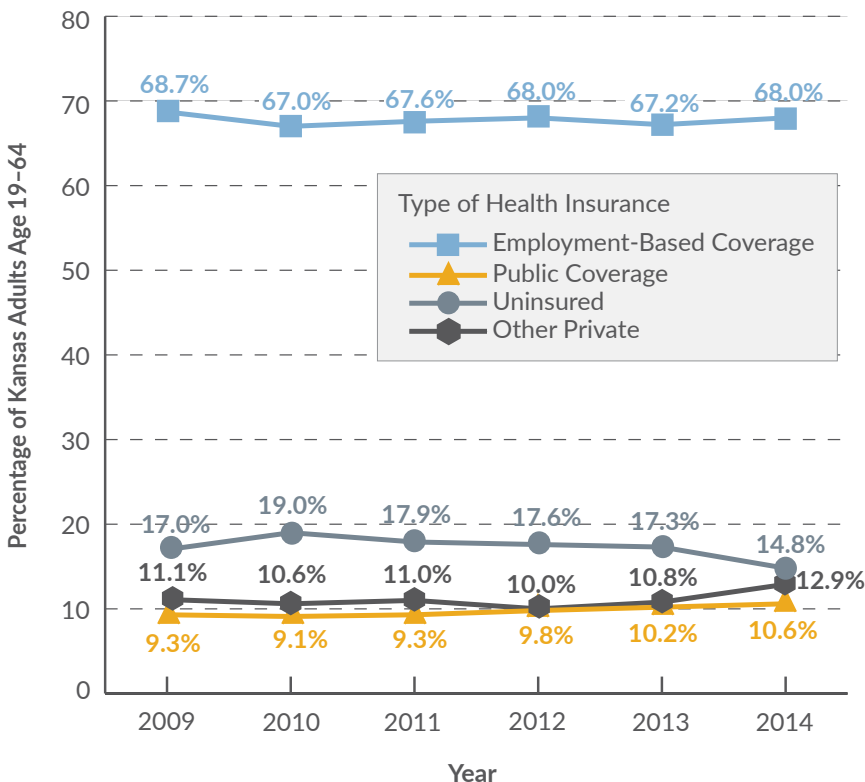
## Sources of Insurance Coverage

Employers are the largest source of insurance coverage for adult Kansans under age 65. Almost two-thirds (63.5 percent) have employment-based coverage. Additionally, 9.2 percent have other private insurance purchased directly by individuals, including those purchasing coverage on the federally operated Kansas marketplace. Almost one in ten (9.7 percent) of adults in Kansas have public insurance. Additionally, 14.8 percent of Kansas adults are uninsured (Figure 11).

The uninsured rate significantly declined among adult Kansans from 17.3 percent in 2013 to 14.8 percent in 2014. Since 2013, other private coverage has risen among Kansas adults (10.8 percent in 2013 compared to 12.9 percent in 2014) (Figure 12). The rise in private coverage may be the result of the following.

- Kansans are purchasing insurance on the federally operated Kansas marketplace, with or without the use of premium tax credits.
- Kansans who were previously unable to purchase insurance because of a pre-existing health condition may now purchase coverage on or off the marketplace.
- Kansans previously without insurance may be choosing to purchase coverage to avoid paying the tax penalty required by the ACA. The amount of the tax penalty is determined by either a percentage of household income or a fee per each uninsured person, whichever amount is higher. For 2014, the maximum penalty was the greater of 1 percent of household income or \$95 per uninsured adult. The penalty increased to the greater of 2 percent of household income or \$325 per adult in 2015 and is the greater of 2.5 percent of household income or \$695 per uninsured adult in 2016. The increase in the tax penalty may have an influence on whether uninsured Kansans choose to purchase health insurance in the future.

Figure 12. Adult Kansans, Age 19-64: Trends in Sources of Coverage, 2009-2014



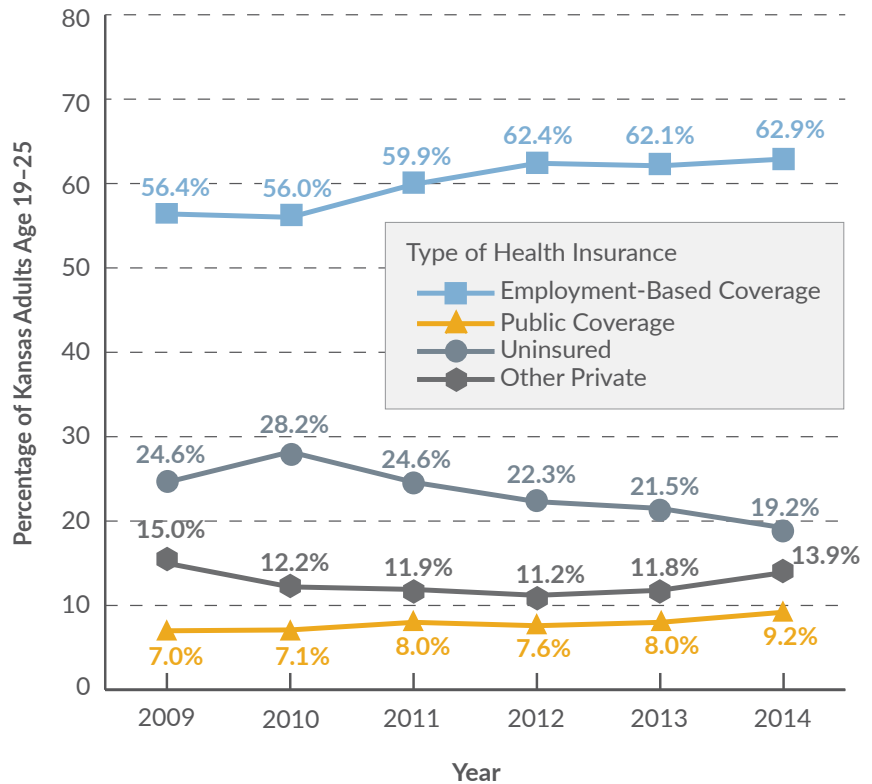
Note: These estimates include respondents who reported multiple forms of insurance and may not sum to 100 percent, nor match the percentages on Figure 11. Military/TRICARE coverage is included in employment-based coverage.

Source: KHI analysis of data from the U.S. Census Bureau's 2009-2014 American Community Survey Public Use Microdata Samples.

### Young Adults

In 2014, there were 56,700 young adult Kansans (age 19–25) who did not have health insurance. In Kansas, the uninsured rate for this age group has declined significantly since 2009 (24.6 percent in 2009 compared to 19.2 percent in 2014), which follows the national trend in health insurance coverage (Figure 13). Analysts attribute this decrease to a provision in the ACA that took effect in September 2010 allowing young adults to stay on their parents' health insurance plans until age 26. Since 2009, employment-based coverage has increased, which is possibly due to this age group being covered through a parent's employer or improvements in the economy. Additionally, public coverage for this age group has also increased over time.

Figure 13. Young Adult Kansans, Age 19–25: Trends in Sources of Coverage, 2009–2014



Note: These percentages include respondents who reported multiple forms of insurance and may not sum to 100 percent. Military/TRICARE coverage is included in employment-based coverage.

Source: KHI analysis of data from the U.S. Census Bureau's 2009–2014 American Community Survey Public Use Microdata Samples.

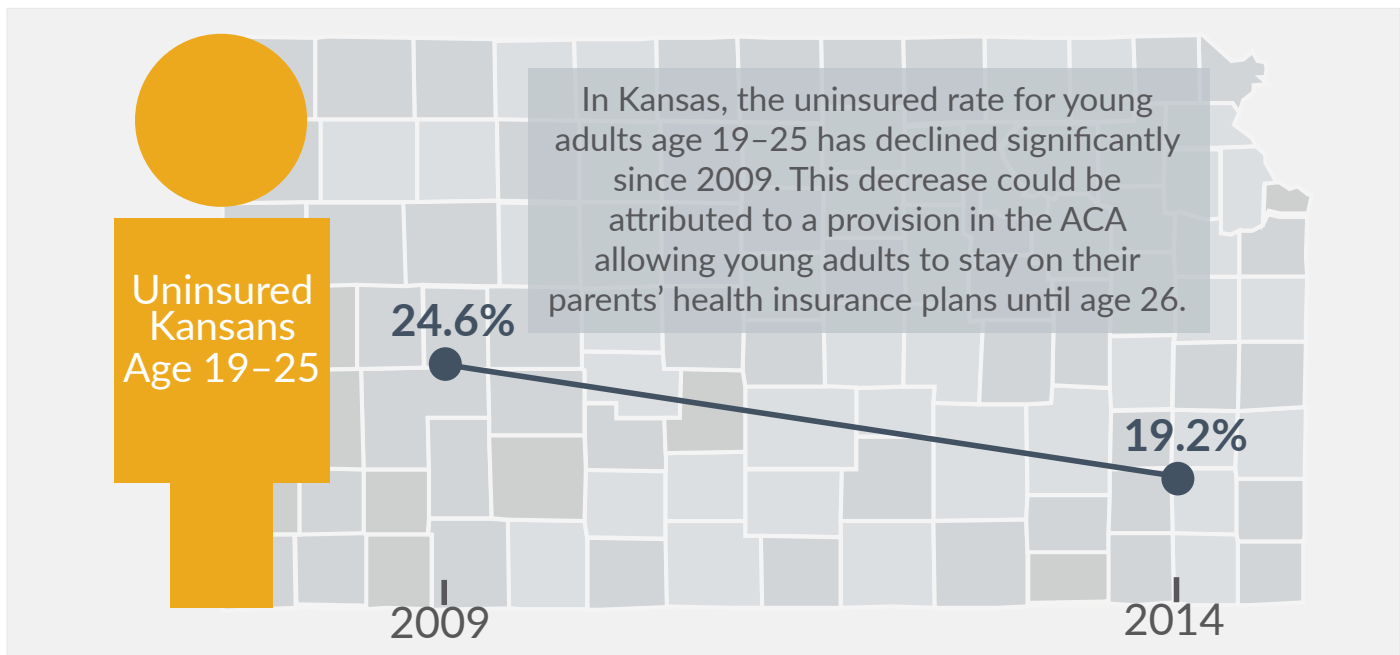
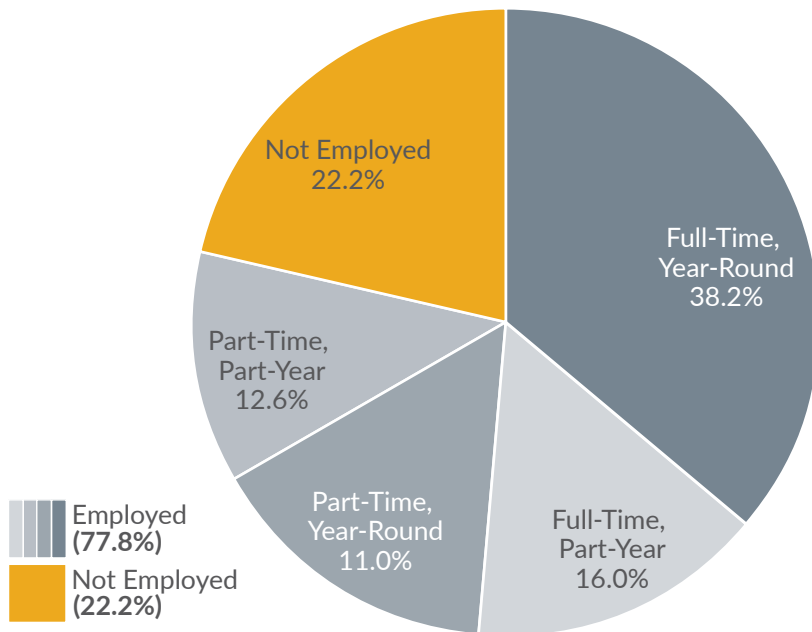


