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Medicaid/CHIP Participation Rates Rose among Children and Parents in 2015

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May 2017

This brief expands on previous research examining how eligibility for and participation in Medicaid and the Children's Health Insurance Program (CHIP) are changing under the Affordable Care Act (ACA) for children and parents (Kenney et al. 2016a, 2016b). Here, we extend the analysis to 2015, the second year of full ACA implementation. Our key findings are as follows:

- Between 2013 and 2015, uninsurance fell by a third for both children and parents, from 7.0 percent to 4.7 percent for children and from 17.6 percent to 11.8 percent for parents. The number of uninsured children and parents combined decreased by 5.4 million.

- Uninsurance among children and parents fell in almost every state, but the average decline was higher for parents in states that adopted the ACA's Medicaid expansion. By 2015, the uninsurance rate for parents in nonexpansion states (16.2 percent) was nearly double that for parents in expansion states (8.7 percent).

- Children's Medicaid/CHIP participation rose to 93.1 percent in 2015, with participation rates of at least 90 percent in 36 states and over 95 percent in 15 states.

- Parents' Medicaid participation remained lower than children's but rose from an estimated 71.7 percent nationally in 2013 to 80.2 percent in 2015. Parents' participation rose by a statistically significant margin in 32 states, with larger gains in expansion states than in nonexpansion states on average.

- The number of children eligible for Medicaid or CHIP but uninsured fell about 40 percent between 2013 and 2015, reaching 2.1 million in 2015. In 2015, 57.4 percent of uninsured children were eligible for Medicaid or CHIP but not enrolled.

- An estimated 1.9 million parents were eligible for Medicaid but uninsured in 2015, constituting 25.8 percent of all uninsured parents. Over two-thirds of these eligible but uninsured parents had a child who was already enrolled in Medicaid/CHIP.

- Medicaid/CHIP participation rose across a wide range of ages, racial and ethnic groups, and family characteristics. Every subgroup of children and parents we examined saw statistically significant increases in participation between 2013 and 2015.
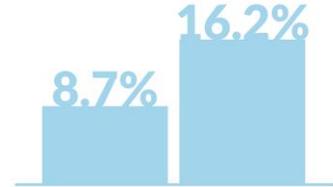
93.1%

In 2015, the national Medicaid/CHIP participation rate among eligible children without private coverage was 93.1%

40.9%

Between 2013 and 2015, the number of children eligible for Medicaid/CHIP but uninsured fell about 40%

16.2%

8.7%

1.9x

In 2015, the uninsurance rate for parents in nonexpansion states was nearly double the rate for parents in Medicaid expansion states

Introduction

In 2014, the first year of full implementation of the ACA's coverage provisions, uninsurance levels fell for both parents and children (Alker and Chester 2015; Kenney et al. 2016a, 2016b; SHADAC 2016). Between 2013 and 2014, uninsurance declined by over 2 million among parents and by over 900,000 among children, with greater coverage gains found among both parents and children in states that adopted the Medicaid expansion (Kenney et al. 2016a, 2016b). In those states, parents with incomes below 138 percent of the federal poverty level (FPL)—or about $27,300 a year for a family of three in 2014—could qualify for Medicaid. In nonexpansion states, Medicaid eligibility levels were typically below 50 percent of FPL for parents (Brooks et al. 2015).

Before the ACA, parents were much more likely than children to be uninsured and much less likely to have public coverage through Medicaid or CHIP (Rosenbaum and Kenney 2014). The ACA was expected to increase coverage among those who became newly eligible for public coverage as well as among those who were already eligible for public coverage but had not yet enrolled. Reasons for enrollment increases included anticipated spillover effects related to expanded eligibility for other

family members (e.g., expansion to parents leading to higher Medicaid enrollment among their children), greater awareness of available health insurance options, improved outreach and enrollment efforts, and new incentives to enroll (e.g., penalties for lacking insurance). Although the ACA was expected to have larger effects on adults' coverage than on children's coverage, expansions targeting adults were also expected to boost children's enrollment because earlier research had shown that children are more likely to enroll in Medicaid/CHIP when their parents also qualify (Burak 2017; Heberlein et al. 2012; Kenney, Lynch, Huntress, et al. 2012). Increasing Medicaid/CHIP take-up among children could substantially reduce their levels of uninsurance because the majority of uninsured children qualify for Medicaid or CHIP (Kenney et al. 2015; Kenney et al. 2016a).

The ACA included a number of changes to Medicaid eligibility for both parents and children beginning in 2014. For parents, eligibility was expanded to a new minimum of 138 percent of FPL in participating states; 29 states adopted the expansion by mid-2015. Though the ACA did not change eligibility for children as much as for parents and other nonelderly adults, the law transitioned some children ("stairstep" children) from CHIP to Medicaid in 21 states; extended CHIP authorization through 2019 and federal CHIP funding through 2015; raised the federal CHIP matching rate; and, under "maintenance-of-effort" provisions, directed states to maintain children's eligibility standards at the levels in place when the ACA was enacted in 2010 (Miskell and Alker 2015; Prater and Alker 2013). Federal funding for CHIP was subsequently extended by the Medicare Access and CHIP Reauthorization Act of 2015, which authorized CHIP funding through fiscal year 2017 (Burak 2015). The ACA also changed eligibility determination procedures for both parents and children, shifting to a system based on modified adjusted gross income (MAGI); supported improvements to enrollment processes and strategies; and integrated enrollment systems for Medicaid, CHIP, and the newly established health insurance Marketplaces (Brooks et al. 2015).

