Maps of KanCare Enrollment and Risks of Disenrollment Once the COVID-19 Public Health Emergency Ends

KANSAS HEALTH INSTITUTE

Informing Policy. Improving Health.

MAPS OF KANCARE ENROLLMENT AND RISKS OF DISENROLLMENT ONCE THE COVID-19 PUBLIC HEALTH EMERGENCY ENDS

Authors

Phillip Steiner, M.A.
Alex Ferguson

Table of Contents

(This page intentionally left blank.)

Executive Summary

Federal legislation tied to the nationwide COVID-19 public health emergency (PHE), first declared on January 29, 2020, and renewed for 90 days a tenth time on July 15, 2022, incentivized states to maintain eligibility for Medicaid enrollees during the COVID-19 pandemic. The policy decision by the State of Kansas to delay action on annual reviews until after the public health emergency, ensuring continuous coverage during the pandemic, has resulted in a record 520,159 people – 17.7 percent of the state population – enrolled in Medicaid and the Children's Health Insurance Program (CHIP), collectively known as KanCare, at the end of June 2022. Current guidance from the Centers for Medicare & Medicaid Services (CMS) gives states up to 12 months from the start of the month after the PHE ends to initiate reviews to redetermine eligibility for all enrollees.

Community Care Network of Kansas contracted with the Kansas Health Institute (KHI) to better understand populations that may be at risk of losing KanCare coverage once annual reviews and disenrollment resume, as well as the location of enrollees who would potentially still be eligible for Medicaid or be eligible for subsidies if they were to enroll in an Affordable Care Act (ACA) marketplace plan. This technical report provides an analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment (KDHE) to better understand where KanCare enrollees are, and which areas have the highest concentrations of KanCare enrollees who may be at risk of losing coverage once the PHE ends because they are no longer eligible or are eligible but may need additional support to remain enrolled.

Enrollment data and analysis are reported for the state and Sedgwick, Johnson, Wyandotte, Shawnee, Ford and Finney counties. Within the selected counties, KHI identified neighborhoods that had the highest number of KanCare enrollees as well as the highest number who may be at risk of disenrollment once the public health emergency ends. The following neighborhoods were identified by the analysis in the selected counties as either an area with a high risk for disenrollment once the PHE ends and a high concentration of enrollment compared to the rest of the county, or an area not identified in the analysis as high risk for disenrollment but with a high concentration of enrollment compared to the rest of the county.

- South Wichita at MacArthur Rd and I-35 near Chapin Park, Meridian and MacArthur, Pawnee and Broadway surrounding Herman Hill and O.J. Watson Park;

- Northeast Wichita neighborhoods north and west of the Wichita State University campus;
- Downtown Topeka neighborhoods surrounding Dornwood and Hillcrest Park; and
- Downtown Kansas City N 38th St and State Ave, Wood Ave and 29th St, Riverview Ave and N 18th St.

Areas not identified by the analysis as high risk for disenrollment or a concentration of high enrollment but with a significant number of enrollees compared to the county:

- Downtown Olathe in Johnson County;
- Dodge City in Ford County; and
- Garden City in Finney County.

Appendix A (page A-1) contains a description of the measures used to identify high-risk areas and detailed maps for the state, selected counties and identified neighborhoods showing KanCare enrollment in June 2022, change in KanCare enrollment since the pandemic began, the percent of the population enrolled in KanCare and risk of disenrollment by Census Block Group. These maps are also provided through ArcGIS Online for all counties in the state as well as supplemental data and measures to conduct analysis similar to what is presented in this report and to identify healthcare providers and other community-based organizations who may be a resource to support continued healthcare for KanCare enrollees in those areas once the PHE ends.

Introduction

The Kansas Department of the Health and Environment (KDHE) provided the Kansas Health Institute (KHI) with deidentified person-level data on applications, annual reviews, enrollment and disenrollment from January 2018 through June 2022. A 9-digit ZIP code for the enrollee's residence was included when available. KHI aggregated these data to the 9-digit ZIP code and crosswalked the 9-digit ZIP code to a 2010 Census Block Group – a geographic area created by the Census Bureau for statistical purposes that generally contains between 600 and 3,000 people. Analysis was conducted for Sedgwick, Shawnee, Johnson, Wyandotte, Ford and Finney counties at the Census Block Group level to answer the following research questions:

1. Which Census Block Groups in selected counties have the most KanCare enrollees in June 2022?
2. Which Census Block Groups in selected counties have the highest risk of disenrollment once the COVID-19 public health emergency (PHE) ends?
3. In the Census Block Groups identified as having a high number of enrollees at risk of losing coverage, what are the demographic characteristics and available resources?

Analysis of enrollment trends for the state overall and selected counties are provided in the section *"Enrollment Growth During the COVID-19 Pandemic."* The methodology for determining which neighborhoods are at higher risk of disenrollment once the public health emergency ends and state-level results from that analysis are included in the section *"Methodology for Determining Neighborhoods at Risk for High Rates of Disenrollment."* The specific neighborhoods identified as at-risk in each county are presented in *Figure 9* (page 13) in the section *"Neighborhoods in Selected Counties Assessed to be Highest Risk of Disenrollment."* Social and demographic characteristics of neighborhoods identified as at-risk are presented in the section *"Characteristics of Block Groups Assessed to be at Risk of Disenrollment."* Maps of the state, county and identified neighborhoods are available in *Appendix A* (page A-1).

Enrollment Growth During the COVID-19 Pandemic

Net enrollment in KanCare, or change in KanCare enrollment over time, is the result of the difference between the number of new applications approved and the number who disenroll each month. Enrollment grows when the number of approved applications exceeds the number who disenroll. Enrollment declines when the number who disenroll is greater than the number of

approved applications. Before the continuing coverage policy was enacted, people may have disenrolled or have been disenrolled from KanCare if:

- They voluntarily disenrolled (e.g., because they gained another form of coverage);
- They failed to meet eligibility requirements (e.g., they did not meet spenddown);
- Their income increased above the eligibility level;
- Their circumstances (other than income) changed (e.g., children aged out of coverage or they moved to another state); or
- They faced barriers to renewing coverage not based on their eligibility (e.g., they failed to provide forms or documentation to renew coverage when they were due).

The federal Families First Coronavirus Response Act (FFCRA), enacted on March 18, 2020, authorized a 6.20 percentage point increase in the Federal Medical Assistance Percentage (FMAP) and indirectly a 4.34 percentage point increase in the enhanced FMAP for the Children's Health Insurance Program (CHIP) to states that met certain "maintenance of eligibility" requirements. The FMAP increase for states adopting these policies was retroactive to January 1, 2020, and extends through the last day of the calendar quarter in which the COVID-19 public health emergency period ends.

KDHE implemented this continuing coverage policy and stopped all disenrollment from KanCare unless the individual voluntarily withdraws, moves out of state, becomes incarcerated or dies. As a result, the rate of disenrollment decreased. Before the continuing coverage policy took effect in March 2020, an average of 8,827 applications were approved each month and 8,997 individuals disenrolled – a slight decrease in net enrollment each month on average. After the continuing coverage policy took effect through June 2022, an average of 7,000 applications were approved each month and 2,854 individuals disenrolled – a significant increase in net enrollment each month statewide. *Figure 1* (page 3) shows the monthly trend in net enrollment from January 2018 to June 2022.

Figure 1. **Monthly Trend of Net KanCare Enrollment, January 2018 – June 2022**
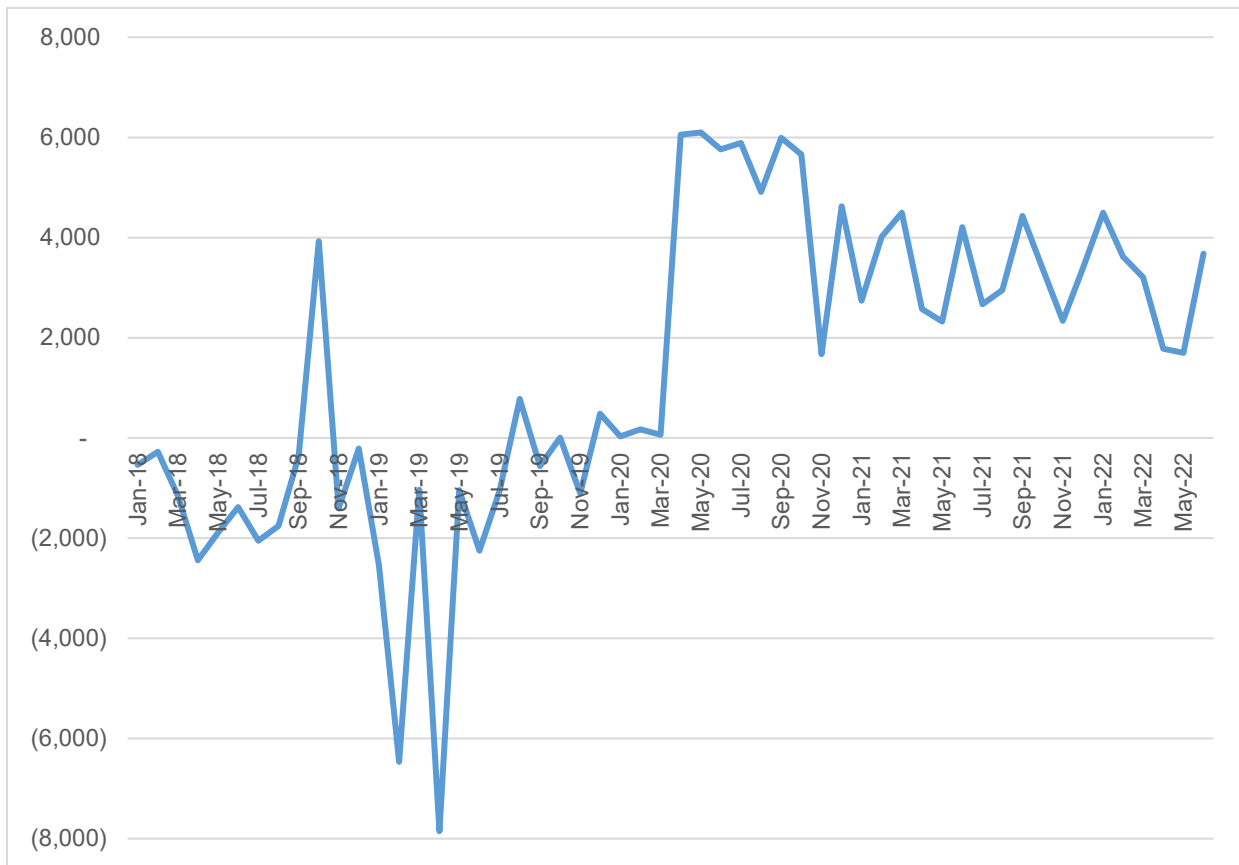
Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Between February 2020 and June 2022, total KanCare enrollment increased by 97,977 enrollees (from 422,182 to 520,159, a 23.2 percent increase). More than a quarter of the increase in enrollment was in Sedgwick County (25,419, 29.1 percent) followed by Johnson, Wyandotte, and Shawnee counties. *Figure 2* (page 4) shows the 10 counties with the greatest change in KanCare enrollment between February 2020 and June 2022.

Figure 2. **KanCare Enrollment Growth Statewide and for Top 10 Counties**

County	Feb 2020 Enrollment	June 2022 Enrollment	Change in Enrollment	% Change in Enrollment
Kansas	422,182	520,159	97,977	23.2%
Sedgwick County	87,397	112,816	25,419	29.1%
Johnson County	40,275	54,362	14,087	35.0%
Wyandotte County	42,383	51,998	9,615	22.7%
Shawnee County	31,956	38,663	6,707	21.0%
Douglas County	11,136	14,112	2,976	26.7%
Leavenworth County	7,540	9,897	2,357	31.3%
Butler County	7,925	10,203	2,278	28.7%
Reno County	10,098	12,324	2,226	22.0%
Ford County	7,038	9,043	2,005	28.5%
Finney County	7,498	9,498	2,000	26.7%
Rest of Kansas	168,936	197,243	28,307	16.8%

Note: Enrollees missing zip code or county information are included in the count for the rest of Kansas.

Source: Kansas Health Institute analysis of KanCare enrollment data provided by the Kansas Department of Health and Environment.

Because enrollment increased faster than the population, the percentage of the population enrolled in KanCare increased. Statewide about 14.4 percent of the population was enrolled in KanCare in February 2020. By June 2022 about 17.7 percent of Kansas residents were enrolled in KanCare. *Figure 3* (page 5) shows the percent of the population enrolled in KanCare across Kansas and in selected counties. *Appendix A* (page A-1) provides detailed maps showing June 2022 KanCare enrollment (*Figures A.1* through *A.7*) and KanCare enrollment as a percent of the population (*Figures A.15* through *A.21*) by Census Block Group across the state and within Sedgwick, Johnson, Wyandotte, Shawnee, Ford and Finney counties in June 2022.

Figure 3. **Top 10 and Selected Counties by Percent of Population Enrolled in KanCare, June 2022**

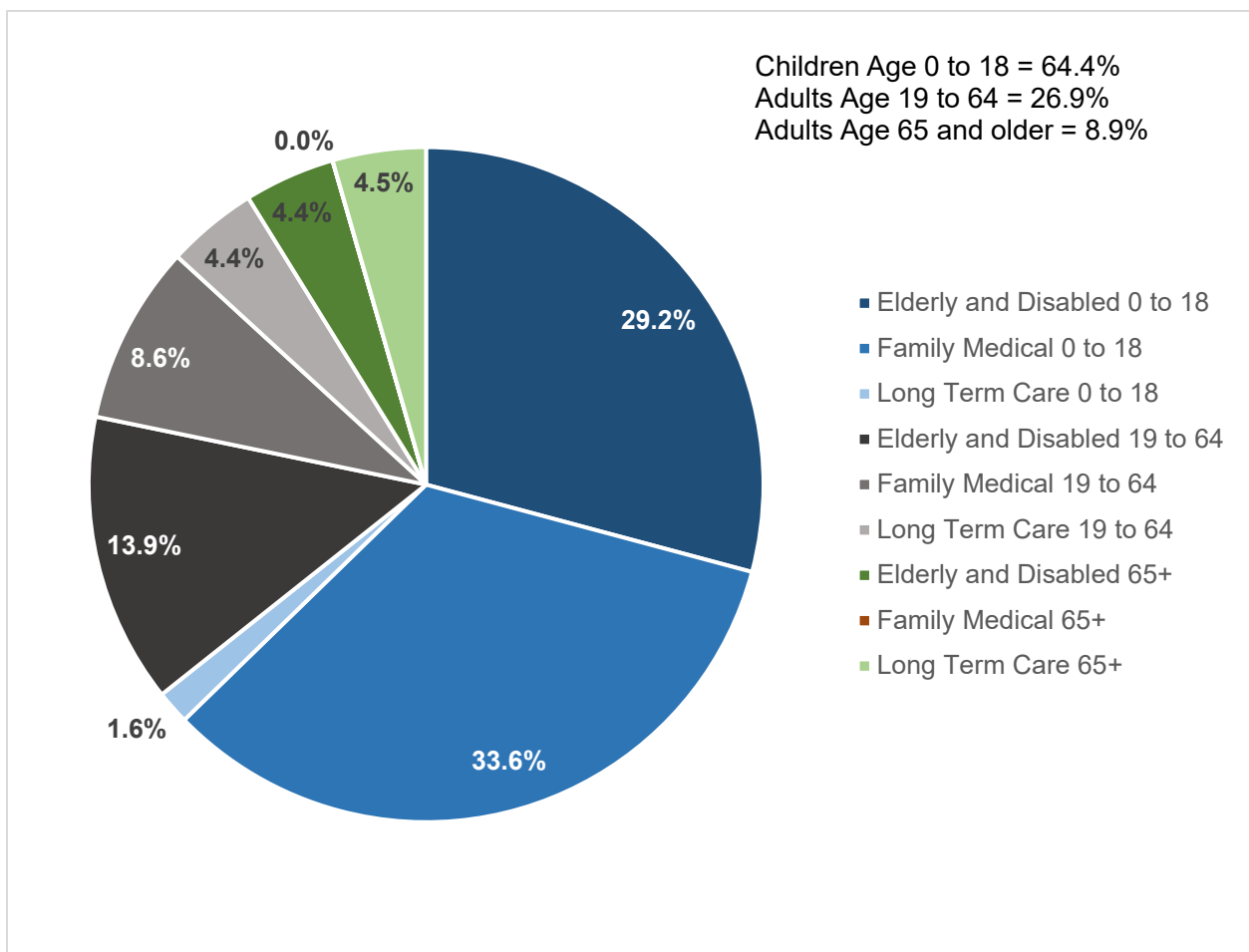| Area	June 2022 enrollment	July 2021 Population Est	Percent of Population Enrolled in KanCare, June 2022
Kansas	520,159	2,934,582	17.7%
Wyandotte County	51,998	167,046	31.1%
Allen County	3,728	12,464	29.9%
Seward County	6,435	21,747	29.6%
Bourbon County	3,875	14,323	27.1%
Ford County	9,043	34,159	26.5%
Montgomery County	8,132	31,156	26.1%
Labette County	5,123	19,912	25.7%
Wilson County	2,133	8,526	25.0%
Finney County	9,498	38,107	24.9%
Cherokee County	4,708	19,130	24.6%
Shawnee County	38,663	178,264	21.7%
Sedgwick County	112,816	523,828	21.5%
Johnson County	54,362	613,219	8.9%
Rest of Kansas	209,645	1,252,701	16.7%

Note: Enrollees missing ZIP code or county information are included in the count for the rest of Kansas.
Source: Kansas Health Institute analysis of KanCare enrollment data provided by the Kansas Department of Health and Environment.

The data provided in *Figure 2* (page 4) and *Figure 3* show that KanCare enrollment and enrollment growth during the PHE is uneven across counties. *Figures A.2 through A.7 and Figures A.9* through *A.14* in *Appendix A* show that enrollment and enrollment growth during the PHE is also uneven within counties.

Enrollment and enrollment growth also varies by age group and eligibility category. *Figure 4* shows the distribution of age and eligibility category in KanCare in February 2020. Children age 0 to 18 eligible through a Family Medical benefit were the largest category of enrollment at about one-third of the total (33.6 percent). Overall children accounted for 64.4 percent of enrollees. Adults age 19 to 64 eligible through a family medical benefit accounted for 8.6 percent of enrollment and all adults age 19 to 64 accounted for 26.9 percent of total enrollment. Very few adults age 65 and older are eligible through a Family Medical benefit and overall adults 65 and older accounted for 8.9 percent of the total enrollment.

Figure 4. **KanCare Population Distribution by Age Group and Eligibility Category, February 2020**

Children Age 0 to 18 = 64.4%
Adults Age 19 to 64 = 26.9%
Adults Age 65 and older = 8.9%

- Elderly and Disabled 0 to 18
- Family Medical 0 to 18
- Long Term Care 0 to 18
- Elderly and Disabled 19 to 64
- Family Medical 19 to 64
- Long Term Care 19 to 64
- Elderly and Disabled 65+
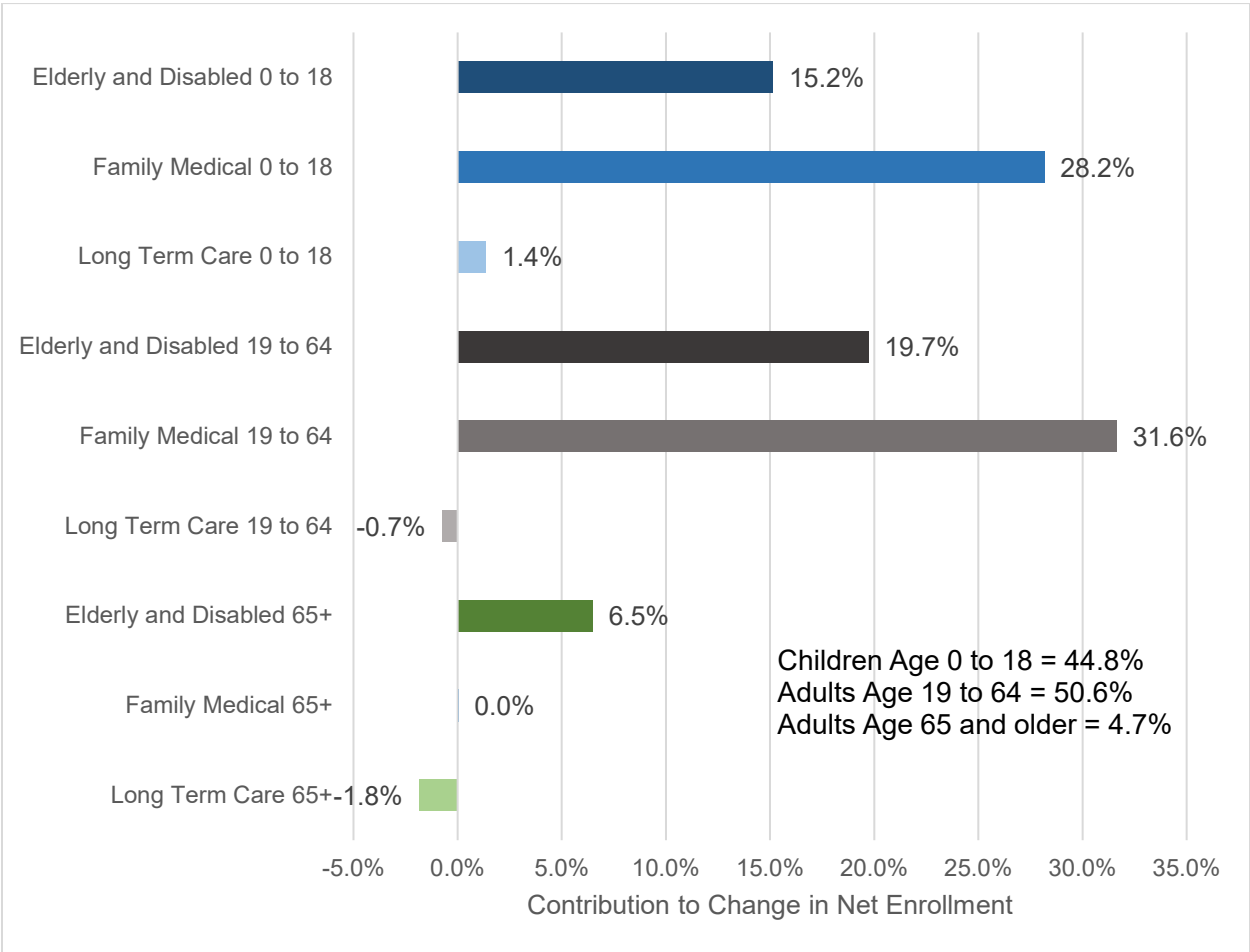- Family Medical 65+
- Long Term Care 65+

Note: Total KanCare enrollment in February 2020 = 422,182
Source: Kansas Health Institute analysis of KanCare enrollment data provided by the Kansas Department of Health and Environment.

Between February 2020 and June 2022, total KanCare enrollment increased by 97,977. *Figure 5* shows the contribution to the increase in net enrollment for each age group and eligibility category. While just over one in four (26.9 percent) enrollees in February 2020 were adults age 19 to 64, that age group accounts for over half (50.6 percent) of the increase in KanCare enrollment during the PHE. Children age 0 to 18 accounted for 44.8 percent and adults age 65 and older accounted for 4.7 percent for the net KanCare enrollment growth.

Figure 5. **Contribution to Net KanCare Enrollment Growth from February 2020 through June 2022 by Age Group and Eligibility Category**

Note: Total change in net KanCare enrollment from February 2020 to June 2022 = 97,977.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Methodology For Determining Neighborhoods at Risk for High Rates of Disenrollment

There are different reasons why enrollment and enrollment growth between areas vary. For example, a block group might be experiencing population growth, or the population may be more likely to be eligible because of changing income or circumstances. The COVID-19 pandemic and related economic changes were highly disruptive, but by June 2022 the effects on employment and income had largely abated. The preliminary unemployment rate in Kansas in June 2022 was 2.4 percent and an all-time high of 1,471,007 people were employed. Income statewide has similarly grown since the pandemic began.

Without additional information suggesting a significant change in the number of people who would be eligible for KanCare, enrollment patterns from before the pandemic should resume once the PHE ends, and disenrollment should be highest in areas that had the most people impacted by the continuing coverage policy. Nationally, Kaiser Family Foundation estimates that 84.2 percent of the enrollment growth during the pandemic was due to continuing coverage policies.

KHI combined two measures to identify which Census Block Groups within selected counties in Kansas may have KanCare enrollees who are more at risk for disenrollment once the PHE ends: excess growth and churn. **Excess growth** is intended to identify areas most affected by continuing coverage policies by finding areas that had the greatest difference between the average monthly net enrollment during the pandemic and the average monthly net enrollment before the pandemic. The **churn rate** before the pandemic helps to identify which areas may have been disproportionately affected by continuing coverage policies. Recent studies have found that children and young adults (ages 0 – 34) are the most likely to lose coverage because of changing circumstances or administrative burden.

Churn is defined as when Medicaid or CHIP beneficiaries disenroll or lose coverage and will re-apply and re-enroll within a short period of time after disenrolling. Enrollees who churn are likely to do so because of a change in income or because they fail to provide documentation to support the redetermination of their eligibility. The continuing coverage policy implemented during the PHE has significantly reduced churn rates because enrollees were not required to verify their eligibility and were not disenrolled even if they were no longer eligible, resulting in higher monthly net enrollment. Block groups with higher rates of churn before the pandemic may indicate a population that is more likely to be ineligible for KanCare benefits due to

fluctuations in income throughout the year or who may have difficulty completing documentation requirements and is therefore more likely to be disenrolled once the PHE ends.

Figure 6 shows the range of values across quartiles for the excess growth measure. The excess growth measure is calculated as the difference between the average of monthly net enrollment (number of approved applications – number disenrolled) through the month before the continuing coverage policy took effect (January 1, 2018 – February 29, 2020) and after the continuing coverage policy took effect through June 2022. For example, if before the continuing coverage policy took effect a block group on average lost 0.2 enrollees per month and after the continuing coverage policy took effect that block group on average gained 0.5 enrollees per month, the difference would be 0.7 enrollees per month.

After calculating excess growth, each block group in the state was sorted from high to low based on the difference. The top quartile (75 – 100 percentile) of block groups was defined as high excess growth, the second quartile (50 – 74 percentile) of block groups was defined as medium-high excess growth, the third quartile (25 – 49 percentile) of block groups was defined as medium-low excess growth and the bottom quartile (0 – 24 percentile) of block groups was defined as low excess growth.

Figure 6. **Change in Monthly Net KanCare Enrollment Across Kansas Block Groups by Quartile**

Level of Excess Growth	Range of Differences in Monthly Enrollment Trend	Number of Block Groups
High (75 – 100 Percentile)	0.07 – 2.78	591
Medium High (50 – 74 percentile)	0.00 – 0.07	587
Medium Low (25 – 49 percentile)	-0.07 – 0.00	590
Low (0 – 24 percentile)	-2.80 – -0.07	568

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Statewide the churn rate was 14.6 percent before the month the continuing coverage policy took effect. *Figure 7* (page 10) shows the range of churn rates by block group across the state. The

churn rate is defined as the number of KanCare enrollees whose eligibility was discontinued and then approved upon reapplication within one year of disenrollment, divided by all KanCare enrollees who disenrolled during that time.

After calculating churn rate, each block group in the state was sorted from high to low based on the block group's churn rate. The top quartile (75 – 100 percentile) of block groups was defined as high churn, the second quartile (50 – 74 percentile) of block groups was defined as medium-high churn, the third quartile (25 – 49 percentile) of block groups was defined as medium-low churn and the bottom quartile (0 – 24 percentile) of block groups was defined as low churn.

Figure 7. **Rates of Churn Across Kansas Block Groups by Quartile**

Level of Churn	Range of Churn Rate	Number of Block Groups
High (75 – 100 Percentile)	23.8% – 100%	585
Medium High (50 – 74 percentile)	19.0% – 23.8%	583
Medium Low (25 – 49 percentile)	13.8% – 19.0%	590
Low (0 – 24 percentile)	0% – 13.8%	578

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth, then combining both variables into one of four categories of risk based on their ranking (quartile):

1. High Risk Census Block Groups are those with populations estimated to be the most risk for disenrollment once the PHE ends because they were among the most impacted by the continuing coverage policy (top quartile for excess growth) and historically had populations enrolled with higher rates of churn (top quartile for churn rate).
2. Medium High Risk Census Block Groups are those with populations that have one of two high risk characteristics. They are either in the top quartile for excess growth or churn rate.

3. Medium Low Risk Census Block Groups are those with populations that do not have high-risk characteristics but are not the low risk. These areas are in the second or third quartile for excess growth or churn rate.
4. Low Risk Census Block Groups are those that are in the bottom quartile for both excess growth and churn rate. They were the least impacted by the continuing coverage policy and had relatively low churn rates compared to other block groups in the state.

Figure 8 shows the number of block groups that fall into each of the four risk categories statewide.

Figure 8. **Count of Block Groups by Risk of Disenrollment**

Risk Category	Number of Block Groups
High Risk	147
Medium High Risk	882
Medium Low Risk	1148
Low Risk	159

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Neighborhoods in Selected Counties Assessed to be Highest Risk of Disenrollment

Census block groups can be relatively small areas depending on the population density where they are located. To answer the research questions ("Which Census Block Groups in selected counties have the most KanCare enrollees in June 2022?" and "Which Census Block Groups in selected counties have the highest risk of disenrollment once the COVID-19 public health emergency (PHE) ends?"), the highest risk neighborhoods were determined by calculating hot spot and cluster spatial statistics using tools available through ArcGIS. These tools identified groups of block groups that had similar risk and enrollment characteristics.

To be a statistically significant hot spot or cluster, a block group must have a high number of enrollees or a high-risk category and be surrounded by block groups featuring high values for those measures as well. The results from the hot spot and cluster analysis were compared and

neighborhood maps were created for neighborhoods where both statistics confirmed a group of block groups with high enrollment and high risk of disenrollment once the PHE ends. If there were no groups of block groups in a county that had both a high risk of disenrollment once the PHE ends and high enrollment, then high enrollment neighborhoods were selected. If there were no high enrollment neighborhoods, then an area with a significant population of KanCare enrollees was selected for mapping. *Figure 9* (page 13) lists the central Census Block Groups identified in each selected county.

Four neighborhoods were identified in the select counties as having high risk and high enrollment or high enrollment alone:

- Northeast Wichita
- South Wichita
- Downtown Topeka
- Downtown Kansas City

Neighborhoods identified in Northeast Wichita, South Wichita and Downtown Topeka clearly had disproportionately more enrollees and a higher risk of disenrollment compared to other areas in Sedgwick and Shawnee counties. The neighborhood in Downtown Kansas City had disproportionately more enrollees than the rest of Wyandotte County.

Johnson County, Ford County and Finney County did not have high risk or high enrollment neighborhoods. Downtown Olathe has a higher rate of KanCare enrollment compared to the rest of Johnson County but did not meet the technical definition used in this report of a hot spot or cluster. Similarly, because Ford County and Finney County lacked a hot spot or cluster, their population centers (Dodge City and Garden City) are presented for completeness.

Figure 9. **Block Groups Identified as Having High Enrollment and/or High Risk of Disenrollment Once the PHE Ends**

County	Neighborhood (Census Block Groups)
Sedgwick County Neighborhood 1	Northeast Wichita (0004003, 0007001) north and west of Wichita State University campus
Sedgwick County Neighborhood 2	South Wichita (0059001, 0054004, 0040002) MacArthur Rd and I-35 near Chapin Park, Meridian and MacArthur, Pawnee and Broadway surrounding Herman Hill and O.J. Watson Park
Johnson County Neighborhood 1	Downtown Olathe (0528031, 0535552, 0535553, 0528023, 0528025, 0528032, ,0529043, 0529051, 0529061, 0529062, 0529063, 0529073, 0529084, 0535021, 0535022, 0535551, 0535561, 0535562, 0535571, 0535572 0536011,0536012, 0536022, 0529041, 0529042, 0535023)
Shawnee County Neighborhood 1	Downtown Topeka (2015003, 0040003, 2012002, 0013001) Dornwood Park, Hillcrest Park and nearby areas
Wyandotte County	Downtown Kansas City (0413003, 0422001, 0415001) N 38th St and State Ave, Wood Ave and 29th St, Riverview Ave and N 18th St.
Finney County	Garden City (9601002, 9602003, 9604012, 9604011 9604031, 9606002, 9606003, 9603002, 9602002, 9605072, 9605082, 9605081, 9604041, 9604043, 9605051, 9605071, 9603003, 9602005, 9603001, 9602004)
Ford County	Dodge City (9619001, 9619003, 9619004, 9619005, 9619006, 9620001, 9620002, 9620003, 9621011, 9618002, 9618003, 9618004, 9618005, 9621012, 9621013)

Note: Neighborhoods were selected by calculating the Getis-Ord G-i-star (hot spot) and Local Moran's I (cluster) spatial statistics using tools available through ArcGIS. Johnson County, Ford County and Finney County did not have a hot spot or cluster block group that met the selection criteria. Block groups for Garden City, Dodge City and downtown Olathe are presented for completeness.