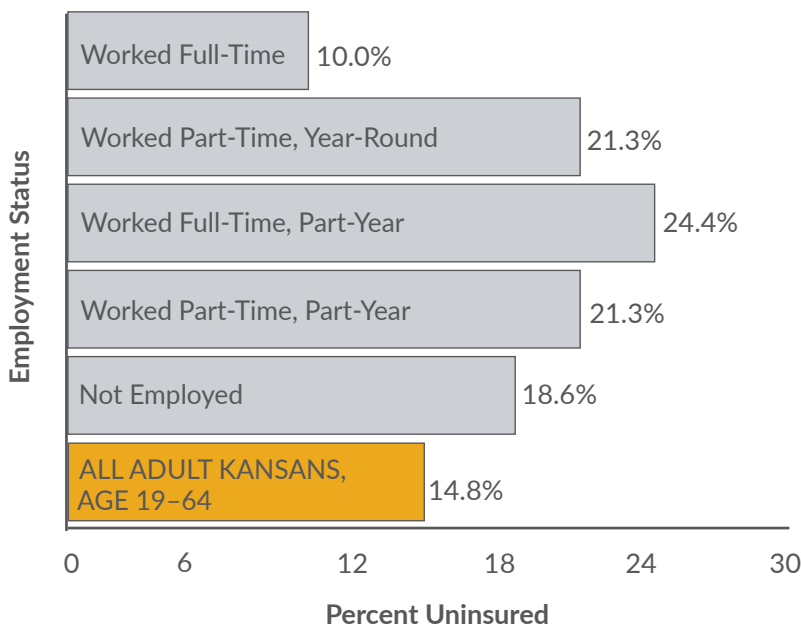
Figure 14. Adult Kansans, Age 19–64: Percentage of Total Uninsured by Employment Status, 2014



Note: Uninsured Kansas adults age 19–64 = 251,407. Percentages may not sum to 100 percent because of rounding.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

Figure 15. Adult Kansans, Age 19–64: Likelihood of Being Uninsured by Employment Status, 2014



Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

## Employment & Insurance Coverage

While employment makes it more likely a person will be insured, it is not a certainty. More than three out of four (77.8 percent) uninsured adult Kansans (age 19–64) are working, as shown in Figure 14.

Whether or not an employee obtains health insurance through their employer may depend upon one or more factors including:

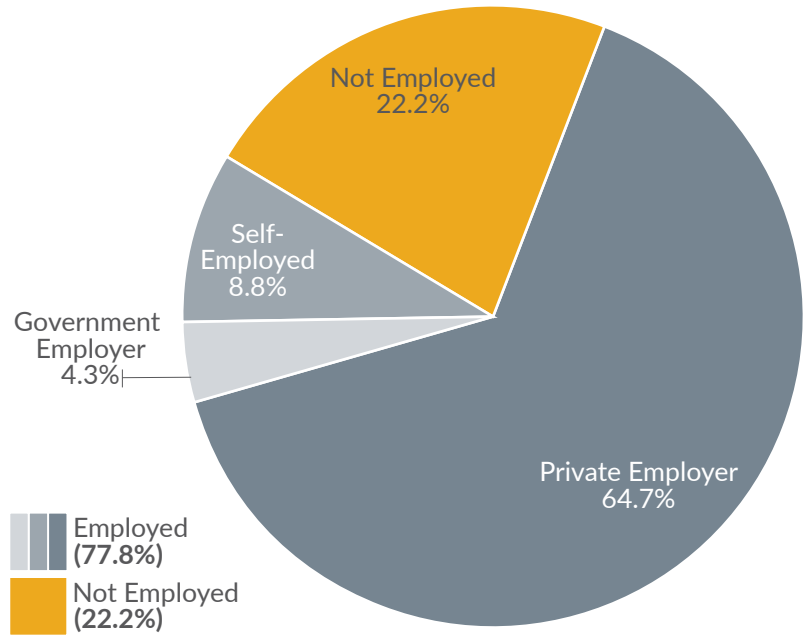
- Whether the employer offers health insurance to any or all of its employees;
- Whether the employee is eligible for employment-based health insurance (e.g., part-time employees may not qualify for coverage);
- Whether the employee views employment-based health insurance, along with the associated costs for their share of premiums, deductibles and other cost-sharing, as a valuable benefit and chooses to participate in the employer’s health plan; and
- Whether the employee can afford the health insurance premiums and associated costs offered by their employer.

Adult Kansans age 19–64 with part-time jobs are more likely to be uninsured than those who work full-time, year-round (21.3 percent compared to 10.0 percent), as shown in Figure 15. Kansans who are not employed are less likely to be uninsured than those who worked full-time for part of the year.

Some Kansans who are not employed may be stay-at-home spouses who receive coverage through a working spouse. Others may be disabled or poor and, thus, eligible for public coverage. The majority of uninsured adult Kansans age 19–64 are working (77.8 percent), and almost two-thirds (64.7 percent) work for private employers (Figure 16).

Kansans who are employed by a governmental agency are the least likely to be uninsured (4.6 percent) as compared to other types of employment (Figure 17). Kansans who are self-employed have about the same likelihood of being uninsured (18.1 percent compared to 18.6 percent). Some self-employed Kansans may have a more difficult time purchasing affordable private health insurance coverage since they may not be eligible for premium tax credits based on their household income and have no employer to subsidize part of the cost.

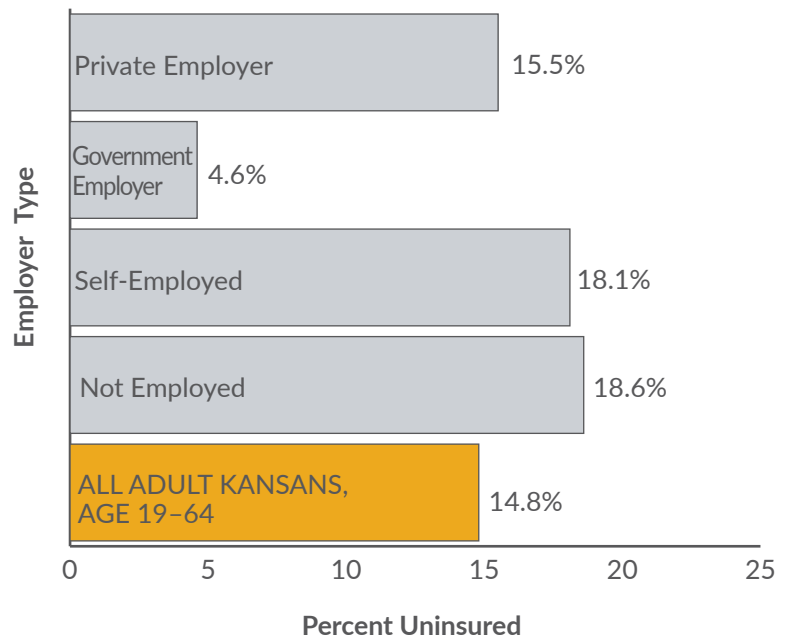
Figure 16. Adult Kansans, Age 19–64: Percentage of Total Uninsured by Employer Type, 2014



Note: Uninsured Kansas adults age 19–64 = 251,407. Percentages may not sum to 100 percent because of rounding.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

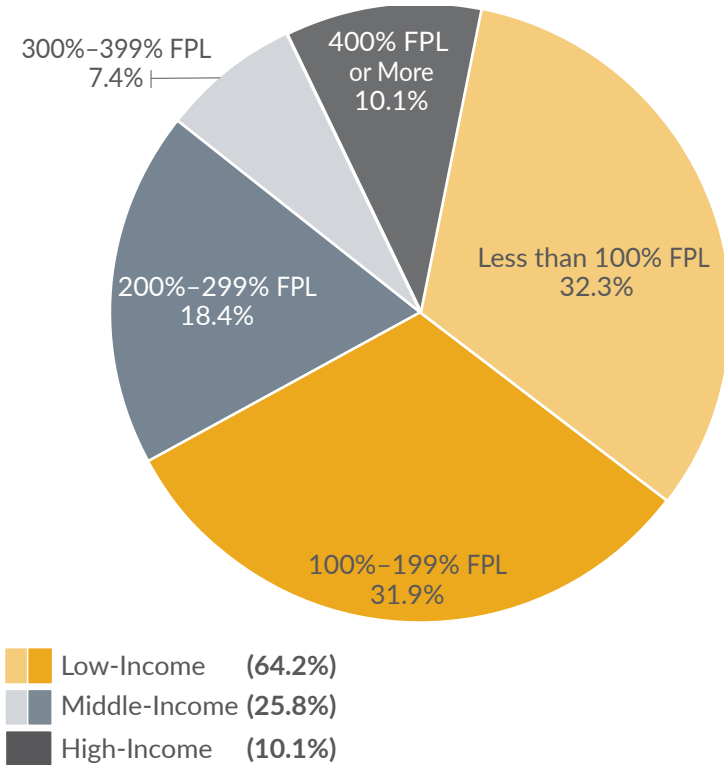
Figure 17. Adult Kansans, Age 19–64: Likelihood of Being Uninsured by Employer Type, 2014



Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

More than  
**3/4**  
of uninsured Kansas adults are working.

Figure 18. Adult Kansans, Age 19–64: Percentage of Total Uninsured by Poverty Category, 2014



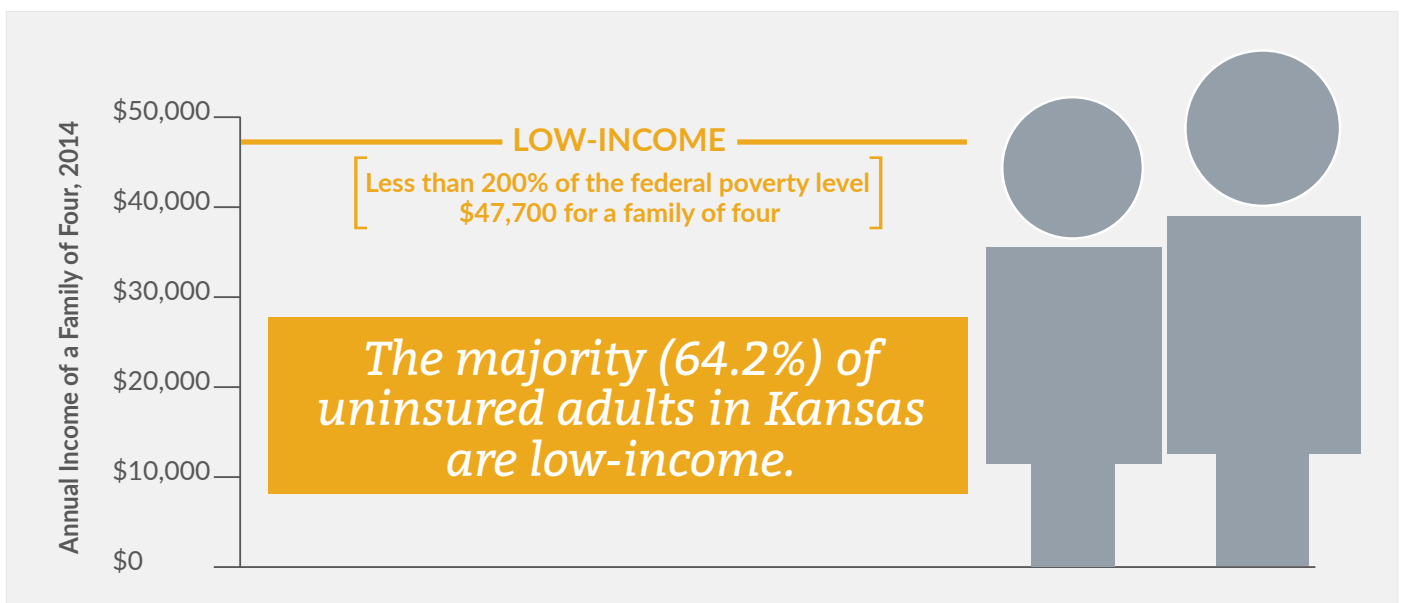
Note: Uninsured Kansas adults age 19–64 with poverty information = 249,567. Percentages may not sum to 100 percent because of rounding.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

