Children's Coverage Climb Continues: Uninsurance and Medicaid/ CHIP Eligibility and Participation Under the ACA

May 2016

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Robert Wood Johnson Foundation

URBAN INSTITUTE

INTRODUCTION

Public coverage options for children have expanded dramatically over the past several decades. By 2014, before the major coverage provisions of the Affordable Care Act (ACA) were implemented, a majority of states—28 states—covered children in families with incomes up to 250 percent of the federal poverty level (FPL) or higher under Medicaid and the Children's Health Insurance Program (CHIP), while only three states limited eligibility to children living below 200 percent of the FPL. In contrast, in 2000, shortly after the implementation of CHIP, only 11 states had eligibility levels of 250 percent of FPL or higher and 14 states had eligibility levels below 200 percent of FPL (Artiga and Cornachione 2016). Many states have also eliminated barriers to children's Medicaid/CHIP enrollment and renewal, providing streamlined enrollment and renewal processes, greater outreach and availability of enrollment assistance, continuous enrollment, electronic data matching, and simplified verification procedures (Stephens and Artiga 2013).

Together, the expansions in eligibility and efforts to reach and enroll eligible children have contributed to declines in children's uninsurance rates. The uninsurance rate for children was cut in half between 1997 and 2012 (Rosenbaum and Kenney 2014). Nevertheless, millions of eligible children remained uninsured despite their parents' interest in enrolling them, and families faced barriers such as lack of knowledge about how to enroll and confusion about the eligibility requirements (Kenney et al. 2015).

Although the ACA's Medicaid expansion was targeted at adults, a number of other ACA provisions were expected to affect children directly or indirectly. In particular,

the ACA changed the way income and family size are calculated for Medicaid and CHIP, shifted children of families with incomes below 138 percent of FPL from separate CHIP programs to Medicaid, and provided tax credits for coverage in the new marketplaces for some families with incomes up to 400 percent of FPL. In addition, the increase in coverage options for parents through Medicaid expansions and the marketplaces, together with the outreach and enrollment efforts occurring under the ACA, were expected to increase enrollment in Medicaid and CHIP among eligible children (Kenney et al. 2012). Although the ACA expanded affordable coverage options for uninsured adults in all states, poor parents and other adults in the states that have elected not to expand Medicaid may fall into an assistance gap, whereby they are too poor to qualify for tax credits to purchase coverage in the marketplace but do not meet the Medicaid eligibility requirements in their state. To the extent that the availability of coverage options for parents affects the enrollment of their children in Medicaid and CHIP and states vary in ACA implementation along other dimensions, coverage changes occurring for children under the ACA are also likely to vary across states.

Several studies have found that uninsurance rates fell among children between 2013 and 2014 but that coverage rates continue to vary across states, income groups, and subgroups of children (Alker and Chester 2015; Gates et al. 2016, Lukanen, Schwehr, and Fried 2016). This brief focuses on the issue of how participation and uninsurance rates changed for children

who were eligible for Medicaid or CHIP between 2013 and 2014, the first year of implementation of the ACA's major coverage provisions. It builds on prior analyses of Medicaid/CHIP participation and of the extent to which

uninsured children are eligible for Medicaid or CHIP but not enrolled (Blumberg et al. 2016; Kenney et al. 2012; Kenney, Anderson, and Lynch 2013; Kenney et al. 2015).

MAIN FINDINGS

- **Medicaid/CHIP participation among eligible children rose by 2.3 percentage points from 88.7 percent in 2013 to 91.0 percent in 2014;** as a result, the number of eligible uninsured children fell from 3.5 million to 2.8 million.

- By 2014, **Medicaid/CHIP participation rates for children were over 90 percent in 32 states (including the District of Columbia) and near or above 80 percent in all states.** On average, gains in participation between 2013 and 2014 were **larger in states expanding Medicaid under the ACA in 2014 (3.0 percent) than in nonexpansion states (1.8 percent);** the 10 states with the largest participation gains all participated in the Medicaid expansion in 2014.

- Of the remaining 4.5 million uninsured children, **the majority—62.1 percent—**of uninsured children in 2014 were eligible for Medicaid or CHIP but not enrolled.

- The **uninsurance rate for children age 18 and under fell by 1.2 percentage points between 2013 and 2014,** the first year of implementation of the major coverage provisions of the ACA. Between 2013 and 2014, children's uninsurance declined from **7.0 percent in 2013 to 5.8 percent in 2014 and the number of uninsured children fell from 5.4 million to 4.5 million.**

- While **uninsurance fell between 2013 and 2014 among all subgroups of children examined,** some groups of children, such as adolescents (ages 13 to 18) and Hispanic children without an English-speaking

parent in the home, remained **disproportionately likely to lack coverage.**

- **Uninsurance among children declined in a variety of states and cross-state variation in uninsurance rates narrowed; however, state variation in uninsurance remained,** with uninsurance below 4 percent in 14 states but above 9 percent in 4 states. Although uninsurance was already lower for children in expansion states in 2013, the **differential between expansion and nonexpansion states in uninsured rates for children grew larger in 2014.**

- **Medicaid/CHIP participation rose by nearly 10 percentage points over the 2008-2014 period, increasing from 81.7 percent to 91.0 percent.** Concurrently, **the number of eligible uninsured children fell by over 40 percent between 2008 and 2014, dropping from 4.9 million to 2.8 million.**

- **In 2014, fewer than 3 million uninsured children were eligible for Medicaid or CHIP**—reflecting a drop of over 700,000 between 2013 and 2014, which is the largest one-year drop since we started tracking this statistic in 2008. Overall, our analysis indicates that **the number of uninsured children who are eligible for Medicaid or CHIP declined by approximately 2 million between 2008 and 2014.** The extension of CHIP in 2015, with its new outreach funding, could help states reach and enroll additional eligible uninsured children; however, because CHIP was reauthorized for just two years, **considerable uncertainty remains about future coverage options for children, which could, in turn, put these gains at risk.**

DATA & METHODS

In this brief, we examine coverage status, eligibility for Medicaid/CHIP, and participation in Medicaid/CHIP among children age 18 and under using the 2013 and 2014 American Community Survey (ACS). Each year of the ACS includes a public use sample of more than 700,000 children age 18 and under.

To assess Medicaid/CHIP eligibility, we use information about the child and family provided by survey respondents in combination with the Medicaid/CHIP eligibility rules in place in each family's state of residence in the year in which they were surveyed. For 2013, we use the Urban Institute Health Policy Center's Medicaid/CHIP Eligibility

Simulation Model, which applies the pre-ACA Medicaid/CHIP eligibility rules for 2013 (Lynch, Haley, and Kenney 2014). For 2014, we use the Health Insurance Policy Simulation Model–ACS version (HIPSM-ACS), which builds on the Medicaid/CHIP Eligibility Simulation Model and applies rules as defined in the ACA that took effect in 2014 (Buettgens 2011). For noncitizen children, both the 2013 model and the 2014 model take into account length of U.S. residency in states where this is a factor in eligibility determination, and documentation status is imputed using a new method.[1] To address potential misreporting of coverage on the ACS, we applied a set of coverage edits.[2]

Medicaid/CHIP participation rates are calculated as the ratio of Medicaid/CHIP–eligible enrolled children to Medicaid/CHIP–eligible enrolled children plus Medicaid/CHIP–eligible uninsured children, excluding children with both Medicaid/CHIP and employer-sponsored coverage, including military coverage, and those with Medicaid/CHIP coverage who do not have a known eligibility pathway. Participation rates excluding those with private coverage are often used to indicate how successfully Medicaid/CHIP programs are reaching their primary target populations. We examine changes in insurance coverage status, Medicaid/CHIP participation, and Medicaid/CHIP eligibility for children nationally, by state, when grouping states according to their Medicaid expansion implementation status as of mid-2014, and among subgroups of children as defined by their individual, family, and geographic characteristics. Further detail on the data and methodology is included in a Methodological Appendix, below. As with our prior estimates of health insurance coverage and Medicaid/CHIP eligibility and participation, and all estimates that rely on survey data and simulated program eligibility, one must note that both coverage and eligibility status are likely measured with error.[3]

RESULTS

Changes in Health Insurance Coverage, 2013–2014.
The estimated uninsurance rate for children age 18 and under declined from 7.0 percent in 2013 to 5.8 percent in 2014, a statistically significant decline of 1.2 percentage points (table 1). The number of uninsured children fell from 5.4 million to 4.5 million over this period. Underlying the decline in uninsurance among children were increases in Medicaid/CHIP coverage; the number of children with

Medicaid/CHIP coverage grew from 31.2 million in 2013 to 33.0 million in 2014 (data not shown).