Source: Kansas Health Institute Analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Characteristics of Block Groups Assessed to be at Risk of Disenrollment

Figure 10 (page 16) identifies demographic and social characteristics of the Census Block Groups identified in the previous analysis presented in *Figure 9* (page 13)*. Data provided are based on the American Community Survey 5-year estimates, 2015 – 2019.

For each county and neighborhood (e.g., block group hot spot or cluster within a county) *Figure 10* provides KanCare enrollment, the total population, the percent of the population enrolled in KanCare, the percent of the population that is not the majority race and ethnicity group (non-Hispanic White), the percent of the population below 200 percent of the federal poverty level (FPL) and the Median Area Deprivation Index (ADI) rank. The ADI is a measure that is used to rank neighborhoods (e.g., Census Block Groups) across the state by socioeconomic disadvantage. The ADI calculates 16 factors of income, education, employment, and housing quality from Census data to determine how disadvantaged a neighborhood is on a scale from 1 to 10, with 1 representing the least disadvantaged neighborhoods and 10 representing the most disadvantaged. The specific measures considered in the ADI rank are listed below.

- Median family income
- Income disparity
- Families below poverty level
- Percent of population below 150 percent FPL
- Single parent households with dependents younger than 18
- Households without a motor vehicle
- Occupied housing units without complete plumbing
- Households without a telephone
- Owner occupied housing units
- Households with more than one person per room
- Median monthly mortgage
- Median gross rent
- Median home value
- Employed person 16 and older in white collar occupation
- Civilian labor force unemployed (age 16 or older)
- Population age 25 and older with less than nine years of education

- Population age 25 and older with high school education

The social and demographic characteristics of the neighborhoods identified as hot spots or clusters for June 2022 enrollment and risk of disenrollment once the PHE ends differed from the characteristics of the county overall. Nearly all the identified neighborhoods had a higher percentage of the population enrolled in KanCare, had a higher percentage of the population that was not of the majority race and ethnicity group, had a higher percentage of the population below 200 percent FPL and had a higher median Census Block Group ADI rank.

Figure 10. **Demographic and Social Characteristics of Block Groups Identified as At Risk**

Area	June 2022 KanCare Enrollment	Total Population	Percent of Population Enrolled in KanCare	Percent of Population Not White, non-Hispanic	Percent of Population Below 200% FPL	Median Area Deprivation Index State Rank
Sedgwick County	*112,816*	*523,828*	*21.5%*	*31.0%*	*30.7%*	6
Sedgwick County Neighborhood 1	6,271	17,066	36.7%	84.3%	63.8%	10
Sedgwick County Neighborhood 2	11,806	32,529	36.3%	42.6%	49.8%	9
Johnson County	*54,362*	*613,219*	*8.9%*	*20.1%*	*14.9%*	2
Johnson County Neighborhood 1	7,237	39,009	18.6%	38.8%	31.7%	4
Shawnee County	*38,663*	*178,264*	*21.7%*	*26.1%*	*29.1%*	7
Shawnee County Neighborhood 1	11,584	32,971	35.1%	58.3%	51.1%	9
Wyandotte County	*51,998*	*167,046*	*31.1%*	*59.1%*	*44.5%*	8
Wyandotte County Neighborhood 1	5,883	15,733	37.4%	82.1%	62.4%	9
Ford County	*9,043*	*34,159*	*26.5%*	*60.3%*	*41.6%*	7
Ford County Neighborhood 1	5,186	19,972	26.0%	69.6%	47.2%	7
Finney County	*9,498*	*38,107*	*24.9%*	*58.7%*	*36.8%*	4
Finney County Neighborhood 1	5,651	25,668	22.0%	69.8%	36.2%	5

Note: Neighborhood Characteristics include the central block group identified as a hot spot or cluster and all adjacent block groups.

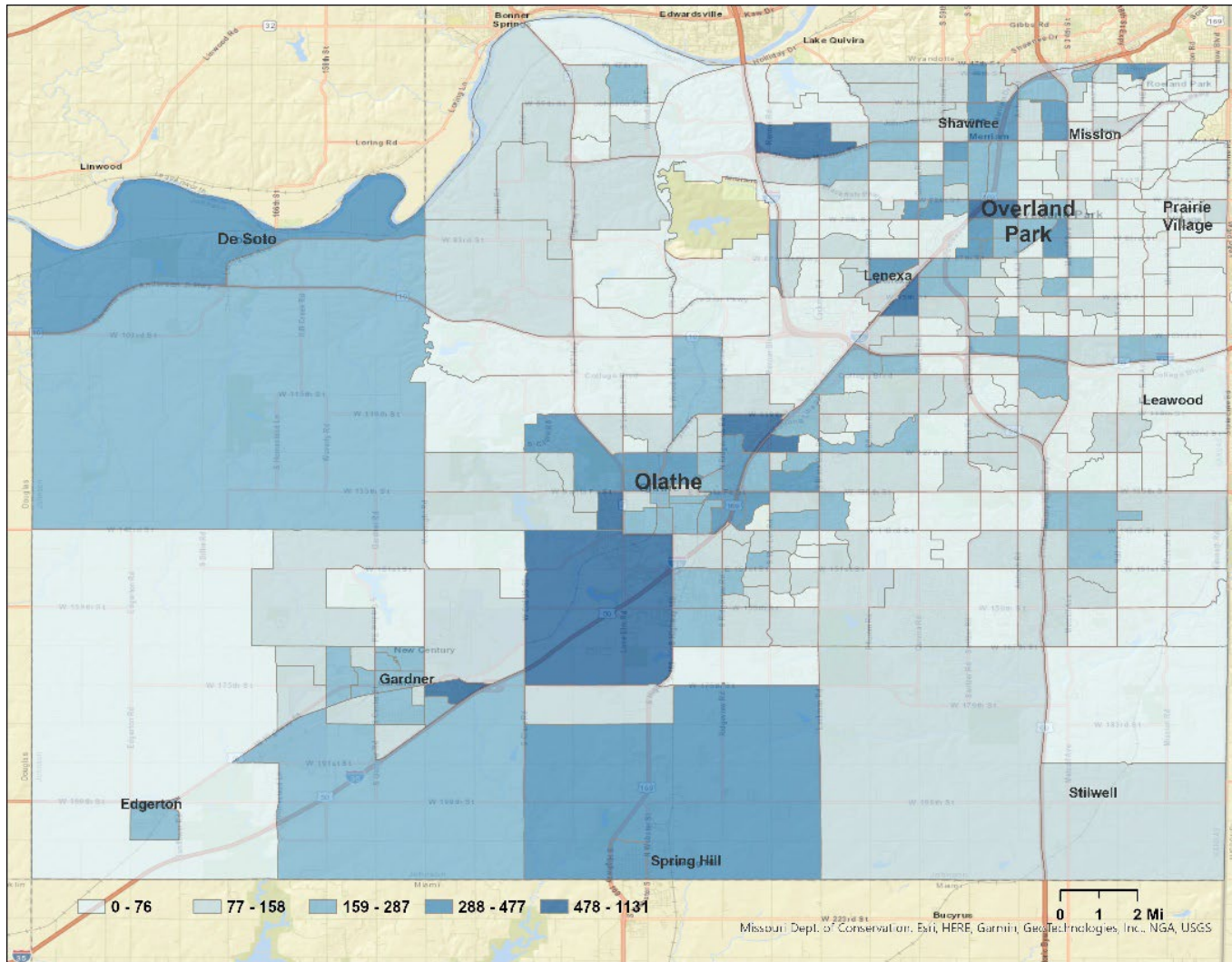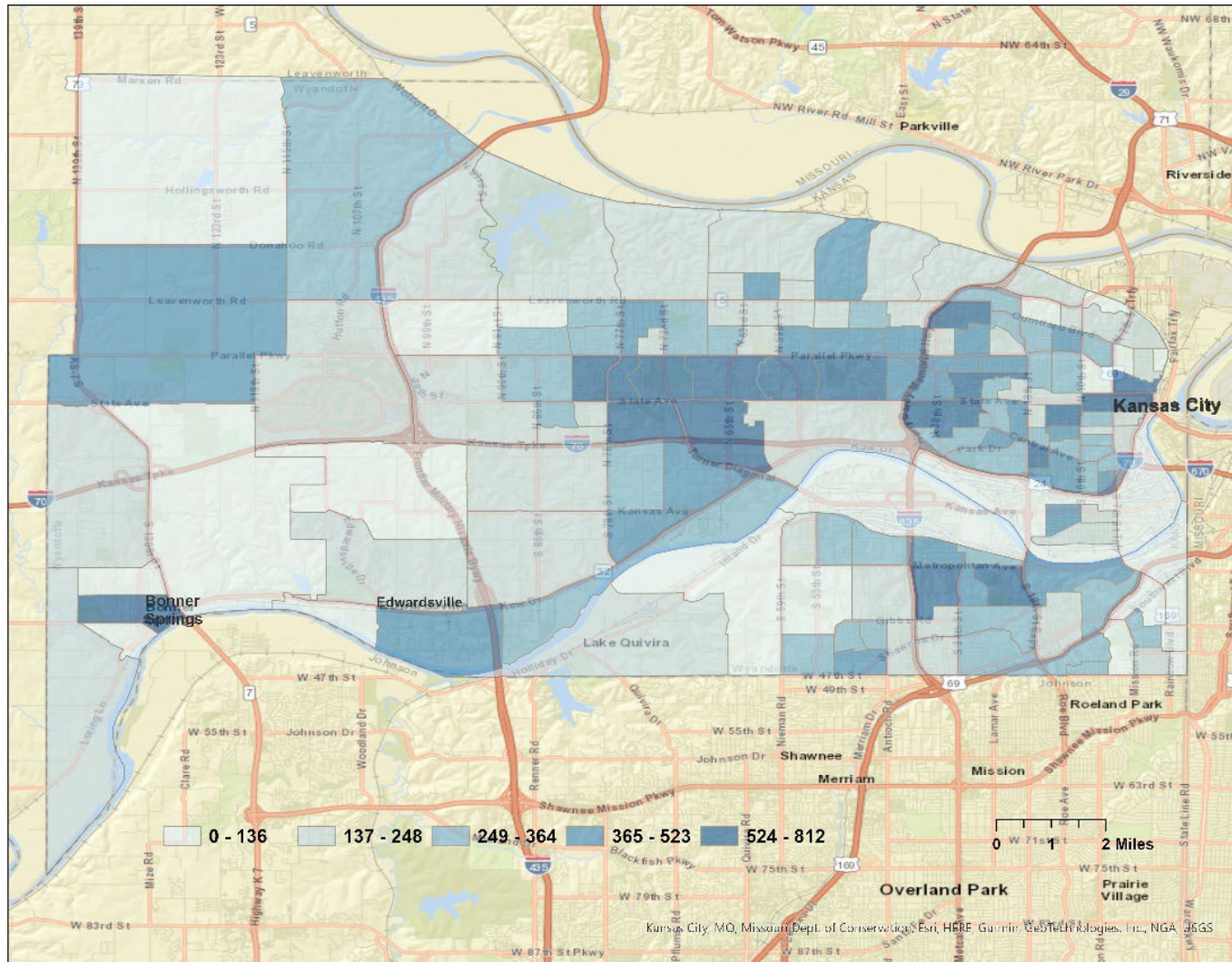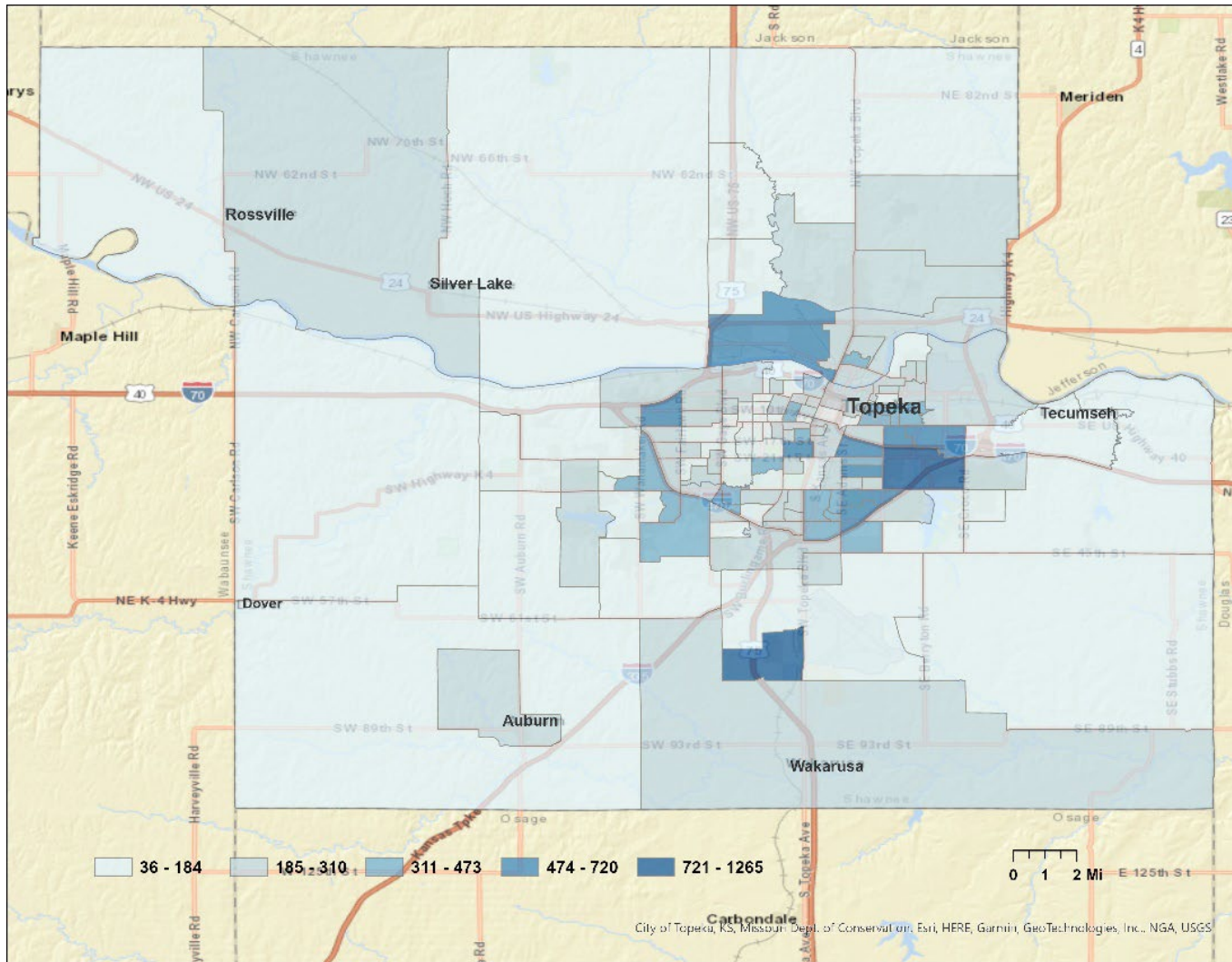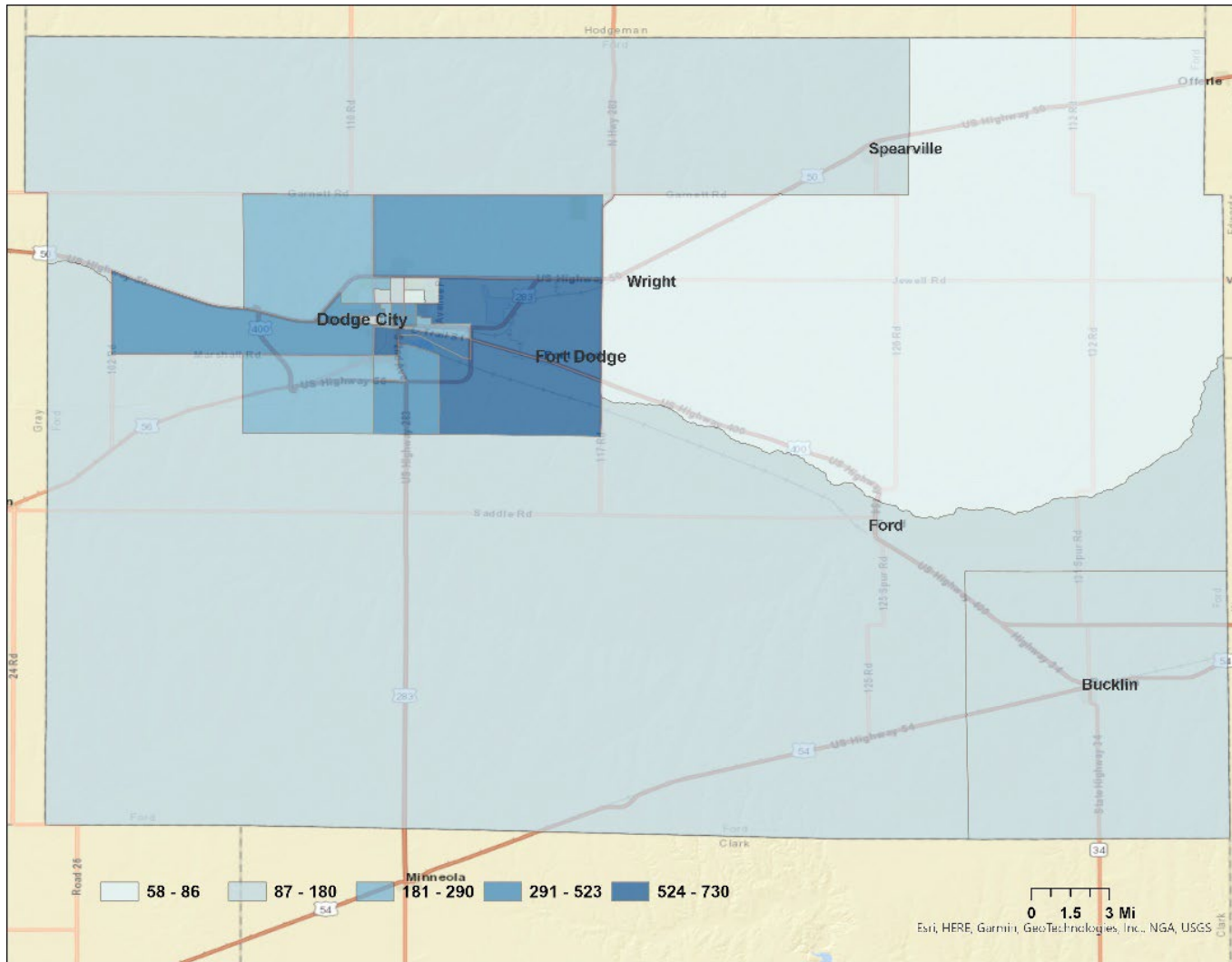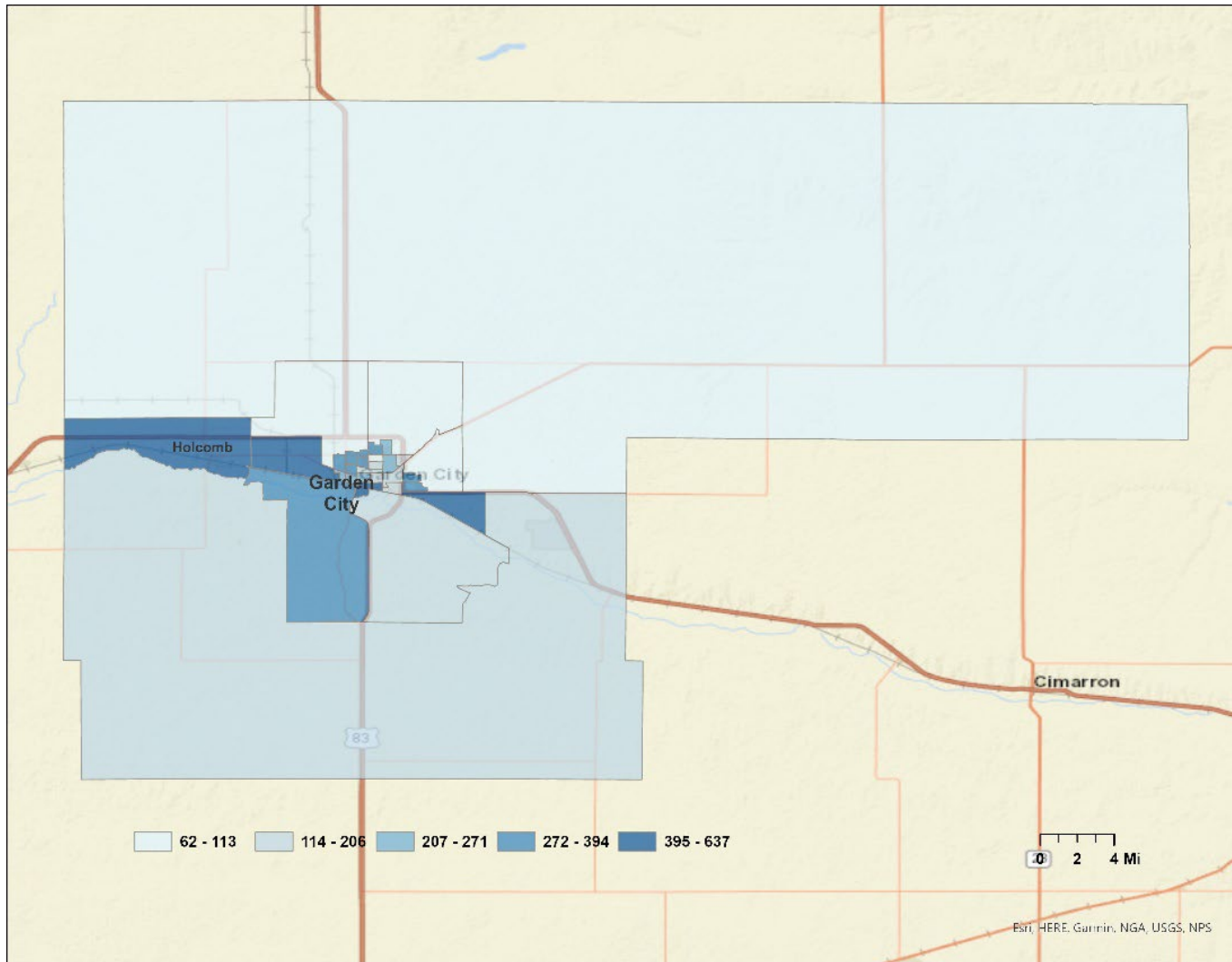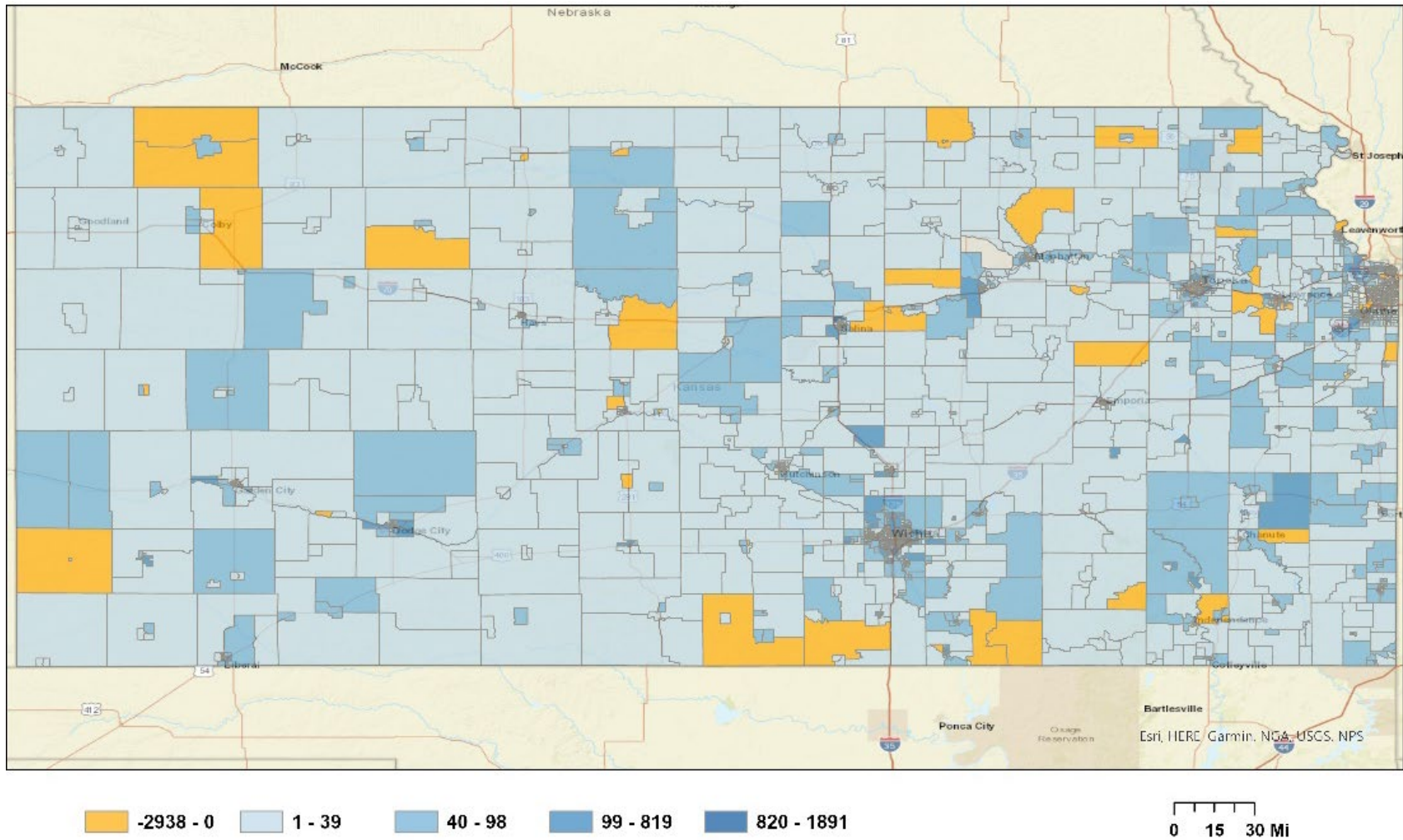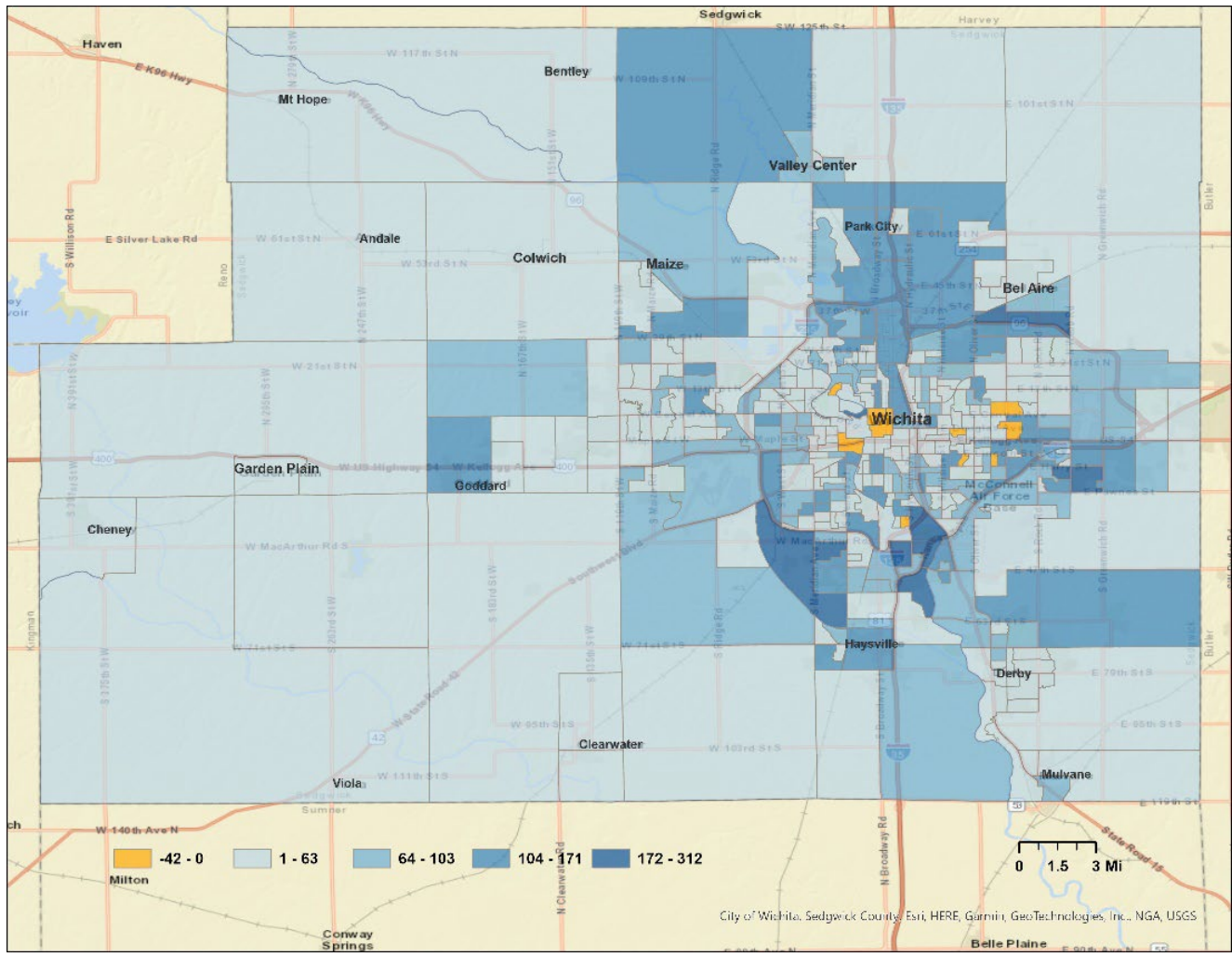*Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by Kansas Department of Health and Environment and American Community Survey 5-year Estimates, 2015 – 2019.*

Appendix A: Maps Across Kansas

Maps by Census Block Group of the number enrolled in KanCare as of June 2022, the change in enrollment from February 2020 to June 2022, the percent of the resident population enrolled in KanCare, and the risk of disenrollment are provided in this appendix. Maps are available for the state overall and for Sedgwick, Johnson, Wyandotte, Shawnee, Ford and Finney counties, as well as neighborhoods identified as most at risk within those counties. The following maps are provided in this appendix:

- June 2022 enrollment for all KanCare enrollees regardless of age or eligibility pathway (State and Select Counties Figure A.1 to A.7, Neighborhoods A.29 to A.35);
- Change in total KanCare enrollment from February 2020 through June 2022 (State and Select Counties A.8 to A.14, Neighborhoods A.36 to A.42);
- Percent of the population enrolled in KanCare in June 2022. Population estimates for each Census Block Group are derived from the American Community Survey 5-year estimates, 2015 – 2019. (State and Select Counties A.15 to A.21, Neighborhoods A.43 to A.49); and
- Risk of Disenrollment Once the PHE ends (State and Select Counties A.22 to A.28, Neighborhoods A.50 to A.56). Block groups are ranked from 1 (highest risk) to 4 (lowest risk).

The maps and associated data also are available through ArcGIS online. Login credentials and instructions for using the online maps will be sent separately. In addition to the measures mapped in the appendix, the online maps also contain data not included in the report. The following measures also may indicate risk of disenrollment and are available online only.

- June 2022 enrollment for KanCare enrollees age 0 to 64 enrolled in a Family Medical benefit;
- Percent of the population age 0 to 64 in each block group enrolled in KanCare. Population estimates for each Census Block Group are derived from the American Community Survey 5- year estimates, 2015 – 2019;

- Ranking of enrollees who are not eligible for passive review by the percent of the population who will not receive a passive 12-month extension of eligibility once the PHE ends. Each block group is ranked from 1 (highest percent of enrollees without a passive review) to 4 (lowest percent of enrollees without a passive review);
- Area Deprivation Index state rank value. Block groups are ranked from 1 (most advantaged) to 10 (least advantaged);
- United Way 211 organizations for selected counties; and
- Religious organizations and health and human service nonprofits active at the end of 2021 from KHI's database of Kansas 501(c)3 and 501(c)4 organizations for selected counties.