This brief expands on previous studies of uninsurance and Medicaid/CHIP eligibility and participation (Kenney, Anderson, and Lynch 2013; Kenney et al. 2011; Kenney et al. 2015; Kenney et al. 2016a, 2016b; Kenney, Lynch, Haley, et al. 2012; Kenney, Lynch, Huntress, et al. 2012) by extending the analysis to 2015, the second year of full ACA implementation. We present the most recent estimates of uninsurance, participation, and the number of eligible uninsured for both children and parents nationally, by state expansion status, and for states and selected subgroups, based on data from the American Community Survey (ACS).

Results

Uninsurance among Children and Parents, 2013 to 2015

Uninsurance fell by a third for both children and parents during the first two years of full ACA implementation, declining from 7.0 percent in 2013 to 4.7 percent in 2015 for children and from 17.6 percent to 11.8 percent for parents nationwide (figure 1). Children's and parents' coverage gains observed in 2014 (the first year of implementation of the ACA's major coverage provisions) continued in 2015 (Kenney et al. 2016a, 2016b). As a result, the number of uninsured children fell by 1.8 million

between 2013 and 2015, and the number of uninsured parents fell by 3.6 million; the total number of uninsured children and parents decreased by 5.4 million between 2013 and 2015 (table 1). Unsurprisingly, given the ACA's expansion of Medicaid eligibility for parents, the absolute and percentage-point gains in coverage were larger among parents than among children. Despite these coverage gains, parents were more than twice as likely as children to be uninsured in 2015, consistent with patterns in 2013.
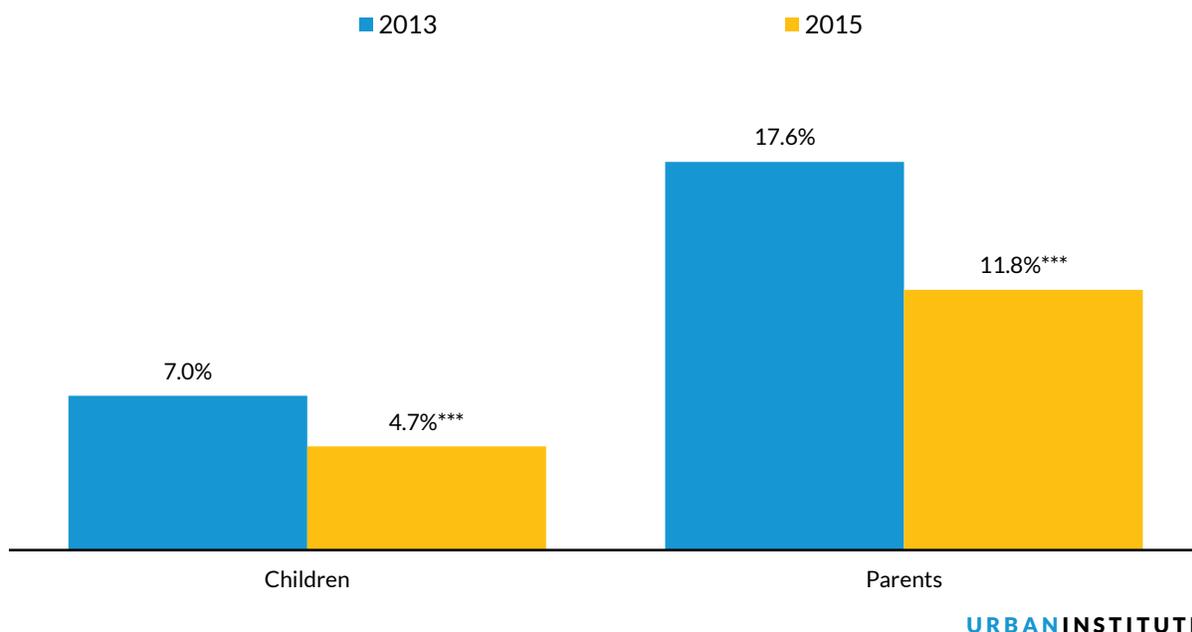
Uninsurance Rates among Children and Parents, 2013–15

Source: Urban Institute analysis of 2013–15 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Estimates reflect edits for apparent misclassified coverage. See Data and Methods section for definition of uninsurance.
*** Estimate for 2015 differs significantly from 2013 estimate at the 0.01 level.

In 2013, average uninsurance rates for both parents and children were higher in states that did not adopt the ACA's Medicaid expansion by 2015: 8.5 percent of children and 21.7 percent of parents in nonexpansion states lacked coverage, compared with 5.9 percent of children and 14.8 percent of parents in expansion states (figure 2). Though uninsurance fell between 2013 and 2015 in both groups of states, these decreases widened the coverage gap between expansion and nonexpansion states, particularly for parents. The uninsurance rate for children fell 38.6 percent in expansion states and 27.2 percent in nonexpansion states, and the uninsurance rate for parents fell 40.9 percent in expansion states and 25.3 percent in nonexpansion states. By 2015, the uninsurance rate for parents in nonexpansion states (16.2 percent) was nearly double that for parents in expansion states (8.7 percent).