Participation and Uninsurance among Medicaid/CHIP–Eligible Children. Uninsurance also declined among Medicaid/CHIP–eligible children, falling from 7.7 percent to 6.4 percent. Between 2013 and 2014, Medicaid/CHIP participation increased from 88.7 percent to 91.0 percent. As a result, the number of eligible uninsured children declined from 3.5 million in 2013 to 2.8 million in 2014.

Eligibility among Uninsured Children. Of the remaining 4.5 million uninsured children in 2014, just over 6 in 10, or 62.1 percent, qualified for Medicaid or CHIP but were not enrolled (figure 1). This compares to an estimated 65.3 percent of uninsured children in 2013 who qualified for Medicaid/CHIP (data not shown).

Variation in Changes in Uninsurance and Participation.
Uninsurance rates declined between 2013 and 2014 for each of the subgroups we examined (table 2). In 2013, uninsurance rates were below 5 percent for only a few subgroups (children of other/mixed race or ethnicity, children in families receiving Supplemental Nutrition Assistance Program (SNAP)/food stamps, children in families with more than one full-time working parent, and children in the Northeast region). However, by 2014, uninsurance rates were below 5 percent for a number of additional subgroups, including children under age 6, children who are white non-Hispanic or black non-Hispanic, children who have a functional limitation, children

Table 1. Uninsurance and Medicaid/CHIP Participation of Children Ages 0 to 18, 2013 and 2014

	2013	2014	Change	
All Children				
Uninsurance Rate	7.0%	5.8%	-1.2%	**
Number of Uninsured (1,000s)	5,428	4,519	-908	
Medicaid/CHIP Eligible Children				
Uninsurance Rate	7.7%	6.4%	-1.3%	**
Number of Uninsured (1,000s)	3,548	2,807	-741	
Medicaid/CHIP Participation Rate	88.7%	91.0%	2.3%	**

Source: Urban Institute tabulations of 2013 and 2014 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS).

Table Notes: See text for how eligibility, participation, and uninsurance are defined.
**indicates estimate is statistically different from 2013 estimate at the 0.05 level.
Estimates reflect edits for apparent misreporting of coverage on the ACS.
Numbers are presented in thousands.

Figure 1. Medicaid/CHIP Eligibility Among Uninsured Children Ages 0 to 18, 2014
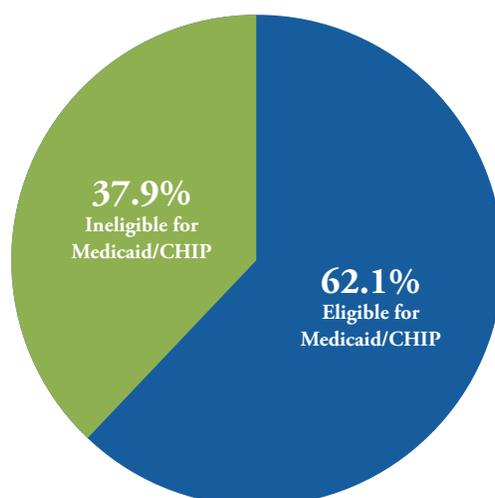
37.9%
Ineligible for Medicaid/CHIP

62.1%
Eligible for Medicaid/CHIP

Source: Urban Institute tabulations of 2013 and 2014 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS).

Notes: See text for how eligibility, participation, and uninsurance are defined. Estimates reflect edits for apparent misreporting of coverage on the ACS.

Table 2. Uninsurance Among Children Ages 0 to 18, by Characteristics, 2013 and 2014

	Uninsured Rate Among All Children						# (in 1000s) of Uninsured Children		
	2013		2014		Change		2013	2014	Change
National	**7.0%**		**5.8%**		**-1.2%**	**	**5,428**	**4,519**	**-908**
Age									
0 to 5	5.2%	++	4.4%	++	-0.8%	**	1,025	865	-160
6 to 12	6.2%	++	5.3%	++	-0.9%	**	2,035	1,724	-310
13 to 18	9.4%	++	7.6%	++	-1.8%	**	2,368	1,929	-438
Sex									
Male	7.0%		5.8%		-1.2%	**	2,777	2,307	-469
Female	7.0%		5.8%		-1.2%	**	2,651	2,212	-439
Race/ethnicity									
White only	5.2%	++	4.4%	++	-0.8%	**	2,131	1,779	-353
Black only	5.9%	++	4.7%	++	-1.2%	**	627	496	-131
Hispanic	11.4%	++	9.6%	++	-1.7%	**	2,073	1,775	-299
At least one English speaking parent in home	6.4%	++	5.2%	++	-1.2%	**	314	263	-51
No English speaking parent in home	12.6%	++	10.9%	++	-1.7%	**	1,560	1,350	-210
No parent in the household	19.8%	++	16.0%	++	-3.8%	**	199	161	-38

	2013		2014		Change		2013	2014	Change
Asian/Pacific Islander	7.2%	+	5.3%	++	-1.9%	**	263	197	-66
American Indian/Alaska Native	11.8%	++	10.1%	++	-1.7%	**	194	165	-29
Other/Multiple	4.8%	++	3.6%	++	-1.3%	**	139	108	-31
Functional limitation status (Age 5+)									
Has a functional limitation	5.0%	++	3.8%	++	-1.2%	**	148	115	-32
No functional limitation	7.9%	++	6.5%	++	-1.3%	**	4,020	3,343	-677
Family income									
0-99% FPL	7.0%		6.0%	++	-1.1%	**	1,459	1,263	-196
100-137% FPL	9.6%	++	8.8%	++	-0.8%	**	657	631	-26
138-199% FPL	9.5%	++	7.7%	++	-1.8%	**	987	719	-268
200-299% FPL	7.4%	++	6.3%	++	-1.2%	**	855	712	-143
300+% FPL	5.2%	++	4.1%	++	-1.0%	**	1,469	1,178	-291
Household SNAP/food stamp recipiency									
Does not receive SNAP/food stamps	7.8%	++	6.4%	++	-1.4%	**	4,479	3,715	-764
Receives SNAP/food stamps	4.7%	++	4.1%	++	-0.6%	**	948	802	-146
Family work status									
More than one full-time worker	4.6%	++	3.7%	++	-0.9%	**	799	653	-145
One full-time worker	7.3%	++	6.1%	++	-1.1%	**	2,908	2,458	-450
Only part-time worker(s)	8.3%	++	6.7%	++	-1.6%	**	540	414	-126
Not working or not in labor force	6.7%	++	5.8%		-1.0%	**	664	544	-120
No parent in the household	12.4%	++	9.8%	++	-2.6%	**	517	451	-66
Census region									
Northeast	4.1%	++	3.7%	++	-0.4%	**	527	473	-53
Midwest	5.4%	++	4.6%	++	-0.8%	**	893	758	-135
South	8.5%	++	7.2%	++	-1.3%	**	2,511	2,147	-365
West	7.9%	++	6.1%	++	-1.9%	**	1,497	1,141	-356
Metropolitan status									
Not in metropolitan area	7.8%	++	7.1%	++	-0.7%	**	488	443	-45
Metropolitan	6.8%	++	5.6%	++	-1.2%	**	4,148	3,428	-721
Unclassifiable	7.7%	++	6.3%	++	-1.4%	**	791	648	-143

Source: Urban Institute tabulations of 2013 and 2014 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS).

Table Notes: See text for how eligibility, participation, and uninsurance are defined.
*** indicates estimate is statistically different from 2013 estimate at the 0.05 level.
++(+) indicates estimate is statistically different from national average at the 0.05 (0.1) level.
See Appendix for details on how values are defined.
Estimates reflect edits for apparent misreporting of coverage on the ACS.
Numbers are presented in thousands.

in families with incomes above 300 percent of FPL, and those living in the Midwest region.

Nevertheless, uninsurance rates in 2014 continued to vary across subgroups; for example, uninsurance was higher among older children than among younger children, with 7.6 percent of adolescents (ages 13 to 18) lacking coverage, compared with 4.4 percent of children under age 6. More than 1 in 10 Hispanic children without an English-speaking parent in the home and American Indian/Alaska Native[4] children had no coverage, the highest rates among the subgroups we examined.

