Changes in Coverage by State and in Selected Metropolitan Areas

Laura Skopec, John Holahan, and Patricia Solleveld

SEPTEMBER 2016

In-Brief

In this brief, we use American Community Survey (ACS) data to examine changes in insurance coverage between 2013 and 2014 for all 50 states and the District of Columbia (which for ease of discussion is included as a state in this brief) and for 24 of the largest metropolitan statistical areas (MSAs). Although the Affordable Care Act was signed into law in March 2010, its most important provisions were implemented in January 2014. These provisions included a number of important reforms to the individual insurance market, the availability of subsidies to purchase private nongroup insurance through the health insurance marketplaces, a requirement that all eligible individuals purchase health insurance or face a tax penalty, and an expansion of Medicaid eligibility to adults with family incomes up to 138 percent of the federal poverty level (FPL). The Supreme Court decision of June 28, 2012, made the latter provision an option for states. As of December 31, 2014, 27 states had adopted the Medicaid expansion.

In a companion brief, we show that the uninsurance rate for the nonelderly (ages 0 to 64) in the United States fell by 3.6 percentage points between 2013 and 2014, meaning 9.4 million fewer nonelderly Americans were uninsured.[1] Although some of this reduction may have been due to continued economic recovery, the uninsurance rate had fallen only 0.9 percentage points over the 2010 to 2013 period, suggesting most of the reduction seen between 2013 and 2014 was due to the Affordable Care Act. Other data sources, including the National Health Interview Survey, the Current Population Survey, and the Health Reform Monitoring Survey, also showed substantial gains in health insurance coverage between 2013 and 2014, as well as between 2014 and 2015.[2]

Data and Methods

The ACS has a very large sample size, making it unique among federal surveys capturing health insurance information.[3] It is designed to be representative at the national, state, and local level, allowing for estimates of health insurance coverage for small subgroups, including by state and MSA. The ACS, which gathers data on income, health insurance, demographics, work status, and industry, is conducted throughout the year through a mail-based survey with telephone and in-person follow-ups for nonrespondents. The insurance questions are point in time, meaning that the ACS estimates are best thought of as an average level of coverage for 2014. A weakness of the ACS is that it overstates nongroup coverage and understates Medicaid coverage.[4] However, the Urban Institute has developed a series of logical coverage edits to the ACS that are designed to correct for these inaccuracies in the health insurance coverage estimates.[5]

Results

As shown in Figure 1, the uninsurance rate in the United States fell from 16.9 percent to 13.4 percent, or by 3.6 percentage points, between 2013 and 2014. The number of uninsured nonelderly Americans fell by 9.4 million. The uninsurance rate in Medicaid expansion states fell by 4.2 percentage points, with the number of uninsured falling by 5.9 million. This increase in coverage was primarily through Medicaid, which grew by 3.8 percentage points. In nonexpansion states, the uninsurance rate fell by 2.8 percentage points, and the number of uninsured declined by 3.4 million. In contrast to Medicaid expansion states, increases in coverage in nonexpansion states were primarily through private nongroup coverage, which grew by 2.6 percentage points.[6]

Table 1 shows these results by state, including the change in the number of uninsured between 2013 and 2014, as well as changes in the uninsurance rate,

employer-sponsored insurance (ESI) coverage rate, Medicaid and Children's Health Insurance Program (CHIP) coverage rate, and private nongroup coverage rate. Coverage types with the largest percentage-point change between 2013 and 2014 likely represent the primary way in which the newly insured gained coverage. Across most Medicaid expansion states, most of the gains in coverage were through Medicaid.

- Kentucky had the largest reduction (6.9 percentage points) in the uninsurance rate of all states. This change was driven by a 7.2 percentage-point increase in Medicaid coverage. Private nongroup coverage in Kentucky also grew by 1.0 percentage points, and ESI coverage fell slightly.
- In 2013, Nevada had the largest uninsurance rate among expansion states at 23.5 percent. Its uninsurance rate declined 6.2 percentage points between 2013 and 2014. Medicaid coverage increased 5.9 percentage

points, driving the uninsurance rate reduction. There was also an increase of 1.5 percentage points in nongroup coverage.