TABLE 1

Uninsurance and Medicaid/CHIP Participation among Children Age 18 and Younger and Parents Ages 19 to 64, 2013–15

|	2013	2015	Change, 2013–15
All children			
Uninsurance rate	7.0%	4.7%	-2.3%***
Number of uninsured (in thousands)	5,428	3,655	-1,772
Medicaid/CHIP-eligible children	45,874	42,885	-2,989
Uninsurance rate	7.7%	4.9%	-2.8%***
Number of uninsured (in thousands)	3,548	2,097	-1,451
Medicaid/CHIP participation rate	88.7%	93.1%	4.5%***
All parents			
Uninsurance rate	17.6%	11.8%	-5.8%***
Number of uninsured (in thousands)	10,918	7,279	-3,638
Medicaid-eligible parents	11,757	15,876	4,119
Uninsurance rate	17.9%	11.8%	-6.0%***
Number of uninsured (in thousands)	2,100	1,880	-220
Medicaid participation rate	71.7%	80.2%	8.5%***

Source: Urban Institute tabulations of 2013–15 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: Estimates reflect edits for apparent misclassified coverage. See Data and Methods section for definitions of eligibility, participation, and uninsurance.

*** Estimate for 2015 differs significantly from 2013 estimate at the 0.01 level.

FIGURE 2

Uninsurance Rates among Children and Parents by State Expansion Status, 2013–15
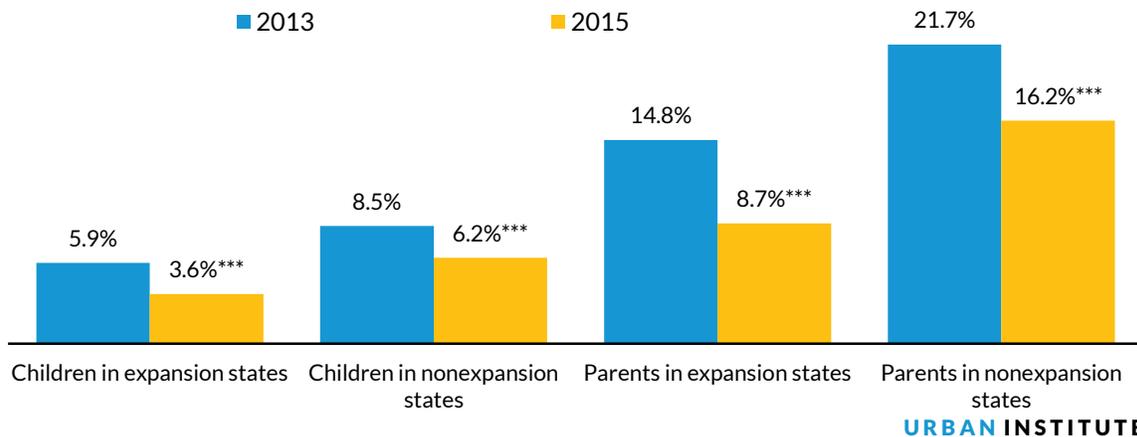
Source: Urban Institute analysis of 2013–15 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Estimates reflect edits for apparent misclassified coverage. Expansion status reflects state decisions as of mid-2015. See Data and Methods section for definition of uninsurance.

*** Estimate for 2015 differs significantly from 2013 estimate at the 0.01 level.

Almost every state experienced a statistically significant decline in uninsurance for both parents and children between 2013 and 2015 (appendix table A.1). In 2013, children's uninsurance rates ranged from 1.5 percent in Massachusetts to 12.2 percent in Texas; six states had rates above 10 percent. By 2015, children's uninsurance rates were below 10 percent in all states. Thirteen states had rates of 3 percent or lower, and only four states (Alaska, Arizona, North Dakota, and Texas) had rates above 8 percent. Parents' uninsurance rates fell in nearly every state, with declines of over 10 percentage points in five states. In 2015, uninsurance rates for parents ranged from less than 5 percent in four expansion states (Hawaii, Massachusetts, Vermont, and the District of Columbia) to over 17 percent in two nonexpansion states (Georgia and Oklahoma) and as high as 24.2 percent in Texas, another nonexpansion state. No state had a significantly higher uninsurance rate for children than for parents, and parents' rates were higher by a statistically significant margin in nearly every state. Parents' uninsurance rates were at least 2 percentage points higher than children's in 47 states, and 10 or more percentage points higher in nine states.

Medicaid/CHIP Participation among Children and Parents, 2013 to 2015

Children's Medicaid/CHIP participation (i.e., the share of eligible children without other coverage who enroll) rose from 88.7 percent to 93.1 percent between 2013 and 2015 (figure 3). By 2015, 36 states had Medicaid/CHIP participation rates of 90 percent or higher among children, and 15 states had participation rates over 95 percent (figure 4).[1] This increase built upon recent gains in children's Medicaid/CHIP participation; since 2008, participation among Medicaid/CHIP-eligible children rose from 81.7 percent to 93.1 percent nationally—a growth of 11.4 percentage points over seven years (Kenney, Lynch, Huntress, et al. 2012; Kenney, Anderson, and Lynch 2013; Kenney et al. 2015; Kenney et al. 2016a).