Among Medicaid/CHIP–eligible children, participation rose among all of the subgroups examined, with some groups experiencing participation gains of 3 percentage points or more, including children who are adolescents (ages 13 to 18); Asian/Pacific Islanders; American Indians/Alaska Natives;[5] without functional limitations; in families that have incomes above 138 percent of FPL, that do not receive SNAP/food stamps, or that include more than one full-time worker; or living in the West (table 3). In some instances, gains in 2014 leveled differences between groups. For example, although participation was higher in the Northeast and Midwest than in the South and West before the ACA, greater participation gains in the South and West resulted in somewhat less regional variation in 2014.

As was the case in 2013, the eligible but uninsured population remained disproportionately concentrated in certain subgroups. Of the remaining 2.8 million eligible uninsured children in 2014, most (2.2 million, or 78.0 percent) were school age (above age 5). The majority of eligible uninsured children were nonwhite (1.7 million, or 60.3 percent), although white non-Hispanic (1.1 million, or 39.7 percent) and Hispanic (1.0 million, or 36.5 percent) children were the largest single groups when categorizing children according to their race/ethnicity. Among Hispanic children who were eligible but uninsured, the majority had no English-speaking parents in the home; these children constituted over a quarter (755,000, or 26.9 percent) of all eligible uninsured children in 2014. Furthermore, 1.8 million of the 2.8 million eligible uninsured children had family incomes below 138 percent of FPL and another 678,000 had family incomes between 138 and 200 percent of FPL. Although the majority of eligible uninsured children lived with working parents, 1 in 10 had no parents in the household, and the vast majority lived in metropolitan areas.

State-Level Changes in Participation. Table 4 displays state-level estimates of children's participation in Medicaid/CHIP in 2013 and 2014, grouping states according to whether they participated in the ACA's Medicaid expansion as of mid-2014. In 2013, participation varied from under 80 percent in Nevada and Utah to over 96 percent in Massachusetts and the District of Columbia.[6] Participation in 2013 was lower on average among children in states that did not expand Medicaid in 2014 (87.1 percent) than in states that did expand Medicaid (89.9 percent).

Participation increased nationally by 2.3 percentage points, with significantly higher increases in expansion states (3.0 percent) than in nonexpansion states (1.8 percent). The 10 states with the largest gains in participation (Nevada, Minnesota, Arizona,[7] Vermont, Colorado, Washington, Rhode Island, Oregon, Iowa, and West Virginia) were all states that expanded Medicaid in 2014. Building on the already-higher participation rates in expansion states, the overall participation rate in 2014 for children was 92.9 percent for expansion states compared with 89.0 percent in nonexpansion states, a 3.9 percentage point difference.

By 2014, Medicaid/CHIP participation rates for children were over 90 percent in 32 states (including the District of Columbia) (Figure 2). This group includes states from all regions and both Medicaid expansion and nonexpansion states. Of the top 20 states in terms of participation, 16 are Medicaid expansion states, and just 4—Alabama, Maine, North Carolina, and Mississippi—are nonexpansion states. The 10 states with the highest participation rates in 2014 (Vermont, the District of Columbia, Massachusetts, West Virginia, Arkansas, Hawaii, Connecticut, Rhode Island, Michigan, and New York) all expanded Medicaid but also had high participation before 2014, having enrolled 9 of 10 eligible children or more in 2013.

Even for the 19 states with participation rates below 90 percent, every state had a participation rate near or above 80 percent in 2014. In 2014, the lowest participation rates were found in four Western states (Utah, Alaska, Wyoming,[8] and Nevada). In total, these 19 states were home to 1.5 million eligible uninsured children in 2014, or over half of all eligible uninsured children (data not shown).

State-Level Changes in Uninsurance. For most states, the improvements in participation between 2013 and 2014 were associated with declines in uninsurance among all children and among Medicaid/CHIP–eligible children, as shown in table 5. In 2013, less than 3 percent of children in Massachusetts and the District of Columbia were uninsured, while more than 10 percent of children in Nevada, Texas, Alaska, Arizona, Florida, and Oklahoma lacked coverage. By 2014, uninsurance rates were under 2 percent in two states (Vermont and Massachusetts) and were above 10 percent in only two states (Texas and Alaska).

Table 3. Medicaid/CHIP Participation and Uninsurance of Medicaid/CHIP Eligible Children Ages 0 to 18, by Characteristics, 2013 and 2014

	Participation Rate Among Medicaid/CHIP Eligible Children					Uninsured Rate Among Medicaid/CHIP Eligible Children						# (in 1000s) of Uninsured Medicaid/CHIP Eligible Children		
	2013		2014		Change		2013		2014		Change		2013	2014	Change
National	**88.7%**		**91.0%**		**2.3%**	**	**7.7%**		**6.4%**		**-1.3%**	**	**3,548**	**2,807**	**-741**
Age															
0 to 5	91.7%	++	93.1%	++	1.4%	**	6.0%	++	5.1%	++	-0.9%	**	758	617	-140
6 to 12	89.9%	++	91.8%	++	1.9%	**	6.2%	++	5.8%	++	-0.3%	**	1,375	1,107	-268
13 to 18	83.6%	++	87.6%	++	4.0%	**	9.4%	++	8.4%	++	-1.0%	**	1,416	1,083	-333
Sex															
Male	88.6%		91.1%		2.5%	**	7.7%		6.3%		-1.4%	**	1,813	1,414	-399
Female	88.7%		90.9%		2.2%	**	7.7%		6.5%		-1.2%	**	1,735	1,393	-342
Race/ethnicity															
White only	87.1%	++	89.9%	++	2.8%	**	7.3%	++	6.1%	++	-1.2%	**	1,430	1,114	-317
Black only	92.3%	++	94.1%	++	1.8%	**	5.9%	++	4.6%	++	-1.2%	**	490	377	-113
Hispanic	88.5%		90.4%	++	1.9%	**	9.2%	++	7.7%	++	-1.5%	**	1,246	1,025	-221
At least one English speaking parent in home	89.3%	++	91.1%		1.8%	**	7.2%	++	6.1%		-1.1%	**	215	182	-33
No English speaking parent in home	88.7%		90.6%	++	2.0%	**	9.5%	++	7.9%	++	-1.6%	**	926	755	-171
No parent in the household	83.8%	++	84.8%	++	1.0%	**	13.1%	++	12.4%	++	-0.7%	**	105	88	-17
Asian/Pacific Islander	86.1%	++	89.9%	++	3.8%	**	9.2%	++	6.9%	++	-2.2%	**	143	107	-36
American Indian/Alaska Native	83.6%	++	87.1%	++	3.5%	**	12.4%	++	10.2%	++	-2.3%	**	146	114	-32
Other/Multiple	91.6%	++	94.0%	++	2.3%	**	5.6%	++	4.2%	++	-1.4%	**	92	70	-22
Functional limitation status (Age 5+)															
Has a functional limitation	94.3%	++	95.5%	++	1.2%	**	4.4%	++	3.5%	++	-0.9%	**	96	75	-21
No functional limitation	86.4%	++	89.4%	++	3.0%	**	8.9%	++	7.3%	++	-1.6%	**	2,528	1,988	-541
Family income															
0-99% FPL	92.0%	++	93.3%	++	1.3%	**	7.0%	++	5.9%	++	-1.1%	**	1,420	1,214	-206
100-137% FPL	86.8%	++	89.2%	++	2.4%	**	9.5%	++	8.0%	++	-1.5%	**	644	572	-72
138-199% FPL	83.0%	++	86.8%	++	3.7%	**	9.5%	++	7.5%	++	-2.0%	**	936	678	-258
200-299% FPL	80.5%	++	86.7%	++	6.2%	**	6.7%	++	5.1%	++	-1.6%	**	418	313	-105
300+% FPL	85.9%	++	89.6%	++	3.7%	**	4.7%	++	2.9%	++	-1.9%	**	131	30	-101
Household SNAP/food stamp recipiency															
Does not receive SNAP/food stamps	80.0%	++	84.8%	++	4.8%	**	10.5%	++	8.6%	++	-1.9%	**	2,828	2,209	-619
Receives SNAP/food stamps	95.8%	++	96.4%	++	0.6%	**	3.8%	++	3.3%	++	-0.5%	**	720	598	-122