Figure A.1. **June 2022 KanCare Enrollment Statewide**
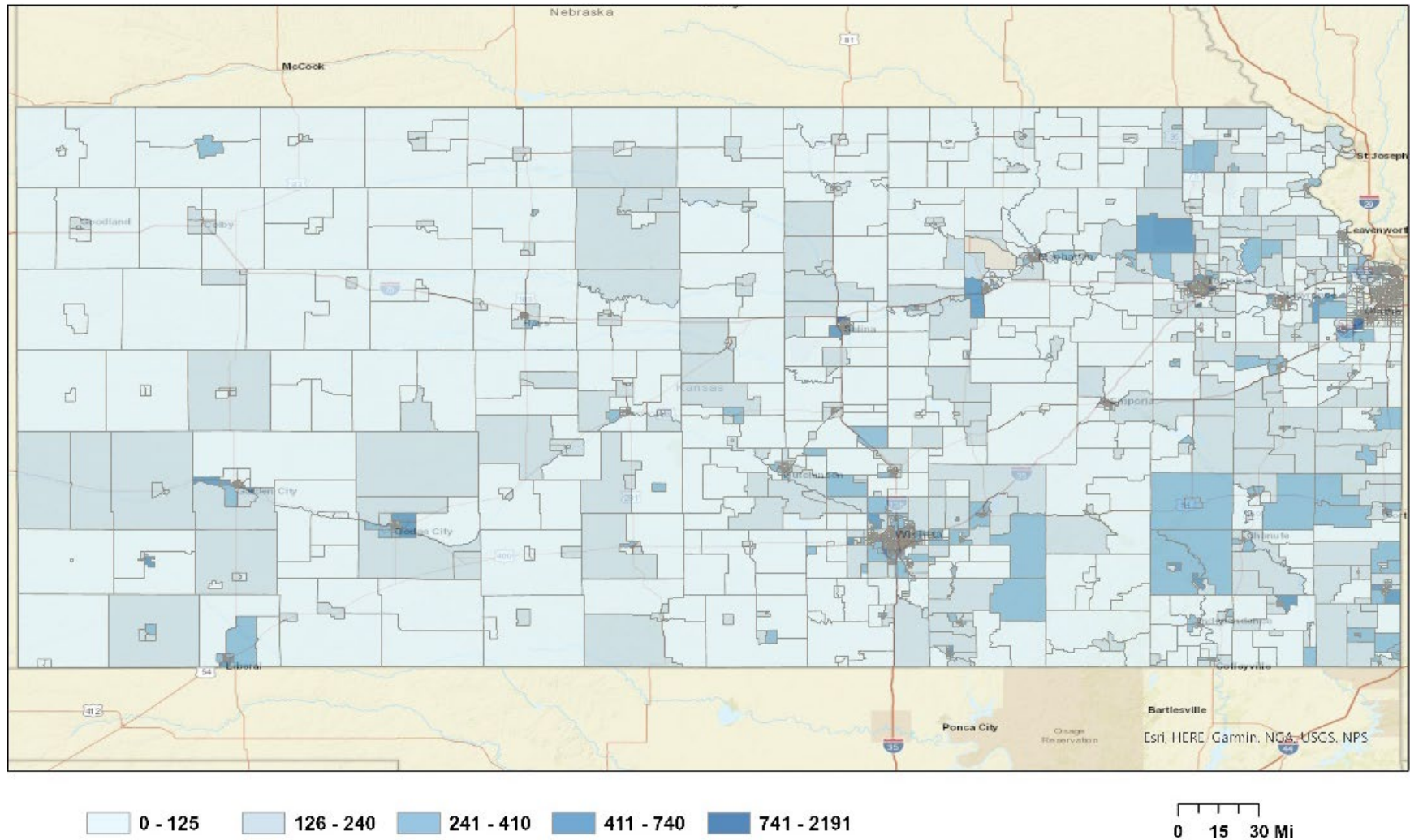
0 - 125	126 - 240	241 - 410	411 - 740	741 - 2191

0   15   30 Mi

Note: Enrollment includes all KanCare enrollees in June 2022 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
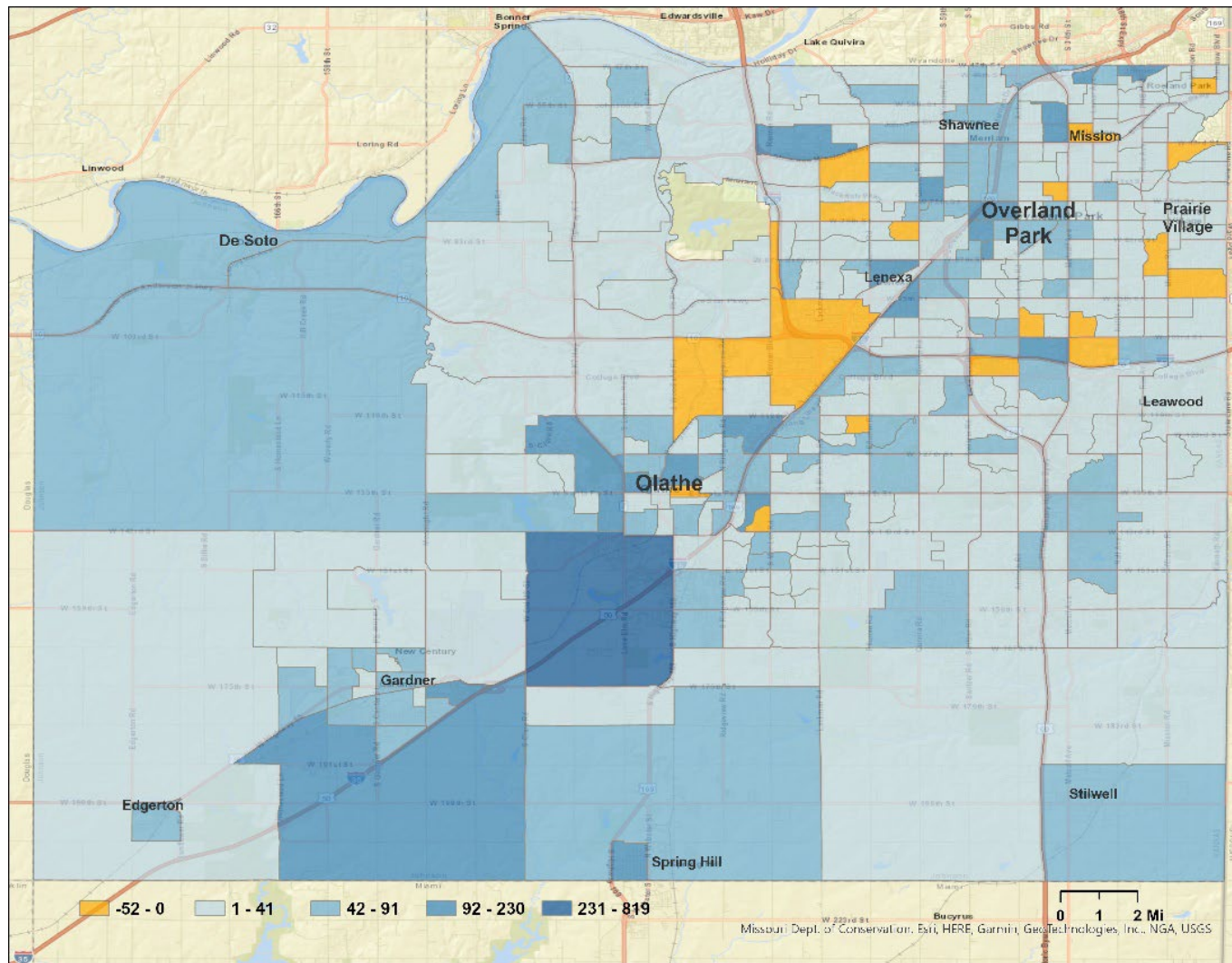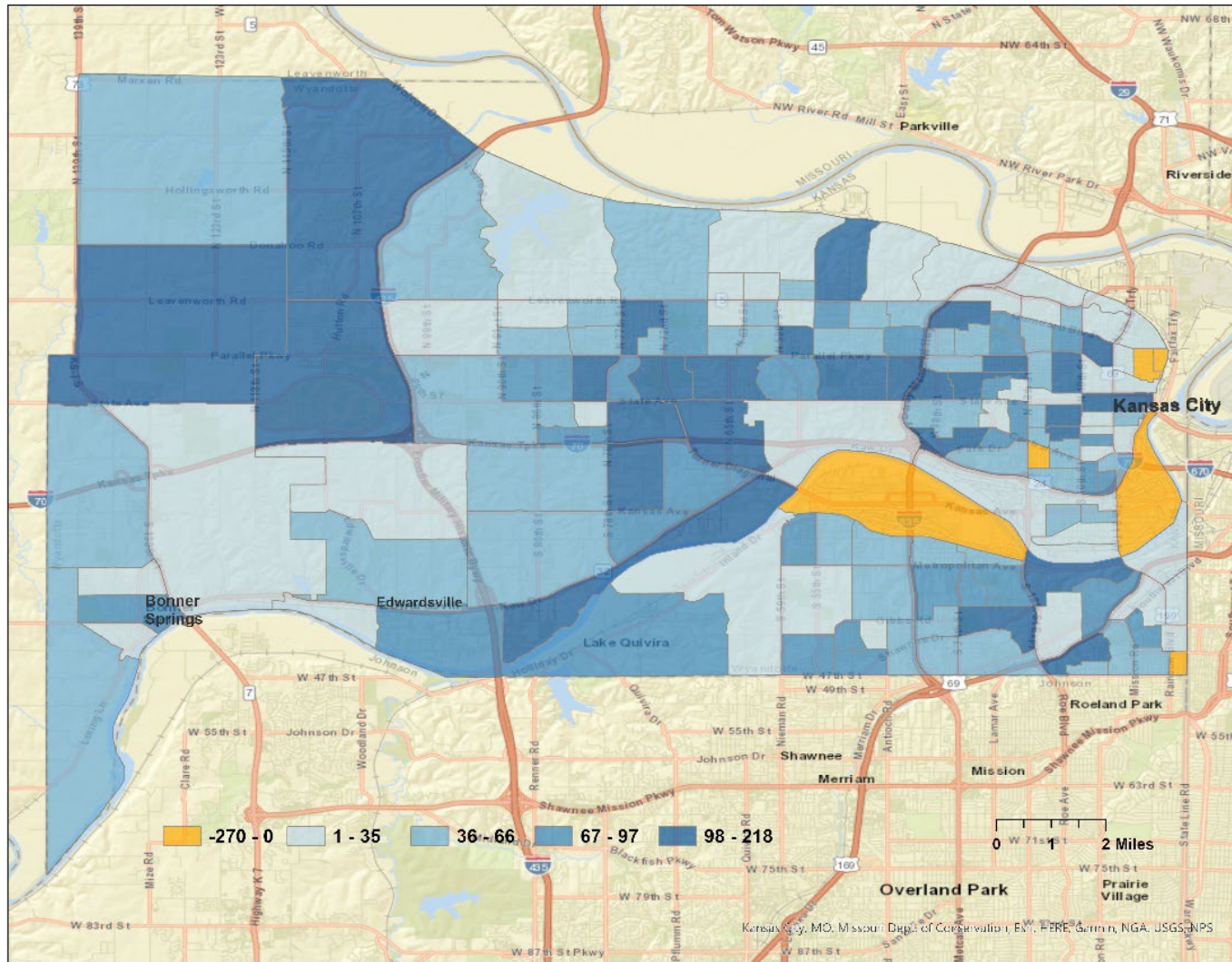
Figure A.2. **June 2022 KanCare Enrollment, Sedgwick County**
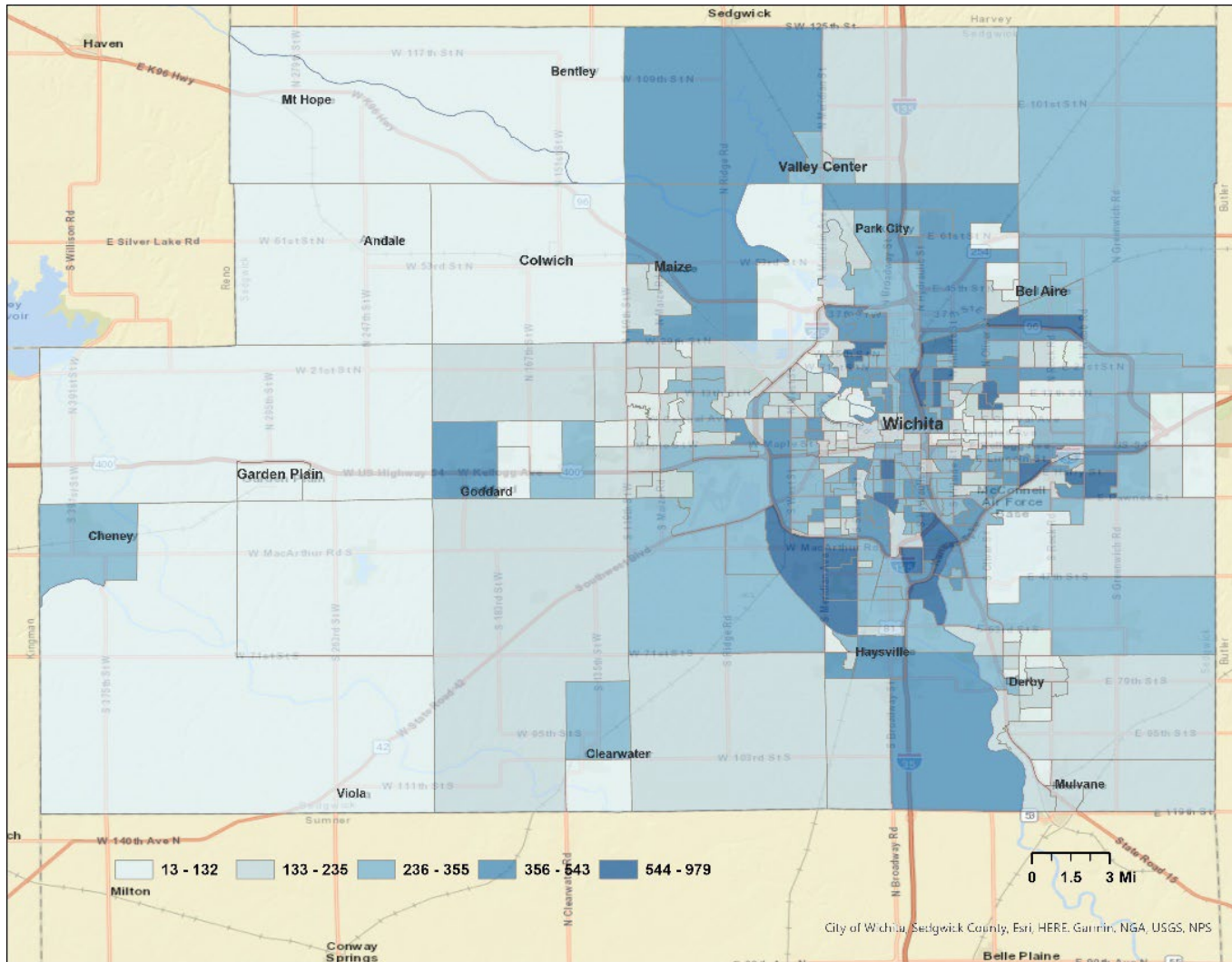
Note: Enrollment includes all KanCare enrollees in June 2022 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.3. **June 2022 KanCare Enrollment, Johnson County**

Note: Enrollment includes all KanCare enrollees in June 2022 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.4. **June 2022 KanCare Enrollment, Wyandotte County**

Legend: 0 – 136 | 137 – 248 | 249 – 364 | 365 – 523 | 524 – 812

Note: Enrollment includes all KanCare enrollees in June 2022 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.5. **June 2022 KanCare Enrollment, Shawnee County**

Note: Enrollment includes all KanCare enrollees in June 2022 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
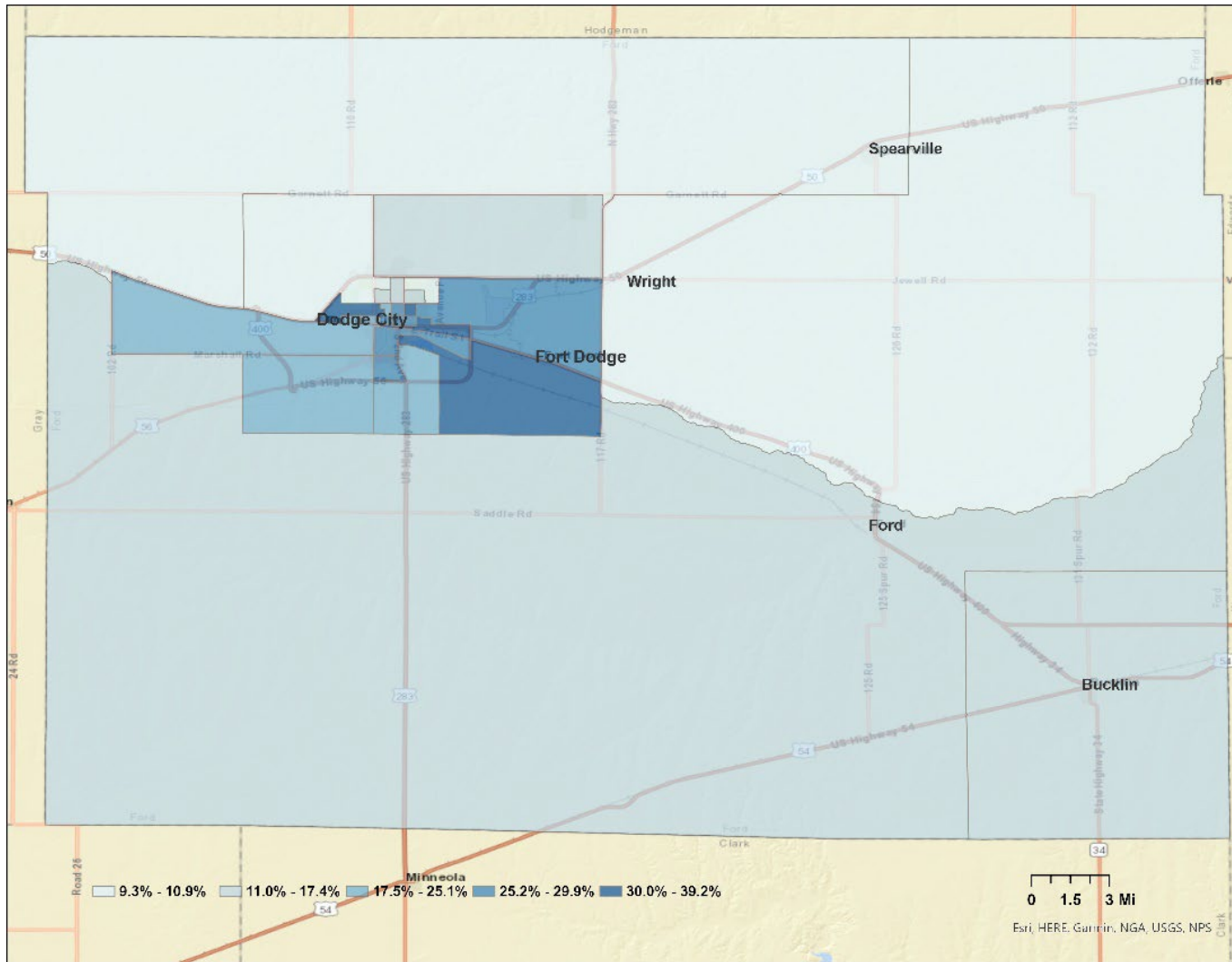
Figure A.6. **June 2022 KanCare Enrollment, Ford County**

Note: Enrollment includes all KanCare enrollees in June 2022 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
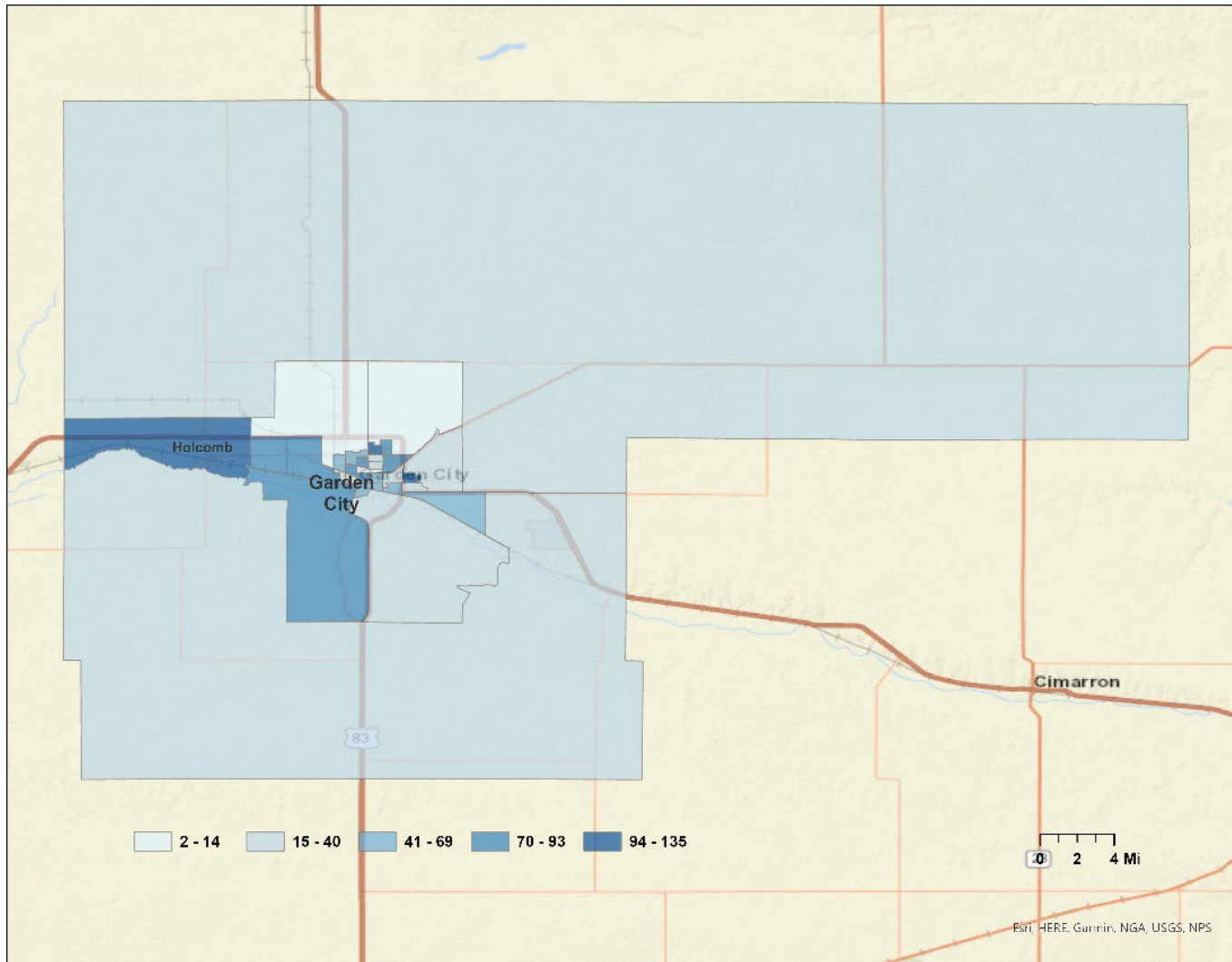
Figure A.7. **June 2022 KanCare Enrollment, Finney County**

Note: Enrollment includes all KanCare enrollees in June 2022 regardless of age or eligibility pathway.
Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.8. **KanCare Enrollment Growth February 2020 through June 2022 Statewide**

-2938 - 0	1 - 39	40 - 98	99 - 819	820 - 1891	0 15 30 Mi

Note: Change in enrollment is the difference between total enrollment that includes all KanCare enrollees in either June 2022 or February 2020 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.9. **KanCare Enrollment Growth February 2020 through June 2022, Sedgwick County**

Note: Change in enrollment is the difference between total enrollment that includes all KanCare enrollees in either June 2022 or February 2020 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.10. **KanCare Enrollment Growth February 2020 through June 2022, Johnson County**

Note: Change in enrollment is the difference between total enrollment that includes all KanCare enrollees in either June 2022 or February 2020 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.11. **KanCare Enrollment Growth February 2020 through June 2022, Wyandotte County**

Note: Change in enrollment is the difference between total enrollment that includes all KanCare enrollees in either June 2022 or February 2020 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.12. **KanCare Enrollment Growth February 2020 through June 2022, Shawnee County**
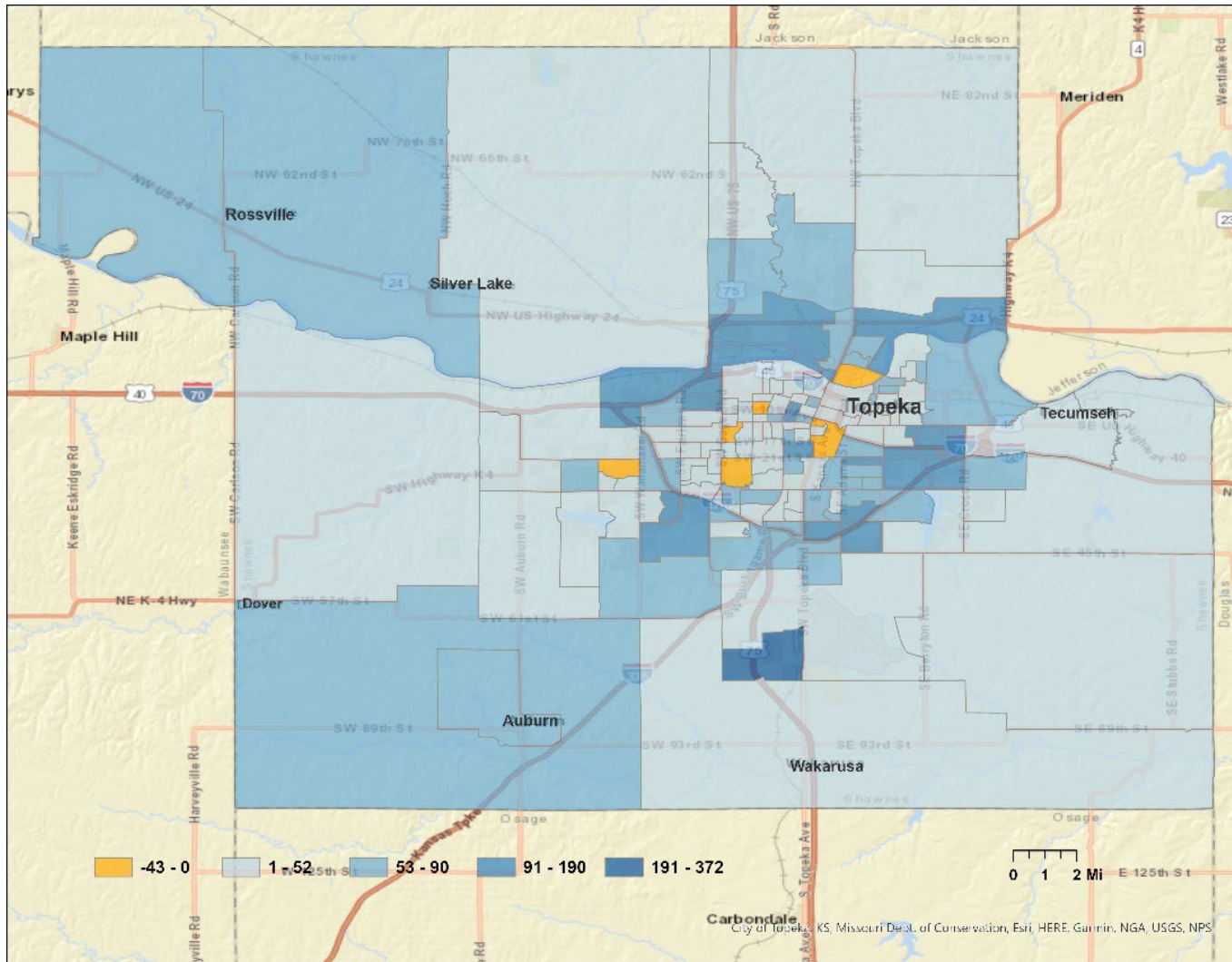
Note: Change in enrollment is the difference between total enrollment that includes all KanCare enrollees in either June 2022 or February 2020 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.13. **KanCare Enrollment Growth February 2020 through June 2022, Ford County**

Note: Change in enrollment is the difference between total enrollment that includes all KanCare enrollees in either June 2022 or February 2020 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.14. **KanCare Enrollment Growth February 2020 through June 2022, Finney County**

Note: Change in enrollment is the difference between total enrollment that includes all KanCare enrollees in either June 2022 or February 2020 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.15. **Percent of Population Enrolled in KanCare June 2022 Statewide**
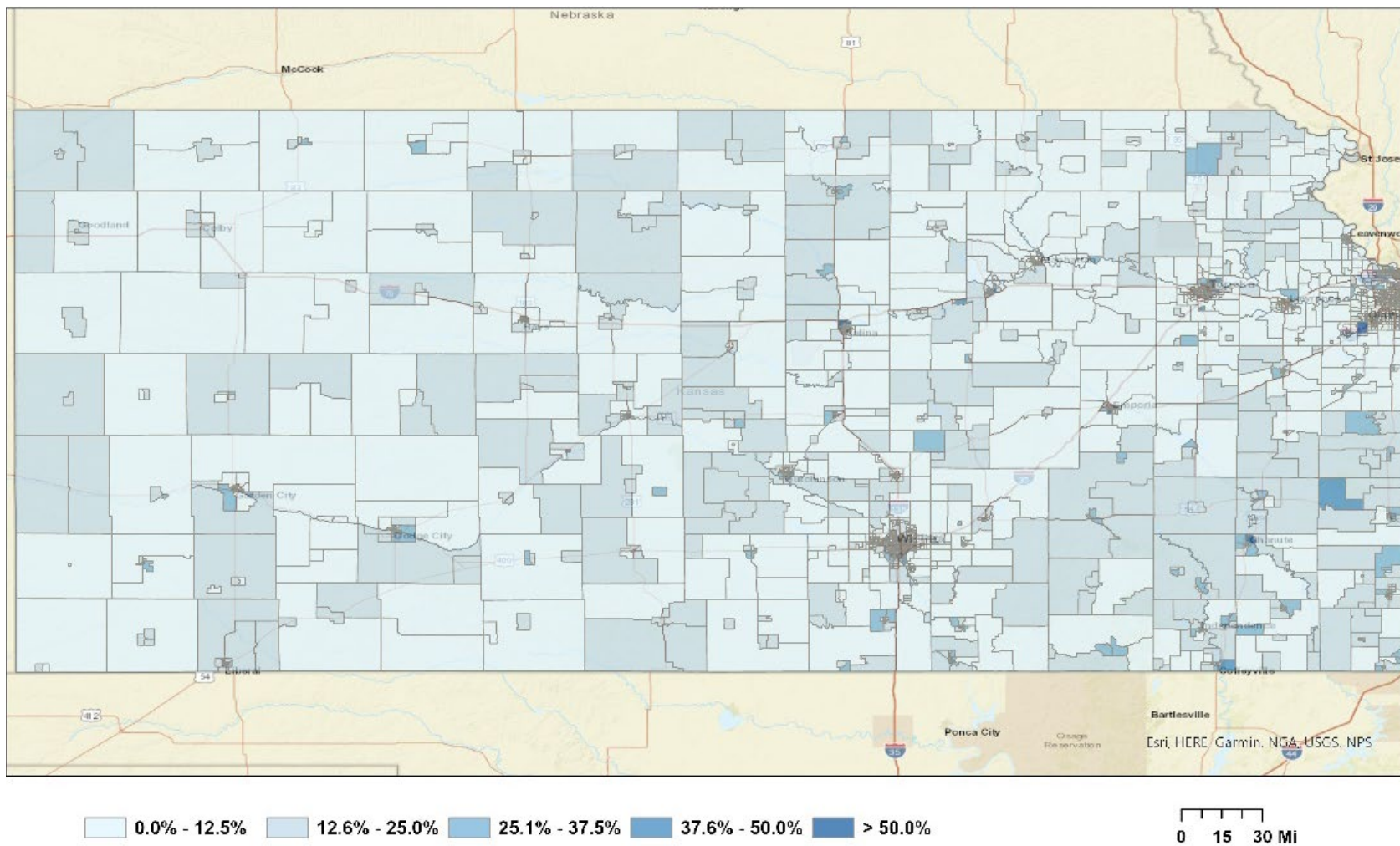
Legend: 0.0% - 12.5% 12.6% - 25.0% 25.1% - 37.5% 37.6% - 50.0% > 50.0%