- California saw its uninsurance rate fall from 19.7 percent to 14.0 percent between 2013 and 2014, meaning 1.9 million fewer Californians were uninsured. This decrease was by far the largest drop in the number of uninsured in the nation. Again, Medicaid coverage was the largest contributor to the drop in the uninsurance rate, which increased by 5.0 percentage points. California also had a 1.0 percentage-point increase in private nongroup coverage.
- New York had a lower uninsurance rate in 2013 than most other Medicaid expansion states at 12.7 percent, but the state still saw a statistically significant reduction of 2.9 percentage points, falling to 9.8 percent in 2014. This reduction translates to nearly 500,000 additional New Yorkers with coverage in 2014. The reduction in the

uninsurance rate was attributable both to increases in Medicaid coverage (2.4 percentage points) and increases in nongroup coverage (1.3 percentage points). These coverage gains more than offset a small drop in ESI.

- Finally, Massachusetts had the lowest uninsurance rate in the United States in 2013 because of their previous health insurance expansions. Even so, the uninsurance rate fell by 0.9 percentage points between 2013 and 2014. Most of the gains in coverage were through Medicaid, which more than offset a decline in ESI.

In nonexpansion states, as noted above, most of the gains in coverage were through private nongroup coverage.

- Florida had the largest decline in the uninsurance rate, falling from 24.6 percent to 20.1 percent (4.5 percentage points), meaning 674,000 fewer Floridians were uninsured. Most of the gains in Florida were through

nongroup coverage, which increased by 4.0 percentage points. Medicaid coverage also increased, by about 1.1 percentage points.

- Texas had the second-highest uninsurance rate in the United States in 2013 at 24.5 percent, behind Florida. This rate fell to 21.1 percent in 2014, resulting in 703,000 fewer uninsured Texans. During this period, private nongroup coverage increased by 2.5 percentage points, driving much of the reduction in the uninsurance rate.
- Louisiana saw a reduction in the uninsurance rate of 2.7 percentage points, largely due to a 2.2 percentage-point increase in nongroup coverage. Louisiana had no change in Medicaid coverage between 2013 and 2014, but it is expected to see large Medicaid gains in 2016 after Medicaid expansion.
- Wisconsin had a relatively low uninsurance rate (10.8 percent) in 2013 and saw a reduction of 2.3 percentage points. In 2014, Wisconsin expanded Medicaid for childless adults up to

Figure 1. Percentage-point Changes in Health Insurance Coverage for Nonelderly by State Medicaid Expansion Status, 2013 to 2014
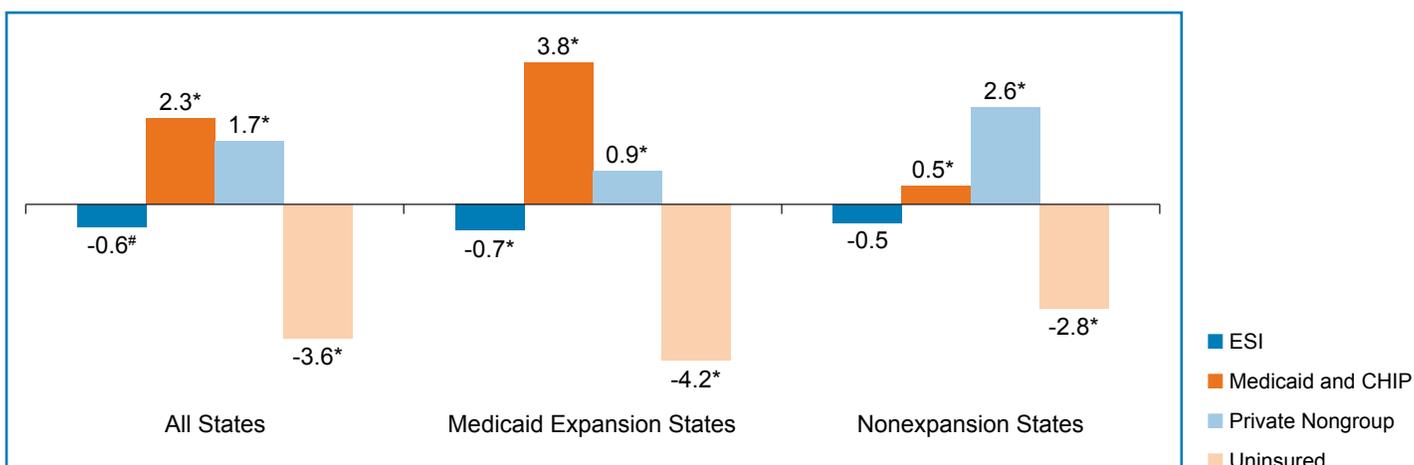
	All States	Medicaid Expansion States	Nonexpansion States
Change in population	1.2 million	0.5 million	0.7 million
Change in uninsured	-9.4 million*	-5.9 million*	-3.4 million*
Share uninsured in 2014	13.4 percent	11.1 percent	16.0 percent