Family work status														
More than one full-time worker	81.5%	++	87.3%	++	5.8%	**	7.5%	++	6.2%	++	-1.4%	**	338	238	-100
One full-time worker	86.8%	++	89.7%	++	2.9%	**	8.1%	++	6.7%	++	-1.4%	**	1,877	1,541	-336
Only part-time worker(s)	91.2%	++	93.1%	++	1.9%	**	7.3%	++	5.8%	++	-1.5%	**	421	318	-104
Not working or not in labor force	93.2%	++	94.4%	++	1.2%	**	6.0%	++	4.9%	++	-1.0%	**	545	425	-120
No parent in the household	84.9%	++	86.7%	++	1.9%	**	11.3%	++	10.1%	++	-1.2%	**	366	285	-81
Census region														
Northeast	92.3%	++	93.1%	++	0.9%	**	4.7%	++	4.4%	++	-0.3%	**	367	334	-33
Midwest	89.4%	++	91.3%	++	1.9%	**	6.7%	++	5.8%	++	-0.9%	**	648	532	-116
South	87.9%	++	90.0%	++	2.1%	**	8.9%	++	7.6%	++	-1.4%	**	1,533	1,253	-280
West	87.1%	++	91.0%		3.8%	**	8.9%	++	6.5%		-2.4%	**	999	688	-312
Metropolitan status														
Not in metropolitan area	87.8%	++	89.2%	++	1.5%	**	8.4%	++	7.7%	++	-0.8%	**	357	309	75
Metropolitan	89.0%	++	91.4%	++	2.3%	**	7.5%	++	6.1%	++	-1.4%	**	2,636	2,066	-2,636
Unclassifiable	87.1%	++	90.1%	++	3.0%	**	8.4%	++	6.9%	++	-1.6%	**	555	432	-555

Source: Urban Institute tabulations of 2013 and 2014 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS).

Table Notes: See text for how eligibility, participation, and uninsurance are defined.
  ** indicates estimate is statistically different from 2013 estimate at the 0.05 level.
 *++ indicates estimate is statistically different from national average at the 0.05 level.*
  See Appendix for details on how values are defined.
  Estimates reflect edits for apparent misreporting of coverage on the ACS.
  Numbers are presented in thousands.

Table 4. Medicaid/CHIP Participation of Eligible Children Ages 0 to 18, 2013 and 2014

	Participation Rate Among Medicaid/CHIP Eligible Children					
	2013		**2014**		**Change**	
National	**88.7%**		**91.0%**		**2.3%**	**
Expanded Medicaid in 2014	**89.9%**	++	**92.9%**	++	**3.0%**	**
Arizona[1]	81.6%	++	87.8%	++	6.1%	**
Arkansas	93.1%	++	95.8%	++	2.6%	**
California	88.9%		92.3%	++	3.4%	**
Colorado	84.0%	++	89.0%	++	5.0%	**
Connecticut	93.0%	++	95.1%	++	2.1%	**
Delaware	92.5%	++	90.8%		-1.7%	
District of Columbia	97.8%	++	98.1%	++	0.3%	
Hawaii	92.7%	++	95.2%	++	2.5%	*
Illinois	92.3%	++	93.3%	++	1.0%	**
Iowa	89.7%	+	94.0%	++	4.3%	**
Kentucky	90.3%	++	94.0%	++	3.6%	**
Maryland	91.5%	++	94.1%	++	2.7%	**
Massachusetts	96.8%	++	97.0%	++	0.2%	
Michigan	92.8%	++	94.7%	++	1.9%	**
Minnesota	84.9%	++	93.0%	++	8.1%	**
Nevada	74.3%	++	85.7%	++	11.4%	**
New Jersey	89.8%	++	91.4%		1.6%	**
New Mexico	90.3%	++	91.2%		0.9%	
New York	93.0%	++	94.5%	++	1.5%	**
North Dakota	84.3%	++	86.7%	++	2.5%	
Ohio	90.3%	++	92.1%	++	1.8%	**
Oregon	89.1%		93.5%	++	4.4%	**
Rhode Island	90.3%		94.8%	++	4.4%	**
Vermont	94.3%	++	99.9%	++	5.5%	**
Washington	88.1%		92.7%	++	4.6%	**
West Virginia	91.7%	++	95.9%	++	4.2%	**
Did Not Expand Medicaid in 2014	**87.1%**	++	**89.0%**	++	**1.8%**	**
Alabama	91.6%	++	93.7%	++	2.1%	**
Alaska	81.8%	++	81.5%	++	-0.2%	
Florida	85.0%	++	88.4%	++	3.4%	**
Georgia	85.5%	++	89.2%	++	3.7%	**
Idaho	87.8%		90.6%		2.8%	*
Indiana	84.3%	++	86.9%	++	2.5%	**
Kansas	87.7%		88.2%	++	0.5%	
Louisiana	92.4%	++	92.6%	++	0.2%	
Maine	94.0%	++	93.7%	++	-0.3%	

Mississippi	89.2%		93.2%	++	4.1%	**
Missouri	85.5%	++	86.2%	++	0.7%	
Montana	85.8%	++	86.1%	++	0.3%	
Nebraska	88.4%		90.4%		2.0%	*
New Hampshire	90.3%		89.8%		-0.5%	
North Carolina	91.9%	++	93.4%	++	1.5%	**
Oklahoma	85.6%	++	87.6%	++	2.0%	**
Pennsylvania	90.5%	++	89.5%	++	-1.0%	*
South Carolina	89.9%	++	92.7%	++	2.8%	**
South Dakota	86.2%	++	87.2%	++	1.0%	
Tennessee	91.1%	++	92.4%	++	1.3%	**
Texas	84.7%	++	86.0%	++	1.3%	**
Utah	79.0%	++	79.8%	++	0.8%	
Virginia	89.1%		88.3%	++	-0.8%	
Wisconsin	90.9%	++	90.4%		-0.5%	
Wyoming[2]	88.4%		82.9%	++	-5.5%	*

Source: Urban Institute tabulations of 2013 and 2014 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS).

Table Notes: See text for how eligibility, participation, and uninsurance are defined.

***(*) indicates estimate is statistically different from 2013 estimate at the 0.05 (0.1) level.*

++ indicates estimate is statistically different from national average at the 0.05 level.

Estimates reflect edits for apparent misreporting of coverage on the ACS.

1. Arizona's CHIP program expired in January 2014. Eligibility was therefore modeled differently in 2013 and 2014, reducing the number of children classified as eligible in 2014 compared with 2013. Therefore, estimates of participation in Arizona are less comparable in the two years than for other states.

2. Estimates for Wyoming changed under our new methodology; see text.

Figure 2. Medicaid/CHIP Participation of Eligible Children Ages 0 to 18, 2014

Participation Rate by State, 2014
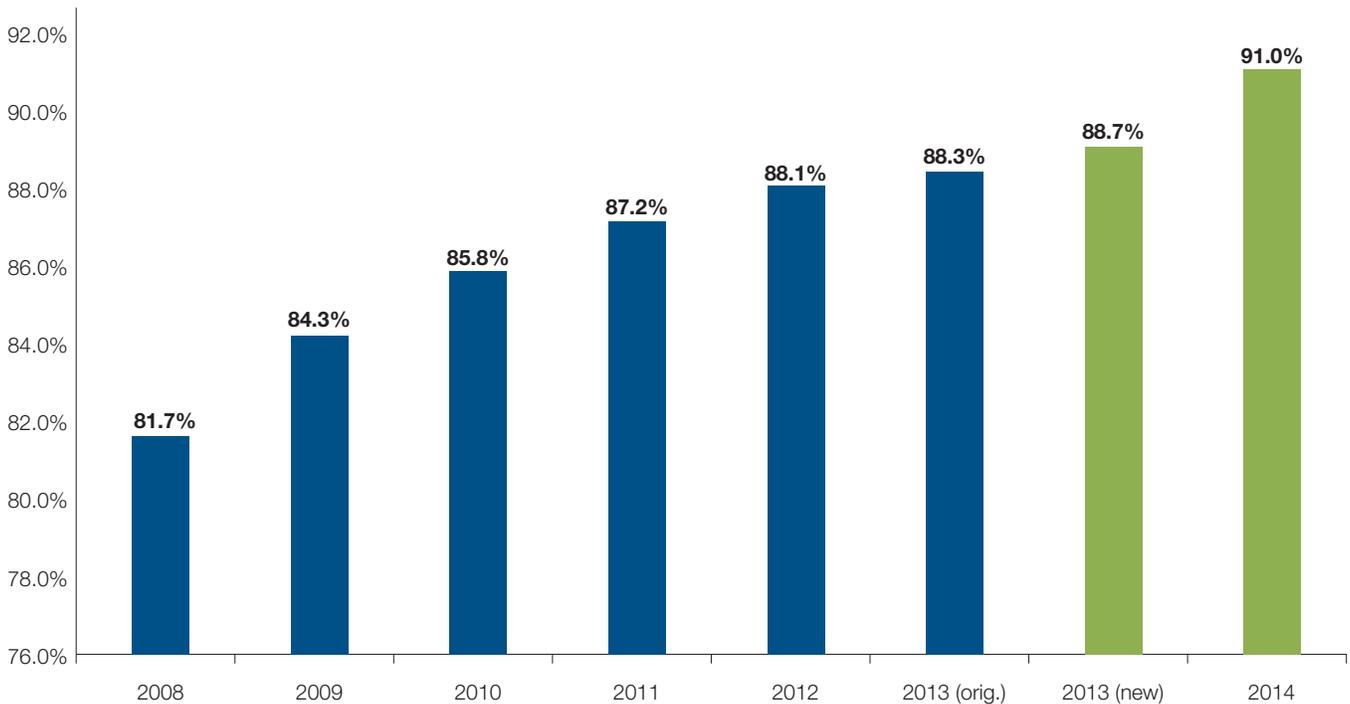2014 National Average: 91.0%