0 15 30 Mi

Note: Percent of the population enrolled is calculated as all KanCare enrollees in June 2022 regardless of age or eligibility pathway divided by the total estimated population. Population estimates for each Census Block Group are derived from the American Community Survey (ACS) 5-year estimates, 2015 – 2019.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment and 2015 – 2019 American Community Survey 5-year estimates.
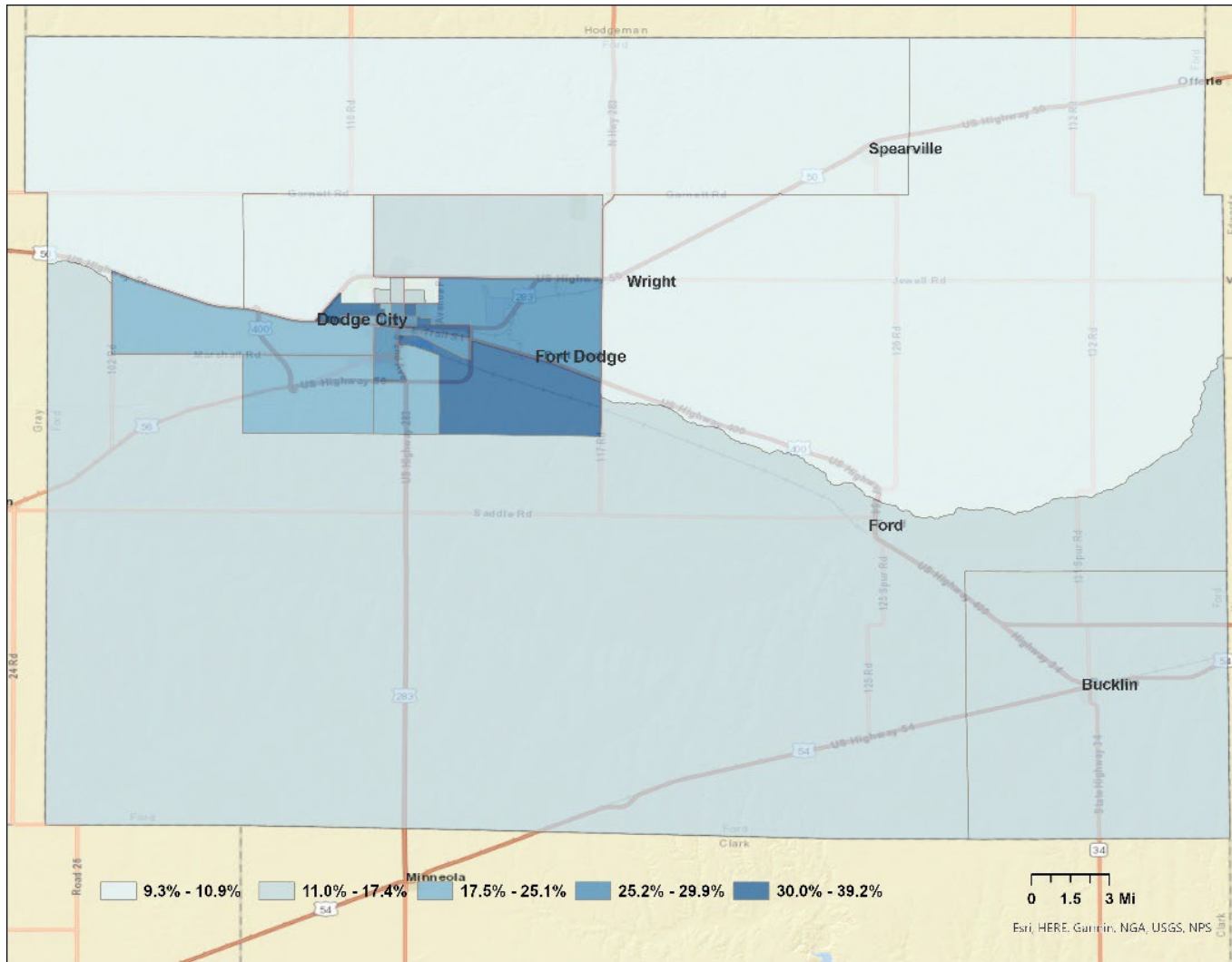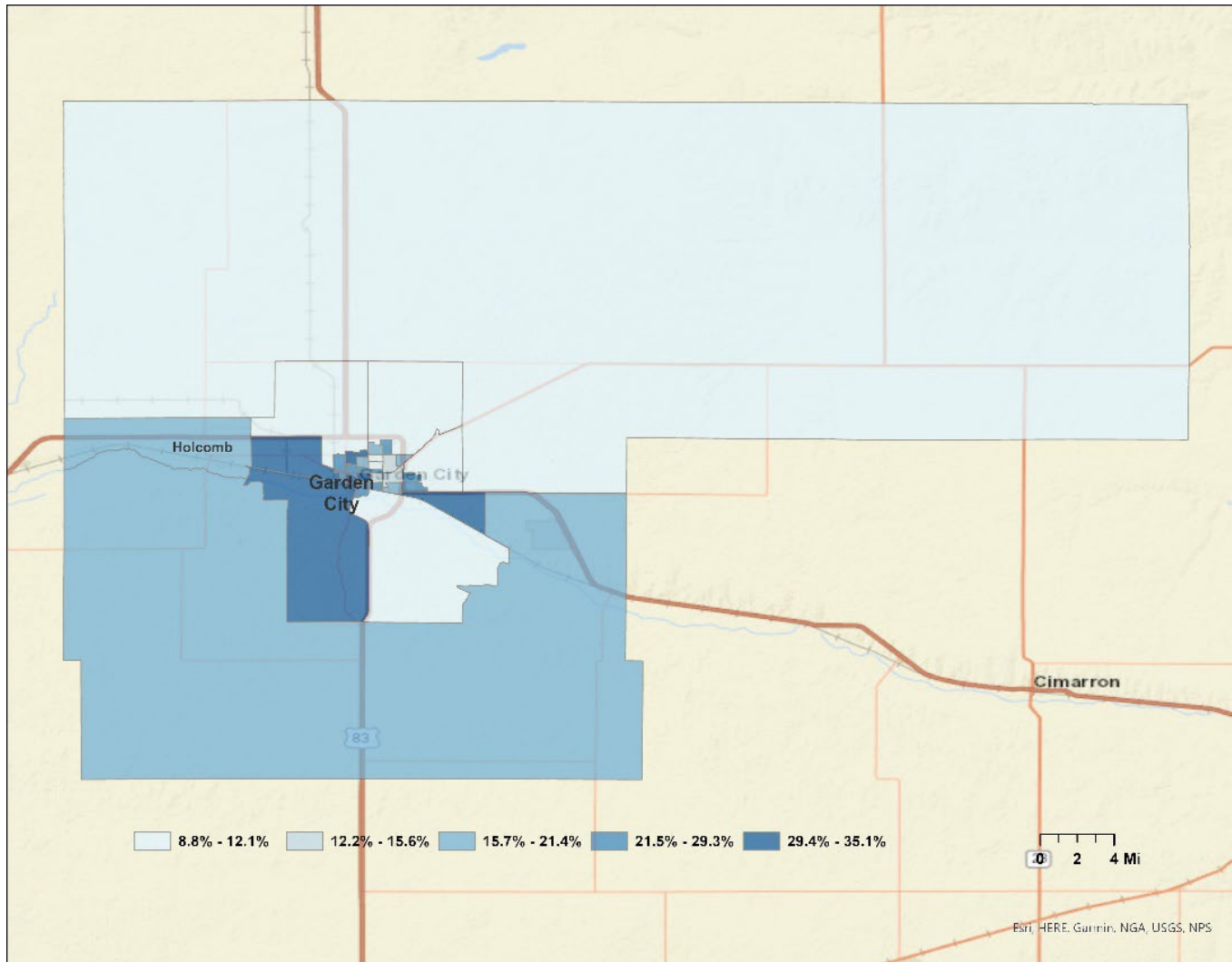
Figure A.16. **Percent of Population Enrolled in KanCare June 2022, Sedgwick County**
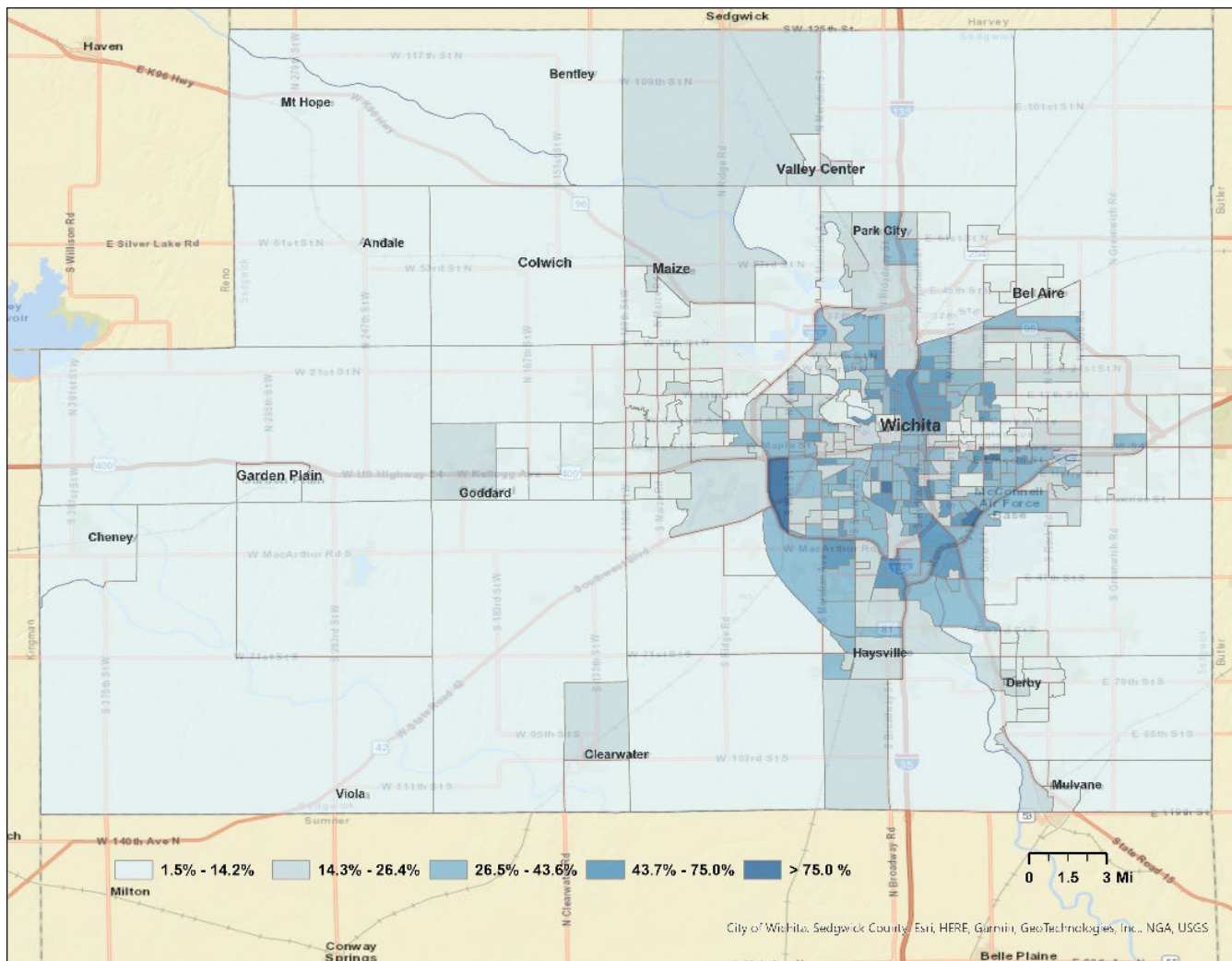
Note: Percent of the population enrolled is calculated as all KanCare enrollees in June 2022 regardless of age or eligibility pathway divided by the total estimated population. Population estimates for each Census Block Group are derived from the American Community Survey (ACS) 5-year estimates, 2015 – 2019.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment and 2015 – 2019 American Community Survey 5-year estimates.

Figure A.17. **Percent of Population Enrolled in KanCare June 2022, Johnson County**
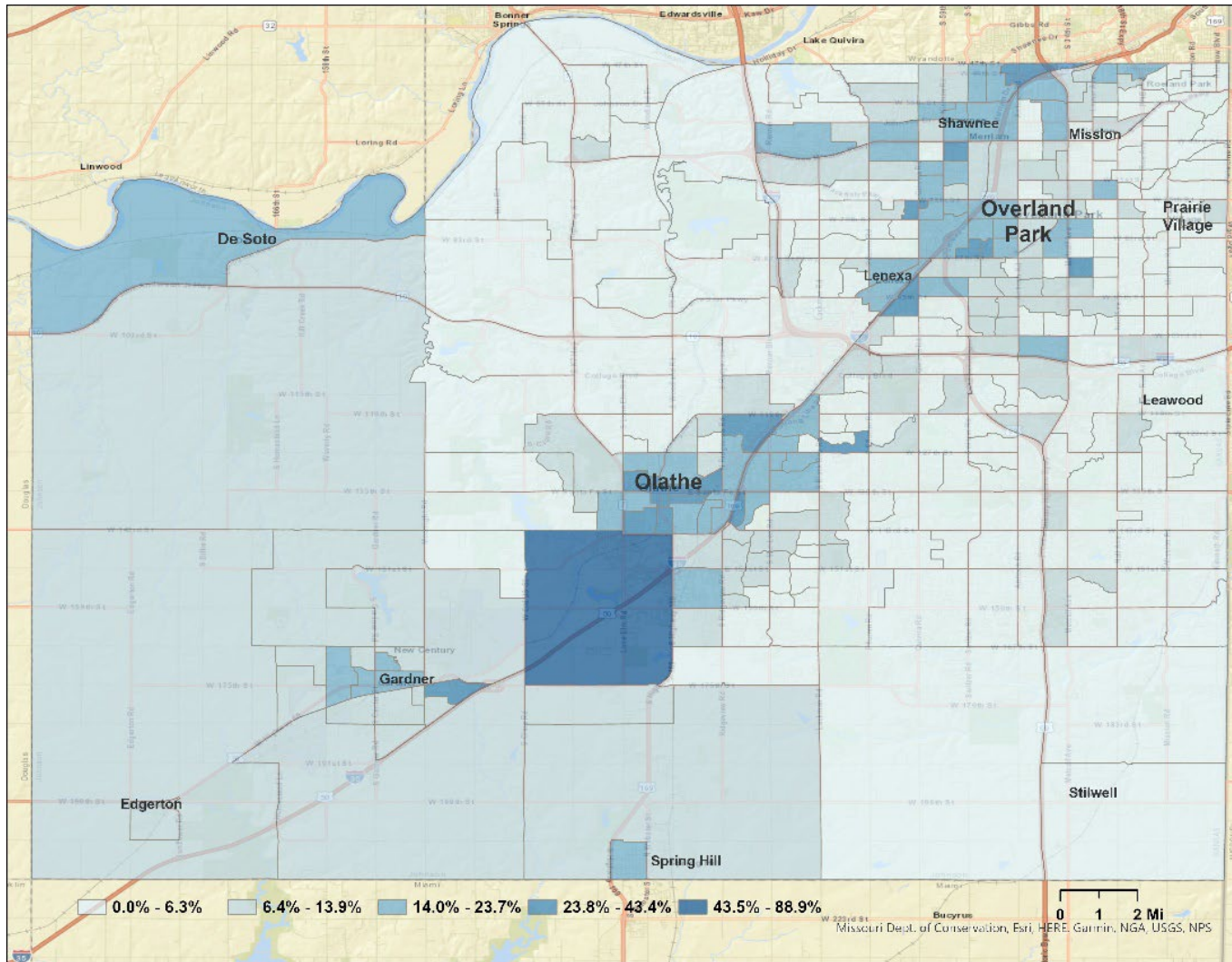
Note: Percent of the population enrolled is calculated as all KanCare enrollees in June 2022 regardless of age or eligibility pathway divided by the total estimated population. Population estimates for each Census Block Group are derived from the American Community Survey (ACS) 5-year estimates, 2015 – 2019.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment and 2015 – 2019 American Community Survey 5-year estimates.

Figure A.18. **Percent of Population Enrolled in KanCare June 2022, Wyandotte County**
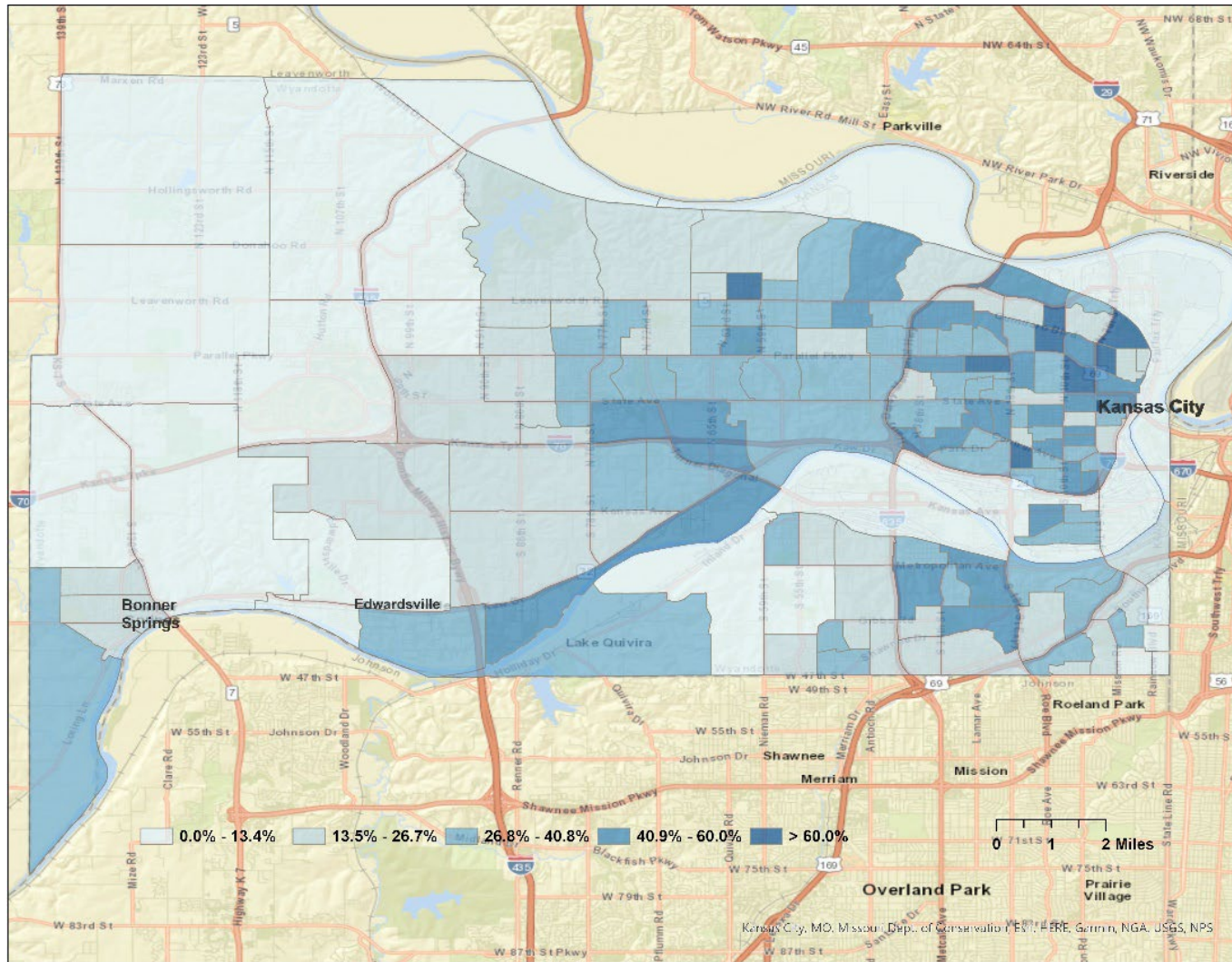
Note: Percent of the population enrolled is calculated as all KanCare enrollees in June 2022 regardless of age or eligibility pathway divided by the total estimated population. Population estimates for each Census Block Group are derived from the American Community Survey (ACS) 5-year estimates, 2015 – 2019.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by KDHE and 2015 – 2019 ACS 5-year estimates.
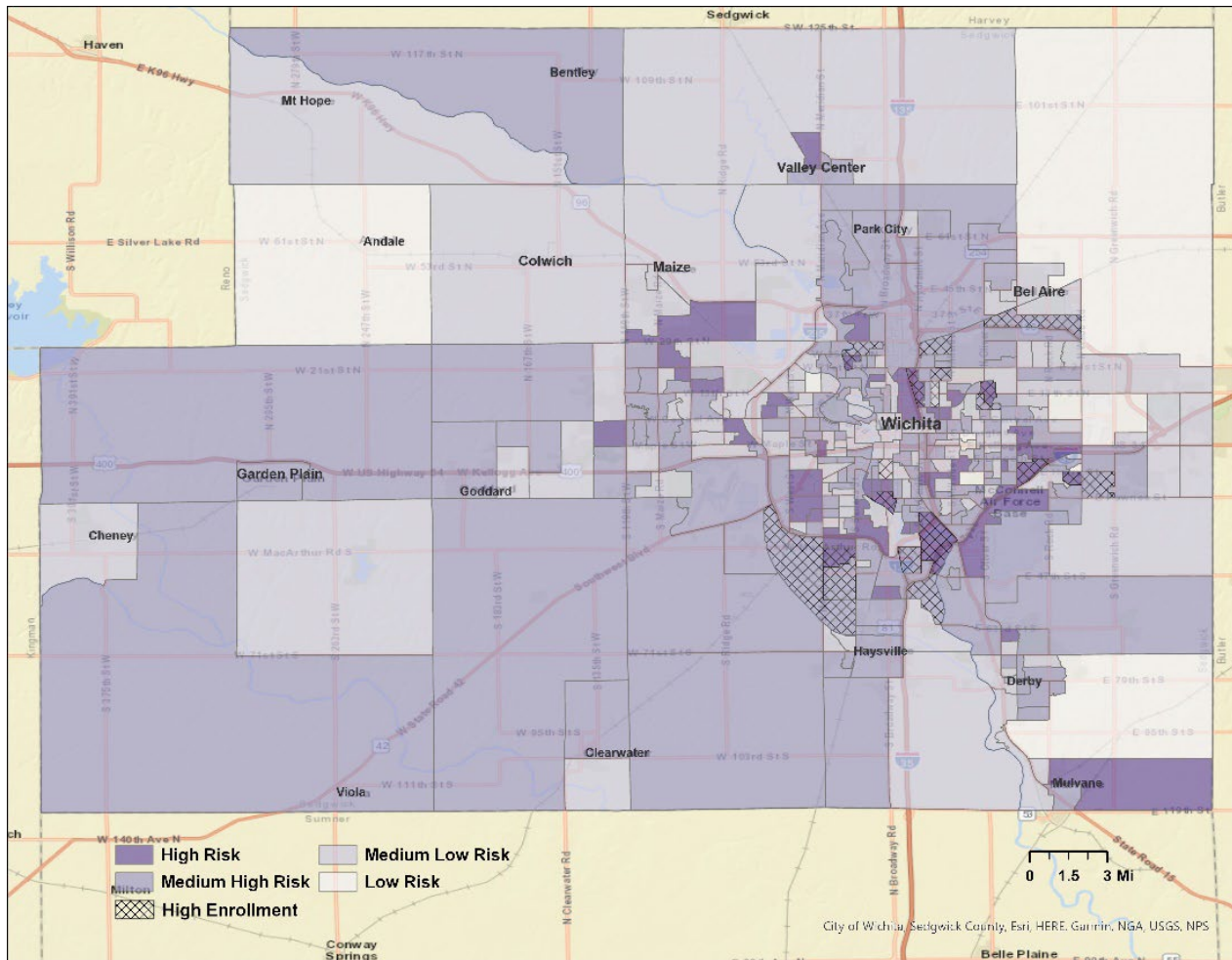
Figure A.*19* Percent of Population Enrolled in KanCare June 2022, Shawnee County
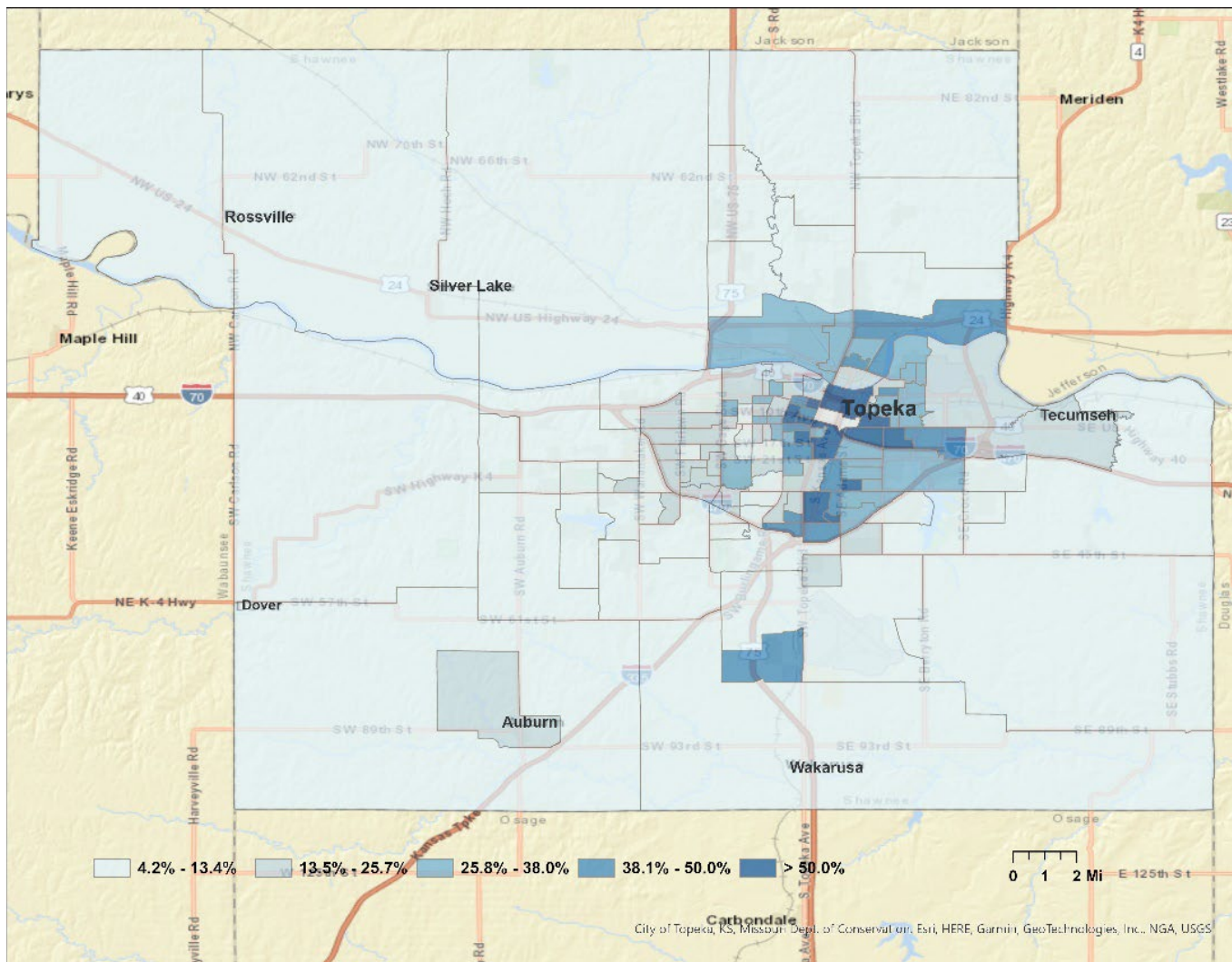
Note: Percent of the population enrolled is calculated as all KanCare enrollees in June 2022 regardless of age or eligibility pathway divided by the total estimated population. Population estimates for each Census Block Group are derived from the American Community Survey (ACS) 5-year estimates, 2015 – 2019.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by KDHE and 2015 – 2019 ACS 5-year estimates.

Figure A.20 **Percent of Population Enrolled in KanCare June 2022, Ford County**

Note: Percent of the population enrolled is calculated as all KanCare enrollees in June 2022 regardless of age or eligibility pathway divided by the total estimated population. Population estimates for each Census Block Group are derived from the American Community Survey (ACS) 5-year estimates, 2015 – 2019.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by KDHE and 2015 – 2019 ACS 5-year estimates.