## Family Income & Insurance Coverage

Among uninsured adults in Kansas, 67.8 percent are above the federal poverty level (FPL) (Figure 18). Beginning on January 1, 2014, the ACA provided premium tax credits for individuals with household incomes between 100 and 400 percent of FPL to help them purchase insurance through the marketplace. Now, 57.7 percent of uninsured Kansans are eligible for these tax credits based on their income. However, Kansans in this group with access to affordable health insurance coverage (as defined by the ACA) through an employer are not eligible for tax credits to purchase marketplace coverage.<sup>5</sup>

Kansas adults with incomes below FPL are more likely to be uninsured when compared to adults of other income levels. More than a third (35.9 percent) of Kansas adults making less than 100 percent of FPL are uninsured (Figure 19, page 16). In Kansas, parents with incomes below 38 percent of FPL (about \$9,063 for a family of four in 2014) are eligible for Medicaid, but childless adults are not eligible, regardless of their income (even if it is zero), unless they are disabled.<sup>6</sup>



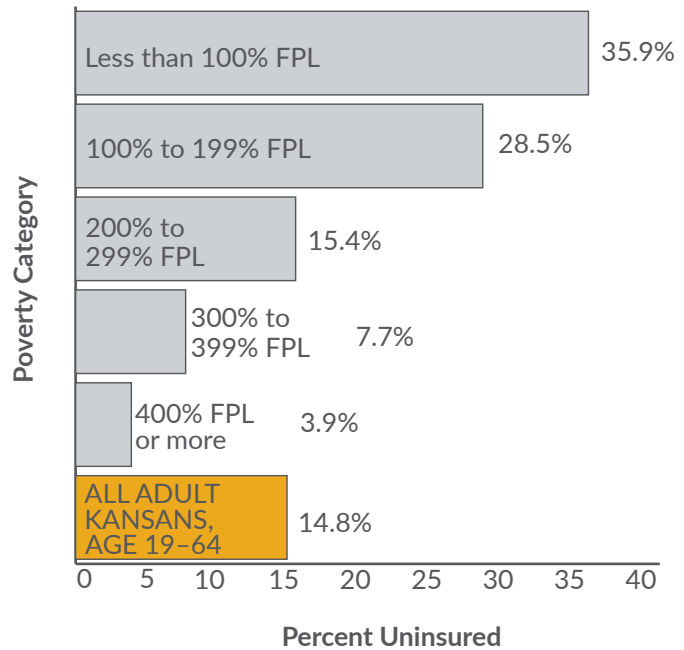
Approximately one in three (32.2 percent) uninsured Kansas adults with incomes less than 100 percent of FPL fall into an “eligibility gap”—where they make too much money to qualify for Medicaid, but too little to qualify for tax credits in the health insurance marketplace. These uninsured Kansans include 40,008 childless adults and 27,347 parents. If Kansas were to expand eligibility for Medicaid as provided for under the ACA, these individuals would be eligible.

Insurance coverage trends among Kansans making between 0–100 percent of FPL are important to examine, as these individuals are more likely to be uninsured than those making higher incomes. Between 2013 and 2014, the uninsured rate for those making less than 100 percent of FPL declined from 41.0 percent to 35.9 percent. A significant increase in other private insurance (10.7 percent to 14.7 percent) may have accounted for the decrease in the uninsured rate among these Kansans (Figure 20, page 17). Although these individuals are not eligible for premium tax credits to purchase plans on the marketplace, they can still purchase a plan on or off the marketplace.

Since 2014, the federal government has paid 100 percent of the costs for the newly eligible Medicaid population in expansion states. However, beginning in 2017, the federal contribution decreases to 95 percent of the costs for the expansion population and gradually declines to 90 percent by 2020, with expansion states responsible for the remaining 10 percent of the cost. Uninsured rates in states that have expanded Medicaid continue to decrease at a faster pace than in states that have not expanded Medicaid. States such as Kansas that have not expanded Medicaid will need to consider how to improve coverage and access options for individuals with lower incomes who currently do not qualify for public or subsidized coverage.

*Continued on page 20*

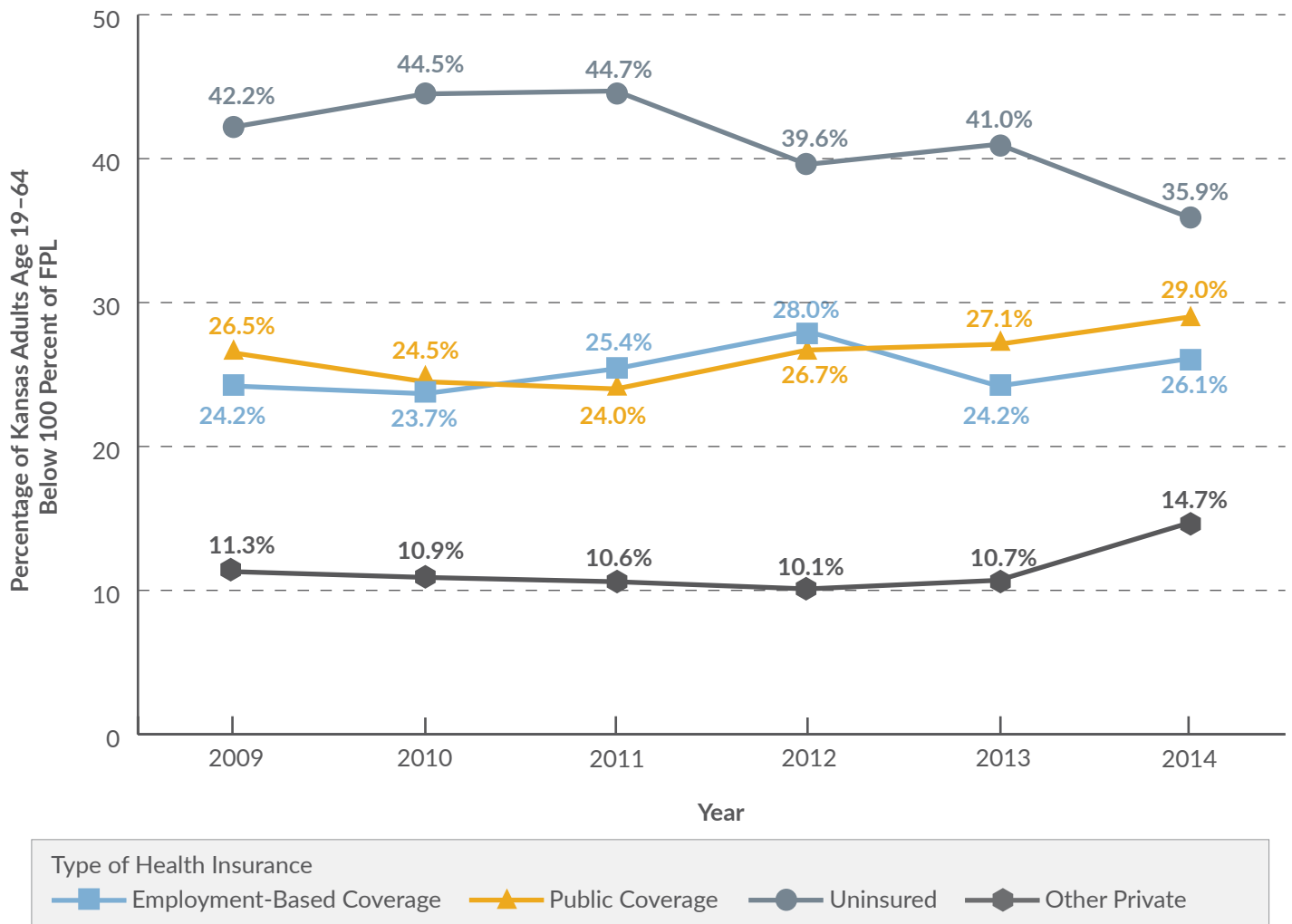
Figure 19. Adult Kansans, Age 19–64: Likelihood of Being Uninsured by Poverty Category, 2014



Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

## Policy Consideration

Figure 20. Adult Kansans, Age 19–64: Coverage Trends for Kansans with Family Incomes Less than 100 Percent of FPL, 2009–2014



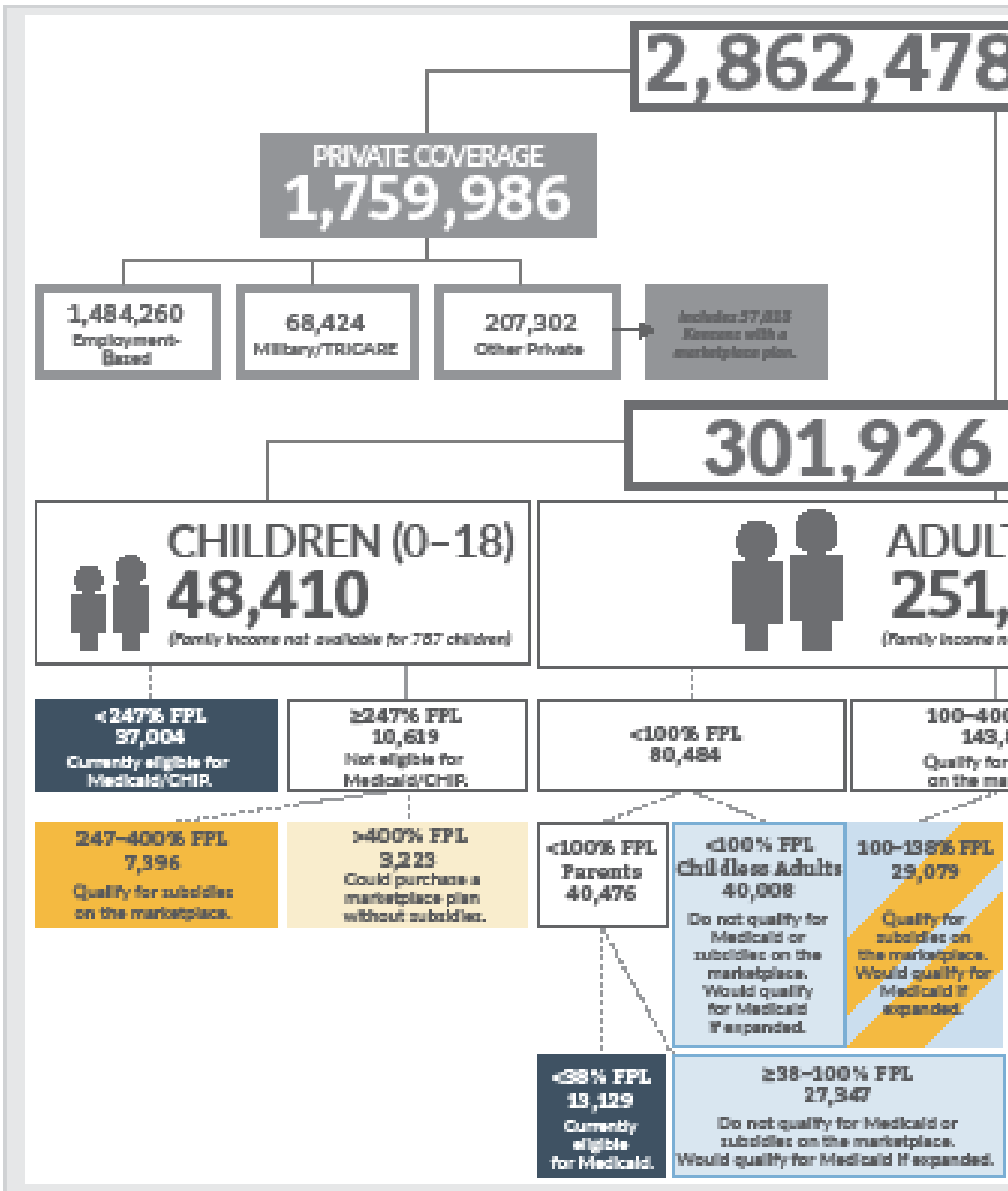
Note: These percentages include respondents who reported multiple forms of insurance and percentages may not sum to 100 percent. Military/TRICARE coverage is included in employment-based coverage.