- 79%-84%
- 85%-89%
- 90%-94%
- 95%-100%
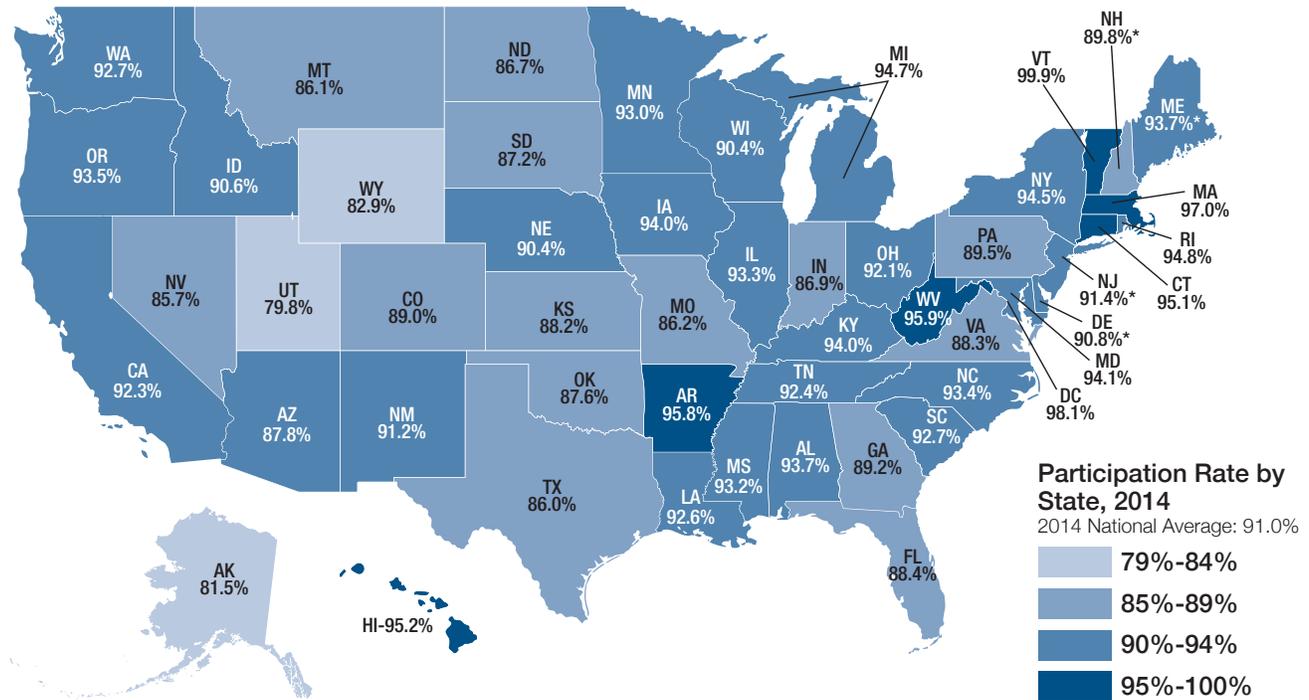
Source: Urban Institute tabulations of 2014 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS).

Figure Notes: See text for how eligibility, participation, and uninsurance are defined. Estimates reflect edits for apparent misreporting of coverage on the ACS.
        * Estimate is not significantly different from the national average at the .05 level.

Figure 3. Medicaid/CHIP Participation of Children Ages 0 to 18, 2008-2014

Source: Urban Institue tabulations of 2013 and 2014 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS). 2008-2010 data from Kenney et al. 2012; 2011 data from Kenney et al. 2013; 2012 data from Kenney et al. 2015; original 2013 data from Kenney and Anderson 2015.

Notes: See text for how eligibility, participation, and uninsurance are defined and a discussion of differences between original and new 2013 estimates. Estimates reflect edits for apparent misreporting of coverage on the ACS.

Table 5. Uninsured Rates Among Children Ages 0 to 18, by State and Eligibility Status, 2013 and 2014

	All Children						Medicaid/CHIP Eligible Children					
	2013		2014		Change		2013		2014		Change	
Total	7.0%		5.8%		-1.2%	**	7.7%		6.4%		-1.3%	**
Expanded Medicaid in 2014	5.8%	++	4.5%	++	-1.3%	**	6.8%	++	4.9%	++	-1.8%	**
Arizona	11.9%	++	9.8%	++	-2.1%	**	13.7%	++	10.4%	++	-3.3%	**
Arkansas	5.9%	++	4.4%	++	-1.5%	**	5.4%	++	3.4%	++	-2.0%	**
California	7.3%	++	5.2%	++	-2.0%	**	8.1%	++	5.8%	++	-2.3%	**
Colorado	8.4%	++	6.0%		-2.4%	**	10.5%	++	7.6%	++	-2.9%	**
Connecticut	4.1%	++	3.8%	++	-0.3%		4.6%	++	3.4%	++	-1.3%	**
Delaware	4.9%	++	5.1%		0.2%		5.5%	++	6.4%		0.8%	
District of Columbia	2.5%	++	2.3%	++	-0.2%		1.7%	++	1.6%	++	-0.2%	
Hawaii	3.0%	++	2.3%	++	-0.7%	*	3.5%	++	2.5%	++	-1.0%	
Illinois	4.3%	++	3.8%	++	-0.5%	**	5.1%	++	4.5%	++	-0.6%	**
Iowa	4.5%	++	2.9%	++	-1.7%	**	5.0%	++	3.3%	++	-1.7%	**
Kentucky	5.9%	++	4.2%	++	-1.7%	**	7.0%	++	4.5%	++	-2.5%	**
Maryland	4.5%	++	3.4%	++	-1.1%	**	5.3%	++	3.9%	++	-1.4%	**
Massachusetts	1.5%	++	1.7%	++	0.2%		1.9%	++	2.0%		0.0%	
Michigan	4.1%	++	3.3%	++	-0.8%	**	5.1%	++	3.8%	++	-1.3%	**
Minnesota	5.9%	++	3.1%	++	-2.8%	**	8.3%	+	4.1%	++	-4.2%	**
Nevada	13.4%	++	9.4%	++	-4.0%	**	16.3%	++	9.6%	++	-6.7%	**
New Jersey	5.5%	++	4.4%	++	-1.1%	**	6.1%	++	5.5%	++	-0.6%	*
New Mexico	8.5%	++	7.5%	++	-0.9%	*	7.5%	++	6.8%		-0.7%	
New York	3.9%	++	3.2%	++	-0.7%	**	4.3%	++	3.5%	++	-0.8%	**
North Dakota	6.9%		6.2%		-0.8%		9.3%		9.0%	++	-0.3%	
Ohio	4.9%	++	4.6%	++	-0.3%	*	6.7%	++	5.8%	++	-0.8%	**
Oregon	6.1%	++	4.1%	++	-2.0%	**	6.5%	++	4.2%	++	-2.3%	**
Rhode Island	5.6%	++	3.1%	++	-2.5%	**	6.2%	++	3.6%	++	-2.6%	**
Vermont	3.0%	++	0.8%	++	-2.2%	**	4.0%	++	0.1%	++	-3.9%	**
Washington	6.1%	++	4.2%	++	-1.9%	**	7.3%		4.8%	++	-2.6%	**
West Virginia	4.6%	++	3.1%	++	-1.4%	**	5.0%	++	2.7%	++	-2.4%	**
Did Not Expand Medicaid in 2014	8.2%	++	7.2%	++	-0.9%	**	8.8%	++	8.0%	++	-0.8%	**
Alabama	4.6%	++	3.7%	++	-0.9%	**	5.4%	++	4.2%	++	-1.3%	**
Alaska	12.1%	++	11.6%	++	-0.5%		11.8%	++	12.6%	++	0.8%	
Florida	10.9%	++	8.9%	++	-2.0%	**	11.6%	++	9.2%	++	-2.4%	**
Georgia	9.0%	++	7.1%	++	-1.9%	**	10.3%	++	7.9%	++	-2.4%	**
Idaho	8.4%	++	7.4%	++	-1.0%	*	7.7%		6.6%		-1.1%	
Indiana	8.2%	++	6.9%	++	-1.3%	**	9.8%	++	8.7%	++	-1.1%	**
Kansas	6.6%		6.0%		-0.6%		7.0%	+	7.8%	++	0.8%	
Louisiana	5.6%	++	4.8%	++	-0.8%		5.6%	++	5.7%	++	0.1%	
Maine	5.0%	++	5.9%		1.0%		4.4%	++	4.9%	++	0.5%	