FIGURE 3

**Medicaid/CHIP Participation Rates among Children and Parents, 2013–15**
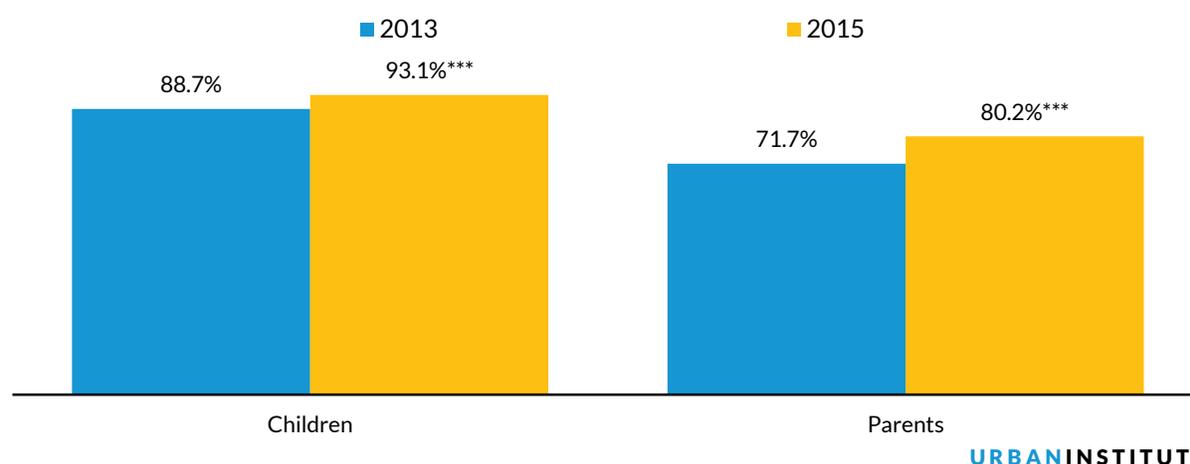
■ 2013   ■ 2015

Children: 88.7%, 93.1%***
Parents: 71.7%, 80.2%***

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Source: Urban Institute analysis of 2013–15 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Estimates reflect edits for apparent misclassified coverage. See Data and Methods section for definition of participation.
*** Estimate for 2015 differs significantly from 2013 estimate at the 0.01 level.

FIGURE 4

Medicaid/CHIP Participation among Eligible Children Age 18 and Younger, 2015
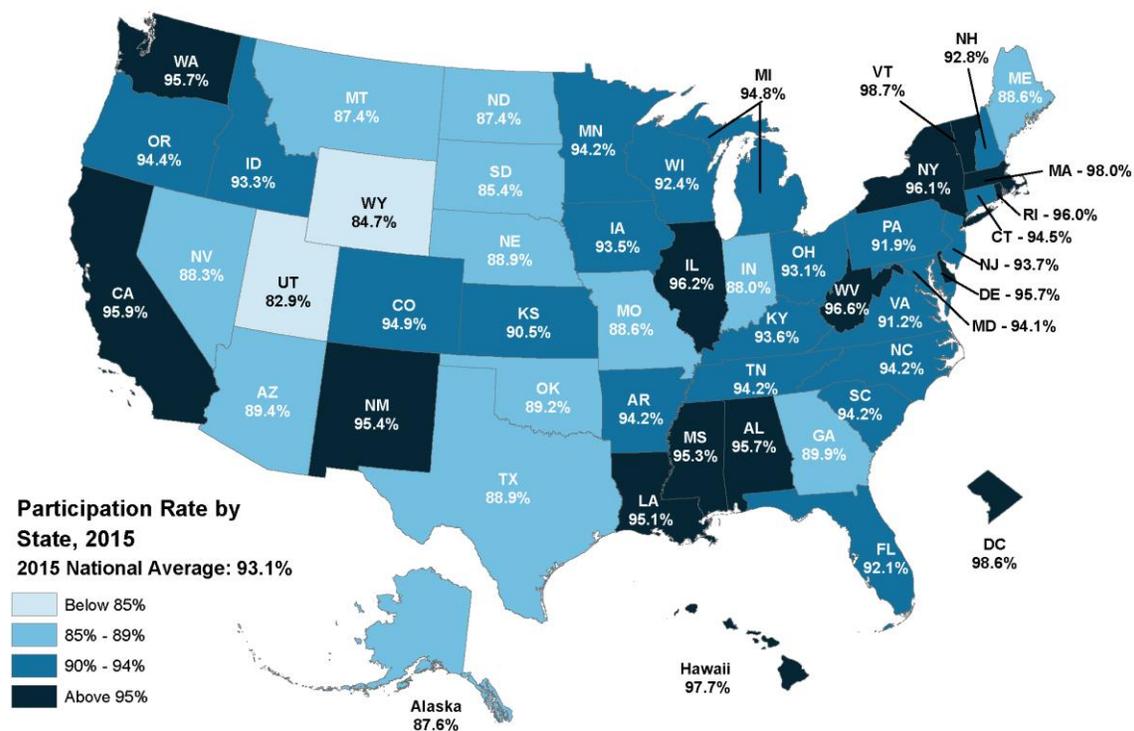
Source: Urban Institute tabulations of 2015 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Estimates reflect edits for apparent misclassified coverage. See Data and Methods section for definitions of eligibility and participation.

Participation in Medicaid/CHIP was higher among children than among parents both before and after implementation of the major coverage provisions of the ACA in 2014. In 2013, an estimated 88.7 percent of eligible children participated in Medicaid or CHIP, but participation was lower among Medicaid-eligible parents (71.7 percent). Though the estimated number of eligible children fell between 2013 and 2015 (45.9 million in 2013 to 42.9 million in 2015),[2] the number of Medicaid-eligible parents increased by about one-third as states implemented the ACA's Medicaid expansion (11.8 million in 2013 to 15.9 million in 2015; table 1). Concurrent with this growth in eligibility among parents, their overall participation rate rose from 71.7 percent in 2013 to 80.2 percent in 2015, an increase of 8.5 percentage points. The gains in participation also reduced uninsurance among eligible children and parents; the uninsurance rate fell by 2.8 percentage points among Medicaid/CHIP-eligible children and by 6.0 percentage points among Medicaid-eligible parents.