Figure A.21. **Percent of Population Enrolled in KanCare June 2022, Finney County**

Note: Percent of the population enrolled is calculated as all KanCare enrollees in June 2022 regardless of age or eligibility pathway divided by the total estimated population. Population estimates for each Census Block Group are derived from the American Community Survey (ACS) 5-year estimates, 2015 – 2019.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by KDHE and 2015 – 2019 ACS 5-year estimates.
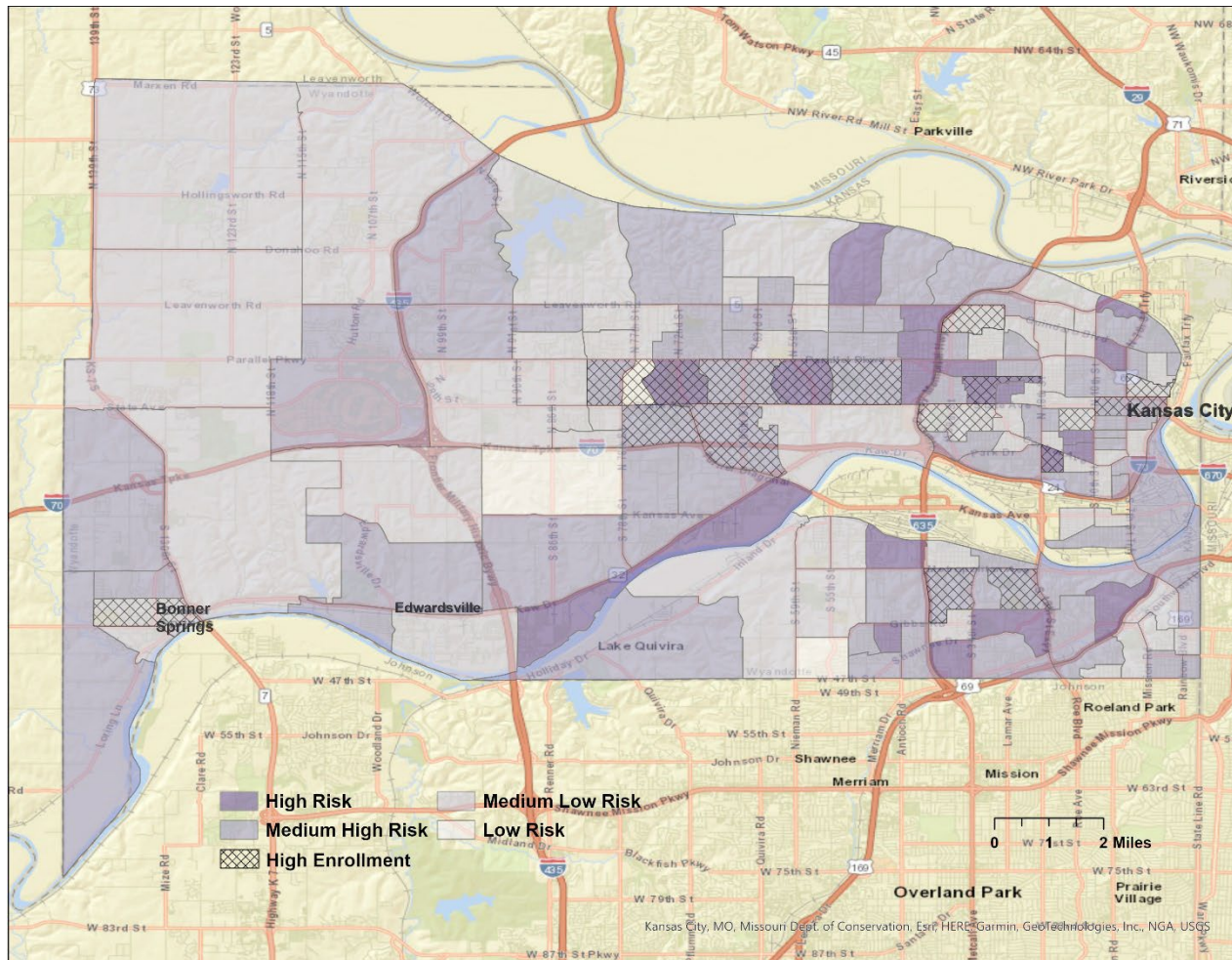
Figure A.22. **Risk of KanCare Disenrollment Once the Public Health Emergency Ends Statewide**
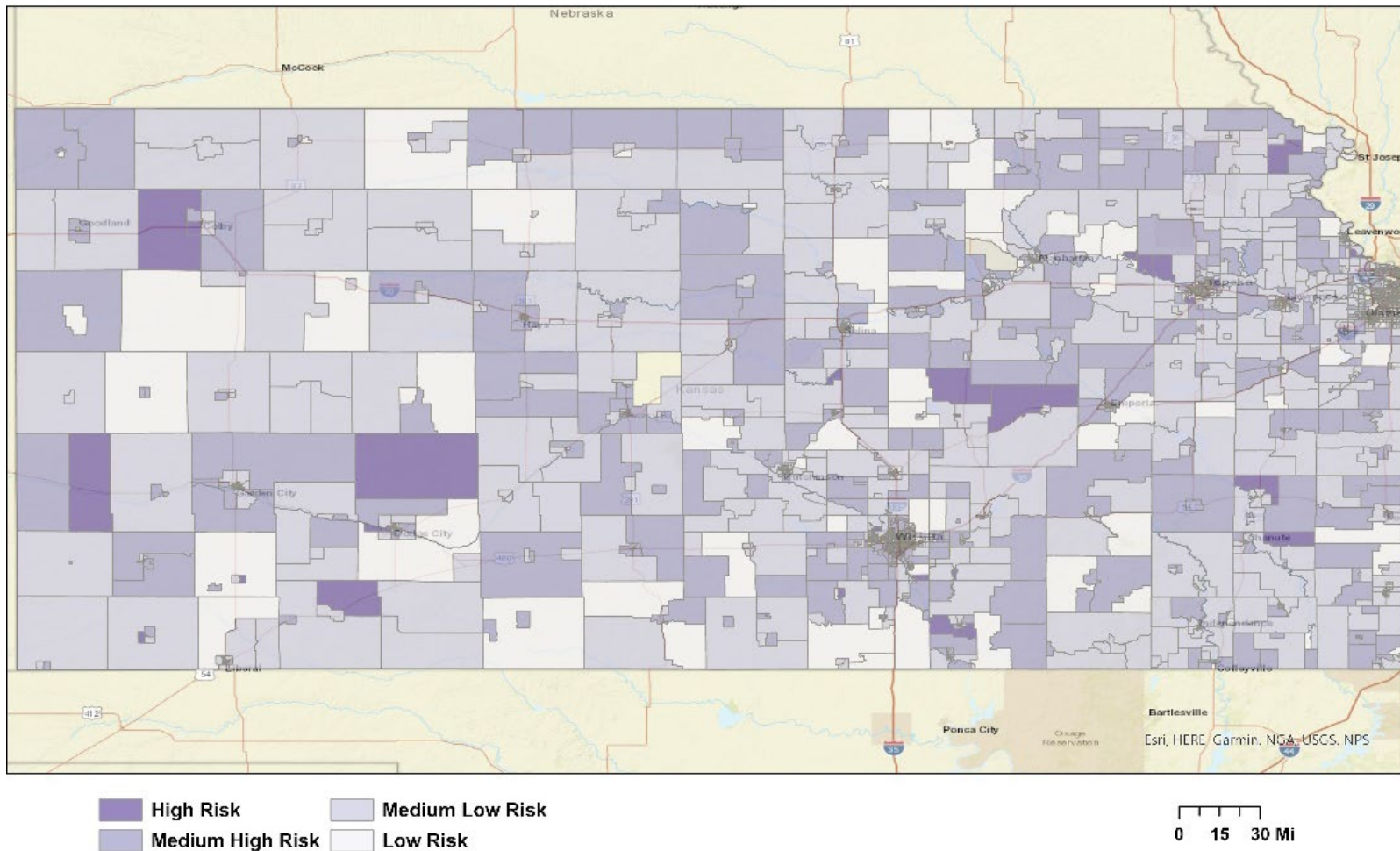
Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
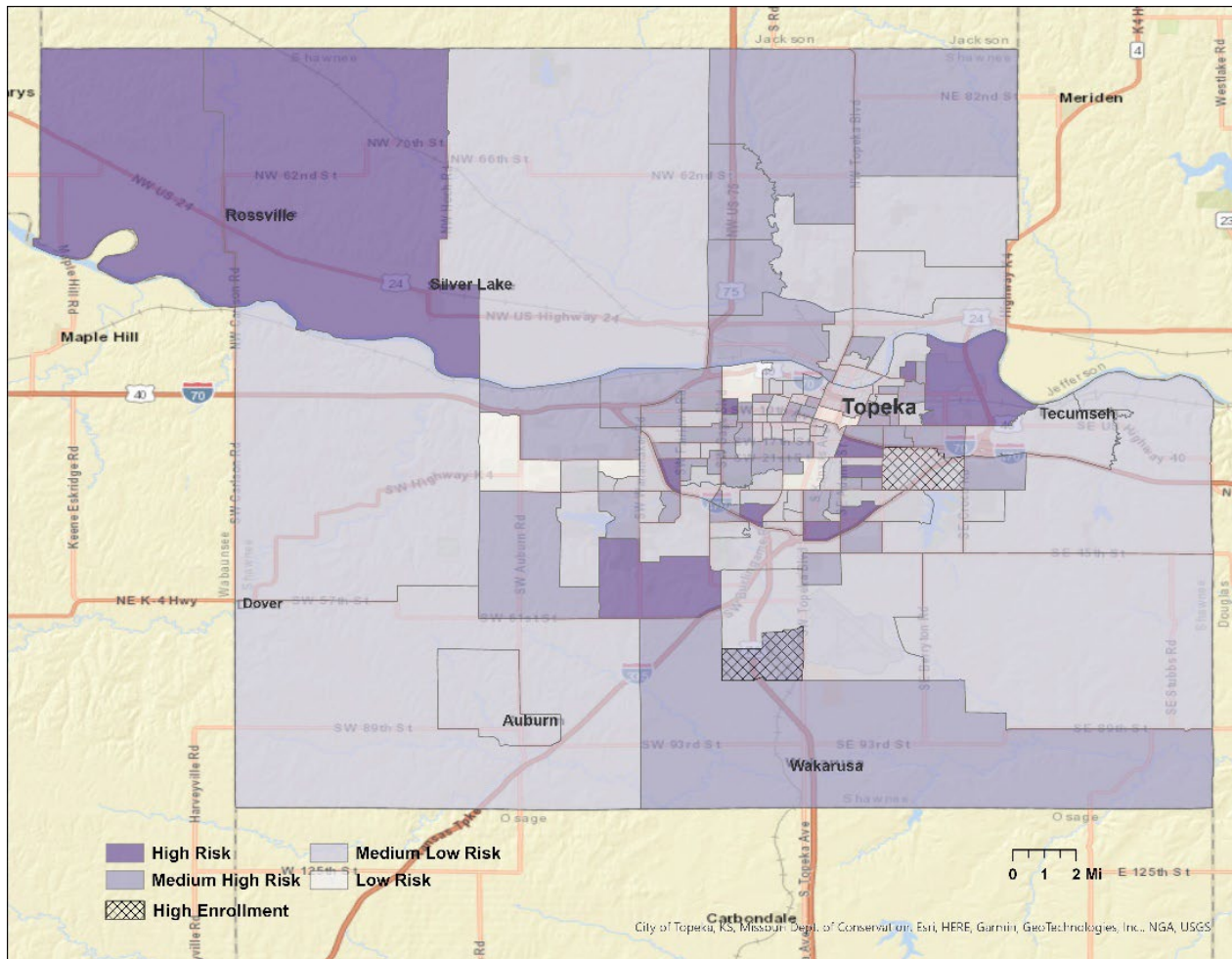
Figure A.23. **Risk of KanCare Disenrollment Once the Public Health Emergency Ends, Sedgwick County**

Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
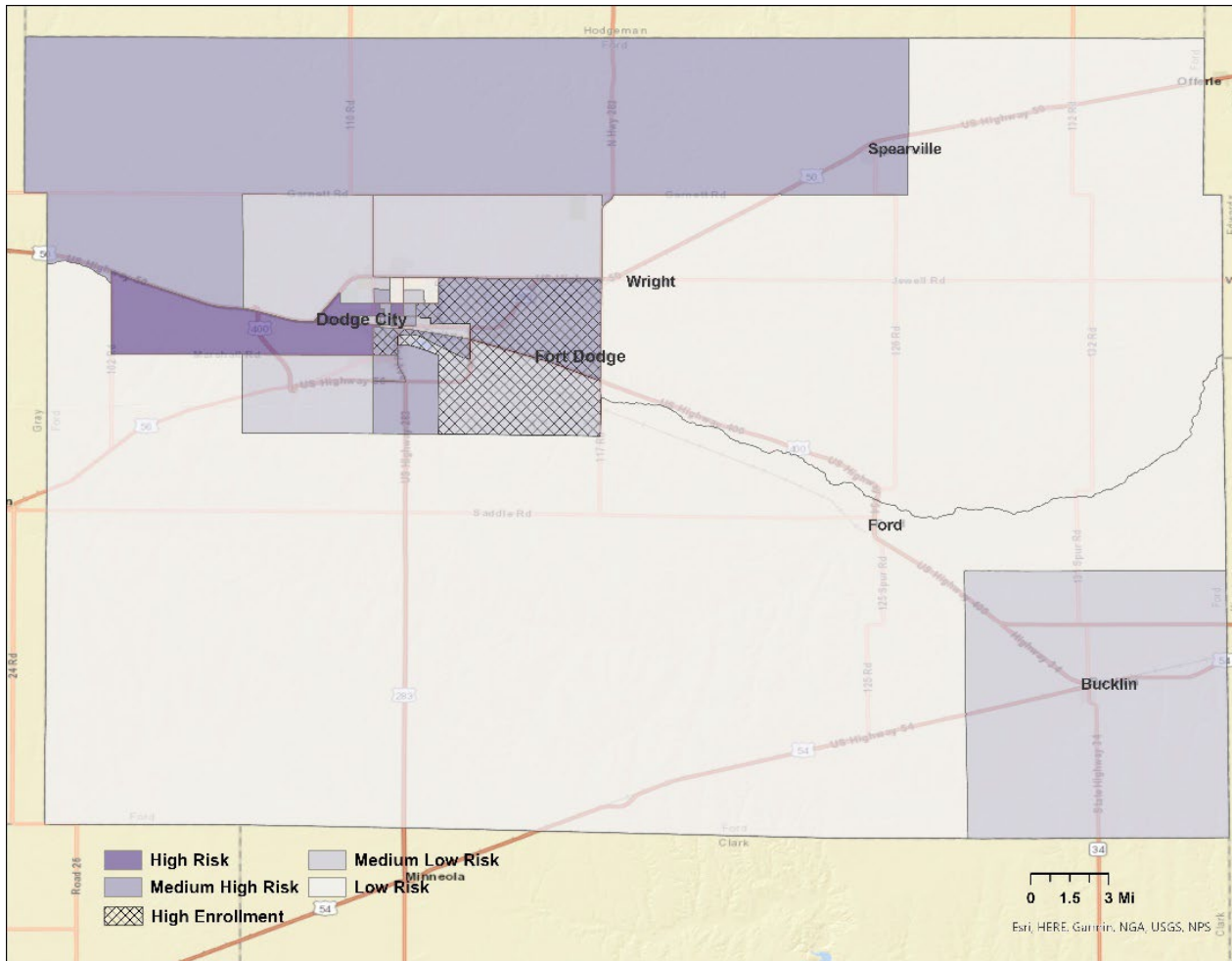
Figure A.24. **Risk of KanCare Disenrollment Once the Public Health Emergency Ends, Johnson County**

Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
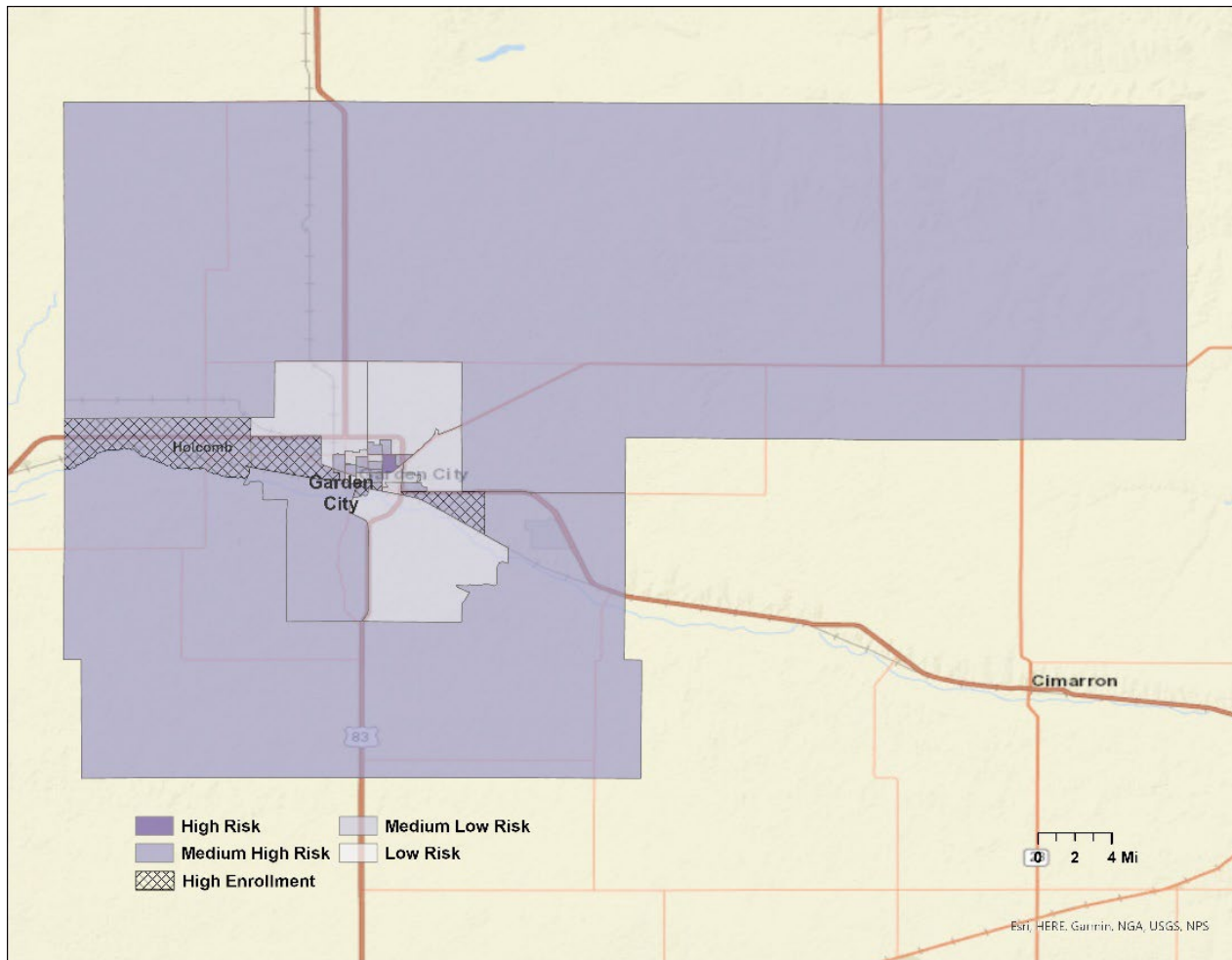
Figure A.25. **Risk of KanCare Disenrollment Once the Public Health Emergency Ends, Wyandotte County**

Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure 5.26. **Risk of KanCare Disenrollment Once the Public Health Emergency Ends, Shawnee County**

Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.28. Risk of KanCare Disenrollment Once the Public Health Emergency Ends, Ford County

Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.
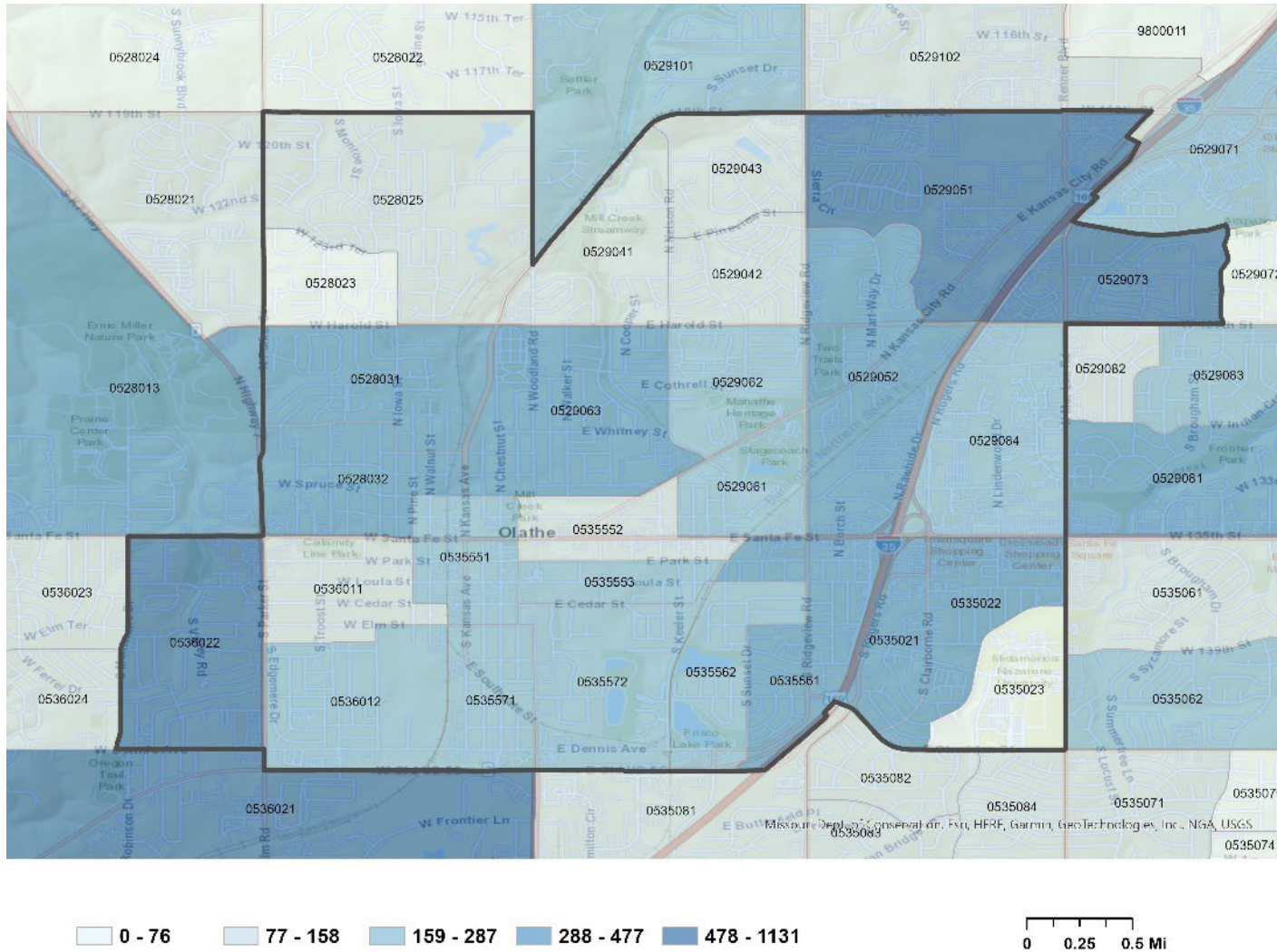
Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.28. **Risk of KanCare Disenrollment Once PHE Ends, Finney County**

Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.29. **Neighborhood** 1 **June 2022 KanCare Enrollment, Sedgwick County**
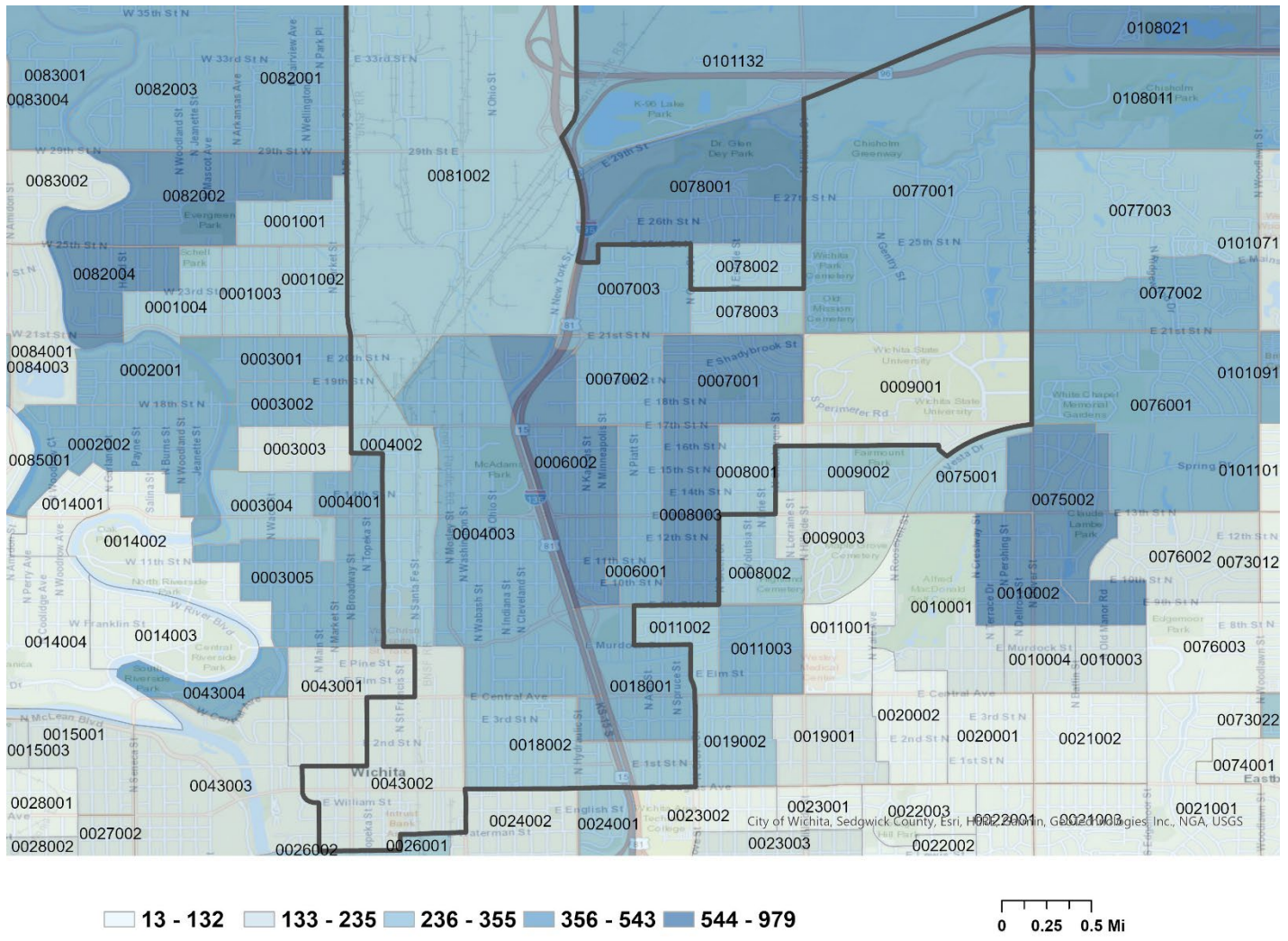
Legend: 13 - 132 | 133 - 235 | 236 - 355 | 356 - 543 | 544 - 979

0 0.25 0.5 Mi

Note: Enrollment includes all KanCare enrollees in June 2022 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
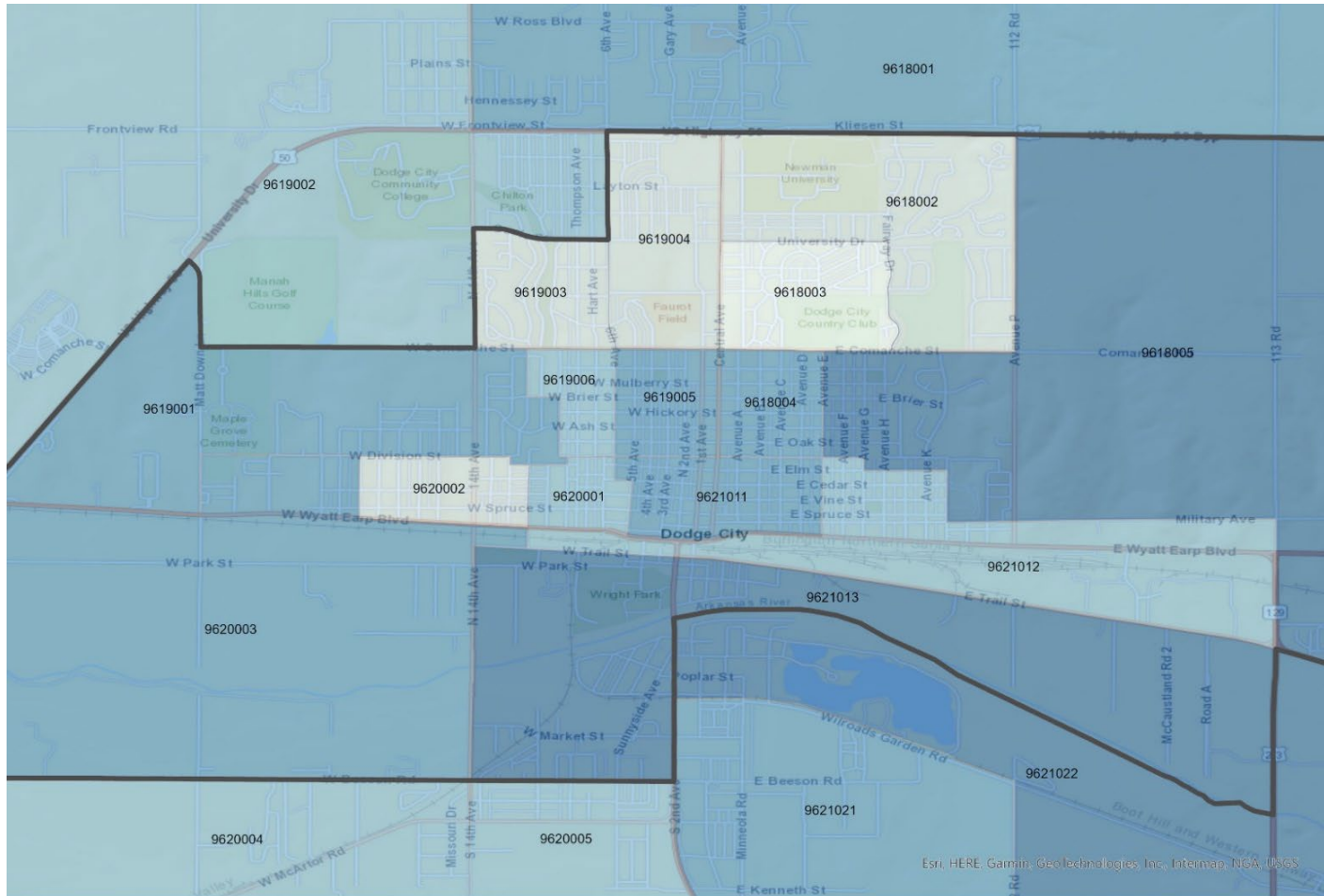
Figure A.30. **Neighborhood 2 June 2022 KanCare Enrollment, Sedgwick County**
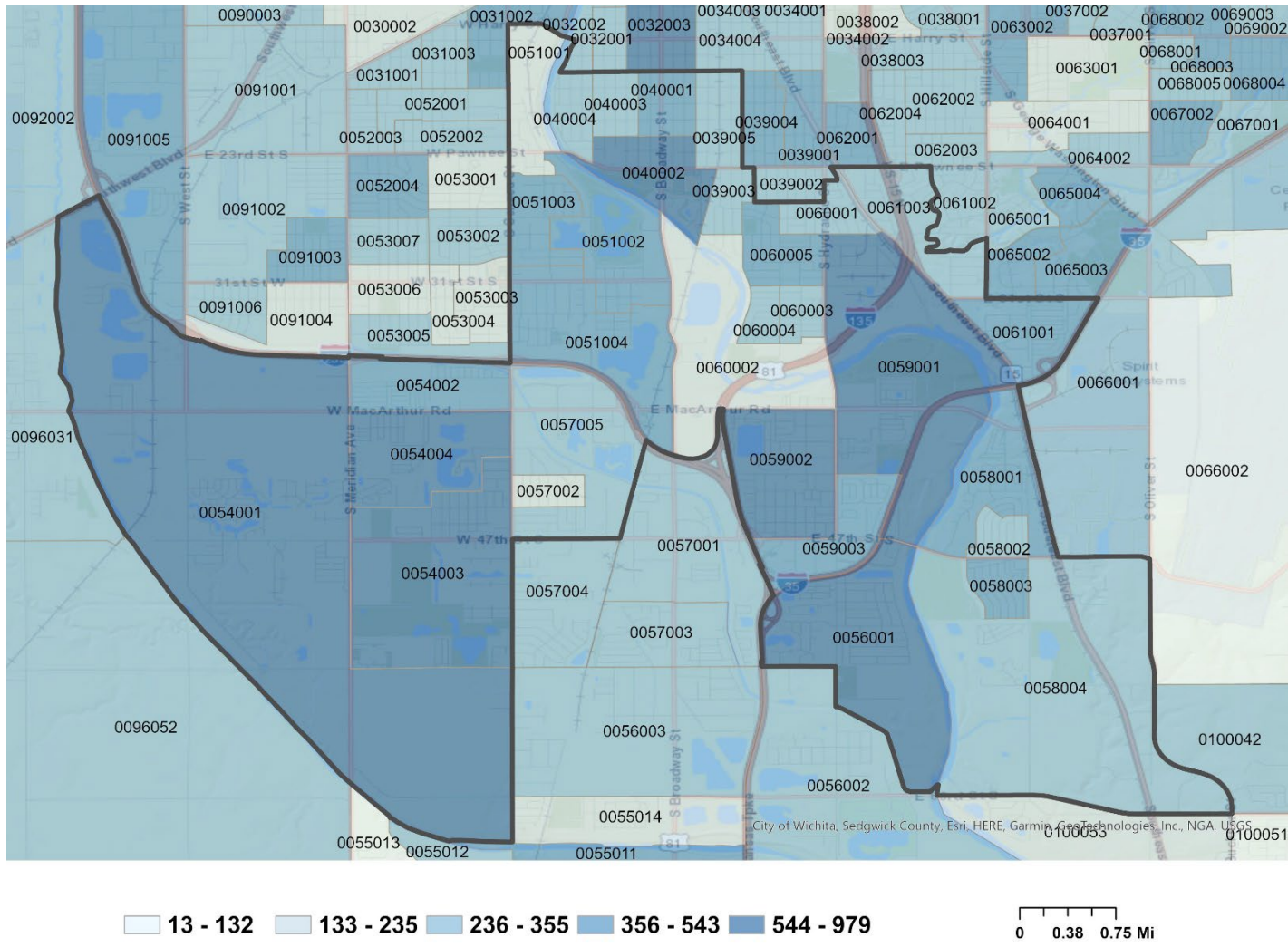
Note: Enrollment includes all KanCare enrollees in June 2022 regardless of age or eligibility pathway.
Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