Mississippi	7.1%	++	5.3%	+	-1.8%	**	8.4%		5.5%	++	-2.8%	**
Missouri	6.8%		6.6%	++	-0.3%		8.6%	++	8.5%	++	-0.1%	
Montana	9.0%	++	8.3%	++	-0.7%		9.9%	++	10.1%	++	0.2%	
Nebraska	5.5%	++	4.5%	++	-1.0%	**	7.6%		6.3%		-1.3%	
New Hampshire	3.5%	++	4.7%	++	1.2%	**	5.3%	++	5.8%		0.5%	
North Carolina	6.0%	++	5.0%	++	-1.0%	**	6.2%	++	5.1%	++	-1.1%	**
Oklahoma	10.3%	++	8.6%	++	-1.7%	**	10.6%	++	9.6%	++	-1.0%	*
Pennsylvania	4.6%	++	4.9%	++	0.3%		5.6%	++	6.5%	++	1.0%	**
South Carolina	6.7%		5.2%	++	-1.5%	**	7.6%		5.6%	++	-2.0%	**
South Dakota	6.9%		7.2%	++	0.3%		9.9%	++	9.7%	++	-0.2%	
Tennessee	5.4%	++	4.9%	++	-0.5%	**	6.1%	++	5.2%	++	-0.8%	**
Texas	12.2%	++	11.0%	++	-1.2%	**	12.0%	++	11.2%	++	-0.8%	**
Utah	8.6%	++	8.5%	++	-0.1%		11.8%	++	11.9%	++	0.1%	
Virginia	5.5%	++	5.8%		0.3%		7.2%	+	8.3%	++	1.1%	**
Wisconsin	4.4%	++	4.4%	++	0.0%		5.2%	++	5.7%	++	0.6%	
Wyoming[1]	6.3%		6.9%		0.6%		7.6%		12.0%	++	4.3%	**

Source: Urban Institute tabulations of 2013 and 2014 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS).

Table Notes: See text for how eligibility, participation, and uninsurance are defined.

**(*) indicates estimate is statistically different from 2013 estimate at the 0.05 (0.1) level.

++(+) indicates estimate is statistically different from national average at the 0.05 (0.1) level.

Estimates reflect edits for apparent misreporting of coverage on the ACS.

1. Estimates for Wyoming changed under our new methodology; see text.

Among eligible children in 2013, uninsurance rates ranged from 1.7 percent in the District of Columbia to 16.3 percent in Nevada, a range of 14.6 percentage points. By 2014, this range had narrowed somewhat, with less than 1 percent of eligible children in Vermont not enrolled and over 12 percent of eligible children in Alaska not enrolled. Corresponding with their increases in participation, the states with the largest increases in participation were also the states with the largest declines in uninsurance.

Even with these changes, state variation remained in 2014: for instance, 14 states had uninsurance rates for children below 4 percent, with another 12 states below 5 percent, but 4 states (Alaska, Texas, Arizona, and Nevada) had uninsurance rates above 9 percent. Cross-state variation in uninsurance rates among eligible children narrowed but remained substantial in 2014. Among eligible children, uninsurance rates were below 5 percent in 19 states but were above 10 percent in another 6 states (Alaska, Wyoming, Utah, Texas, Arizona, and Montana).[9] In addition, the gap between expansion and nonexpansion states widened in 2014. In 2013, 6.8 percent of eligible children in expansion states were uninsured, compared with 8.8 percent in nonexpansion states. In 2014, uninsurance in expansion states fell to 4.9 percent, while the decline for nonexpansion states was less dramatic,

with 8.0 percent of eligible children remaining uninsured. In 2014, an estimated 1.1 million eligible uninsured children were in the 26 states (including the District of Columbia) participating in the Medicaid expansion and 1.7 million were in the 25 states not participating (data not shown).[10]

Children's Medicaid/CHIP Participation and Uninsurance Trends since 2008. Figures 3 and 4 provide estimates of children's Medicaid/CHIP participation and uninsurance rates from 2008 through 2014, comparing the analysis presented here to previously published analyses of the ACS, which used a slightly different methodology.[11] In 2008, just over 8 in 10 (81.7 percent) eligible children were participating in Medicaid/CHIP (figure 3). By 2014, Medicaid/CHIP participation had risen by nearly 10 percentage points from the 2008 level, reaching 91.0 percent.

These gains in participation translated into a decline in the number of eligible uninsured children over this period (figure 4). In 2008, an estimated 4.9 million children were eligible for Medicaid/CHIP but not enrolled. This number fell below 4 million for the first time in 2012 and below 3 million in 2014, reaching 2.8 million. The number of eligible uninsured children declined by over 40 percent between 2008 and 2014, with approximately 2 million fewer eligible uninsured children in 2014 than in 2008.[12]

Figure 4. Number of Eligible Uninsured Children Ages 0 to 18, 2008-2014
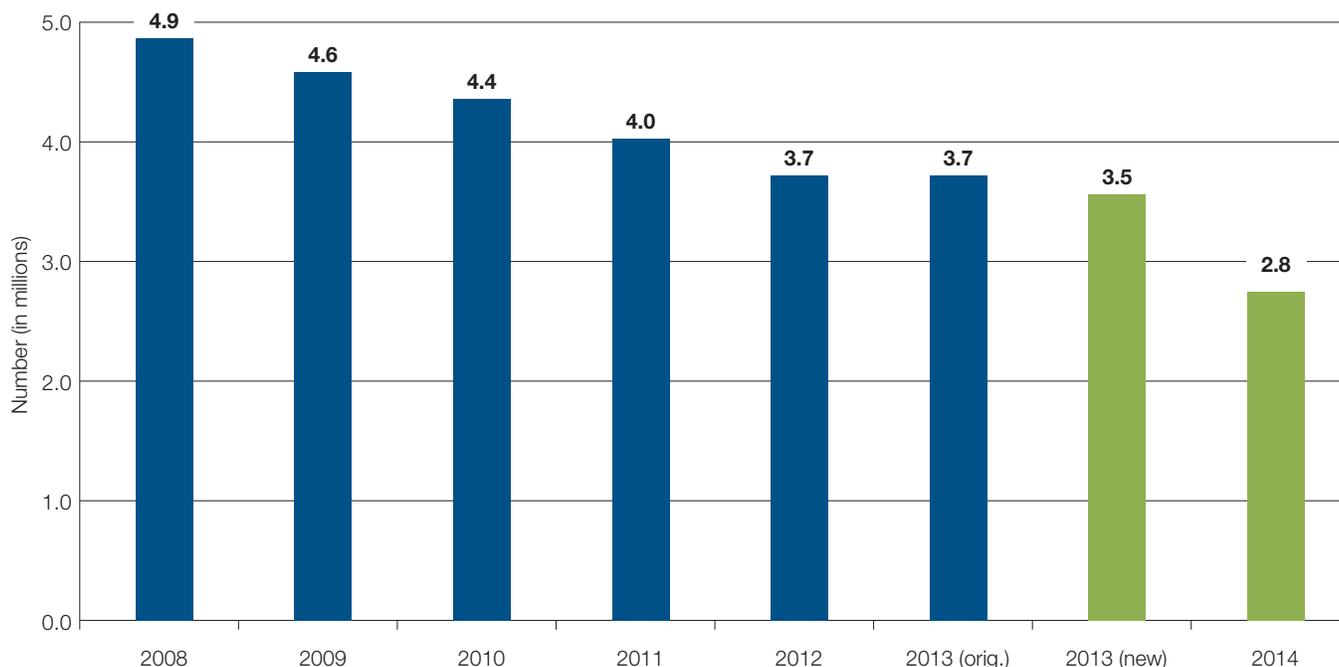
Source: Urban Institute tabulations of 2013 and 2014 American Community Survey (ACS) data from the Integrated Public Use Microdata Series (IPUMS). 2008-2010 data from Kenney et al. 2012; 2011 data from Kenney, Anderson, and Lynch 2013; 2012 data from Kenney et al. 2015; original 2013 data from Kenney and Anderson 2015.