Although participation rose in both expansion and nonexpansion states, the larger average participation increases in expansion states widened the differences between expansion and nonexpansion states, particularly among parents (figure 5). The participation gap between parents in

expansion and nonexpansion states grew from 11.6 percentage points to 19.1 percentage points between 2013 and 2015. In 2015, parents' participation rates were below 65 percent in five states (Georgia, Kansas, Louisiana, Oklahoma, and Texas) but above 85 percent in 20 states; four states in the latter group (Massachusetts, Rhode Island, Vermont, and the District of Columbia) had participation rates of 90 percent or higher (figure 6). As shown in appendix table A.2, parents' participation rose by a statistically significant margin in 27 of the 29 expansion states and 5 of the 22 nonexpansion states, and states with large gains in parents' participation also tended to see large gains in children's participation. Many states with high parents' participation rates also had high children's participation rates, and vice versa; the correlation coefficient for the relationship between state-level rates for parents and children was 0.61 in 2015. Most states with participation rates above the median for children also had rates above the median for parents, and nine states (California, Hawaii, Massachusetts, New York, Rhode Island, Vermont, Washington, West Virginia, and the District of Columbia) were in the top quartile for both children and parents.

FIGURE 5

Medicaid/CHIP Participation Rates among Children and Parents by State Medicaid Expansion Status, 2013–15
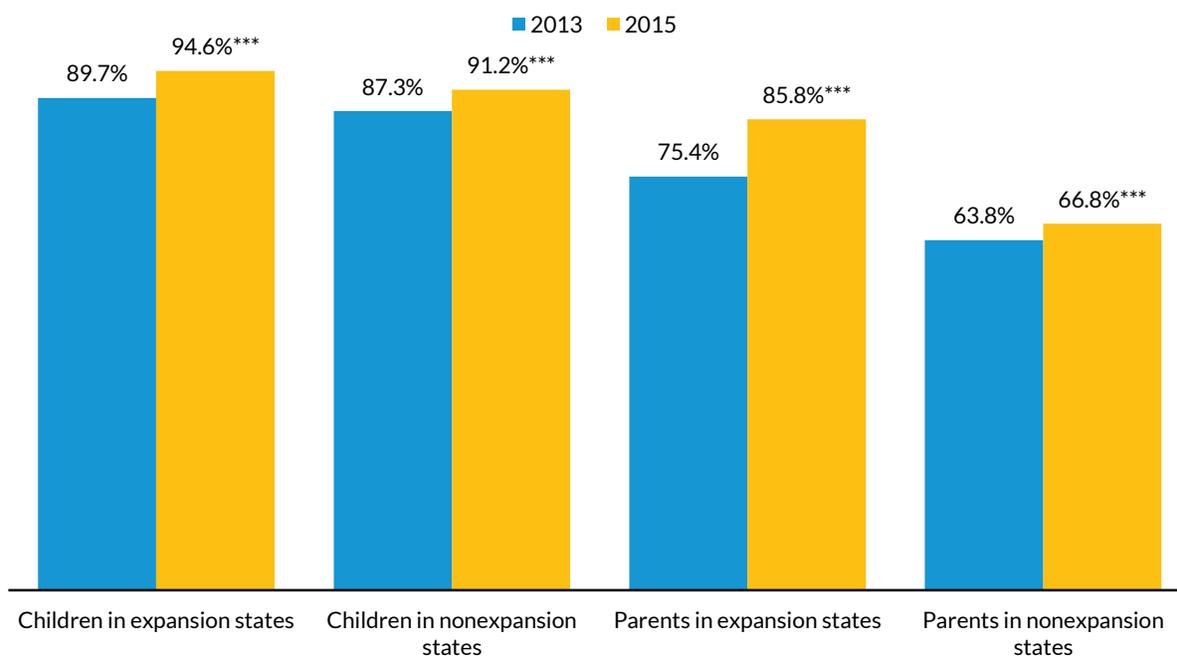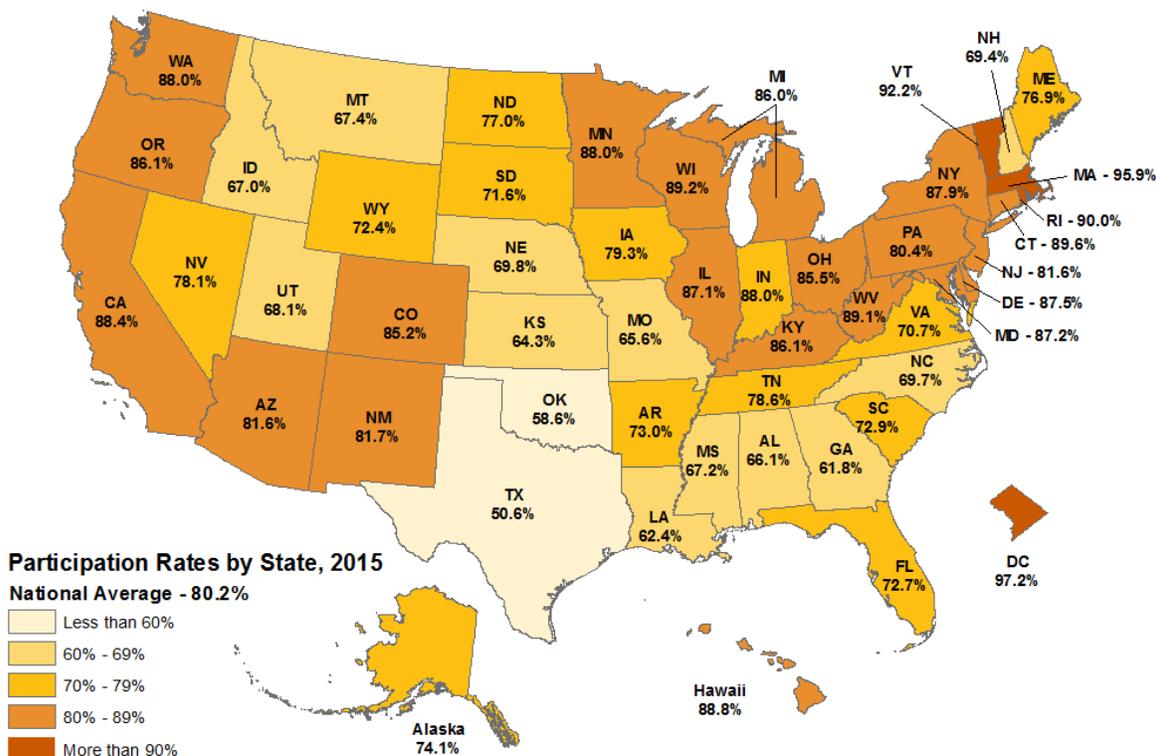