*Figure A.31.* **Neighborhood June 2022 KanCare Enrollment, Johnson County**

Legend: 0 - 76 | 77 - 158 | 159 - 287 | 288 - 477 | 478 - 1131

Scale: 0 | 0.25 | 0.5 Mi

Note: Enrollment includes all KanCare enrollees in June 2022 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
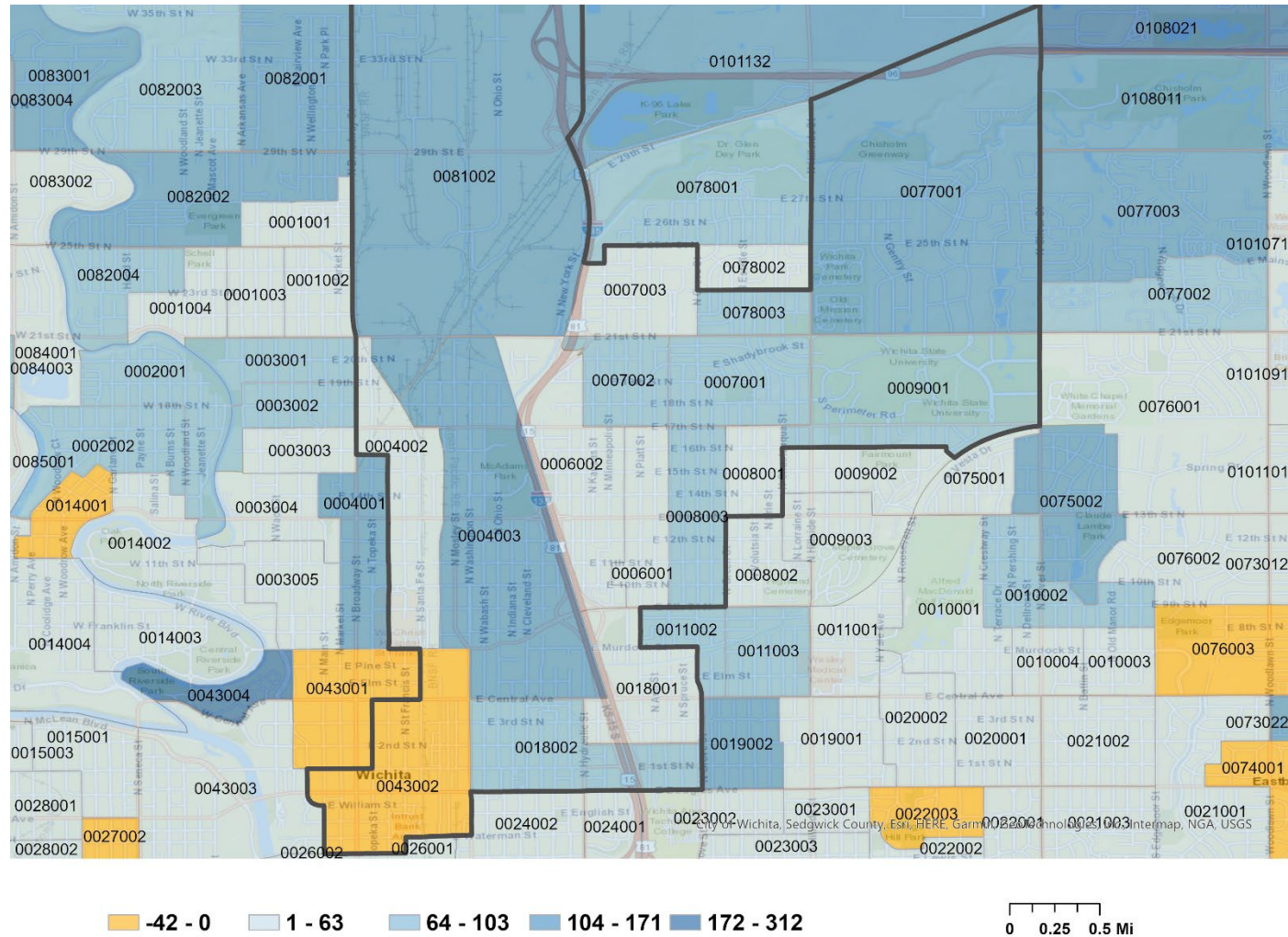
Figure A.32. **Neighborhood June 2022 KanCare Enrollment, Wyandotte County**
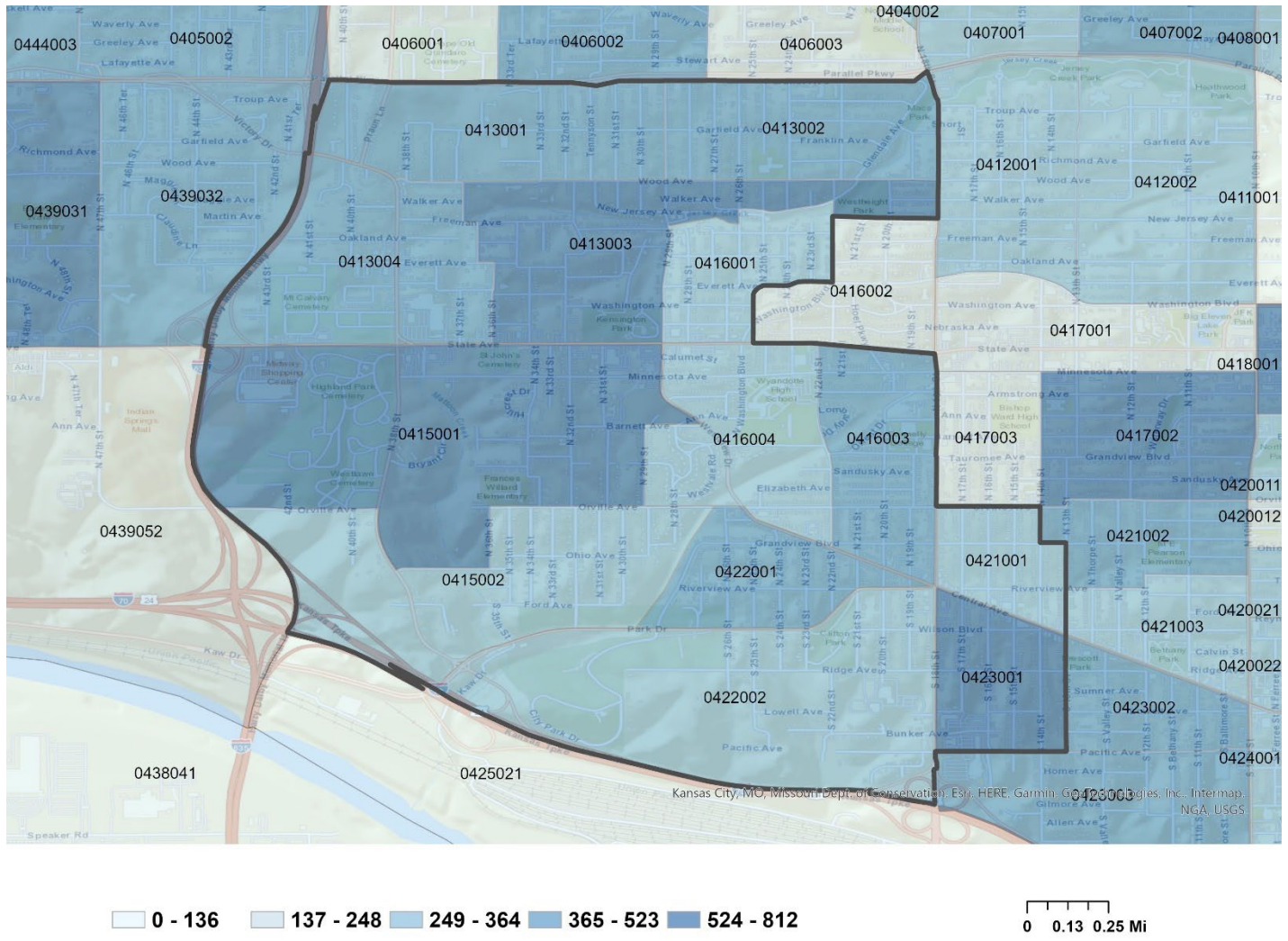
Note: Enrollment includes all KanCare enrollees in June 2022 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
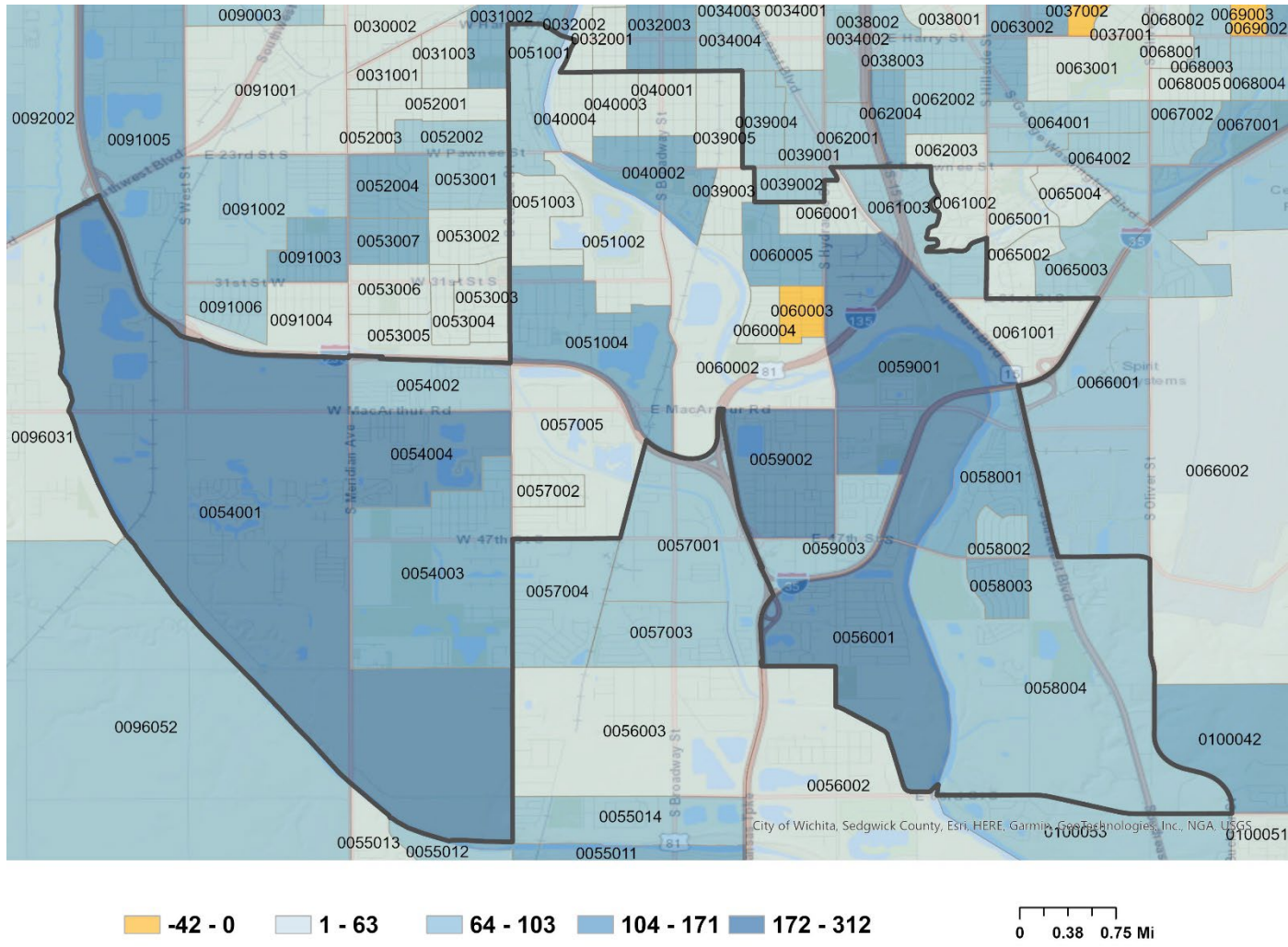
Figure A.33. **Neighborhood June 2022 KanCare Enrollment, Shawnee County**
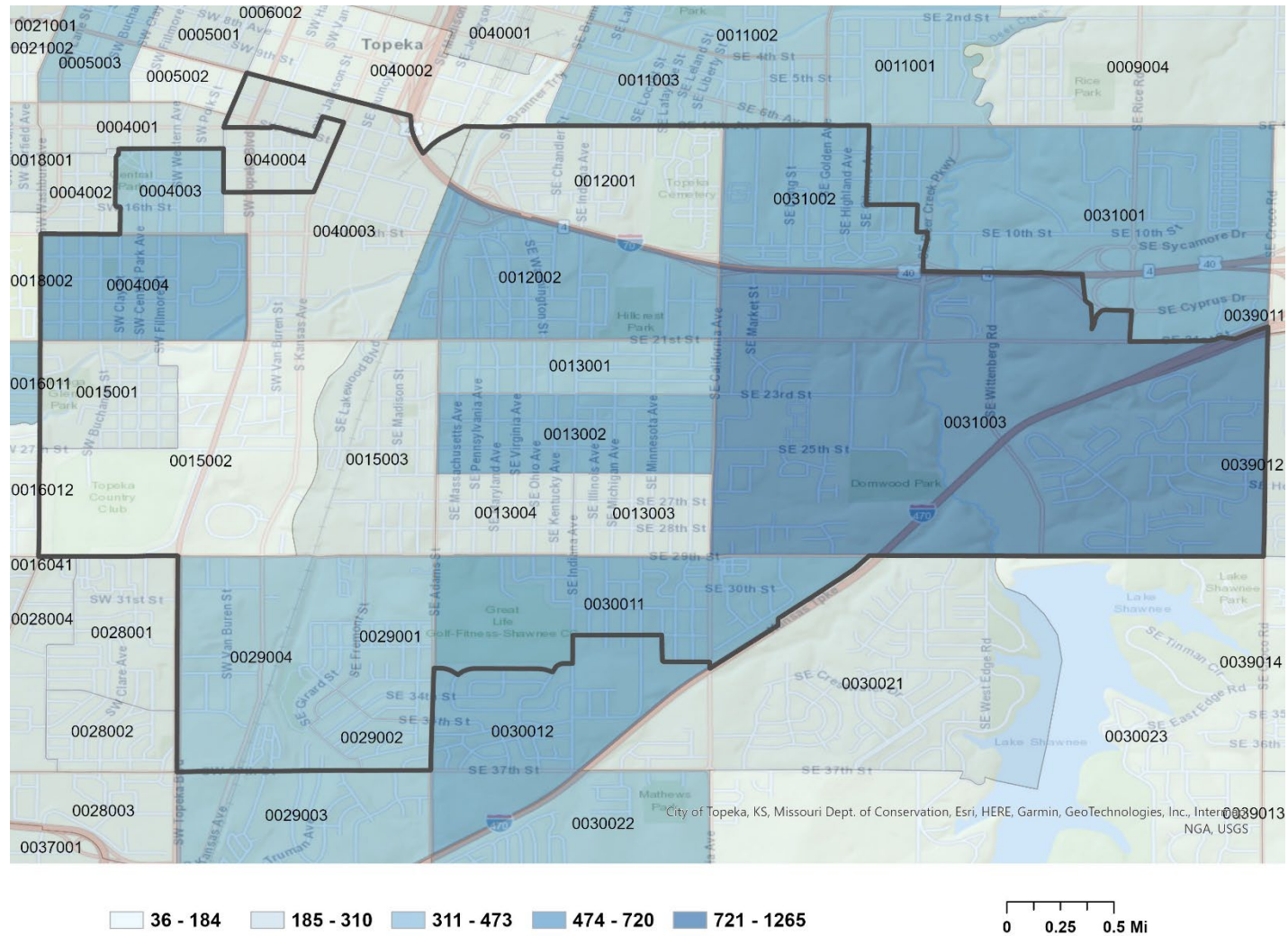
Note: Enrollment includes all KanCare enrollees in June 2022 regardless of age or eligibility pathway.
Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.34. **Neighborhood June 2022 KanCare Enrollment, Ford County**

Legend:
- 58 - 86
- 87 - 180
- 181 - 290
- 291 - 523
- 524 - 730

0   0.25   0.5 Mi

Note: Enrollment includes all KanCare enrollees in June 2022 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
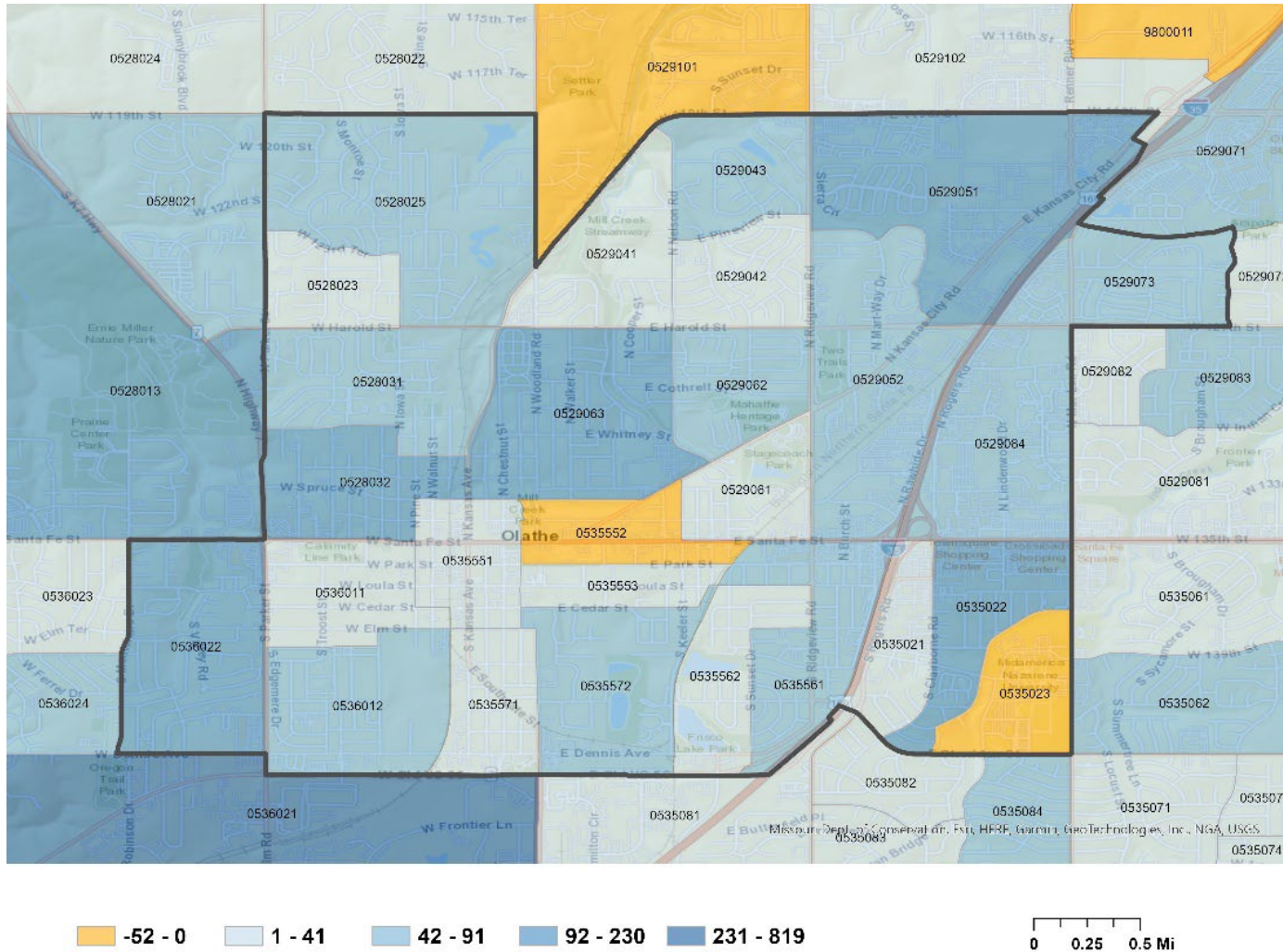
Figure A.35. **Neighborhood June 2022 KanCare Enrollment, Finney County**
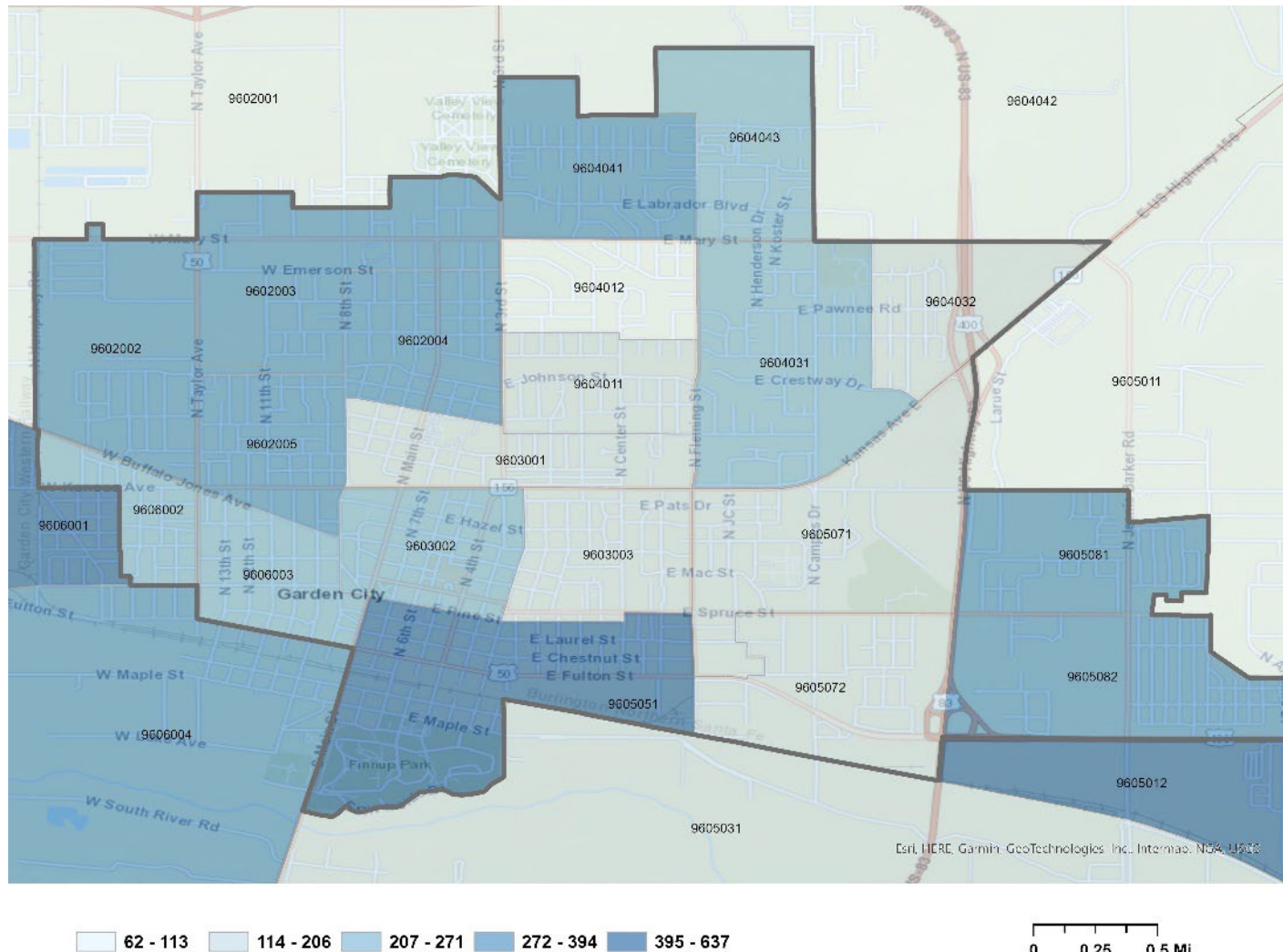
Legend: 62 - 113 | 114 - 206 | 207 - 271 | 272 - 394 | 395 - 637

Scale: 0 — 0.25 — 0.5 Mi

Note: Enrollment includes all KanCare enrollees in June 2022 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
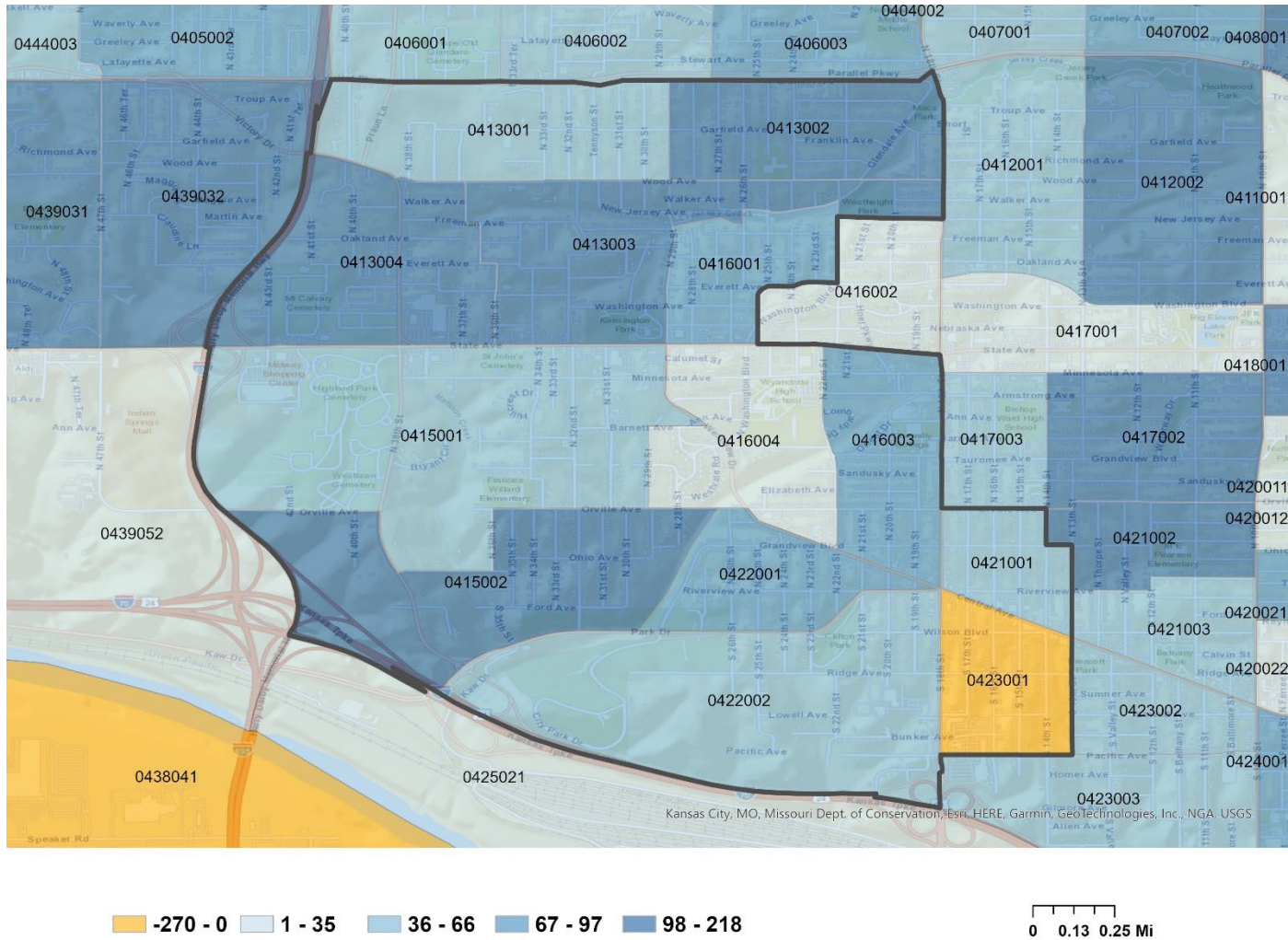
Figure A.36. **Neighborhood 1 KanCare Enrollment Growth February 2020 through June 2022, Sedgwick County**

Note: Change in enrollment is the difference between total enrollment that includes all KanCare enrollees in either June 2022 or February 2020 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
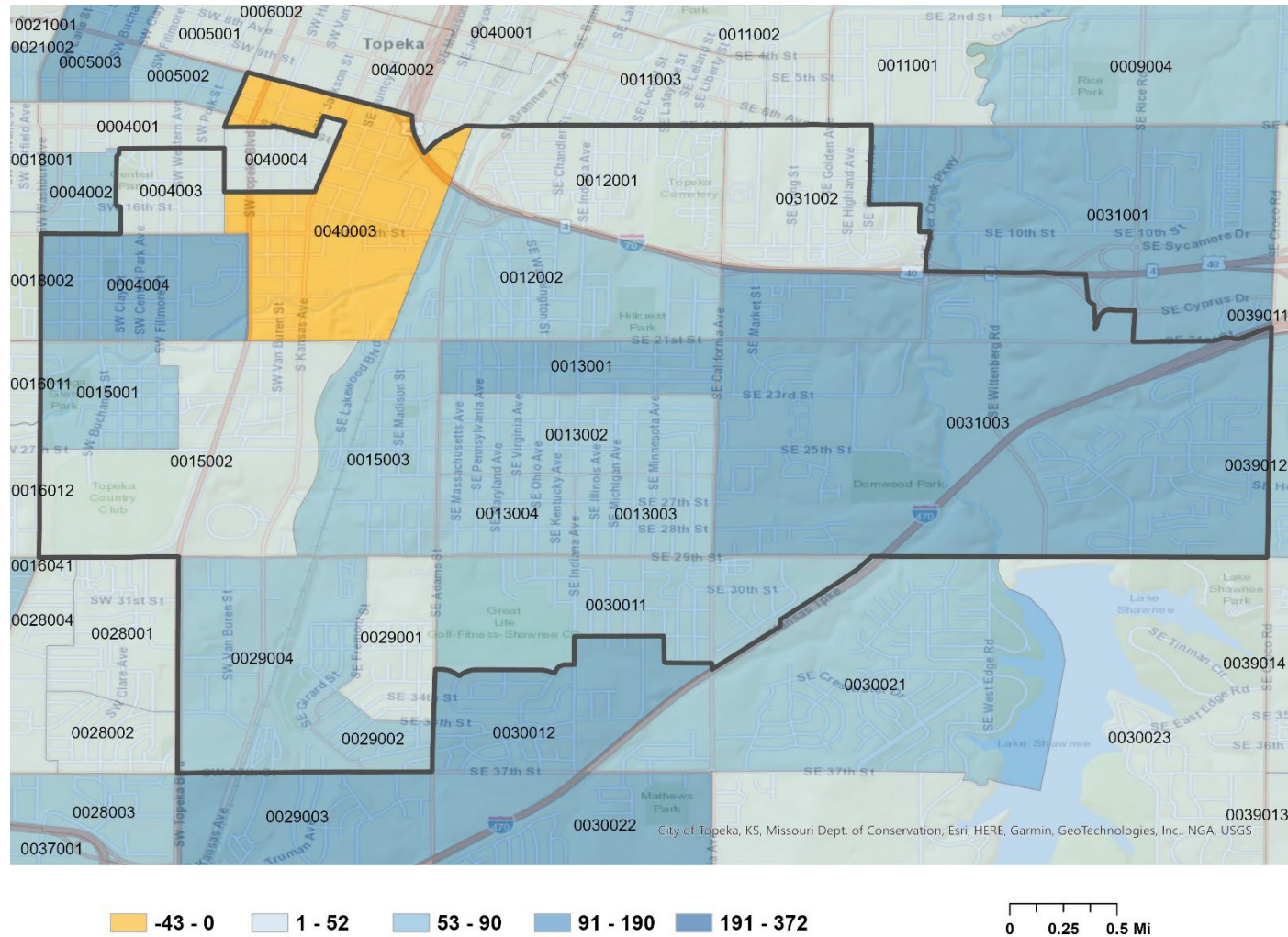
Figure A.37. **Neighborhood 2 KanCare Enrollment Growth February 2020 through June 2022, Sedgwick County**

Note: Change in enrollment is the difference between total enrollment that includes all KanCare enrollees in either June 2022 or February 2020 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
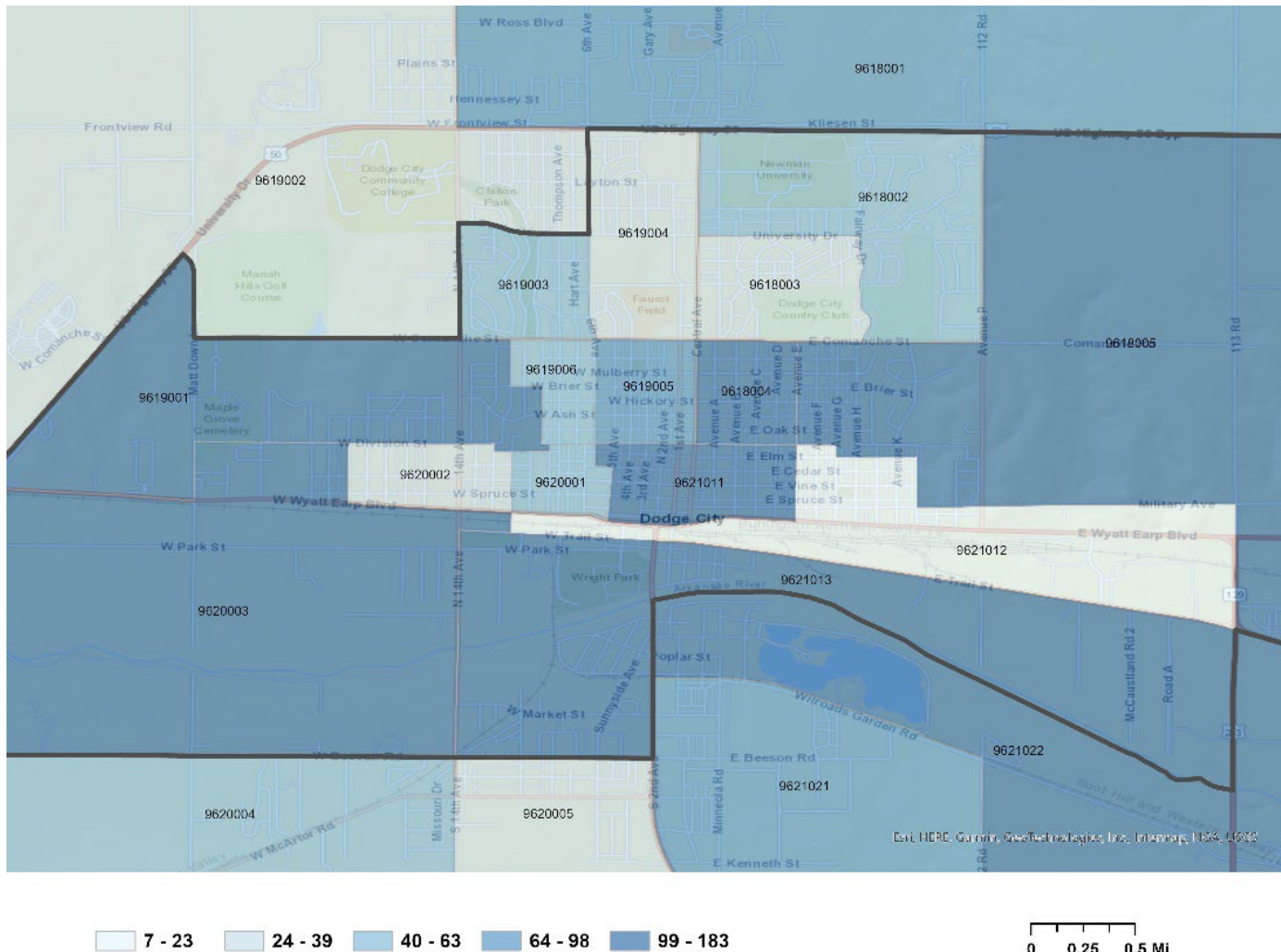
Figure A.38. **Neighborhood KanCare Enrollment Growth February 2020 through June 2022, Johnson County**