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: Estimates include adjustments for misreporting of health insurance coverage on the American Community Survey.

Coverage through the Civilian Health and Medical Program of the Uniformed Services and Medicare is not shown because such coverage changes little year to year among the nonelderly.

* Change is statistically significant at the 5 percent level.

\# Change is statistically significant at the 10 percent level.

Table 1. Changes in Health Insurance Coverage by State by 2013 Uninsurance Rate, 2013 to 2014

State	Uninsurance rate in 2013	Uninsurance rate in 2014	Change in the number of uninsured, 2013 to 2014 (in thousands)	Percentage-point changes, 2013 to 2014			
				Uninsured	ESI	Medicaid and CHIP	Private nongroup
Medicaid Expansion States							
Kentucky	17.0%	10.1%	-255 a	-6.9 *	-1.2 #	7.2 *	1.0 *
Oregon	17.8%	11.4%	-210 a	-6.4 *	-2.4 *	8.4 *	0.6 *
Nevada	23.5%	17.3%	-142 a	-6.2 *	-1.0	5.9 *	1.5 *
Washington	16.5%	10.4%	-351 a	-6.0 *	-0.6	5.2 *	1.0 *
Rhode Island	14.1%	8.2%	-52 a	-5.9 *	-2.6 #	6.9 *	1.1 *
California	19.7%	14.0%	-1858 a	-5.7 *	-0.3	5.0 *	1.0 *
West Virginia	16.3%	10.7%	-87 a	-5.7 *	-0.6	6.3 *	0.2
New Mexico	22.5%	17.1%	-96 a	-5.4 *	0.6	4.7 *	0.4
Arkansas	19.0%	13.7%	-132 a	-5.3 *	-0.2	5.1 *	1.0 *
Arizona	20.6%	15.8%	-254 a	-4.7 *	-0.1	3.2 *	1.2 *
Colorado	16.1%	11.8%	-188 a	-4.3 *	-1.3	5.3 *	0.6 *
Iowa	10.5%	6.6%	-102 a	-3.9 *	-1.2	3.4 *	1.7 *
Michigan[1]	13.2%	9.7%	-288 a	-3.4 *	0.3	2.4 [1]	0.4 *
Illinois	14.5%	11.1%	-376 a	-3.4 *	-0.4	2.2 *	1.2 *
Ohio	12.9%	9.6%	-317 a	-3.2 *	-0.5	2.9 *	0.4 *
North Dakota	12.3%	9.1%	-18 a	-3.2 *	-1.4	4.7 *	1.1
Delaware	11.8%	8.7%	-24 a	-3.1 *	-2.1	3.0 *	1.2 *
Connecticut	11.0%	8.0%	-94 a	-3.1 *	-1.2	3.4 *	0.8 *
Minnesota	9.7%	6.7%	-138 a	-3.0 *	-1.4 *	4.0 *	0.0
New Jersey	15.5%	12.5%	-224 a	-3.0 *	-0.5	2.6 *	1.0 *
Hawaii	8.6%	5.7%	-32 a	-2.9 *	0.7	2.1	0.4
Vermont	8.3%	5.4%	-15 a	-2.9 *	-0.6	1.9	1.5 *
Maryland	11.8%	8.9%	-143 a	-2.9 *	-2.0 *	3.5 *	1.2 *
New York	12.7%	9.8%	-476 a	-2.9 *	-0.9 *	2.4 *	1.3 *
New Hampshire[2]	12.6%	10.9%	-19 a	-1.7 *	0.2	-1.1	1.9 *
DC	7.7%	6.1%	-9 a	-1.6 *	2.9 *	-1.6	1.1 *
Massachusetts	4.8%	3.9%	-50 a	-0.9 *	-2.2 *	2.8 *	0.3
Total, expansion states	**15.3%**	**11.1%**	**-5,934 a**	**-4.2 ***	**-0.7 ***	**3.8 ***	**0.9 ***