Source: Urban Institute analysis of 2013–15 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Estimates reflect edits for apparent misclassified coverage. Expansion status reflects state decisions as of mid-2015. See Data and Methods section for definition of participation.
*** Estimate for 2015 differs significantly from 2013 estimate at the 0.01 level.

FIGURE 6

Medicaid Participation among Eligible Parents Ages 19 to 64, 2015

Participation Rates by State, 2015
National Average - 80.2%
- Less than 60%
- 60% - 69%
- 70% - 79%
- 80% - 89%
- More than 90%

Source: Urban Institute tabulations of 2015 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Estimates reflect edits for apparent misclassified coverage. See Data and Methods section for definitions of eligibility and participation.

Medicaid/CHIP Participation among Children and Parents by Subgroup, 2013 to 2015

Table 2 shows estimated Medicaid/CHIP participation rates in 2013 and 2015, with children and parents grouped according to selected individual and family characteristics. Participation rates for children rose between 2013 and 2015 for every subgroup we examined, and participation was over 90 percent in nearly every subgroup of children in 2015. Gains were larger than 5 percentage points among adolescents (children ages 13 to 18), Asian/Pacific Islander children, children without functional limitations, children in families with income above 100 percent of FPL or not receiving SNAP benefits, and children living in the West. By 2015, participation rates were nearly 95 percent or higher among children under the age of 5, black children, children of "other" or mixed racial backgrounds, children with functional limitations, children in families with income below 100 percent of FPL or receiving SNAP benefits, and children living in the Northeast.

TABLE 2

Medicaid/CHIP Participation among Eligible Children Age 18 and Younger and Eligible Parents Ages 19 to 64, by Demographic Characteristics, 2013–15

	Participation Rate of Medicaid/CHIP-Eligible Children			Participation Rate of Medicaid-Eligible Parents		
	2013	**2015**	**Change, 2013–15**	**2013**	**2015**	**Change, 2013–15**
National	**88.7%**	**93.1%**	**4.5%**	**71.7%**	**80.2%**	**8.4%**
Age						
Birth to 5	91.7%[+++]	94.7%[+++]	3.0%***	NA	NA	NA
6 to 12	89.9%[+++]	93.6%[+++]	3.7%***	NA	NA	NA
13 to 18	83.6%[+++]	90.7%[+++]	7.1%***	NA	NA	NA
19 to 24	NA	NA	NA	71.1%	79.7%	8.5%***
25 to 34	NA	NA	NA	72.7%[+++]	79.8%[++]	7.1%***
35 to 44	NA	NA	NA	72.1%	80.5%	8.4%***
45 to 54	NA	NA	NA	69.2%[+++]	80.2%	11.0%***
55 to 64	NA	NA	NA	72.9%	81.8%[+++]	9.0%***
Sex						
Male	88.6%	93.1%	4.4%***	66.0%[+++]	77.9%[+++]	11.9%***
Female	88.7%	93.3%	4.5%***	73.9%[+++]	80.9%[+++]	7.0%***
Race/ethnicity						
White	87.1%[+++]	91.9%[+++]	4.8%***	71.2%[+++]	79.8%[+++]	8.6%***
Black	92.3%[+++]	95.2%[+++]	2.9%***	75.6%[+++]	81.5%[+++]	5.9%***
Hispanic	88.5%	93.4%[+++]	4.9%***	69.3%[+++]	79.8%[+++]	10.5%***
Asian/Pacific Islander	86.1%[+++]	93.4%	7.4%***	73.2%[++]	83.0%[+++]	9.8%***
American Indian/Alaska Native	83.6%[+++]	88.5%[+++]	4.9%***	69.1%[+++]	73.5%[+++]	4.3%***
Other/multiple	91.6%[+++]	94.9%[+++]	3.2%***	76.2%[+++]	88.1%[+++]	11.9%***
Functional limitation status (age 5+)						
Has functional limitation	94.3%[+++]	96.4%[+++]	2.1%***	83.5%[++]	88.1%[+++]	4.6%***
No functional limitation	86.4%[+++]	92.0%[+++]	5.6%***	69.0%[+++]	78.7%[+++]	9.7%***
Family income						
At or below 100% of FPL	92.0%[+++]	94.7%[+++]	2.6%***	71.8%	82.3%[+++]	10.5%***
Greater than 100% but less than 138% of FPL	86.8%[+++]	92.7%[++]	5.9%***	70.6%[++]	75.5%[+++]	4.9%***
At or above 138% of FPL	82.4%[+++]	90.2%[+++]	7.8%***	74.7%[+++]	84.1%[+++]	9.4%***
Household SNAP/food stamp status						
Does not receive SNAP/food stamps	80.0%[+++]	88.5%[+++]	8.5%***	53.8%[+++]	71.7%[+++]	18.0%***
Receives SNAP/food stamps	95.8%[+++]	97.3%[+++]	1.6%***	80.9%[+++]	86.8%[+++]	5.9%***
Census region						
Northeast	92.3%[+++]	94.7%[+++]	2.4%***	79.9%[+++]	85.8%[+++]	5.9%***
Midwest	89.4%[+++]	92.7%[+++]	3.3%***	76.6%[+++]	83.2%[+++]	6.5%***
South	87.9%[+++]	92.0%[+++]	4.1%***	62.6%[+++]	69.3%[+++]	6.7%***
West	87.1%[+++]	94.4%[+++]	7.2%***	70.4%[+++]	85.7%[+++]	15.3%***
Metropolitan status						
Metropolitan	89.0%[+++]	93.6%[++]	4.5%***	72.2%[+++]	81.4%[+++]	9.2%***
Nonmetropolitan	87.8%[+++]	91.8%[++]	4.0%***	71.7%	77.1%[+++]	5.5%***
Unclassifiable	87.1%[+++]	91.8%[++]	4.6%***	69.4%[+++]	75.8%[+++]	6.4%***