Legend: -52 - 0 | 1 - 41 | 42 - 91 | 92 - 230 | 231 - 819

Note: Change in enrollment is the difference between total enrollment that includes all KanCare enrollees in either June 2022 or February 2020 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Note: Change in enrollment is the difference between total enrollment that includes all KanCare enrollees in either June 2022 or February 2020 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
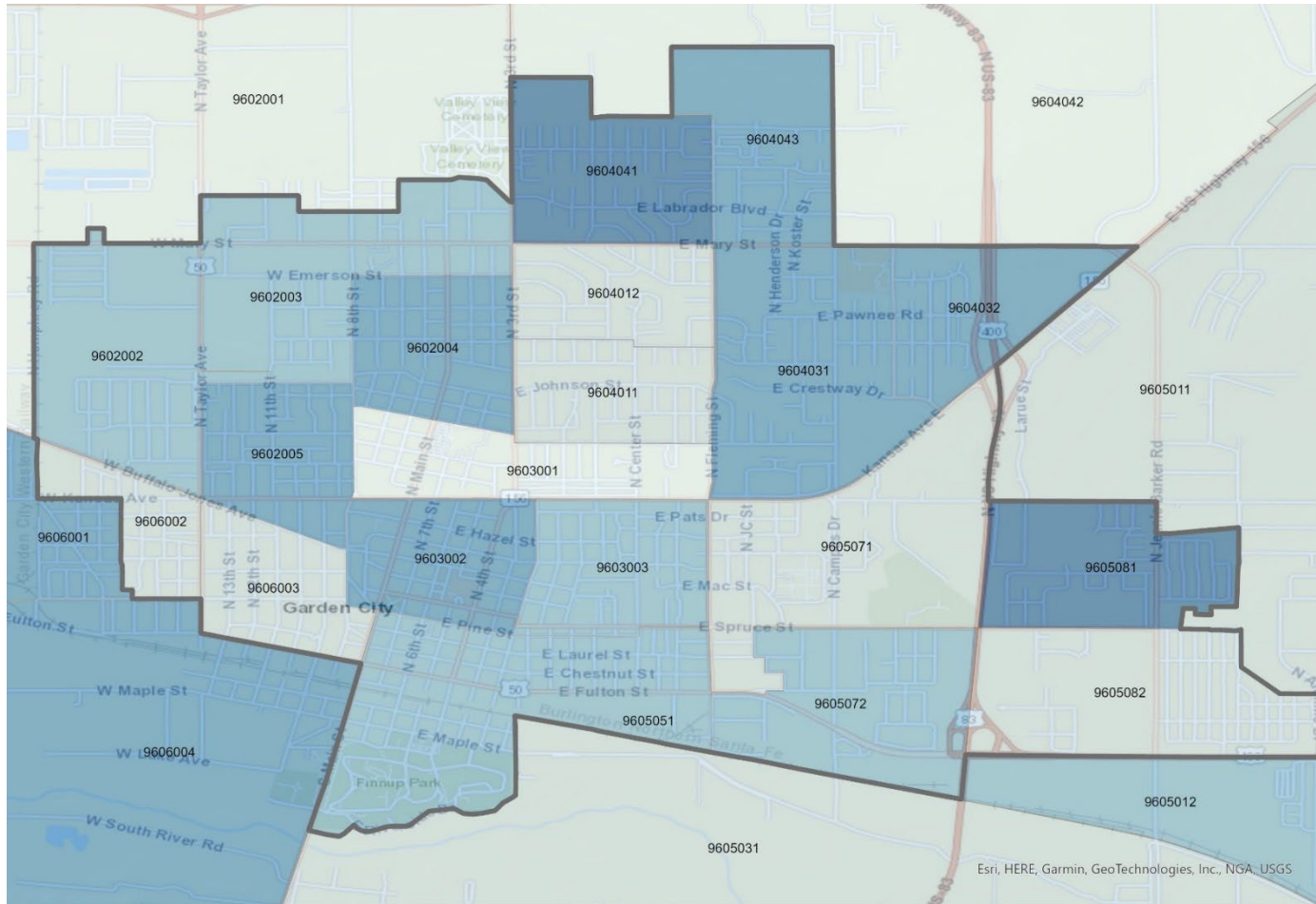
Figure A.40. **Neighborhood KanCare Enrollment Growth February 2020 through June 2022, Shawnee County**

Note: Change in enrollment is the difference between total enrollment that includes all KanCare enrollees in either June 2022 or February 2020 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.41. **Neighborhood KanCare Enrollment Growth February 2020 through June 2022, Ford County**


Note: Change in enrollment is the difference between total enrollment that includes all KanCare enrollees in either June 2022 or February 2020 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.42. **Neighborhood KanCare Enrollment Growth February 2020 through June 2022, Finney County**

Note: Change in enrollment is the difference between total enrollment that includes all KanCare enrollees in either June 2022 or February 2020 regardless of age or eligibility pathway.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.43. **Neighborhood 1 Percent of Population Enrolled in KanCare June 2022, Sedgwick County**
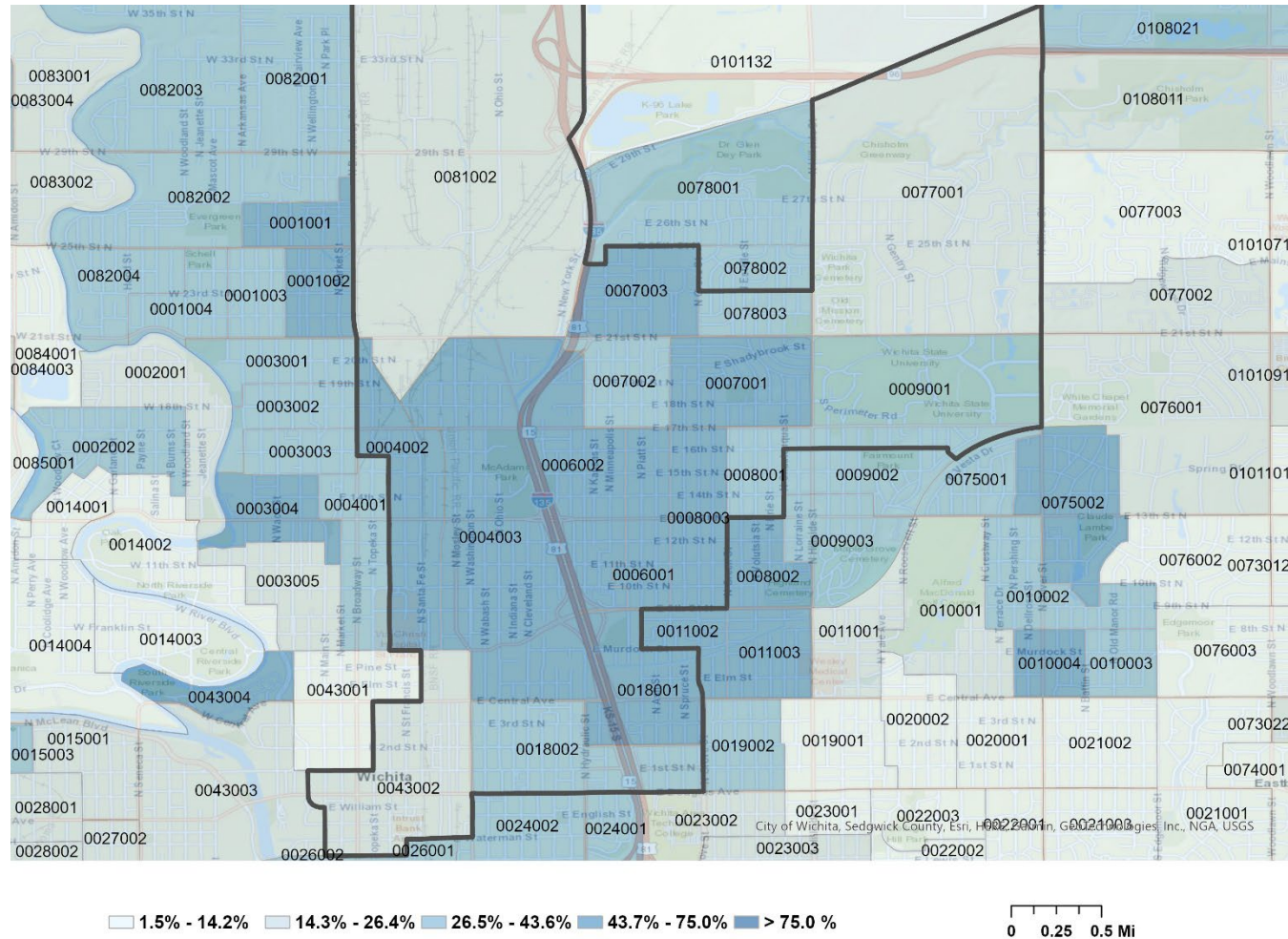
Legend: 1.5% - 14.2% | 14.3% - 26.4% | 26.5% - 43.6% | 43.7% - 75.0% | > 75.0 %

Scale: 0 0.25 0.5 Mi

Note: Percent of the population enrolled is calculated as all KanCare enrollees in June 2022 regardless of age or eligibility pathway divided by the total estimated population. Population estimates for each Census Block Group are derived from the American Community Survey (ACS) 5-year estimates, 2015 – 2019.
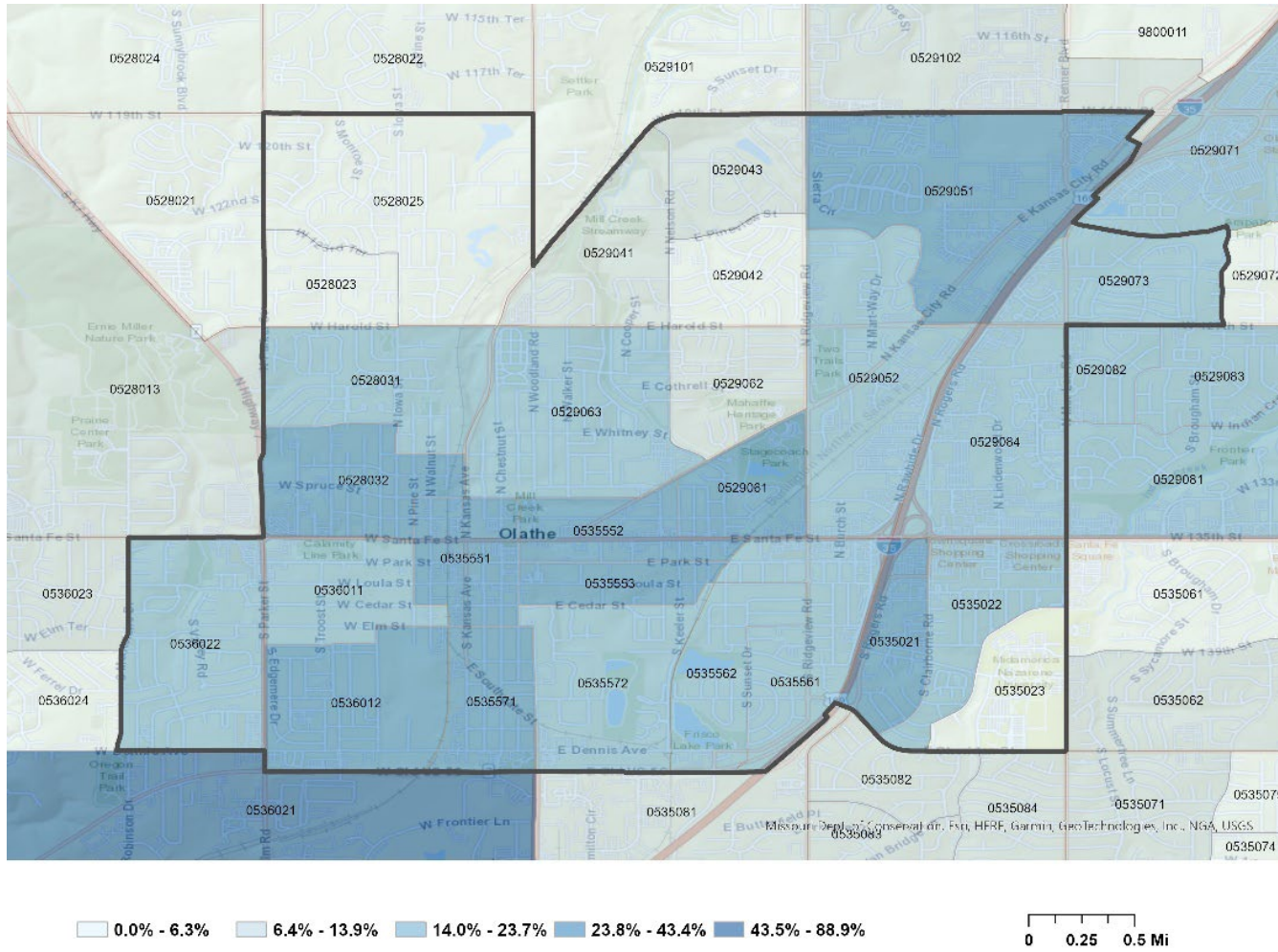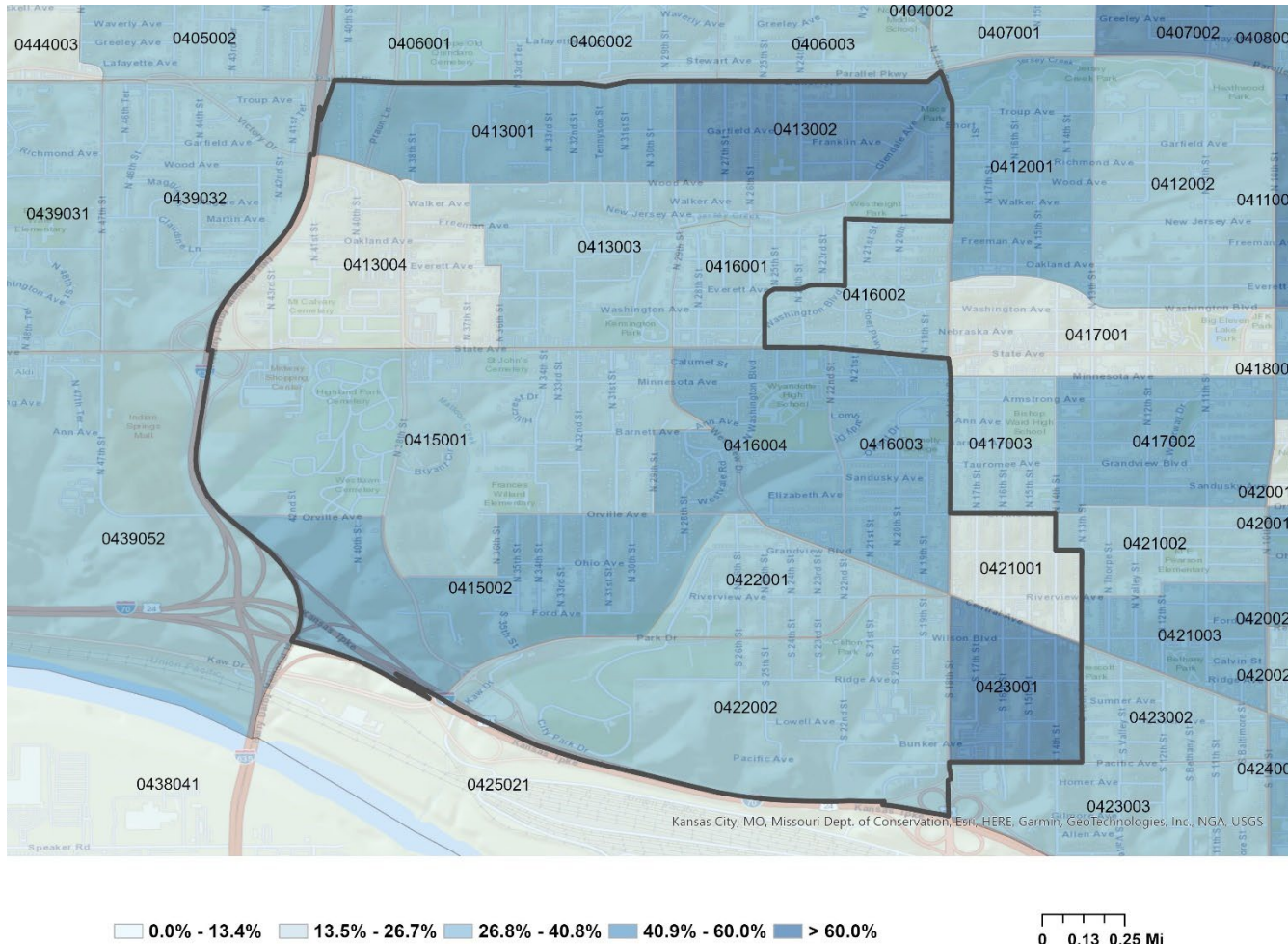
Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by KDHE and 2015 – 2019 ACS 5-year estimates.

Figure A.44. **Neighborhood 2 Percent of Population Enrolled in KanCare June 2022, Sedgwick County**
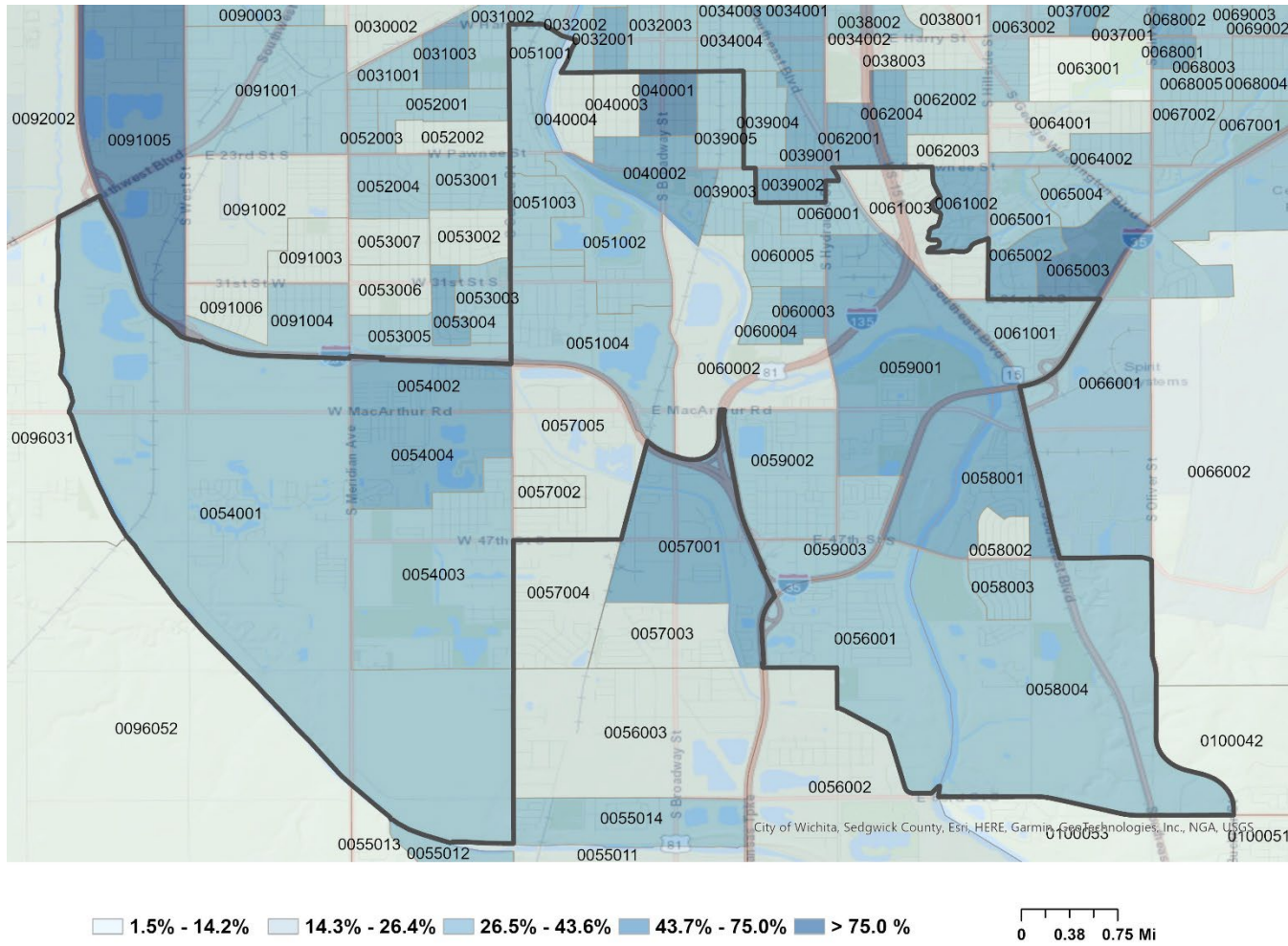
Legend: 1.5% - 14.2% | 14.3% - 26.4% | 26.5% - 43.6% | 43.7% - 75.0% | > 75.0 %
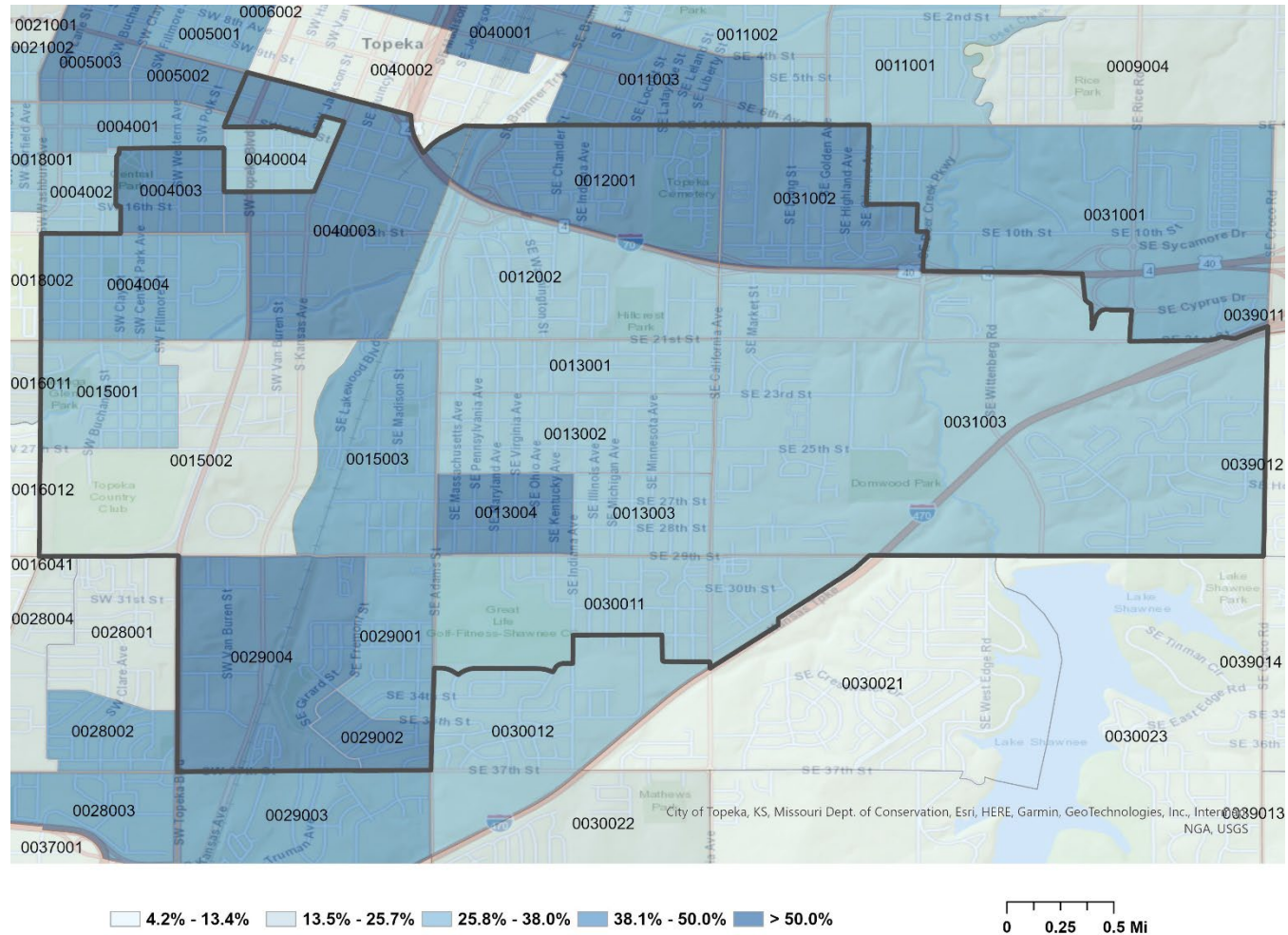
0   0.38   0.75 Mi

Note: Percent of the population enrolled is calculated as all KanCare enrollees in June 2022 regardless of age or eligibility pathway divided by the total estimated population. Population estimates for each Census Block Group are derived from the American Community Survey (ACS) 5-year estimates, 2015 – 2019.

Source: Kansas Health Intitute analysis of KanCare enrollment and application data provided by KDHE and 2015 – 2019 ACS 5-year estimates.

Figure A.45. **Neighborhood Percent of Population Enrolled in KanCare June 2022, Johnson County**

Note: Percent of the population enrolled is calculated as all KanCare enrollees in June 2022 regardless of age or eligibility pathway divided by the total estimated population. Population estimates for each Census Block Group are derived from the American Community Survey (ACS) 5-year estimates, 2015 – 2019.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by KDHE and 2015 – 2019 ACS 5-year estimates.

Legend: 0.0% - 13.4% | 13.5% - 26.7% | 26.8% - 40.8% | 40.9% - 60.0% | > 60.0%
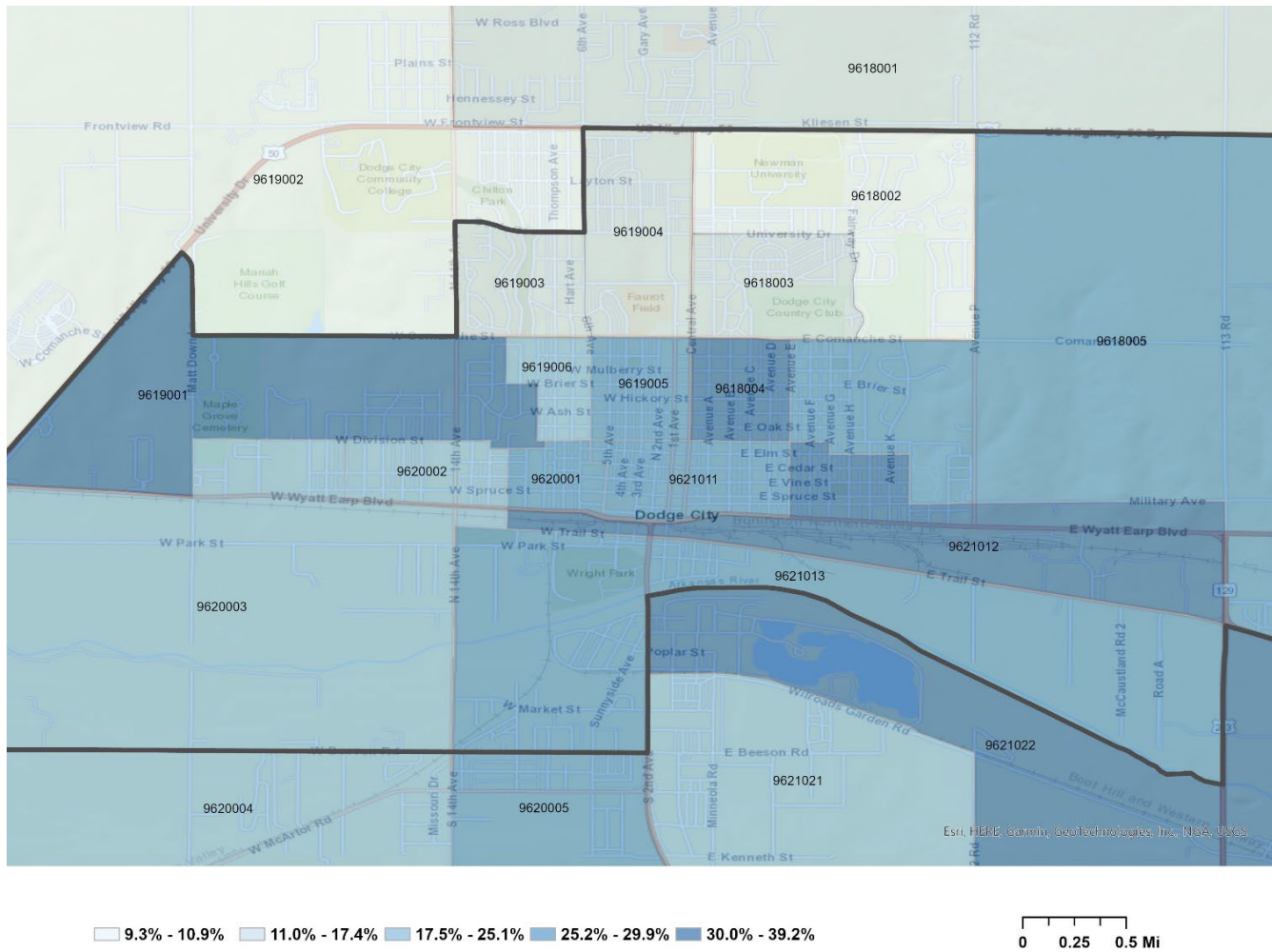
0   0.13 0.25 Mi

Note: Percent of the population enrolled is calculated as all KanCare enrollees in June 2022 regardless of age or eligibility pathway divided by the total estimated population. Population estimates for each Census Block Group are derived from the American Community Survey (ACS) 5-year estimates, 2015 – 2019.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by KDHE and 2015 – 2019 ACS 5-year estimates.