Notes: See text for the way eligibility, participation, and uninsurance are defined and a discussion of differences between original and new 2013 estimates. Estimates reflect edits for apparent misreporting of coverage on the ACS.

DISCUSSION

Nationwide, our analysis of ACS data finds that children experienced a reduction in uninsurance between 2013 and 2014. Building on already-low levels of uninsurance before 2014, we observe that the uninsurance rate for children fell to 5.8 percent in 2014, representing 4.5 million uninsured children. This was accompanied by an increase in Medicaid/CHIP participation of 2.3 percentage points, with the national average reaching 91 percent in 2014 and 32 states having participation rates over 90 percent. Furthermore, statistically significant increases in participation occurred between 2013 and 2014 in each subgroup that was examined and in 34 states.

Increases in participation were found in both Medicaid expansion and nonexpansion states, but with larger increases in expansion states, on average. As a result, a larger differential exists in the uninsurance rate for children between expansion and nonexpansion states in 2014 than in 2013, with 4.9 percent of eligible children uninsured in expansion states compared with 8.0 percent in nonexpansion states in 2014. Together with the increased availability of Medicaid for adults in those states, other policy differences between expansion and nonexpansion states may have affected coverage of children in Medicaid and CHIP. More research is needed to assess the extent to which Medicaid expansion is bringing about positive spillover effects on children's coverage. Other changes under the ACA could also be contributing to differential enrollment changes across states. For example, the transfer of children from families with income between 100 and 138 percent of FPL from separate CHIP programs into Medicaid in January 2014 meant that families in seven states no longer had to make premium payments, which, based on prior experience, would be expected to increase take-up of coverage (Abdus et al. 2014; MACPAC 2014; Georgetown University Health Policy Institute Center for Children and Families 2015; Saloner, Hochhalter, and Sabik 2016). Further analysis of state-level changes in participation rates suggests that larger increases occurred for children between 2013 and 2014 in these seven states than in other states, which could indicate that the reduction in premiums may be playing a role in raising participation rates (data not shown).[13]

Our analysis focuses on 2014, very early in the implementation of the ACA coverage expansions. Evidence suggests that uninsurance continued to decline and Medicaid enrollment continued to increase during 2015 (Centers for Medicare and Medicaid Services 2016;

Martinez et al. 2016), indicating that additional gains in children's coverage have occurred since 2014. Moreover, this analysis examined states' expansion status as of mid-2014, but additional states have implemented the expansion since then, with 32 states participating as of 2016 (NASHP 2016). Therefore, the nature of the coverage gap for children between expansion and nonexpansion states is also likely to be changing over time as well.

In 2014, fewer than 3 million uninsured children were eligible for Medicaid or CHIP—a decline of over 700,000 in a single year, which is the largest one-year drop since we started tracking this statistic in 2008. Overall, our analysis indicates that the number of uninsured children who are eligible for Medicaid and CHIP fell by approximately 2 million between 2008 and 2014.

However, 63 percent of the nation's uninsured children were eligible for Medicaid or CHIP in 2014. Among the eligible but unenrolled, this analysis identified groups of children who remain at higher risk of being uninsured despite being eligible for Medicaid or CHIP, such as the almost-8-in-10 eligible uninsured children who are school age and the 1-in-4 eligible uninsured children who are Hispanic and do not have an English-speaking parent. Recent analysis found that the majority of Medicaid/CHIP–eligible uninsured children live in families receiving the earned income tax credit, SNAP benefits, free/reduced-price school lunch, or other public benefits, which could hold promise as opportunities to connect these families to coverage (Blumberg et al. 2016). In addition, increased efforts to retain enrolled children in the programs could contribute to further reductions in uninsurance. Before 2014, a majority of low-income uninsured children reported prior experience with Medicaid/CHIP, either through having been enrolled or having applied unsuccessfully in the past (Kenney et al. 2015), and "churning" in and out of programs is expected to increase even more under the ACA (Buettgens, Nichols, and Dorn 2012), making retention of eligible children in Medicaid/CHIP even more important.

The extension of CHIP in 2015 included new outreach funding, which could help states make further inroads into enrolling hard-to-reach uninsured groups of children. However, because CHIP was reauthorized for just two years, considerable uncertainty remains about future coverage options for children, which could, in turn, put these gains at risk.

METHODOLOGICAL APPENDIX

American Community Survey. The American Community Survey (ACS) is an annual survey sponsored by the U.S. Census Bureau. We use an augmented version of the ACS, prepared by the University of Minnesota's Population Center, known as the Integrated Public Use Microdata Series, or IPUMS (Ruggles et al. 2010). The ACS had a household response rate of 89.9 percent in 2013 and 96.7 percent in 2014 (U.S. Census Bureau 2014). It uses an area frame that includes households with and without telephones (landline and cellular) and is a mixed-mode survey that can be completed by mail or (new for 2013) online, followed by telephone interviews for initial nonresponders and further followed by in-person interviews for remaining nonresponders. Estimates are weighted, and standard errors take into account the complex sample design of the survey. Our analysis uses the 2013 and 2014 ACS; each year of the public use sample includes over 700,000 children age 18 and under in the civilian noninstitutionalized population.[14]

Measurement of Insurance Coverage. Coverage status was added to the ACS in 2008 and is measured as an individual's point-in-time coverage at the time of the survey using a single question asking about multiple coverage types. Estimates represent an annual average over the 12 months of the year in which the data were collected. Following prior research, reported coverage through the Indian Health Service (IHS) is not counted as health insurance coverage because of limitations in the scope of available services and geographic reach of IHS facilities.[15]

Although research suggests the ACS coverage estimates released by the U.S. Census Bureau are generally valid and are fairly consistent with those from other widely used national surveys, there are limitations to this question methodology and known measurement error (Boudreaux et al. 2015). Therefore, this analysis uses edits that are applied if other information collected in the ACS implies that coverage for a sample case likely has been misclassified (Lynch, Boudreaux, and Davern 2010; Lynch et al. 2011; Lynch and Kenney 2013), drawing on approaches that have been applied to other surveys and primarily relying on simulated eligibility, income, coverage type, and family relationships for sample members and any family members. As in our prior analyses (Kenney et al. 2012; Kenney, Anderson, and Lynch 2013; Kenney et al. 2015), the edit rules target underreported Medicaid/Children's Health Insurance Program (CHIP) coverage and overreported nongroup coverage among children and affect other coverage types as sample people are edited to and from other types of coverage. For nongroup coverage, the rules primarily move people from nongroup to another type of reported coverage if evidence shows that the other type is their primary coverage. For Medicaid/CHIP, the rules primarily move eligible people who have some evidence of underreported Medicaid/CHIP coverage. The 2013 and 2014 rules differ because of changes to eligibility rules and pathways to coverage under the Affordable Care Act (ACA); the 2014 rules were developed to be as similar as possible to those used for prior years while incorporating changes to align with policy shifts. For example, the edits incorporate the availability of subsidized Marketplace coverage starting in 2014, using lower income thresholds to identify people who likely cannot afford nongroup coverage. Given the policy changes, editing consistently across the 2013–2014 period is impossible, which could introduce bias in our estimates of changes in coverage type over time. However, the overall effect of our edits is not large and is relatively similar across years, so the magnitude of any potential bias is likely to be small.

Measurement of Medicaid/CHIP Eligibility. To assess Medicaid/CHIP eligibility, we compare information about the child and family provided by survey respondents to the Medicaid/CHIP eligibility rules in place in each family's state of residence in the year in which they were surveyed (Brooks et al. 2015; Heberlein, Brooks, Alker et al. 2013; Heberlein, Brooks, Artiga et al. 2013). For 2013, we use the Urban Institute Health Policy Center's Medicaid/CHIP Eligibility Simulation Model, which estimates eligibility for Medicaid and CHIP using available information on eligibility guidelines, including the amount and extent of income disregards, for each program and state as of mid-2013 (Lynch, Haley, and Kenney 2014).