Source: KHI analysis of data from the U.S. Census Bureau's 2009–2014 American Community Survey Public Use Microdata Samples.

To date, Kansas has decided not to expand Medicaid to adults making up to 138 percent of the federal poverty level. There are 109,563 uninsured Kansas adults age 19–64 in households with incomes in this range. Of those uninsured adults, 13,129 are already eligible for Medicaid under existing guidelines but are not enrolled. The other 96,434 uninsured adults would be newly eligible for Medicaid if Kansas were to expand its program.

Additionally, about 216,000 Kansans with private insurance would be eligible for Medicaid under expansion, and some may choose to switch to Medicaid if the state decides to expand its program.





Source: KHI Annual Insurance Update 2016.

# KANSAS POPULATION

**PUBLIC COVERAGE**  
**800,566**



# TOTAL UNINSURED

**ADULTS (19-64)**  
**1,407**  
*(Total available for 1,540 adults)*

**SENIORS (65+)**  
**2,109**  
*(Likely eligible for Medicare)*

**<100% FPL**  
**859**  
*Would qualify for Medicaid with subsidies to replace.*

**>400% FPL**  
**25,224**  
*Could purchase a marketplace plan without subsidies.*

**139-400% FPL**  
**114,780**  
*Qualify for subsidies on the marketplace.*

**Legend**

- Currently eligible for Medicaid and/or CHIP — 50,133
- Would qualify for Medicaid if expanded — 96,434
- Qualify for subsidies on the marketplace — 131,255
- Could purchase a marketplace plan without subsidies — 28,447

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**Federal Poverty Level (FPL) — Family of Four, 2014**

- 38% of FPL = \$9,063/year
- 100% of FPL = \$23,850/year
- 147% of FPL = \$35,909/year
- 400% of FPL = \$95,400/year

Continued from page 16

## Race/Ethnicity & Insurance Coverage

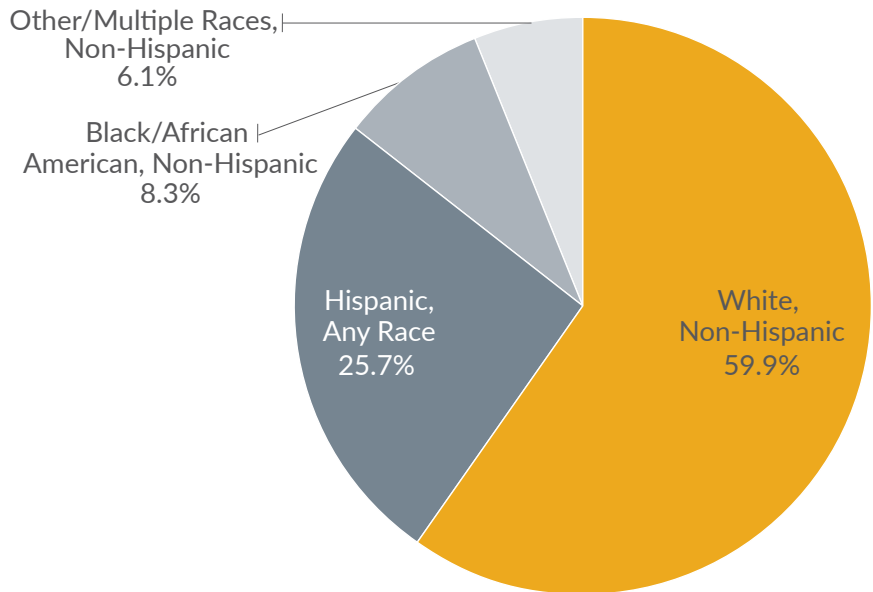
The majority of uninsured adults in Kansas are White, non-Hispanic (59.9 percent). One quarter (25.7 percent) of uninsured adults are Hispanic, although they make up just 10.4 percent of the overall adult population (Figure 21). Additionally, minority adults in Kansas are more likely to be uninsured than White, non-Hispanics. For example, Hispanic adults are over three times more likely to be uninsured than White, non-Hispanics (36.7 percent compared to 11.3 percent) (Figure 22). Moreover, Black/African American adults are more likely to be uninsured than White, non-Hispanics (21.7 percent compared to 11.3 percent).

Hispanic adults in Kansas are over

**3x**

more likely to be uninsured than White, non-Hispanic Kansas adults.

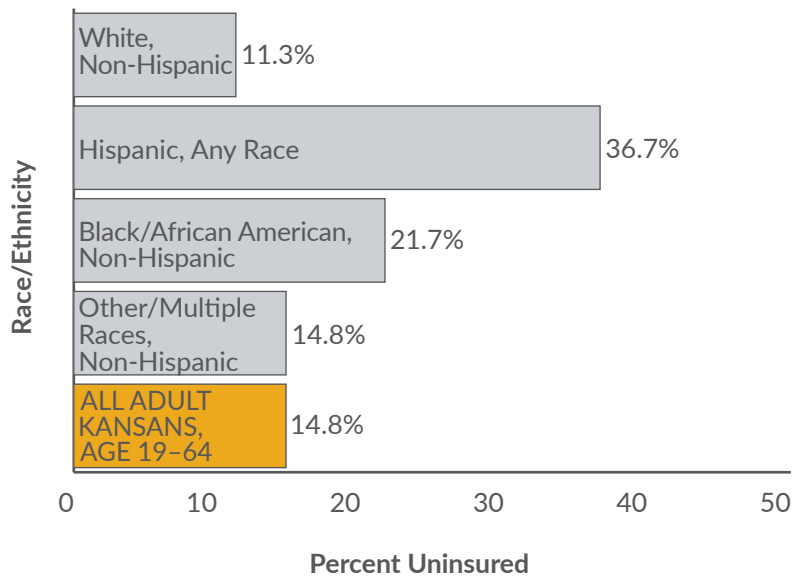
Figure 21. Adult Kansans, Age 19–64: Percentage of Total Uninsured by Race/Ethnicity, 2014



Note: Uninsured Kansas adults age 19–64 = 251,407. Percentages may not sum to 100 percent because of rounding. The Racial/Ethnic Group “Other/Multiple Races, non-Hispanic” includes the following: 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.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

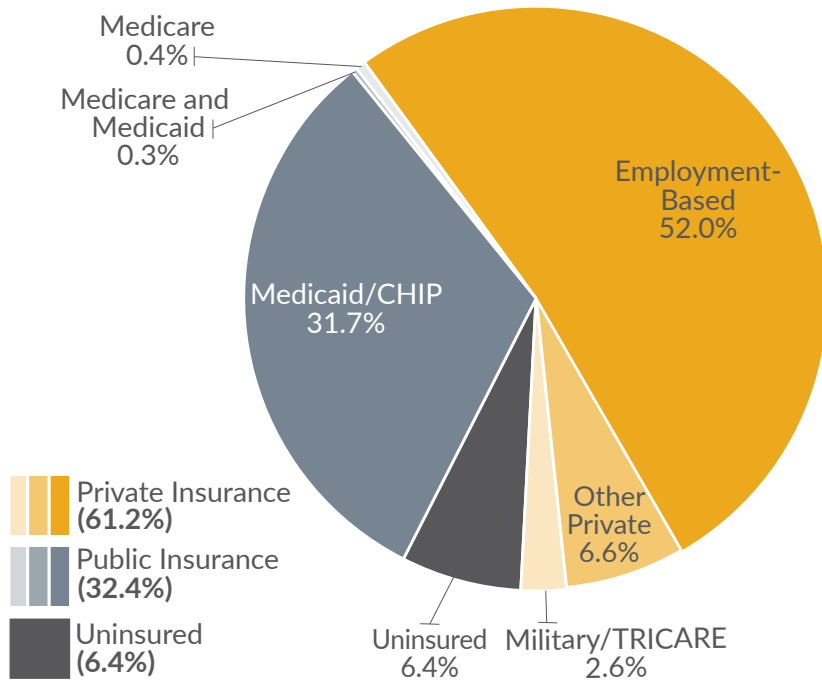
Figure 22. Adult Kansans, Age 19–64: Likelihood of Being Uninsured by Race/Ethnicity, 2014



Note: The Racial/Ethnic Group “Other/Multiple Races, non-Hispanic” includes the following: 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.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

Figure 23. Kansas Children, Age 0-18: Sources of Health Insurance, 2014



Note: All Kansas children age 0-18 = 761,934. Percentages may not sum to 100 percent because of rounding.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

## Sources of Insurance Coverage

More than half (52.0 percent) of Kansas children are covered by employment-based health insurance, typically through a parent's employer. Another 6.6 percent have other private insurance. Almost a third (32.4 percent) have coverage through public programs like Medicaid, CHIP or Medicare (Figure 23).<sup>7</sup> Children are more likely to be insured than adults because they are more likely to be eligible for public coverage. Children in families with incomes under 247 percent of FPL are generally eligible for Kansas public health insurance programs.

The proportion of children covered by public health insurance has increased from 25.3 percent in 2009 to 32.4 percent in 2014 (Figure 24, page 22). The increase in public coverage for children corresponds with increased efforts to enroll children in Medicaid and CHIP, and the change in the income threshold for CHIP in Kansas, which increased in October 2013. Meanwhile, the number of children covered by a parent's employment-based health plan has declined from 62.0 percent in 2009 to 58.5 percent in 2014.