continued

Table 1 (continued)

State	Uninsurance rate in 2013	Uninsurance rate in 2014	Change in the number of uninsured, 2013 to 2014 (in thousands)	Percentage-point changes, 2013 to 2014			
				Uninsured	ESI	Medicaid and CHIP	Private nongroup
Medicaid Nonexpansion States							
Florida	24.6%	20.1%	-674 [a]	-4.5 *	-0.7 [#]	1.1 *	4.0 *
Montana	20.0%	16.3%	-31 [a]	-3.7 *	-1.1	0.6	4.3 *
Georgia	21.2%	17.6%	-298 [a]	-3.6 *	-0.1	1.4 *	2.0 *
Texas	24.5%	21.1%	-703 [a]	-3.4 *	0.6	0.2	2.5 *
Idaho	18.9%	15.6%	-44 [a]	-3.3 *	-0.7	0.2	3.8 *
North Carolina	18.4%	15.2%	-259 [a]	-3.2 *	-0.9	0.9	3.0 *
South Dakota	14.7%	11.6%	-21 [a]	-3.1 *	0.1	0.0	3.1 *
Mississippi	19.7%	16.7%	-78 [a]	-3.0 *	-0.2	0.4	2.9 *
Oklahoma	20.3%	17.6%	-87 [a]	-2.7 *	-0.7	-0.2	3.2 *
Louisiana	19.4%	16.7%	-106 [a]	-2.7 *	0.4	-0.1	2.2 *
South Carolina	18.6%	15.9%	-102 [a]	-2.6 *	-1.6 [#]	1.2 *	2.5 *
Tennessee	16.4%	13.9%	-137 [a]	-2.5 *	-0.9	0.9 *	2.3 *
Kansas	14.6%	12.2%	-56 [a]	-2.3 *	-1.9 [#]	1.7 *	2.8 *
Indiana	16.1%	13.8%	-128 [a]	-2.3 *	0.2	0.2	1.5 *
Wisconsin	10.8%	8.5%	-111 [a]	-2.3 *	-0.4	1.4 *	1.2 *
Alabama	16.4%	14.2%	-92 [a]	-2.2 *	0.1	0.1	2.0 *
Missouri	15.4%	13.5%	-99 [a]	-1.9 *	-0.9	-0.6	3.1 *
Virginia	14.3%	12.5%	-123 [a]	-1.8 *	-1.0	-0.2	2.7 *
Maine	13.6%	11.9%	-19 [a]	-1.7 [#]	0.6	-0.7	2.2 *
Nebraska	12.4%	10.7%	-26 [a]	-1.7 *	-1.2	0.0	2.6 *
Pennsylvania	11.7%	10.2%	-164 [a]	-1.5 *	-1.6 *	0.3	2.5 *
Utah	14.9%	13.4%	-35 [a]	-1.5 *	-0.7	0.9	1.4 *
Alaska	20.5%	19.1%	-9	-1.4	-4.9	2.4 [#]	1.7 *
Wyoming	15.2%	14.1%	-5	-1.1	-2.8	1.5	2.7 *
Total, nonexpansion states	**18.8%**	**16.0%**	**-3,422 [a]**	**-2.8 ***	**-0.5**	**0.5 ***	**2.6 ***

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHIP = the Children's Health Insurance Program; ESI = employer-sponsored insurance. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 20 and 21 in Skopec, L, J Holahan, and P Solleveld. 2016. "Health Insurance Coverage in 2014: Significant Progress, but Gaps Remain." Washington, DC: Urban Institute) and include adjustments for misreporting of health insurance coverage on the American Community Survey.