Source: Urban Institute tabulations of 2013–15 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program; FPL = federal poverty level; NA = not applicable; SNAP = Supplemental Nutrition Assistance Program. Estimates reflect edits for apparent misclassified coverage. See Data and Methods section for definitions of eligibility, participation, and uninsurance.

*** Estimate for 2015 differs significantly from 2013 estimate at the 0.01 level.

[++]/[+++] Subgroup estimate differs significantly from national average at the 0.05/0.01 levels.

Participation also rose in every subgroup of parents we examined, with increases of over 10 percentage points for parents ages 45 to 54, fathers, Hispanic parents, parents of "other" or mixed racial backgrounds, parents with incomes below 100 percent of FPL or receiving SNAP benefits, and parents living in the West. In 2015, participation rates were over 85 percent for several subgroups, including parents of other/multiple races, parents with functional limitations, parents receiving SNAP benefits, and parents living in the Northeast or West. On the other hand, parents' participation was below 70 percent in the South.

The changes between 2013 and 2015 reduced differences in participation across some subgroups. For instance, adolescents—the age group with the lowest participation rate among children in 2013 (83.6 percent)—experienced the largest participation gain (7.1 percentage points); this reduced the gap in participation between age groups of children. Participation gains for both children and parents without functional limitations and those in households not receiving SNAP benefits—who may be less connected to other social service systems and who had relatively low participation rates in 2013— exceeded those for children and parents with functional limitations or in households receiving SNAP benefits.

Many changes in children's and parents' participation were aligned: when a subgroup of parents saw a decline in uninsurance, often the same subgroup of children did too. For instance, across regions, participation increased the most in the West for both children and parents. Still, certain subgroups of both children and parents had low participation rates in 2015; these subgroups include American Indians/Alaska Natives,[3] those in households not receiving SNAP benefits, those living in the South, and those living outside of metropolitan areas. Additional participation gains for these groups could further reduce coverage gaps.

Medicaid/CHIP-Eligible Uninsured Children and Parents, 2013 to 2015

From 2013 to 2015, Medicaid/CHIP enrollment rose among eligible children, leading to a 40 percent decline in the number of eligible but uninsured children (figure 7). By 2015, just 2.1 million children were eligible for Medicaid or CHIP but uninsured nationwide. This drop built upon recent reductions in the number of eligible uninsured children: In 2008, an estimated 4.9 million children were eligible but uninsured, and this figure fell by over 1 million between 2008 and 2013 (Kenney, Anderson, and Lynch 2013; Kenney et al. 2015; Kenney et al. 2016a; Kenney, Lynch, Huntress, et al. 2012). Between 2013 and 2015, the number declined by another 1.5 million, and the number of eligible uninsured children in 2015 was less than half that in 2008.

FIGURE 7

Number of Uninsured Medicaid-Eligible Children and Parents by State Expansion Status, 2013–15