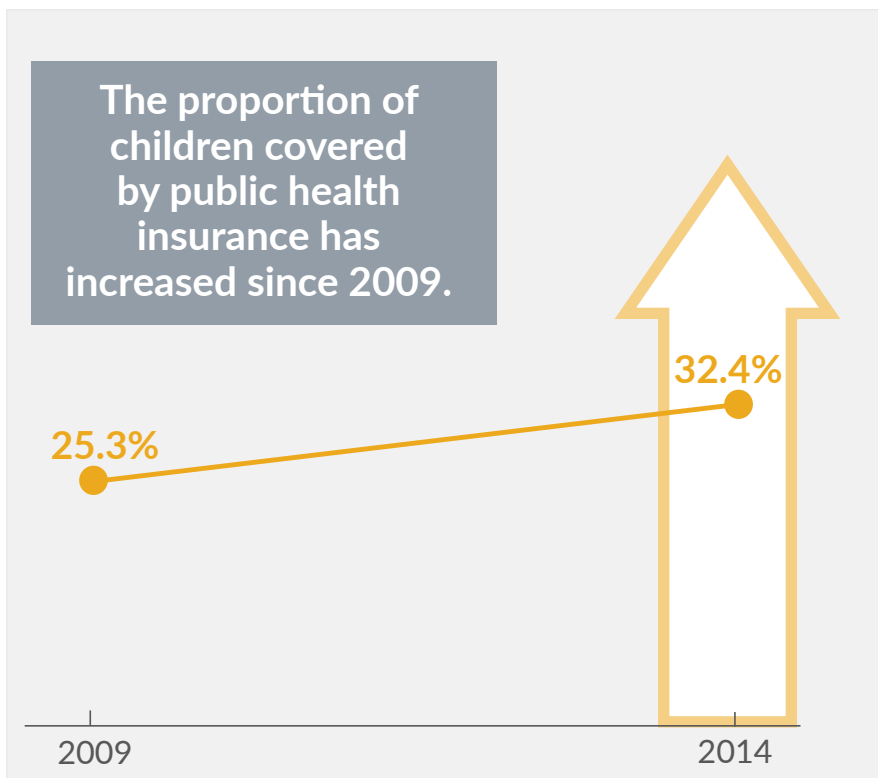
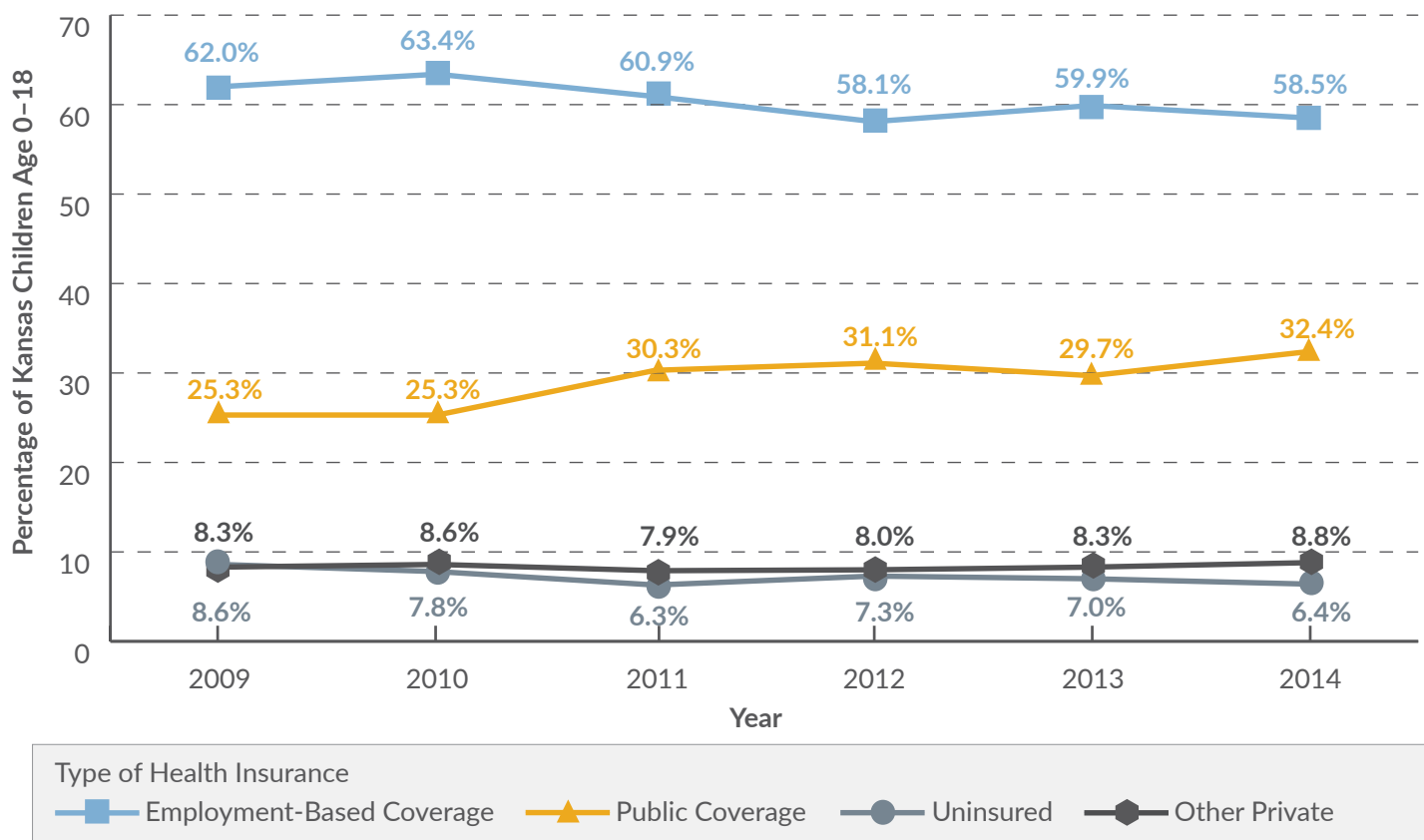


Figure 24. Kansas Children, Age 0-18: Trends in Sources of Coverage, 2009-2014



Note: These estimates include respondents who reported multiple forms of insurance and may not sum to 100 percent, nor match the percentages on Figure 23. Military/TRICARE coverage is included in employment-based coverage.

Source: KHI analysis of data from the U.S. Census Bureau's 2009-2014 American Community Survey Public Use Microdata Samples.

## Family Income & Insurance Coverage

In Kansas, children in families with incomes below 247 percent of the federal poverty level (FPL) (about \$58,909 for a family of four in 2014) are eligible for Medicaid or CHIP. As shown in Figure 25 on page 23, most uninsured Kansas children are eligible for Medicaid or CHIP based on their family income, with the majority of them (64.6 percent) in families with incomes below 200 percent

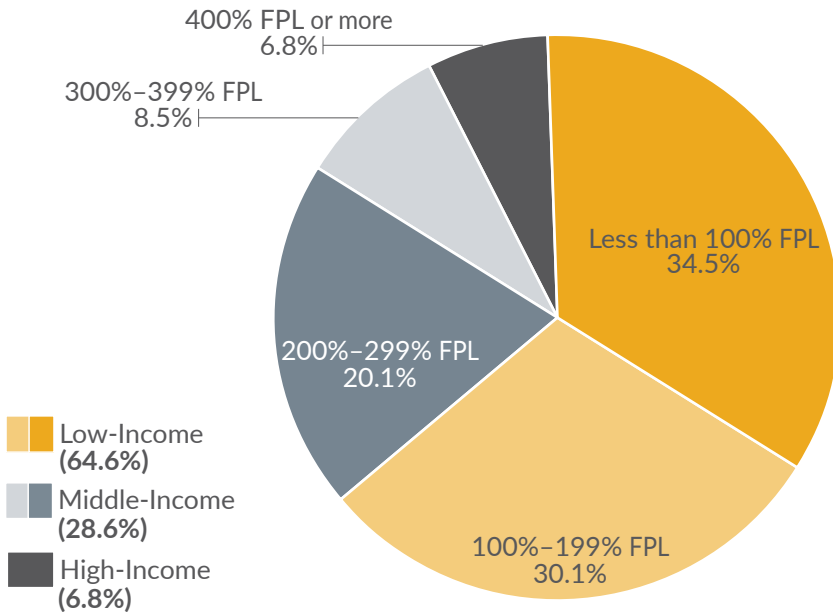
of FPL. Approximately 37,004 uninsured children age 0-18 appear to be eligible for these programs, but are not enrolled.

About six in ten (58.7 percent) uninsured Kansas children live in families that may be eligible for premium tax credits, should they choose to purchase insurance through the marketplace created by the ACA. However, some of these children could also qualify for Medicaid or CHIP. According to the 2014 data, 7,396 uninsured children that do not qualify for Medicaid or CHIP live in families that may

qualify for tax credits on the marketplace.

Children living in families earning less than 100 percent of FPL (\$23,850 for a family of four in 2014) are more likely to be uninsured than children in families with higher incomes. Children in families with incomes less than 100 percent of FPL are approximately seven-and-a-half times more likely to be uninsured than those living in families making 400 percent of FPL or more (12.7 percent compared to 1.7 percent) (Figure 26, page 23).<sup>8</sup>

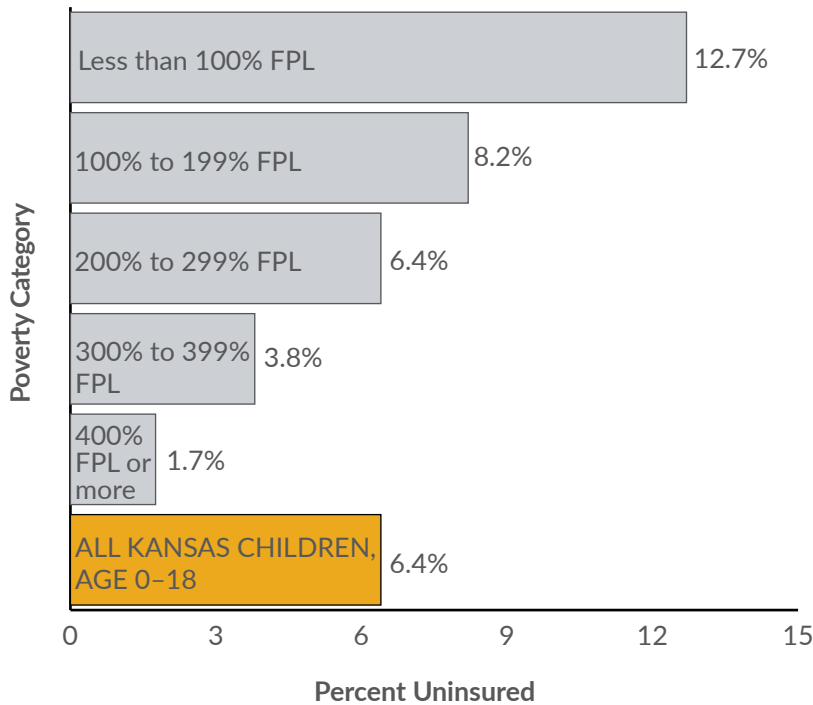
Figure 25. Kansas Children, Age 0–18: Percentage of Total Uninsured by Poverty Category, 2014



Note: Uninsured Kansas children age 0–18 with poverty information = 47,623. Percentages may not sum to 100 percent because of rounding.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

Figure 26. Kansas Children, Age 0–18: Likelihood of Being Uninsured by Poverty Category, 2014



Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

## Policy Consideration

Of the 48,410 Kansas children who are uninsured, more than three out of four (37,004) are currently eligible for Medicaid or CHIP.

There are 7,396 uninsured children who live in families that could be eligible to

receive financial assistance to purchase health insurance on the health insurance marketplace.

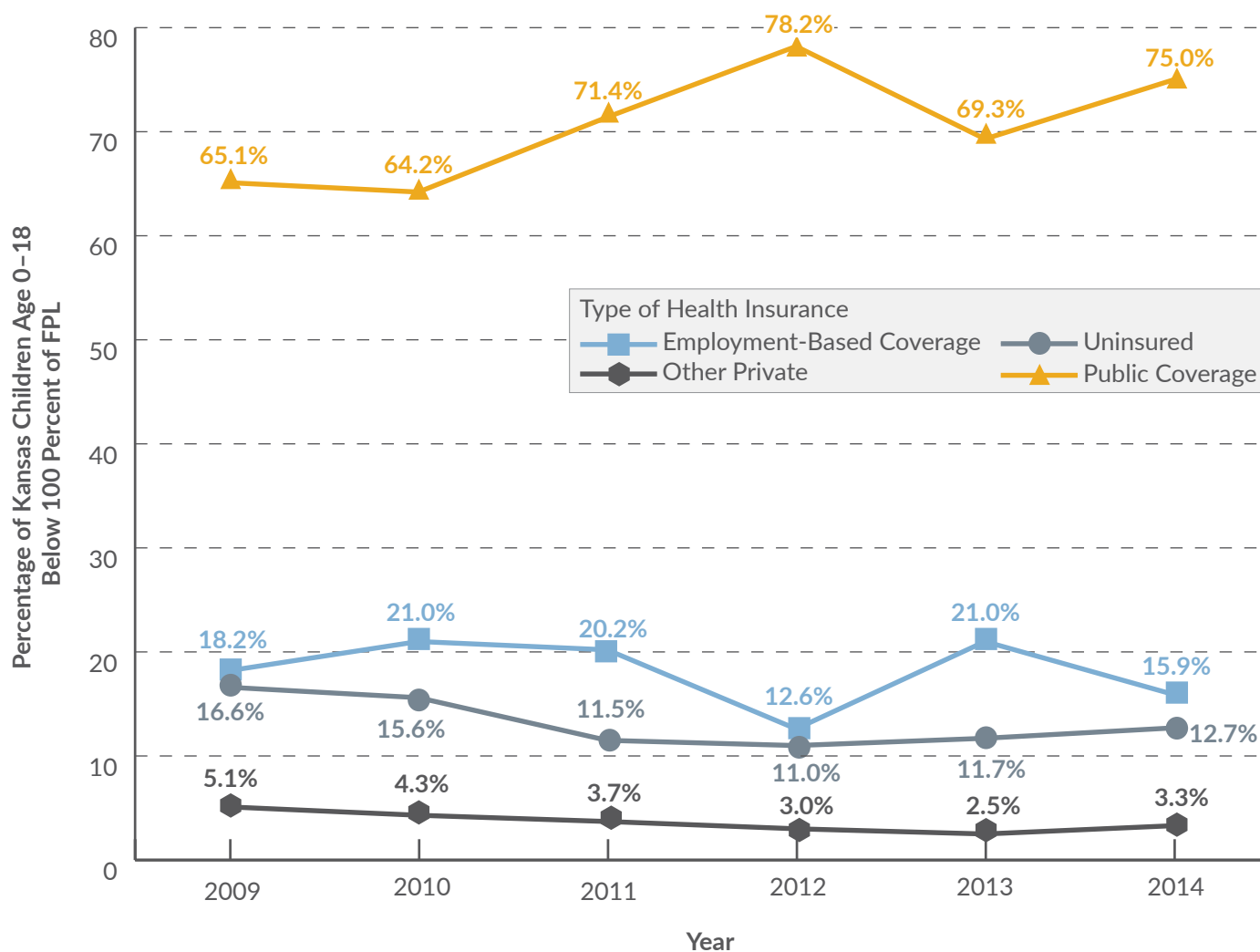
Outreach efforts to these families may positively impact the insurance and health status of Kansas children in the future.