[1] *Michigan expanded Medicaid coverage on April 1, 2014.*

[2] *New Hampshire expanded Medicaid coverage on September 1, 2014.*

[a] *Change in number of people is statistically significant at the 95 percent confidence level.*

* Change in percentage of people is statistically significant at the 95 percent confidence level.

[#] Change in percentage of people is statistically significant at the 90 percent confidence level.

the FPL with state funds and reduced Medicaid eligibility for parents down to the FPL, with all of those above the FPL expected to gain nongroup coverage through marketplaces. Increases in Medicaid (1.4 percentage points) and private nongroup coverage (1.2 percentage points) contributed to the reduction in the uninsurance rate in the state.

• Pennsylvania, which also had a relatively low uninsurance rate (11.7 percent) in 2013 compared to other nonexpansion states, saw a 1.5 percentage-point reduction in the uninsurance rate between 2013 and 2014. This reduction was driven by a 2.5 percentage-point increase in nongroup coverage. However, Pennsylvania adopted the Medicaid expansion as of January 1, 2015, so 2015 Medicaid gains are expected to be much larger.

Table 2 provides similar information for large MSAs. The patterns are similar, with MSAs in Medicaid expansion states showing particularly large reductions in their uninsurance rates, driven by large increases in Medicaid coverage and modest increases in nongroup coverage. Los Angeles, for example, had a 6.5 percentage-point reduction in the uninsurance rate between 2013 and 2014, driven by a 5.6 percentage-point increase in Medicaid coverage. Similarly, Seattle had a 5.2 percentage-point reduction in the uninsurance rate, led by a 4.4 percentage-point increase in Medicaid coverage.

In large MSAs in nonexpansion states, reductions in the uninsurance rate between 2013 and 2014 tended to be somewhat smaller and were largely driven by increases in nongroup coverage, though in some MSAs increases in Medicaid also made significant contributions. Miami showed the largest reduction in the uninsurance rate, from 29.7 percent in 2013 to 22.7 percent in 2014 (7.0 percentage points), driven by a large increase in nongroup coverage of 5.6 percentage points and a modest increase in Medicaid coverage of 1.5 percentage points. The uninsurance rate in San Antonio fell from 21.4 percent to 17.2 percent (4.2 percentage points), the second-largest uninsurance rate drop among the large MSAs we studied located in nonexpansion states. San Antonio's reduction in the uninsured was driven by a 2.4 percentage-point increase in nongroup coverage.

Conclusions

As this brief reports, coverage gains varied considerably among states. Gains in coverage were larger in Medicaid expansion states than in nonexpansion states. In expansion states, Medicaid coverage increases largely drove the reductions in the uninsured rate, but increases in private nongroup coverage also contributed. The reverse was true in nonexpansion states, where reductions in the uninsured rate, which were fairly large in states like Florida and Texas, were almost all driven by nongroup coverage. Some nonexpansion states saw some increases in Medicaid coverage, likely through take-up among those already eligible for the program. The same patterns occur for large MSAs in both expansion and nonexpansion states.

Table 2. Changes in Health Insurance Coverage from 2013 to 2014 in the 12 Largest MSAs in Medicaid Expansion and Nonexpansion States by Point Change in the Uninsurance Rate