For 2014, we use the Health Insurance Policy Simulation Model–ACS version, or HIPSM-ACS (Buettgens 2011), which builds on the Medicaid/CHIP Eligibility Simulation Model and applies rules as defined in the ACA and in guidance provided by the Centers for Medicare and Medicaid Services that took effect in 2014. Although the law was not designed to dramatically change eligibility for children, the model takes into account changes to the way eligibility is calculated for children.[16]

For noncitizen children, both the 2013 model and the 2014 model take into account length of U.S. residency in states where this is a factor in eligibility determination. Because the ACS does not contain sufficient information to determine whether an individual is an authorized immigrant, we impute documentation status for noncitizens.[17]

Measurement of Medicaid/CHIP Participation. Medicaid/CHIP participation rates are calculated as the ratio of Medicaid/CHIP–eligible enrolled children to Medicaid/CHIP–eligible enrolled children plus Medicaid/CHIP–eligible uninsured children, excluding children with both Medicaid/CHIP and employer-sponsored coverage, including military coverage, and those with Medicaid/CHIP coverage who do not have a known eligibility pathway. Participation rates excluding those with private coverage are often used to indicate how successfully Medicaid/CHIP programs are reaching their target populations.

Individual, Family, and Geographic Characteristics. In this analysis, we examine changes in insurance coverage status, Medicaid/CHIP participation, and Medicaid/CHIP eligibility for children nationally, by state, and by grouping states according to their Medicaid expansion decision as of June 1, 2014 (the middle of the 2014 data collection period).

In addition, we examine children based on their own characteristics, including age (age 5 and under, ages 6–12, or ages 13–18); sex (male or female); race/ethnicity (white only, black only, Hispanic [classified into presence of a parent in the household who speaks English or not and lack of a parent in the household], Asian/Pacific Islanders, American Indians/Alaska Natives, or other/multiple races); and for those age 5 or older only, existence of a functional

limitation (answering yes to any of the following questions: "Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?," "Does this person have serious difficulty walking or climbing stairs?," "Does this person have difficulty dressing or bathing?").

Further, we examine their family/household characteristics (including their family income as a percentage of the federal poverty level [FPL], receipt by their household of Supplemental Nutrition Assistance Program (SNAP)/food stamp benefits, and their family's work status) and geographic characteristics (region, classified as Northeast [Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont], Midwest [Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin], South [Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia] or West [Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming]; and metropolitan status, classified as living within or outside of a metropolitan area or living in an unclassifiable area [13–16 percent of the sample]).

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ENDNOTES

1. Our imputations of documentation status for 2013 and 2014 differ from our prior method; the 2013 and 2014 approach incorporates estimated patterns of documentation status within families as reported on the Survey of Income and Program Participation and includes additional state-level information that is calibrated to replicate estimates of the undocumented population in 15 states and nationwide produced by the Pew Hispanic Center (see chapter 1 of Passel and Cohn [2014]), the age distribution of undocumented immigrants estimated by the Department of Homeland Security, and the share of undocumented immigrants lacking insurance estimated by the Center for Migration Studies (2016).

2. See Methodological Appendix for descriptions of how edit procedures differ between 2013 and 2014.

3. In addition, more error is inherent in estimates reported for smaller states. For estimates of participation, four states have sample sizes of fewer than 1,000 cases—Wyoming, North Dakota, New Hampshire, and South Dakota. Estimates with smaller samples are more volatile and sensitive to changes in methodology.

4. Estimates of coverage for American Indians/Alaska Natives are sensitive to the treatment of Indian Health Service (IHS) access. If IHS access were considered as coverage, the uninsured rate for American Indian/Alaska Native children would be lower, at 6.8 percent in 2013 and 5.7 percent in 2014 (see Methodological Appendix).

5. Estimates of participation for American Indians/Alaska Natives are sensitive to the treatment of IHS access (see Methodological Appendix).

6. The treatment of IHS access as uninsured has some effect on state rates and rankings. The 2014 participation rates for Montana, Oklahoma, and South Dakota would be about 3–4 percentage points higher if IHS access were treated as insurance coverage.

7. Arizona's CHIP program expired in January 2014. Eligibility was therefore modeled differently for 2013 and 2014, reducing the number of children classified as eligible in 2014 compared with 2013. Therefore, estimates of participation in Arizona are less comparable in the two years than for other states.

8. Although estimates for Wyoming show a decline in participation between 2013 and 2014 under all of the methodological approaches we have explored, estimates changed under a new methodology for identifying documentation status; previous analysis produced estimated participation of 85.2 percent for 2013, slightly lower than the 88.4 percent for the updated approach. This change may also be driven in part by the relatively smaller size of the Wyoming sample.

9. If IHS access were considered coverage, only three of these states—Texas (11.2 percent), Utah (11.8 percent) and Wyoming (10.4 percent)—would have uninsured rates above 10 percent.

10. As more states have expanded Medicaid, the number of eligible but uninsured children living in Medicaid expansion states has likely increased.

11. See endnote 1 for information on changes in the methodology implemented in 2013 and 2014.

12. Patterns of change over time are very similar when we recalibrate the 2008–2012 estimates to approximate the effect of using the revised documentation status imputation, resulting in an estimated increase in participation of 9 percentage points between 2008 and 2014 and an estimated decline in the number of eligible uninsured children of 1.9 million over that period.

13. Seven states (Alabama, Arizona, Delaware, Florida, Georgia, Nevada, and Utah) transitioned children ages 6 to 18 from separate CHIP coverage with premiums to Medicaid coverage with no required premium payments in 2014. Participation rates increased more for children ages 6 to 18 from families with incomes below 138 percent of FPL in these seven states than in other states (6.4 vs. 4.1 percentage points), with larger increases among both expansion (7.8 vs. 4.1 percentage points) and nonexpansion (5.9 vs. 3.8 percentage points) states than in other states. However, more analysis is needed to attribute that differential to the movement of children from CHIP into Medicaid.

14. Results presented here differ somewhat from those published elsewhere because of differences in data sources or variation in the way the same data source has been analyzed. For example, one recent analysis (Alker and Chester 2015) used the ACS but excluded 18-year-olds, and data were tabulated through American FactFinder, which draws on the full sample rather than the microdata available as a public use file. Results from Lukanen, Schwehr, and Fried (2016) are more similar to those presented here because they also rely on public use samples of ACS microdata and classify children as ages 0 to18. However, data processing procedures such as coverage edits differ, and findings may therefore vary for certain analyses. A recent analysis of the remaining uninsured children in 2015 that relies on a different data source (the Current Population Survey Annual Social and Economic Supplement of the U.S. Census Bureau) found broadly similar results, with an estimated 6.9 percent uninsured rate for children in spring 2015, an estimated 66.5 percent of uninsured children as Medicaid/CHIP eligible, and similar distributions of eligible uninsured children according to characteristics such as income level and race/ethnicity (Blumberg et al. 2016).

15. Nationwide, approximately 111,000 children in 2013 and 130,000 children in 2014 were found to have IHS but did not report any other insurance coverage. For most states in 2014, the participation rates did not change in a meaningful way when IHS was considered a source of health insurance coverage. However, in three states—Montana, Oklahoma, and South Dakota—the participation rate increased by more than 3 percentage points when IHS was reclassified as insurance coverage. The participation rate among American Indian/Alaska Native children was also sensitive to the way IHS was treated; it increased from 83.6 percent in 2013 to 88.9 percent and from 87.1 percent in 2014 to 92.6 percent when the IHS was classified as health insurance coverage.

16. Several changes to children's Medicaid/CHIP eligibility were implemented in 2014, including the following:

- Changes in the way that income is counted, using a system based on Modified Adjusted Gross Income (MAGI) that treats certain kinds of incomes differently than under pre-ACA rules

- Changes in the definition of the family unit (including how many individuals are included in the child's family and whose income is deemed available to the child)

- Conversion of Medicaid and CHIP eligibility thresholds to MAGI-based thresholds resulting in new thresholds that are, on the aggregate, not less than the effective income levels that were in place at the time of the ACA's enactment

- A shift from state specific income disregards to a standard income disregard of 5 percentage points of FPL

- The movement of children eligible for separate CHIP programs in states with Medicaid thresholds below 138 percent of FPL to Medicaid to account for a new national Medicaid floor of 138 percent of FPL.

17. See endnote 1. The results for 2013 are slightly different from our previously published results (Kenney and Anderson 2015), because they incorporate the change in modeling of documentation status described above. This difference resulted in a small change to some estimates (for example, the national estimate of children's Medicaid/CHIP participation shifted from 88.3 percent to 88.7 percent when we incorporated the new documentation status imputation).

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