The uninsured rate increased slightly for Kansas children living in families earning less than 100 percent of FPL in 2014 (11.7 percent in 2013 compared to 12.7 percent in 2014) (Figure 27). This could be due to a decline in employment-based coverage among this group (21.0 percent in 2013 compared to 15.9 percent in 2014).

The majority of children living in families earning less than 100 percent of FPL are covered through

public health insurance. Over the past several years, public coverage for these children has risen from 65.1 percent in 2009 to 75.0 percent in 2014. The reason for the increase in public coverage among children in poverty could be due to a number of factors such as loss of employment for families, lack of employers offering insurance, or changes in enrollment and outreach efforts during and after the implementation of KanCare (Kansas' Medicaid managed care program) in January 2013.

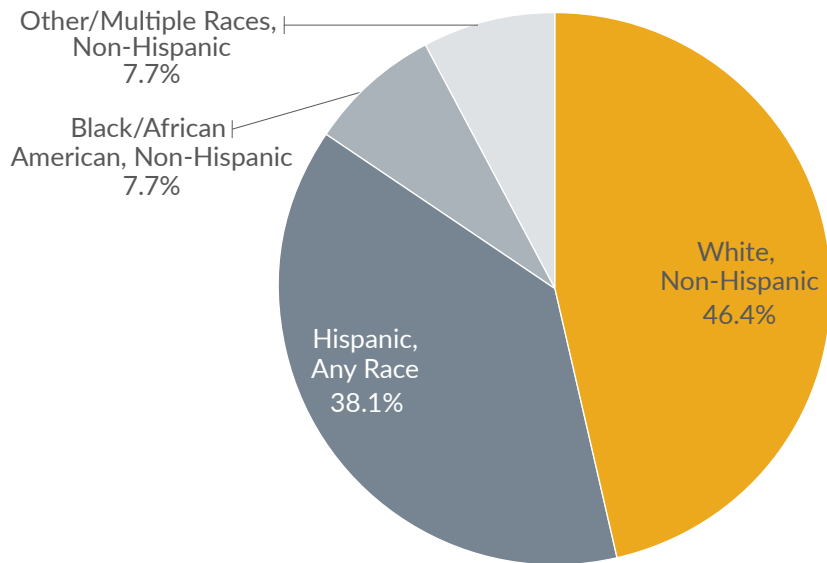
Figure 27. Kansas Children, Age 0-18: Coverage Trends for Kansans with Family Incomes Less than 100 Percent of FPL, 2009-2014



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

Source: KHI analysis of data from the U.S. Census Bureau's 2009-2014 American Community Survey Public Use Microdata Samples.

Figure 28. Kansas Children, Age 0–18: Percentage of Total Uninsured by Race/Ethnicity, 2014



Note: Uninsured Kansas children = 48,410. Percentages may not sum to 100 percent because of rounding. The Racial/Ethnic Group "Other/Multiple Races, non-Hispanic" includes the following: 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.

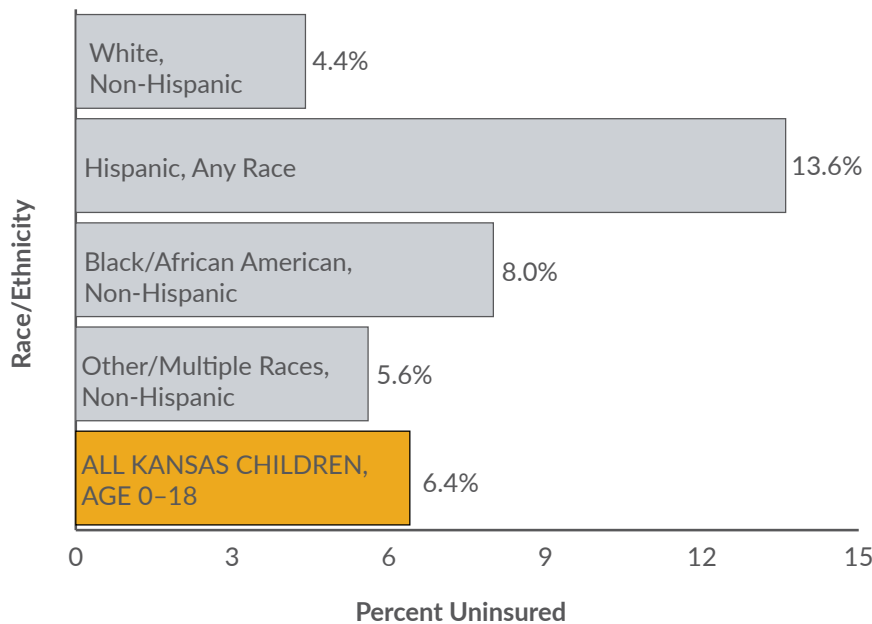
Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

## Race/Ethnicity & Insurance Coverage

White, non-Hispanics make up approximately half (46.4 percent) of the total number of uninsured children in Kansas (Figure 28). Although Hispanic children make up 17.8 percent of the overall child population, they account for 38.1 percent of the uninsured population.

Minority children are more likely to be uninsured than White, non-Hispanic children. For example, Hispanic children are three times more likely to be uninsured than White, non-Hispanic children (13.6 percent compared to 4.4 percent), and Black/African American children are nearly two times more likely to be uninsured than White, non-Hispanic children (8.0 percent compared to 4.4 percent) (Figure 29).

Figure 29. Kansas Children, Age 0–18: Likelihood of Being Uninsured by Race/Ethnicity, 2014



Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.



## Update on the Impact of the ACA: July 2016

A major policy goal of the Affordable Care Act was to reduce the number of Americans without health insurance and access to care. Beginning in 2014, the ACA provided for the implementation of several programs to expand health insurance coverage for most U.S. residents, including:

- Creating health insurance marketplaces in every state to facilitate the purchase of health insurance;
- Providing premium tax credits (and other cost-sharing subsidies) to reduce the cost of health insurance for individuals and families with household incomes between 100 and 400 percent of the federal poverty level (FPL); and
- Expanding Medicaid to cover individuals with household incomes up to 138 percent of FPL (optional for states).

### *The Kansas Marketplace*

The Kansas health insurance marketplace began operation on October 1, 2013, for the 2014 plan year. During the first open enrollment period, 57,013 Kansans signed up for coverage. That number almost doubled (to 96,197) during the second open enrollment period for 2015 and increased again (to 101,555) for the third open enrollment period, which ended on January 31, 2016.

During each open enrollment period, the marketplace screened Kansas individuals and families based on income guidelines established under the ACA. The screening determined their eligibility for public programs—such as Medicaid and CHIP—or financial assistance, in the form of premium tax credits and other subsidies to purchase health insurance through the marketplace. This screening also identified Kansans who were already eligible for public insurance programs under pre-expansion eligibility rules but were not yet enrolled. While more than 100,000 Kansans enrolled in health insurance

through the marketplace for 2016, they make up only a small share of the approximately 2.6 million Kansans who have insurance.

### *Financial Assistance through Premium Tax Credits and Cost-Sharing Subsidies*

In an effort to assist Americans who wished to purchase health insurance but were unable to afford it, the ACA provided financial assistance, in the form of premium tax credits. Such credits reduce the cost of purchasing health insurance through the marketplace for individuals and families with household incomes between 100 percent (\$23,850 for a family of four in 2014) and 400 percent of FPL (\$95,400 for a family of four in 2014).

The ACA allows health insurers to offer a variety of insurance plans in the marketplace characterized as “metal levels”—bronze, silver, gold and platinum—plus a catastrophic plan for individuals under the age of 30 and others unable to purchase one of the other plans. The four types of plans vary according to actuarial value, referring to the percentage of an average person’s annual health care expenses that are paid by the health insurance. For the past three years the majority of Kansans have selected silver plans, which cover about 70 percent of average health care expenses.

The amount of an individual’s premium tax credit is based on income and the monthly premium for the “benchmark” plan, defined as the second-lowest-cost silver plan available to the consumer. Individuals with incomes at 100 percent of FPL pay no more than 2.01 percent of their income toward the premium for the silver benchmark plan. People with incomes between 300 and 400 percent of FPL pay no more than 9.56 percent of their income in premiums for the same plan. The federal government pays the rest of the premium in the form of a tax credit directly to the insurer. These credits can be worth hundreds of dollars each month for low-income enrollees.

In 2014, nearly four out of every five Kansas marketplace enrollees (78.7 percent) received tax credits to reduce the cost of their monthly health

insurance premiums. The average premium cost for Kansas enrollees—after tax credits—was \$67 per month. For 2015, 79.5 percent of Kansans used premium tax credits and the average premium cost for enrollees after the credits was \$90 per month. For 2016, 82.0 percent of Kansans used tax credits and the average premium cost for enrollees after those credits increased to \$106 per month.

In addition to premium tax credits, individuals and families with household incomes between 100 and 250 percent of FPL can also qualify for cost-sharing subsidies if they enroll in a silver plan. These subsidies reduce out-of-pocket costs (e.g., deductibles, copayments and coinsurance) when health care services are utilized. For example, people with incomes under 150 percent of FPL can enroll in a plan that covers 94 percent of health care expenses, and people with incomes between 150 and 200 percent of FPL can enroll in a plan that covers 87 percent of health care expenses.

### **Medicaid Expansion**

Originally, a key provision of the ACA required all states to expand their Medicaid programs to cover all adults with incomes under 138 percent of FPL in addition to the premium tax credits for individuals between 100 and 400 percent of FPL. When a number of states challenged the legality of several provisions of the ACA, including Medicaid expansion, the U.S. Supreme Court ruled in 2012 that Medicaid expansion was optional for states.

To date, 19 states—including Kansas—have not elected to expand their Medicaid programs.<sup>9</sup> Since Congress did not anticipate that states would not expand Medicaid, the law does not provide financial assistance for individuals with incomes below 100 percent of FPL. In states that have not expanded Medicaid, there is an “eligibility gap,” as adults with incomes below 100 percent of FPL are not eligible for Medicaid but also cannot qualify for premium tax credits to buy coverage through the marketplace. As a result, these individuals receive no assistance for their health insurance premiums. KHI’s analysis

of 2014 data shows that an estimated 96,434 uninsured adult Kansans would be newly eligible for Medicaid if Kansas expanded its program.