MSA name	Uninsurance rate in 2013	Uninsured rate in 2014	Change in the number of uninsured, 2013 to 2014 (in millions)	Percentage-point changes, 2013 to 2014			
				Uninsured	ESI	Medicaid and CHIP	Private nongroup
MSAs in Medicaid Expansion States							
Los Angeles-Long Beach-Anaheim, CA	22.9%	16.4%	-0.7 [a]	-6.5% *	0.0%	5.6% *	0.8% *
Riverside-San Bernardino-Ontario, CA	21.8%	16.0%	-0.2 [a]	-5.8% *	-0.4%	5.5% *	0.9% *
Seattle-Tacoma-Bellevue, WA	14.3%	9.0%	-0.2 [a]	-5.2% *	-0.3%	4.4% *	0.8% *
Phoenix-Mesa-Scottsdale, AZ	20.5%	15.3%	-0.2 [a]	-5.2% *	0.8%	2.7% *	1.4% *
San Diego-Carlsbad, CA	18.7%	14.1%	-0.1 [a]	-4.6% *	0.6%	3.0% *	0.6%
San Francisco-Oakland-Hayward, CA	13.2%	8.9%	-0.2 [a]	-4.3% *	-0.4%	3.3% *	1.4% *
Denver-Aurora-Lakewood, CO	15.4%	11.4%	-0.1 [a]	-4.1% *	-1.0%	4.4% *	0.9% *
Chicago-Naperville-Elgin, IL-IN-WI	15.7%	12.1%	-0.3 [a]	-3.6% *	0.1%	1.9% *	1.3% *
Detroit-Warren-Dearborn, MI	13.5%	10.1%	-0.1 [a]	-3.4% *	0.1%	2.4% *	0.7% *
New York-Newark-Jersey City, NY-NJ-PA	14.7%	11.7%	-0.5 [a]	-3.0% *	-0.7% *	2.2% *	1.4% *
Minneapolis-St. Paul-Bloomington, MN-WI	9.3%	6.5%	-0.1 [a]	-2.8% *	-1.0%	3.6% *	-0.2%
Boston-Cambridge-Newton, MA-NH	5.4%	4.5%	0.0 [a]	-0.9% *	-2.5% *	2.7% *	0.5% *
MSAs in Medicaid Nonexpansion States							
Miami-Fort Lauderdale-West Palm Beach, FL	29.7%	22.7%	-0.3 [a]	-7.0% *	-0.3%	1.5% *	5.6% *
San Antonio-New Braunfels, TX	21.4%	17.2%	-0.1 [a]	-4.2% *	0.8%	0.5%	2.4% *
Atlanta-Sandy Springs-Roswell, GA	20.9%	16.8%	-0.2 [a]	-4.1% *	-0.3%	1.6% *	2.3% *
Dallas-Fort Worth-Arlington, TX	23.5%	19.7%	-0.2 [a]	-3.8% *	0.1%	0.8% *	2.6% *
Kansas City, MO-KS	15.4%	11.9%	-0.1 [a]	-3.6% *	-0.1%	0.6%	2.8% *
Orlando-Kissimmee-Sanford, FL	23.5%	20.1%	-0.1 [a]	-3.4% *	-2.0% *	1.4% #	3.6% *
Houston-The Woodlands-Sugar Land, TX	24.7%	21.3%	-0.2 [a]	-3.4% *	1.3% *	-0.4%	2.4% *
Charlotte-Concord-Gastonia, NC-SC	18.0%	14.7%	-0.1 [a]	-3.2% *	-0.4%	1.2% #	2.5% *
Tampa-St. Petersburg-Clearwater, FL	20.8%	17.6%	-0.1 [a]	-3.2% *	-0.8%	0.9%	2.9% *
Austin-Round Rock, TX	19.9%	16.8%	0.0 [a]	-3.1% *	-1.6% #	1.5% *	2.9% *
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	11.8%	9.8%	-0.1 [a]	-2.0% *	-0.6%	0.2%	2.4% *
Pittsburgh, PA	9.7%	7.9%	0.0 [a]	-1.7% *	-1.0%	0.5%	2.1% *

Source: Urban Institute analysis of American Community Survey data from 2013 and 2014 using the Integrated Public Use Microdata Series.

Notes: CHIP = the Children's Health Insurance Program; ESI = employer-sponsored insurance; MSA = metropolitan statistical area. Estimates reflect income for the health insurance unit developed by the State Health Access Data Assistance Center (see footnotes 20 and 21 in Skopec, L, J Holahan, and P Solleveld. 2016. "Health Insurance Coverage in 2014: Significant Progress, but Gaps Remain." Washington, DC: Urban Institute) and include adjustments for misreporting of health insurance coverage on the American Community Survey.

For the purposes of determining Medicaid expansion status, MSAs are assigned to the state or states where the vast majority of the population lives (e.g., Illinois for the Chicago MSA). We dropped MSAs where the population was more evenly distributed between expansion and nonexpansion states (e.g., Washington, DC and St. Louis, MO).