Figure A.47 **Neighborhood Percent of Population Enrolled in KanCare June 2022, Shawnee County**
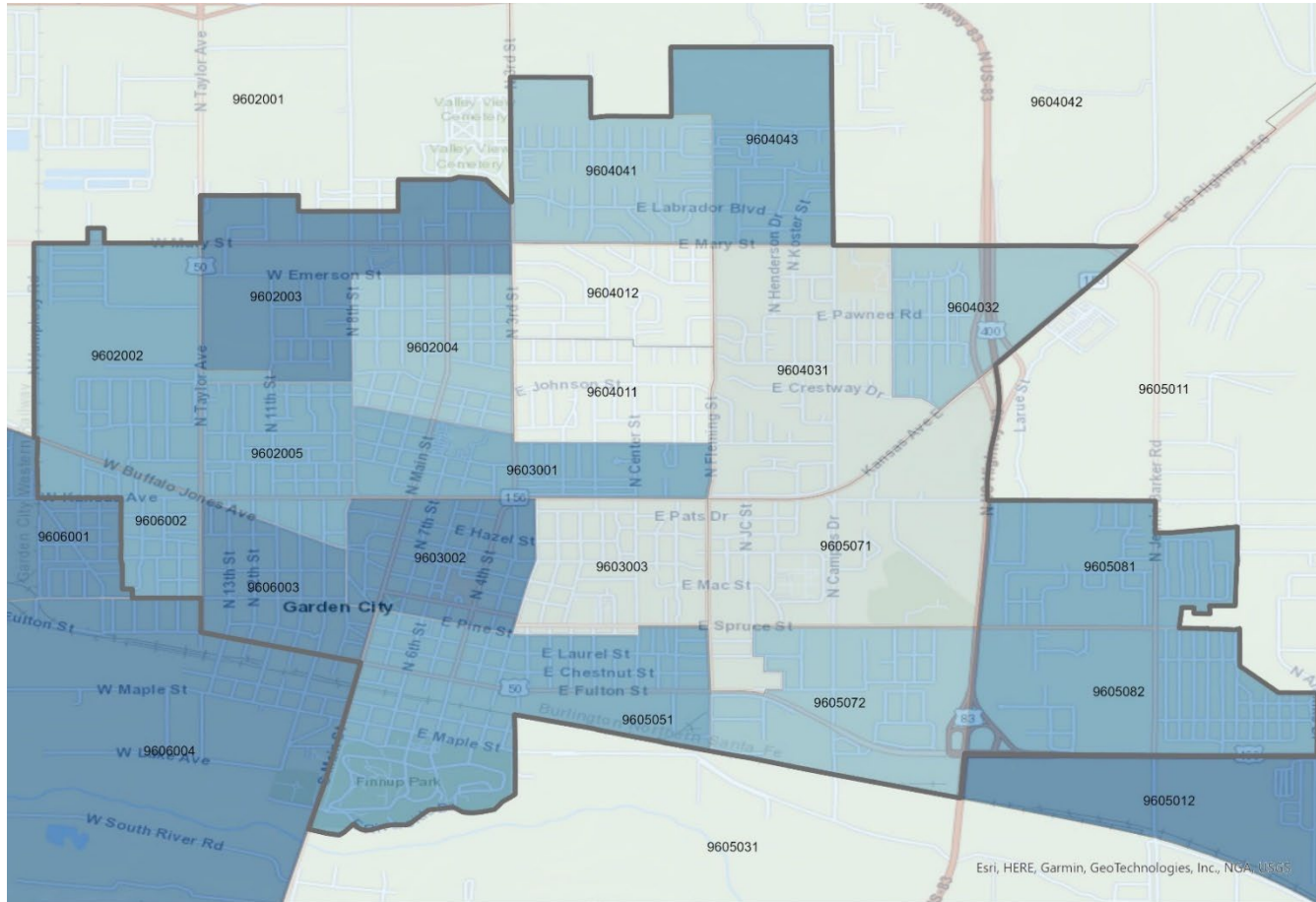

Note: Percent of the population enrolled is calculated as all KanCare enrollees in June 2022 regardless of age or eligibility pathway divided by the total estimated population. Population estimates for each Census Block Group are derived from the American Community Survey (ACS) 5-year estimates, 2015 – 2019.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by KDHE and 2015 – 2019 ACS 5-year estimates.

Figure A.48 **Neighborhood Percent of Population Enrolled in KanCare June 2022, Ford County**

9.3% - 10.9% 11.0% - 17.4% 17.5% - 25.1% 25.2% - 29.9% 30.0% - 39.2%

0   0.25   0.5 Mi

Note: Percent of the population enrolled is calculated as all KanCare enrollees in June 2022 regardless of age or eligibility pathway divided by the total estimated population. Population estimates for each Census Block Group are derived from the American Community Survey (ACS) 5-year estimates, 2015 – 2019.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by KDHE and 2015 – 2019 ACS 5-year estimates.

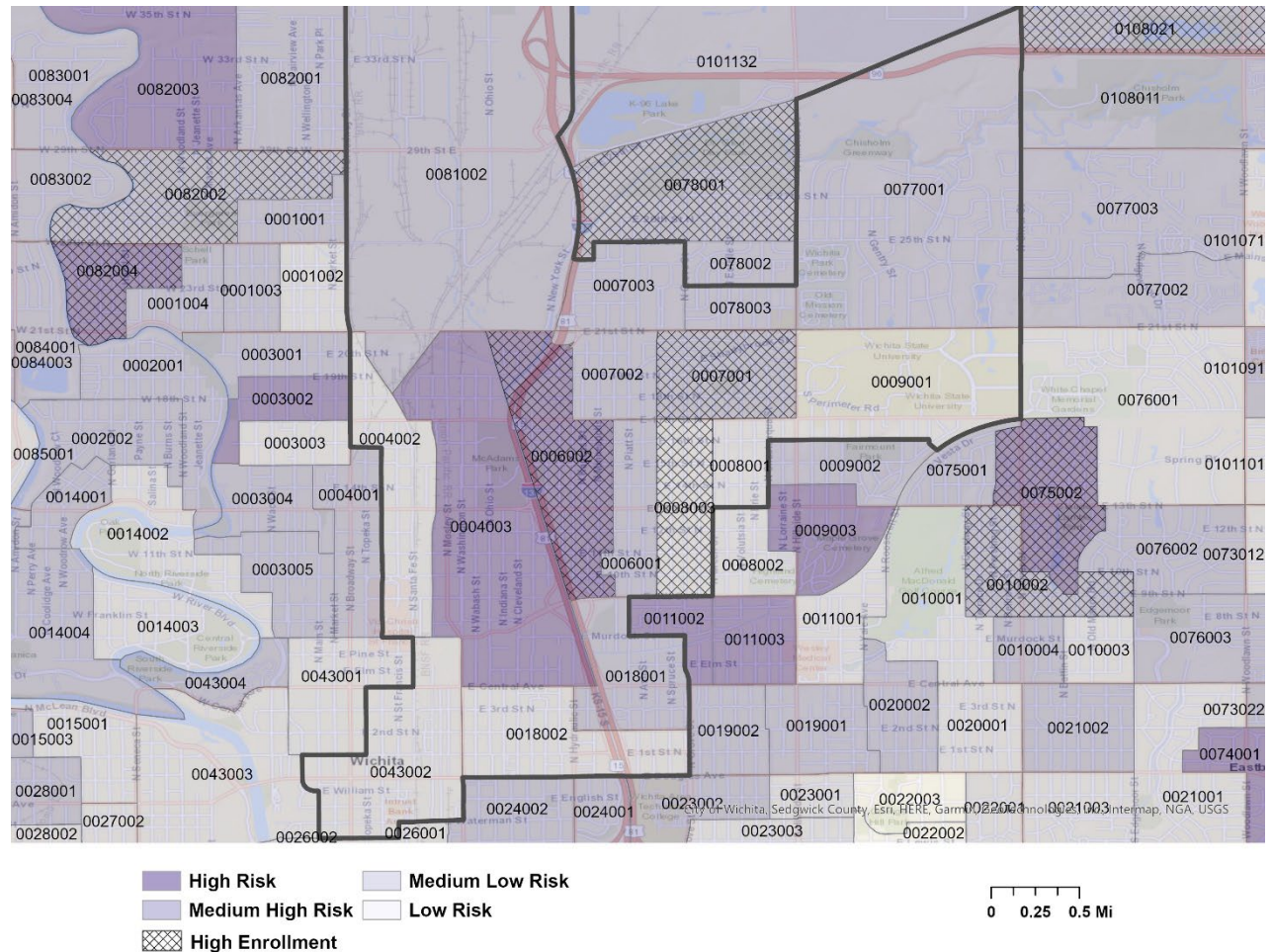*Figure A.49.* **Neighborhood Percent of Population Enrolled in KanCare June 2022, Finney County**

Note: Percent of the population enrolled is calculated as all KanCare enrollees in June 2022 regardless of age or eligibility pathway divided by the total estimated population. Population estimates for each Census Block Group are derived from the American Community Survey (ACS) 5-year estimates, 2015 – 2019.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by KDHE and 2015 – 2019 ACS 5-year estimates.
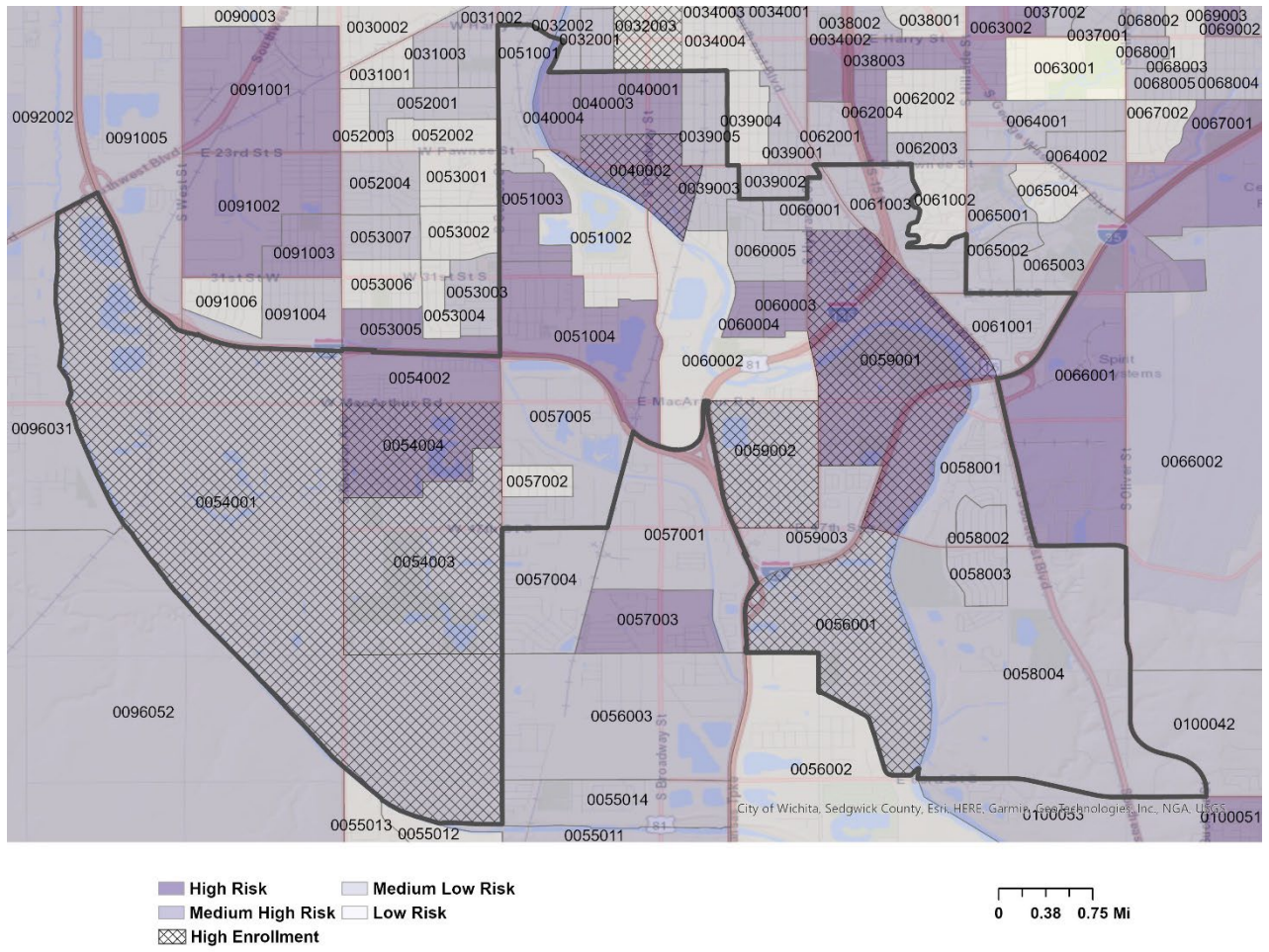
Figure A.50. **Neighborhood 1 Risk of KanCare Disenrollment Once the Public Health Emergency Ends, Sedgwick County**

Legend:
- High Risk
- Medium High Risk
- High Enrollment (crosshatch)
- Medium Low Risk
- Low Risk

0   0.25   0.5 Mi

Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
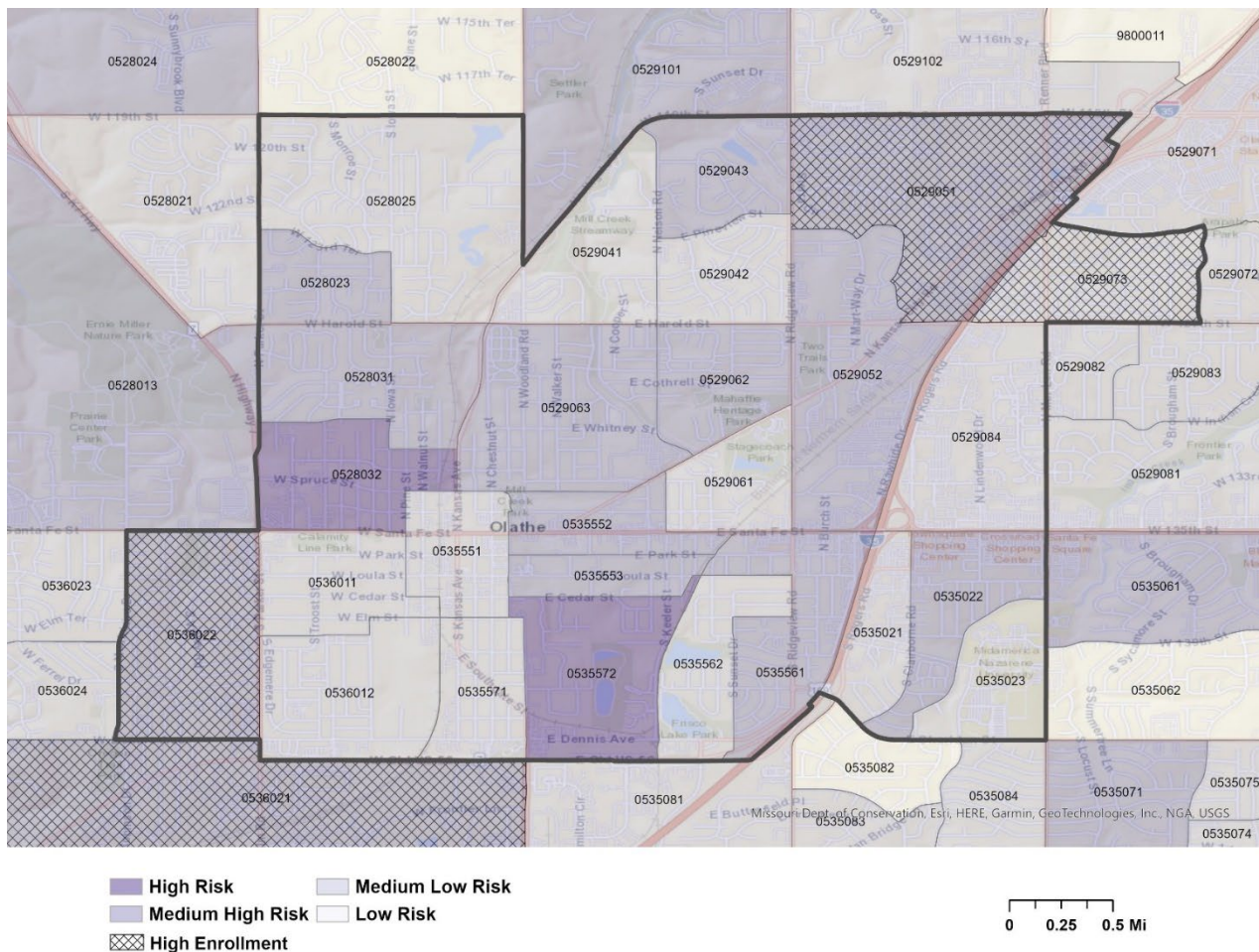
Figure A.51. **Neighborhood 2 Risk of KanCare Disenrollment Once Public Health Emergency Ends, Sedgwick County**

Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
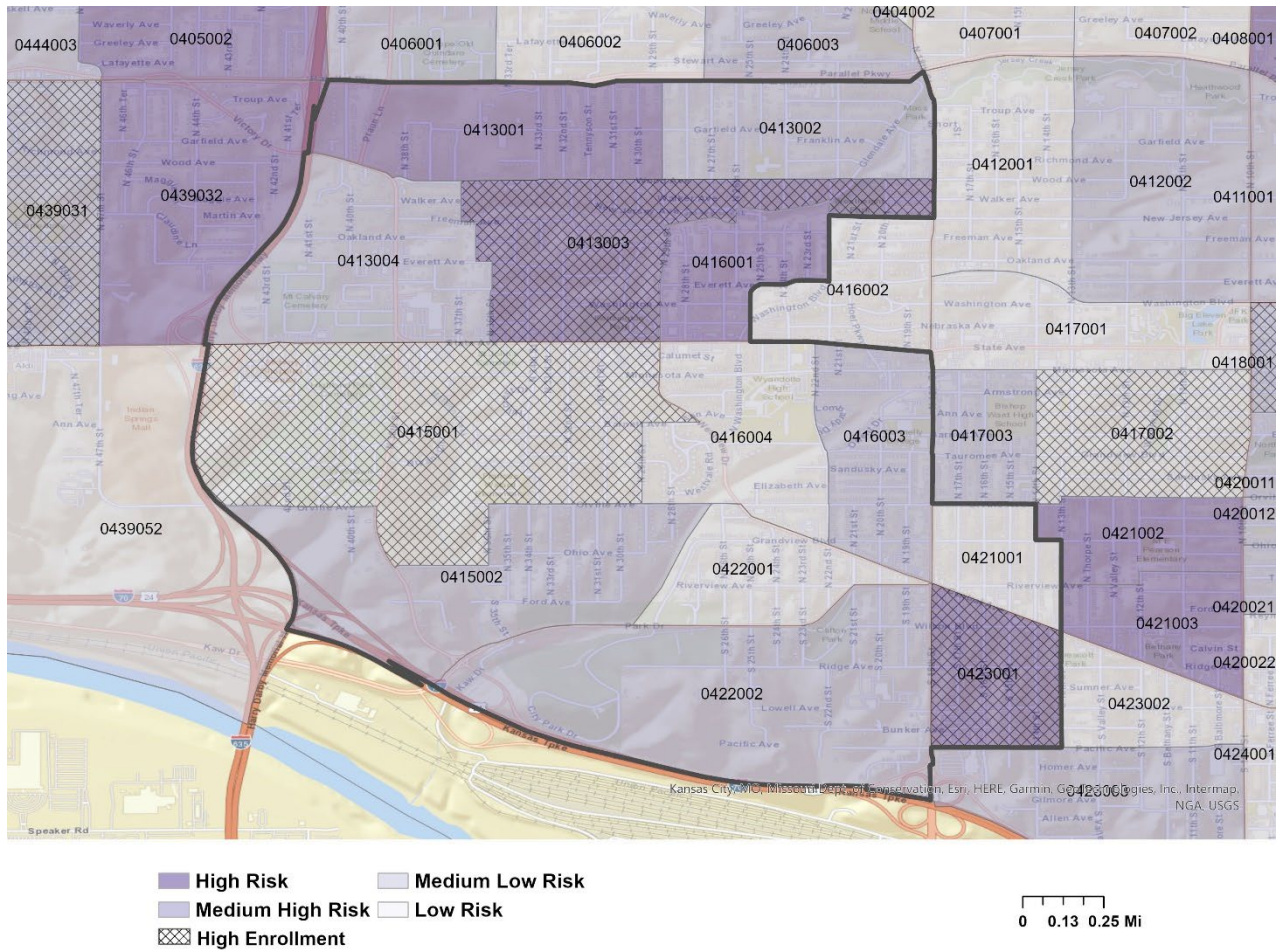
Figure A.52. **Neighborhood Risk of KanCare Disenrollment Once Public Health Emergency Ends, Johnson County**

High Risk
Medium High Risk
High Enrollment
Medium Low Risk
Low Risk

0   0.25   0.5 Mi

Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
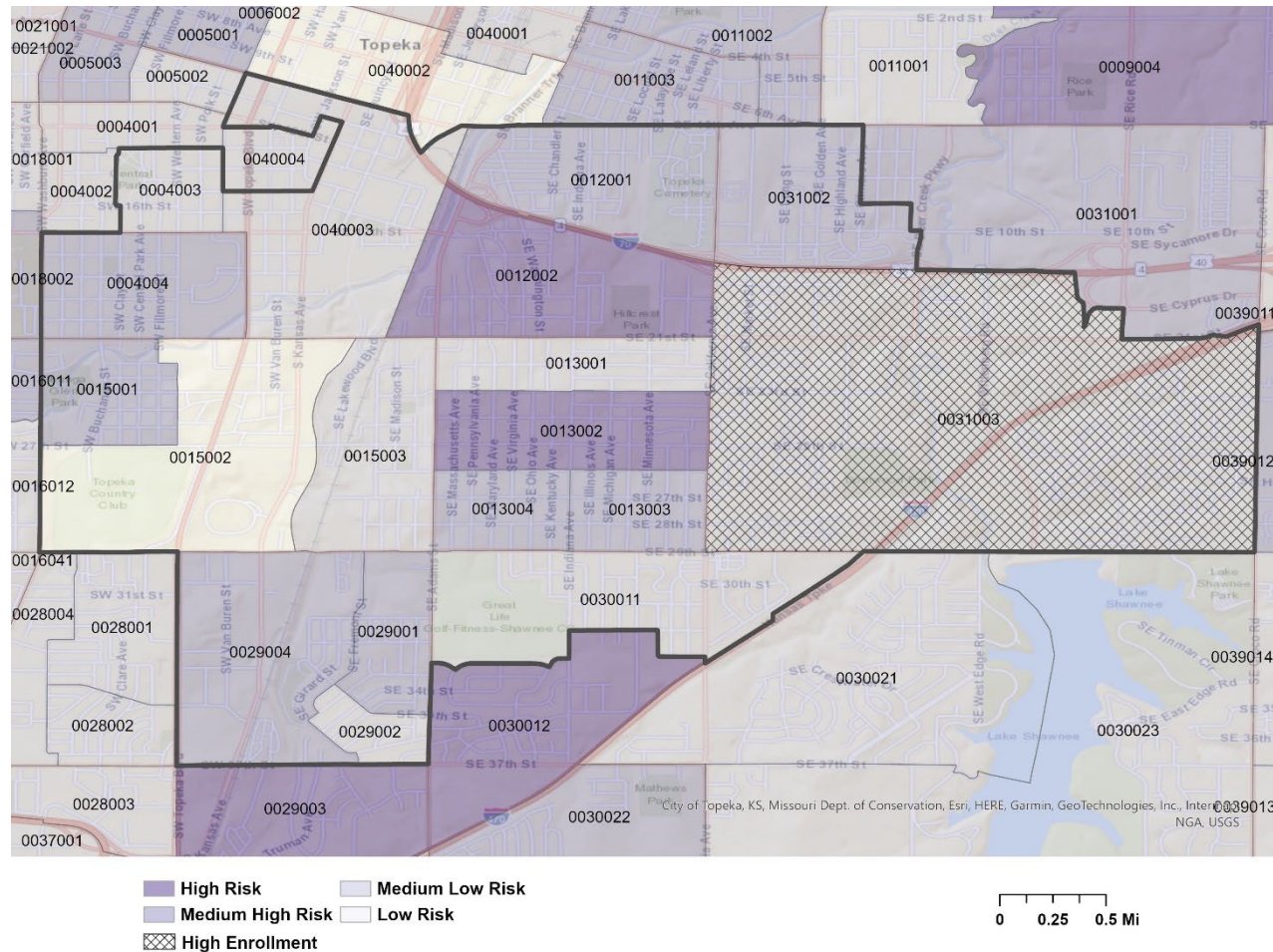
Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
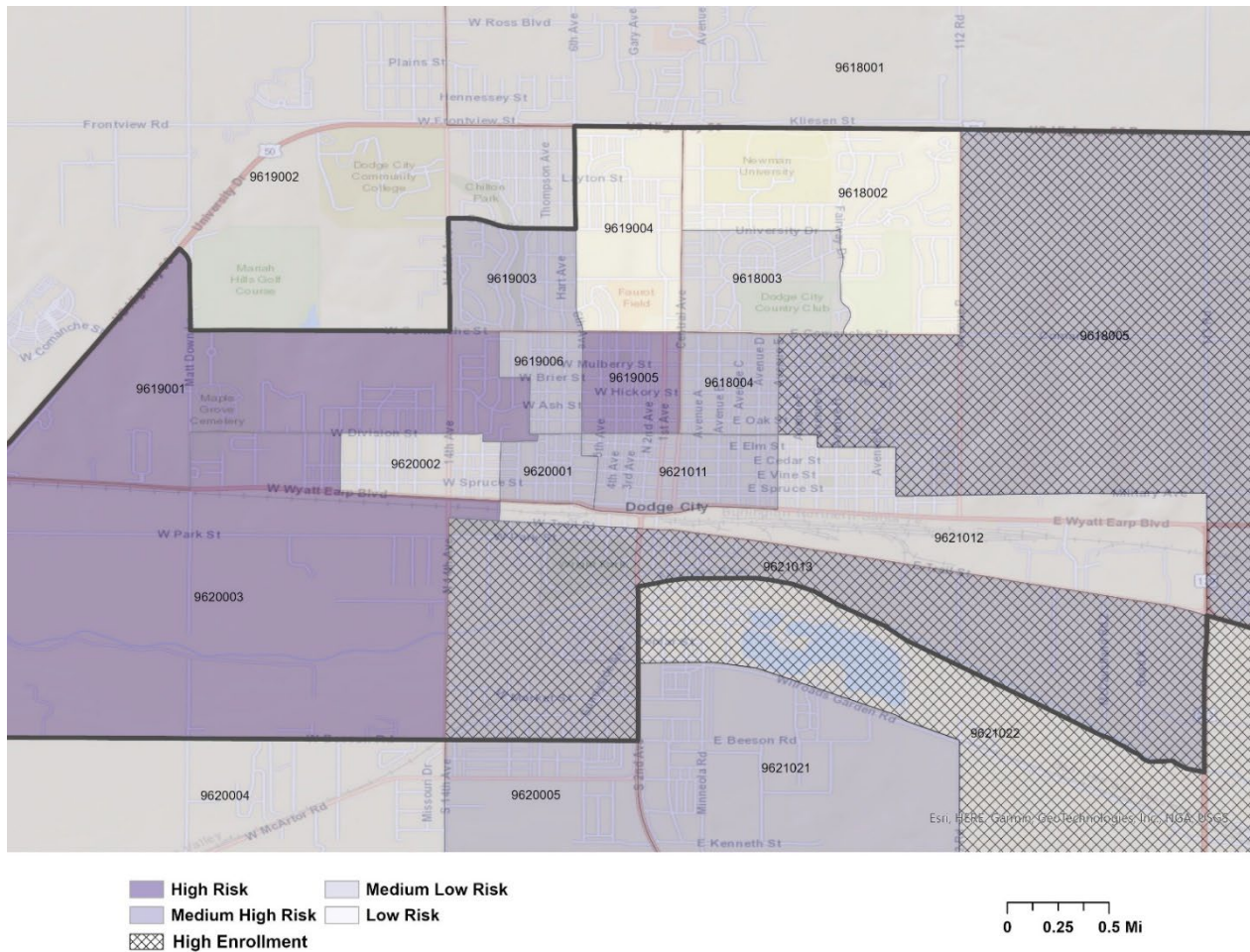
Figure A.54. **Neighborhood Risk of KanCare Disenrollment Once the Public Health Emergency Ends, Shawnee County**

Legend:
- High Risk
- Medium High Risk
- High Enrollment
- Medium Low Risk
- Low Risk

0   0.25   0.5 Mi

Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.
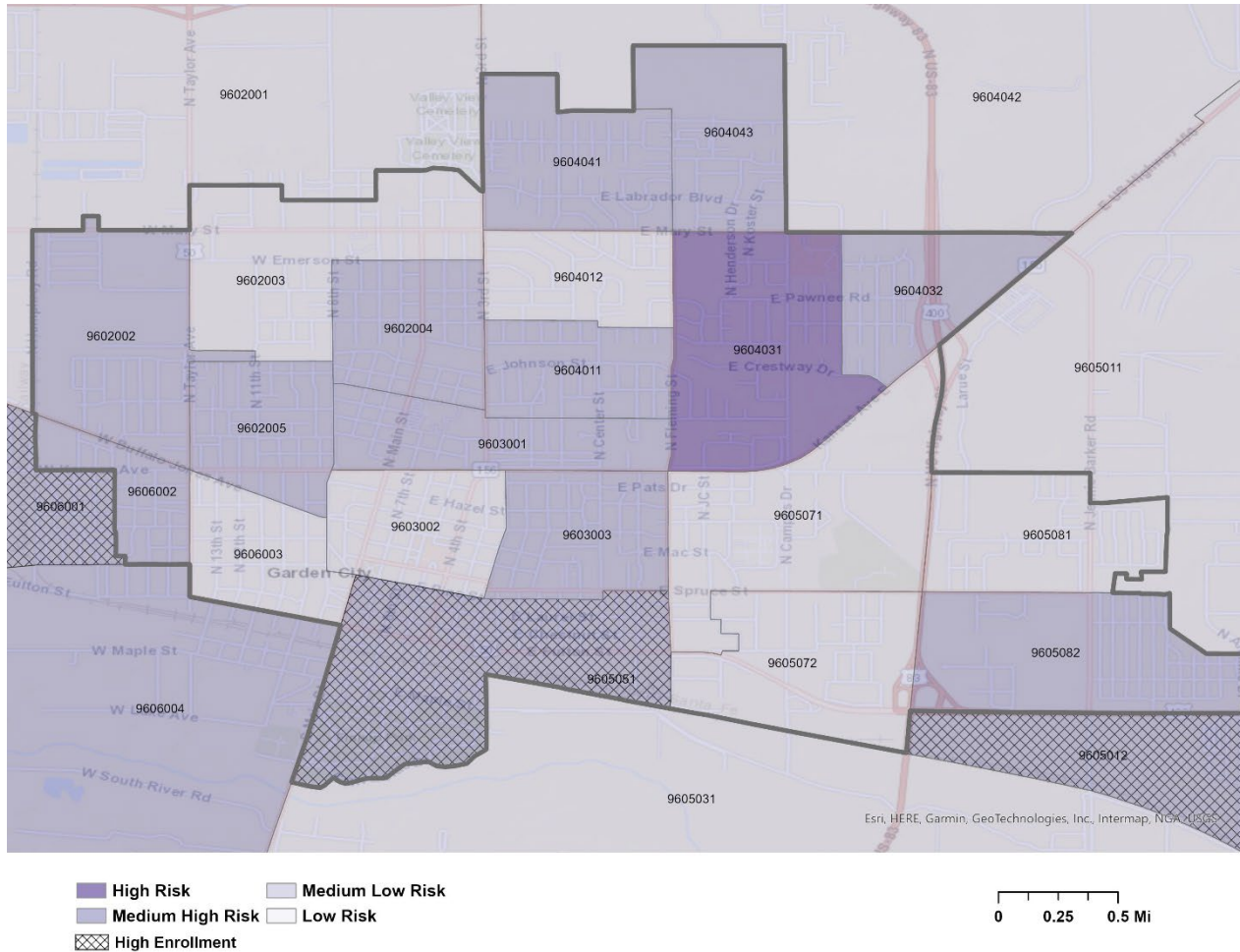
Figure A.55. **Neighborhood Risk of KanCare Disenrollment Once the Public Health Emergency Ends, Ford County**

Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Figure A.56. **Neighborhood Risk of KanCare Disenrollment Once the Public Health Emergency Ends, Finney County**

Note: Risk of Disenrollment is a measure calculated by separately sorting all block groups in the state from high to low churn and high to low excess growth then combining both variables into one of four categories of risk based on their ranking (quartile): 1. High Risk Census Block Group is in the top quartile for both excess growth and churn; 2. Medium High Risk Census Block Group is in the top quartile for either excess growth or churn; 3. Medium Low Risk Census Block Group is in the second or third quartile for excess growth and churn; and 4. Low Risk Census Block Group is in the bottom quartile for both excess growth and churn. Areas with crosshatch are in the top quintile statewide for number of enrollees.

Source: Kansas Health Institute analysis of KanCare enrollment and application data provided by the Kansas Department of Health and Environment.

Appendix B: End Notes

Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches. Assistant Secretary for Planning and Evaluation; 2022.

An Updated Look at Rates of Churn and Continuous Coverage in Medicaid and CHIP. MACPAC; 2021.

Bradley Corallo, RG, Jennifer Tolbert , and Robin Rudowitz. Medicaid Enrollment Churn and Implications for Continuous Coverage Policies. Kaiser Family Foundation; 2021.

Bradley Corallo, Rachel Rubin, and Jennifer Tolbert. Unwinding the PHE: What We Can Learn From Pre-Pandemic Enrollment Patterns. Kaiser Family Foundation; 2022.

Elizabeth Williams and Bradley Corallo. Fiscal and Enrollment Implications of Medicaid Continuous Coverage Requirement During and After the PHE Ends. Kaiser Family Foundation; 2022.

Phillip Steiner and Wen-Chieh Lin. Medicaid and CHIP Enrollment Growth During the COVID-19 Pandemic. Kansas Health Institute; 2021.

Suzanne Wikle, JW. Unwinding the Medicaid Continuous Coverage Requirement: Frequently Asked Questions. Center for Budget and Policy Priorities; N.D.

Maps of KanCare Enrollment and
Risks of Disenrollment
Once the COVID-19
Public Health Emergency Ends

KANSAS HEALTH INSTITUTE
Informing Policy. Improving Health.

Cover Kansas™

COMMUNITY CARE
NETWORK OF KANSAS
Health.   Equity.   Justice.