### **Looking Ahead**

KHI will continue to monitor and analyze the ongoing impact of the implementation of the ACA. Insurance coverage for Kansans will be measured through the U.S. Census Bureau’s American Community Survey conducted during 2015 and will be included in the ACS data released in September 2016. With more than 100,000 Kansans signing up for coverage through the Kansas marketplace, it will be important to monitor consumer satisfaction, the adequacy of provider networks, premium costs and other out-of-pocket costs to see whether Kansans continue to purchase and renew their marketplace health insurance coverage. The outcome of the 2016 presidential election will likely impact the future of the ACA and the continuing operation of the marketplaces, as well as states’ decisions about Medicaid expansion.

**19**  
*states, including  
Kansas, have not  
expanded their  
Medicaid programs.*



**APPENDIX**

# Glossary

The glossary includes definitions or further explanation of terms used throughout this report.

## Key Terms

### AGE

**Children:** People age 0–18.

**Non-elderly Adults:** People age 19–64.

**Young Adults:** People age 19–25.

**Seniors:** People age 65 or older.

### EMPLOYMENT

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

**Part-time Worker:** Works fewer than 35 hours per week. May work year-round or only part of the year.

### INCOME

**Federal Poverty Level (FPL):** Also called the poverty line, FPL is an income threshold that designates which individuals or families are considered poor by the federal government. In this report, family income relative to FPL is determined using the official U.S. Census Bureau poverty thresholds that correspond to the survey year. The Federal Poverty Guidelines (*Figure A-11*, page 36) are the dollar amounts taken from the 2014 Federal Register publication. The U.S. Census Bureau dollar amount guidelines slightly differ from those published in the Federal Register.

**Low-income:** Family income below 200 percent of FPL. For a family of four in 2014,

it translates to a gross annual income of less than \$47,700.

**Middle-income:** Family income between 200 and 399 percent of FPL. For a family of four in 2014, it translates to a gross annual income between \$47,700 and \$95,400.

**High-income:** Family income 400 percent or more of FPL. For a family of four in 2014, it translates to a gross annual income of at least \$95,400.

### PUBLIC HEALTH INSURANCE

**Medicaid and CHIP:** Medicaid and the Children’s Health Insurance Program (CHIP) provide health insurance coverage to nearly 60 million Americans, including children, pregnant women, parents, seniors and individuals with disabilities.<sup>10</sup>

**Medicaid and CHIP Eligibility:** 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.<sup>11</sup> *Figure A-12* (page 37) outlines Kansas eligibility requirements for these programs.

**Medicare:** The federal program that helps pay health care costs for people age 65 and older, and for certain people under age 65 with long-term disabilities.

## Additional Information on Insurance Coverage Among Kansans

The *Annual Insurance Update* is a comprehensive review of available data about health insurance coverage for Kansans. This section includes detailed tables with population estimates used to develop the figures included in this report. Additional tables feature other pertinent health insurance coverage information (e.g., coverage by gender).

### Detailed Tables

Figure A-1. All Kansans, 2014

Age	Number Uninsured	Total Population	Percentage of Group (Uninsured)	Percentage of Total Uninsured Population
<b>Children, Age 0–18</b>	<b>48,410</b>	<b>761,934</b>	<b>6.4%</b>	<b>16.0%</b>
Age 0–5	12,190	240,445	5.1%	4.0%
Age 6–18	36,220	521,489	6.9%	12.0%
<b>Adults, Age 19–64</b>	<b>251,407</b>	<b>1,703,618</b>	<b>14.8%</b>	<b>83.3%</b>
Age 19–25	56,700	294,944	19.2%	18.8%
Age 26–34	68,455	341,104	20.1%	22.7%
Age 35–44	53,686	348,348	15.4%	17.8%
Age 45–54	41,509	360,347	11.5%	13.7%
Age 55–64	31,057	358,875	8.7%	10.3%
<b>Seniors, Age 65+</b>	<b>2,109</b>	<b>396,926</b>	<b>0.5%</b>	<b>0.7%</b>
<b>All Kansans</b>	<b>301,926</b>	<b>2,862,478</b>	<b>10.5%</b>	<b>100.0%</b>

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

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

Figure A-2. All Kansans: Race/Ethnicity, 2014

Race/ Ethnicity	Number Uninsured	Total Population	Percentage of Group (Uninsured)	Percentage of Total Uninsured Population
White, Non-Hispanic	174,077	2,199,315	7.9%	57.7%
Hispanic, Any Race	84,119	324,975	25.9%	27.9%
Black/ African American, Non-Hispanic	24,578	156,857	15.7%	8.1%
Other/ Multiple Races, Non-Hispanic	19,152	181,331	10.6%	6.3%
<b>All Kansans</b>	<b>301,926</b>	<b>2,862,478</b>	<b>10.5%</b>	<b>100.0%</b>

Note: The Racial/Ethnic Group “Other/Multiple Races, non-Hispanic” includes the following: 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. Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansans may differ due to availability of race/ethnicity information for respondents.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

Figure A-3. All Kansans: Poverty Category, 2014

Poverty (income-to-poverty ratio)	Number Uninsured	Total Population	Percentage of Group (Uninsured)	Percentage of Total Uninsured Population
Less than 100% FPL	97,312	383,599	25.4%	32.5%
100%–199% FPL	94,298	532,381	17.7%	31.5%
200%–299% FPL	56,251	529,153	10.6%	18.8%
300%–399% FPL	22,991	403,754	5.7%	7.7%
400% FPL or More	28,447	974,577	2.9%	9.5%
<b>All Kansans</b>	<b>299,299</b>	<b>2,823,464</b>	<b>10.5%</b>	<b>100.0%</b>

Note: Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansans may differ due to availability of poverty group information for respondents.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

## Detailed Tables

Figure A-4. All Kansans: Gender, 2014

Gender	Number Uninsured	Total Population	Percentage of Group (Uninsured)	Percentage of Total Uninsured Population
<b>Female</b>	<b>146,115</b>	<b>1,449,461</b>	<b>10.1%</b>	<b>48.4%</b>
Age 0–18	24,183	375,721	6.4%	8.0%
Age 19–64	120,324	852,937	14.1%	39.9%
Age 65+	1,608	220,803	0.7%	0.5%
<b>Male</b>	<b>155,811</b>	<b>1,413,017</b>	<b>11.0%</b>	<b>51.6%</b>
Age 0–18	24,227	386,213	6.3%	8.0%
Age 19–64	131,083	850,681	15.4%	43.4%
Age 65+	501	176,123	0.3%	0.2%
<b>All Kansans</b>	<b>301,926</b>	<b>2,862,478</b>	<b>10.5%</b>	<b>100.0%</b>

Note: Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansans may differ due to availability of gender information for respondents.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

Figure A-5. Adult Kansans, Age 19–64: Poverty Category, 2014

Poverty (income-to-poverty ratio)	Number Uninsured	Total Population	Percentage of Group (Uninsured)	Percentage of Total Uninsured Population, Age 19–64
Less than 100% FPL	80,484	223,884	35.9%	32.3%
100%–199% FPL	79,718	279,746	28.5%	31.9%
200%–299% FPL	45,805	298,133	15.4%	18.4%
300%–399% FPL	18,336	237,160	7.7%	7.4%
400% FPL or More	25,224	640,059	3.9%	10.1%
<b>All Kansas Adults, Age 19–64</b>	<b>249,567</b>	<b>1,678,982</b>	<b>14.8%</b>	<b>100.0%</b>

Note: Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansas Adults may differ due to availability of poverty group information for respondents.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

Figure A-6. Adult Kansans, Age 19–64: Race/Ethnicity, 2014

Race/ Ethnicity	Number Uninsured	Total Population	Percentage of Group (Uninsured)	Percentage of Total Uninsured Population, Age 19–64
White, Non-Hispanic	150,471	1,327,322	11.3%	59.9%
Hispanic, Any Race	64,737	176,509	36.7%	25.7%
Black/ African American, Non-Hispanic	20,857	96,277	21.7%	8.3%
Other/Multiple Races, Non-Hispanic	15,342	103,510	14.8%	6.1%
<b>All Kansas Adults, Age 19–64</b>	<b>251,407</b>	<b>1,703,618</b>	<b>14.8%</b>	<b>100.0%</b>

Note: The Racial/Ethnic Group “Other/Multiple Races, non-Hispanic” includes the following: 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. Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansas Adults may differ due to availability of race/ethnicity information for respondents.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

Figure A-7. Adult Kansans, Age 19–64: Employment Status, 2014

Employment Status	Number Uninsured	Total Population	Percentage of Group (Uninsured)	Percentage of Total Uninsured Population, Age 19–64
Full-Time, Year-Round	96,135	960,195	10.0%	38.2%
Full-Time, Part-Year	40,203	164,961	24.4%	16.0%
Part-Time, Year-Round	27,564	129,656	21.3%	11.0%
Part-Time, Part-Year	31,579	148,069	21.3%	12.6%
Not Employed	55,926	300,737	18.6%	22.2%
<b>All Kansas Adults, Age 19–64</b>	<b>251,407</b>	<b>1,703,618</b>	<b>14.8%</b>	<b>100.0%</b>

Note: Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansas Adults may differ due to availability of employment information for respondents.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.



## Detailed Tables

Figure A-8. Adult Kansans, Age 19–64: Employer Type, 2014

Employer Type	Number Uninsured	Total Population	Percentage of Group (Uninsured)	Percentage of Total Uninsured Population, Age 19–64
Private Employer	162,708	1,048,883	15.5%	64.7%
Government Employer	10,674	231,816	4.6%	4.2%
Self-Employed	22,099	122,182	18.1%	8.8%
Not Employed	55,926	300,737	18.6%	22.2%
<b>All Kansas Adults, Age 19–64</b>	<b>251,407</b>	<b>1,703,618</b>	<b>14.8%</b>	<b>100.0%</b>

Note: Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansas Adults may differ due to availability of employment information for respondents.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

Figure A-9. Kansas Children, Age 0–18: Race/Ethnicity, 2014

Race/Ethnicity	Number Uninsured	Total Population	Percentage of Group (Uninsured)	Percentage of Total Uninsured Population, Age 0–18
White, Non-Hispanic	22,486	513,106	4.4%	46.4%
Hispanic, Any Race	18,467	135,554	13.6%	38.1%
Black/African American, Non-Hispanic	3,721	46,643	8.0%	7.7%
Other/Multiple Races, Non-Hispanic	3,736	66,631	5.6%	7.7%
<b>All Kansas Children, Age 0–18</b>	<b>48,410</b>	<b>761,934</b>	<b>6.4%</b>	<b>100.0%</b>

Note: The Racial/Ethnic Group “Other/Multiple Races, non-Hispanic” includes the following: 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. Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansas Children may differ due to availability of race/ethnicity information for respondents.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

Figure A-10. Kansas Children, Age 0–18: Poverty Category, 2014

Poverty (income-to-poverty ratio)	Number Uninsured	Total Population	Percentage of Group (Uninsured)	Percentage of Total Uninsured Population, Age 0–18
Less than 100% FPL	16,448	129,560	12.7%	34.5%
100%–199% FPL	14,346	174,833	8.2%	30.1%
200%–299% FPL	9,577	149,368	6.4%	20.1%
300%–399% FPL	4,029	106,269	3.8%	8.5%
400% FPL or More	3,223	187,526	1.7%	6.8%
<b>All Kansas Children, Age 0–18</b>	<b>47,623</b>	<b>747,556</b>	<b>6.4%</b>	<b>100.0%</b>

Note: Percentages and counts for subgroups may not sum to the totals because of rounding. Total population for All Kansas Children may differ due to availability of poverty group information for respondents.

Source: KHI analysis of data from the 2014 American Community Survey Public Use Microdata Sample.