* Change in percentage of people is statistically significant at the 95 percent confidence level.

 # Change in percentage of people is statistically significant at the 90 percent confidence level.

[a] Change in numbers of people is statistically significant at the 95 percent confidence level.

The views expressed are those of the authors and should not be attributed to the Robert Wood Johnson Foundation or the Urban Institute, its trustees, or its funders.

ABOUT THE AUTHORS & ACKNOWLEDGMENTS

Laura Skopec is a research associate, John Holahan is an institute fellow, and Patricia Solleveld is a research assistant in the Urban Institute's Health Policy Center. The authors appreciate the comments and suggestions of Genevieve M. Kenney and Linda Blumberg, as well as the contributions of the Urban Institute team that developed the health insurance coverage edits used in this brief (Victoria Lynch, Jennifer M. Haley, Clare Pan, and Matthew Buettgens).

ABOUT THE URBAN INSTITUTE

The nonprofit Urban Institute is dedicated to elevating the debate on social and economic policy. For nearly five decades, Urban scholars have conducted research and offered evidence-based solutions that improve lives and strengthen communities across a rapidly urbanizing world. Their objective research helps expand opportunities for all, reduce hardship among the most vulnerable, and strengthen the effectiveness of the public sector. For more information specific to the Urban Institute's Health Policy Center, its staff, and its recent research, visit http://www.urban.org/policy-centers/health-policy-center.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are working with others to build a national Culture of Health enabling everyone in America to live longer, healthier lives. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

---

1 Skopec, L, J Holahan, P Solleveld. 2016. "Health Insurance Coverage in 2014: Significant Progress, but Gaps Remain." Washington, DC: Urban Institute. (insert link)

2 Ibid

3 In the present brief, we use the Integrated Public Use Microdata Series (IPUMS) files developed by the University of Minnesota, including income relative to the FPL provided by the State Health Access Data Assistance Center (SHADAC). Ruggles, S, K Genadek, R Goeken, J Grover, and M Sobek. 2015. Integrated Public Use Microdata Series: Version 6.0 [machine-readable database]. Minneapolis: University of Minnesota; State Health Access Data Assistance Center. 2013. "Using SHADAC Health Insurance Unit (HIU) and Federal Poverty Guideline (FPG) Microdata Variables." Minneapolis, MN: SHADAC. http://shadac.org/sites/default/files/publications/SHADAC_hiu_fpg_variables_IPUMS.pdf#overlay-context=publications/using-shadac-health-insurance-unit-hiu-and-federal-poverty-guideline-fpg-microdata

4 Pascale, J. 2008. "Measurement Error in Health Insurance Reporting." *Inquiry* 45(4): 422–37; Pascale, J, J Rodean, J Leeman, et al. 2013. "Preparing to Measure Health Coverage in Federal Surveys Post-Reform: Lessons From Massachusetts." *Inquiry* 50(2): 106–23; Call, K, ME Davern, JA Klerman, V Lynch. 2013. "Comparing Errors in Medicaid Reporting Across Surveys: Evidence to Date." *Health Services Research* 48(2 Pt 1): 652–64.

5 For further details, see Lynch, V, GM Kenney, J Haley, and D Resnick. 2011. *Improving the Validity of the Medicaid/CHIP Estimates on the American Community Survey: The Role of Logical Coverage Edits*. Report to the U.S. Census Bureau. https://www.census.gov/hhes/www/hlthins/publications/Improving%20the%20Validity%20of%20the%20Medicaid-CHIP%20Estimates%20on%20the%20ACS.pdf; Haley, JM, V Lynch, and GM Kenney. 2014. "The Urban Institute Health Policy Center's Medicaid/CHIP Eligibility Simulation Model." Washington, DC: Urban Institute. http://www.urban.org/publications/413069

6 In nonexpansion states, tax credits are available to help finance the purchase of marketplace nongroup coverage for those individuals with incomes between 100 percent and 400 percent of the FPL; these tax credits are only available to those with incomes between 138 percent and 400 percent of the FPL in Medicaid expansion states.