## Income and Eligibility Requirements for Public Coverage

### Federal Poverty Guidelines

Figure A-11. Federal Poverty Guidelines for 48 Contiguous United States, District of Columbia, Guam and Territories, 2014

Household Size	Annual Income	Monthly Income	Weekly Income
1	\$11,670	\$973	\$224
2	\$15,730	\$1,311	\$303
3	\$19,790	\$1,649	\$381
4	\$23,850	\$1,988	\$459
5	\$27,910	\$2,326	\$537
6	\$31,970	\$2,664	\$615
7	\$36,030	\$3,003	\$693
8	\$40,090	\$3,341	\$771
For each additional family member, add:	\$4,060	\$338	\$78

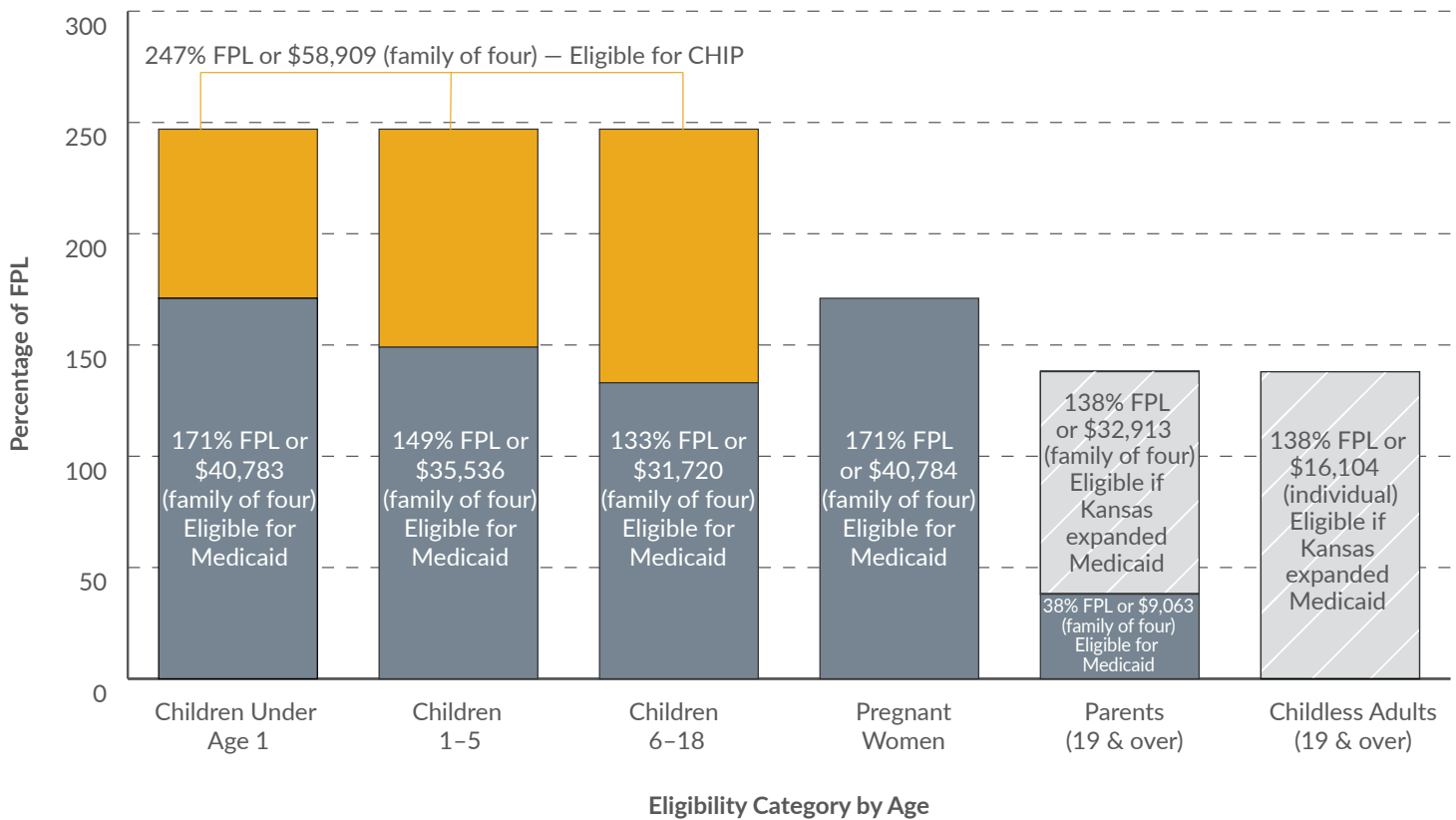
Source: Federal Register (January 22, 2014). Vol. 79, No. 14 pp. 3593–3594.

## Medicaid and CHIP Eligibility

Kansas offers public health insurance through programs like Medicaid and CHIP for those who meet certain income requirements. This assistance is mainly offered to children, pregnant women, parents or caretakers of children and disabled Kansans. Assistance is also available to seniors

age 65 or older who have limited resources. This assistance is based on a variety of factors (e.g., assets) and varying income requirements. See *Figure A-12* for Medicaid eligibility requirements in 2014. Children are eligible for CHIP if they live in families that earn less than 247 percent of FPL (\$58,909 annually for a family of four in 2014).

Figure A-12. Income Eligibility Levels for Kansas Medicaid, January 2014



Note: The eligibility levels reflect 2014 Modified Adjusted Gross Income (MAGI) income rules, including a 5 percent income disregard that may be applied on an individual basis. Income levels are only applicable to non-elderly adults without disabilities or other health needs that would make them eligible at a different income level.

Source: KHI analysis of eligibility information from the Division of Health Care Finance, Kansas Department of Health and Environment, 2014.

## Types of Health Insurance Coverage

As a part of the ACS, the U.S. Census Bureau collects data about types of health insurance coverage and broadly classifies those types as private coverage or public coverage, all of which are described below.

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

- **Employment-based health insurance** is coverage offered through an individual's or relative's employment. It may be offered by an employer or by a union.
- **Individually purchased health insurance**, referred to as "other private" coverage in this report, is coverage through a plan that an individual purchases from a private company or through coverage purchased on the federally operated Kansas marketplace.

The major types of **public or government health insurance** include Medicare, Medicaid and the Children's Health Insurance Program (CHIP). In this report, "public insurance" refers to coverage provided through government-sponsored health programs—plans funded at the federal, state or local levels, and includes Medicare, Medicaid, CHIP and U.S. Department of Veterans Affairs coverage.

- **Medicare** is the federal program that helps pay health care costs 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, and the aged, blind and disabled who are in financial need may be eligible for Medicaid.
- **KanCare** is the program through which the state of Kansas administers Medicaid and CHIP, which began in January 2013. Kansas contracted with three health plans—or managed care

organizations (MCOs)—to coordinate health care for nearly all Medicaid beneficiaries. The KanCare health plans are Amerigroup of Kansas, Inc. (Amerigroup), Sunflower Health Plan (Sunflower), and UnitedHealthcare Community Plan of Kansas (United). The Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS) administer KanCare within the state of Kansas. KDHE maintains financial management and contract oversight of the KanCare program while KDADS administers the Medicaid programs for disability services, mental health and substance abuse, and also operates the state hospitals, long-term care facilities and institutions.<sup>12</sup>

- **CHIP** is administered at the state level, providing health care to low-income children who do not qualify for Medicaid.

**Indian Health Service (IHS)** is a health care program, 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. In this report, Kansans with only IHS coverage are included with those who lack traditional health insurance.

**Military health care** includes TRICARE and Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), as well as care provided by the U.S. Department of Veterans Affairs. The American Community Survey considers Military/TRICARE coverage as private insurance, and insurance from the U.S. Department of Veterans Affairs as public coverage.

- **TRICARE** is a military health care program for active duty and retired members of the uniformed services, their families and survivors.
- **CHAMPVA** is a medical program through which the U.S. Department of Veterans Affairs helps pay the cost of medical services for eligible veterans, veterans' dependents and survivors of veterans.
- **The U.S. Department of Veterans Affairs** provides medical assistance to eligible veterans of the U.S. Armed Forces.

## About the Data

### *The U.S. Census Bureau's American Community Survey*

The American Community Survey (ACS), administered by the U.S. Census Bureau, was the primary data source for this report. The ACS is an ongoing nationwide survey sent to about 250,000 addresses per month. The survey form is sent through the mail, and followed with an in-person interview for a smaller number of households. Survey respondents are asked whether they have health insurance coverage at the time they are surveyed or interviewed. The survey results, therefore, represent “point-in-time” health insurance coverage for a large sample of individuals throughout the year. The 2014 ACS sample of non-institutionalized Kansas residents included individuals in 26,921 housing units that completed interviews.<sup>13</sup>

Because of the survey size, one year of ACS data can be used to generate estimates for counties or cities with populations of 65,000 or more. Three years of ACS data can be used to generate estimates for counties or cities with populations of 20,000 or more. The ACS began including basic health insurance questions in 2008, and does not provide consistent historical data prior to 2008 on health insurance coverage. For this data prior to 2008, the Current Population Survey (CPS), also conducted by the U.S. Census Bureau, is widely used.

### *ACS Public Use Microdata Sample (PUMS)*

The ACS PUMS files are records about individual people or housing units. The U.S. Census Bureau produces the PUMS files so that data users can create custom tables that are not available through summary ACS data products. Public Use Microdata Areas (PUMAs) are predefined areas with a population of 100,000 or more residents. PUMAs do not cross state borders and are established based on input from the U.S. Census Bureau's State Data Centers. The U.S. Census Bureau produces one-year, three-year and five-year PUMS files. The three-year and five-year PUMS files are multiyear combinations of the one-year PUMS file with appropriate adjustments to the weights and inflation adjustment factors.

### *Statistical Significance*

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

## Endnotes

1. American Community Survey, Sample Size—Data for Kansas, retrieved on March 16, 2016, from <http://www.census.gov/acs/www/methodology/sample-size-and-data-quality/sample-size/index.php>
2. Because ACS respondents can report more than one type of insurance for the calendar year, KHI used a standard hierarchy to assign health insurance status. At the top of the hierarchy was Medicaid, followed by Medicare, employment-based insurance, Military and TRICARE, other public and other private. Private insurance includes health insurance provided through the military or for veterans. Individuals that mention the Indian Health Service as their only source of insurance are included in the uninsured category.
3. Approximately 9.8 percent of non-elderly Kansans age 0-64 have Medicare. Moreover, many seniors with Medicare are also covered by supplemental employment-based insurance or “other private” insurance policies.
4. Analysis is based on all Kansans including 39,000 children and adults whose poverty status isn’t determined.
5. Affordable coverage through an employer is defined as not exceeding 9.7 percent of an employee’s household income.
6. Parents and caretakers of Kansas children are eligible for KanCare if they earn up to 38 percent of FPL, which includes a 5 percent income disregard.
7. Although Medicare is primarily for adults age 65 and older, the program allows others to receive Medicare if they meet certain conditions. Children that are unmarried and under the age of 22 may qualify if they have a disability or special needs.
8. Less than 100 percent of FPL = \$23,850 for a family of four in 2014; 400 percent of FPL = \$95,400 for a family of four in 2014.
9. Kaiser Family Foundation (2016). Retrieved from <https://kaiserfamilyfoundation.files.wordpress.com/2016/01/current-status-of-the-medicaid-expansion-decisions-healthreform.png>
10. Centers for Medicare and Medicaid Services (2015). Eligibility. Retrieved from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Eligibility.html>
11. Ibid.
12. KanCare (2016). Retrieved from [http://www.kancare.ks.gov/whats\\_kancare.htm](http://www.kancare.ks.gov/whats_kancare.htm)
13. American Community Survey, Sample Size—Data for Kansas, retrieved on March 16, 2016, from <http://www.census.gov/acs/www/methodology/sample-size-and-data-quality/sample-size/index.php>

## **KANSAS HEALTH INSTITUTE**

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