Thousands of people
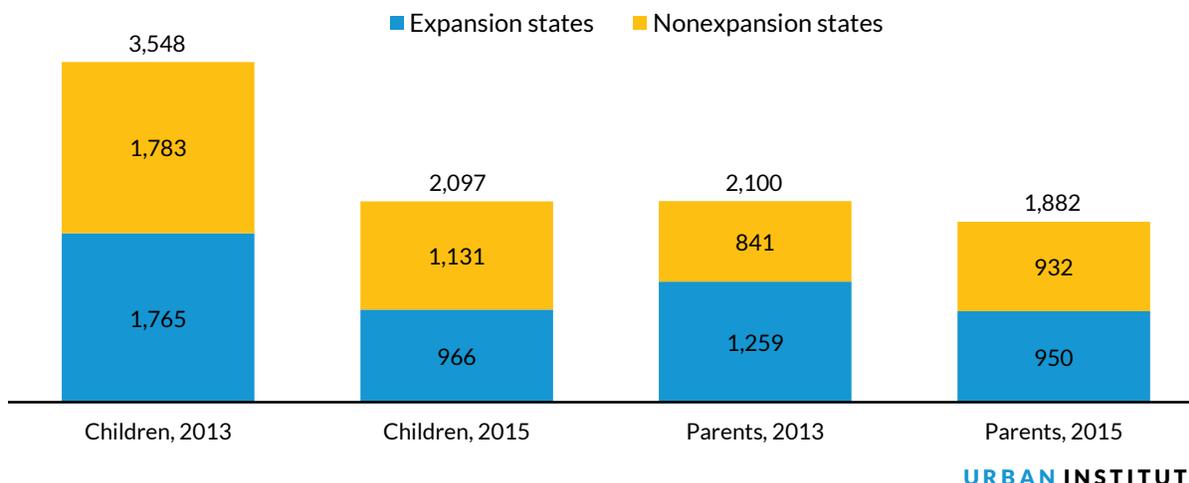
Source: Urban Institute tabulations of 2013–15 ACS data from the Integrated Public Use Microdata Series.
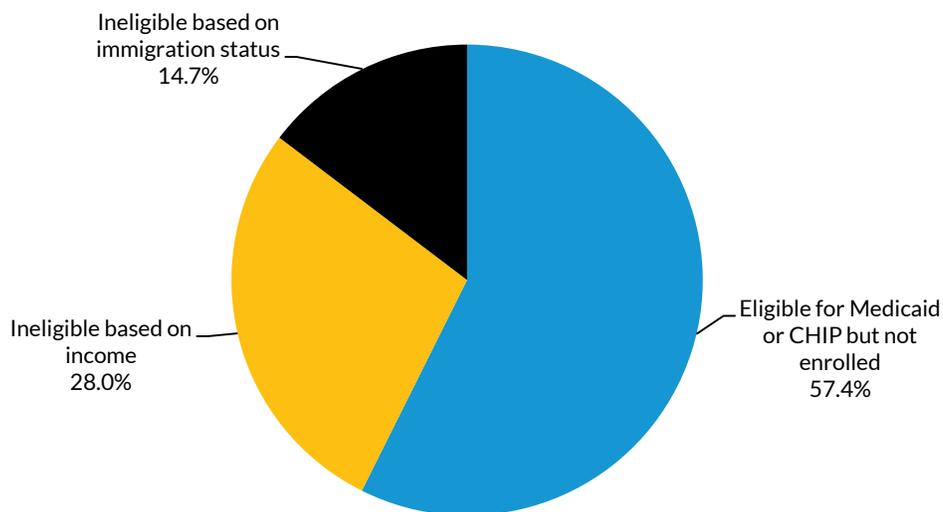**Notes:** Estimates reflect edits for apparent misclassified coverage. Expansion status reflects state decisions as of mid-2015.

As shown in table 1, the number of Medicaid-eligible parents grew by over 4 million between 2013 and 2015 under the ACA's Medicaid expansion. Immediately after the growth in eligibility under the ACA, the number of eligible but uninsured parents grew from 2.1 million in 2013 to 2.5 million in 2014 (data not shown) but fell to 1.9 million in 2015 as take-up of Medicaid coverage increased (figure 7). Thus, despite the much larger number of eligible parents in 2015 compared with 2013, the number of parents who were eligible but uninsured was smaller in 2015 than in 2013. Furthermore, though the number of eligible uninsured parents in nonexpansion states was relatively similar in 2013 and 2015 (841,000 in 2013 versus 932,000 in 2015), the number of eligible uninsured parents in expansion states was lower in 2015 (950,000) than in 2013 (1.3 million) because of the increase in Medicaid enrollment.

In 2015, a combined 3.9 million children and parents were eligible for Medicaid or CHIP but not enrolled; children made up slightly more than half the total. The 2.1 million eligible uninsured children constituted a majority of all uninsured children; 57.4 percent of all uninsured children were eligible for Medicaid or CHIP, but 28.0 percent were ineligible because they had family incomes above their state's eligibility thresholds and 14.7 percent met the income requirements but not the immigration requirements (figure 8).[4] The share of uninsured children estimated to be eligible for Medicaid/CHIP in 2015 was lower than in 2012 (68.4 percent) and 2014 (62.1 percent), likely because of a combination of increased take-up of available coverage, shifts in the distribution of uninsured children, and changes in eligibility over time (Kenney et al. 2015).[5] In contrast, the 1.9 million eligible uninsured parents constituted just 25.8 percent of all uninsured parents; 29.7 percent of uninsured parents in expansion states were eligible for Medicaid, compared with 22.8 percent in nonexpansion states (figure 9).

FIGURE 8

Profile of Medicaid/CHIP Eligibility among Uninsured Children, 2015

Source: Urban Institute analysis of 2015 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Estimates reflect edits for apparent misclassified coverage. See Data and Methods section for definitions of uninsurance and eligibility. "Ineligible based on immigration status" indicates meeting income requirements but not immigration requirements.

FIGURE 9

Share of Uninsured Parents Eligible for Medicaid, by State Expansion Status, 2015

Source: Urban Institute analysis of 2015 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Estimates reflect edits for apparent misclassified coverage. Expansion status reflects state decisions as of mid-2015. See Data and Methods section for definitions of uninsurance and eligibility.

Appendix tables A.3 and A.4 provide estimates of the number of eligible uninsured children and parents by state in 2015. The six states (California, Florida, Georgia, New York, Pennsylvania, and Texas) with the largest populations of both eligible uninsured children and eligible uninsured parents were home to over 40 percent of all eligible uninsured children and parents (950,000 eligible uninsured children and 790,000 eligible uninsured parents in total). Over half of all eligible uninsured children lived in one of these six states or in Indiana or Ohio, and over half of all eligible uninsured parents lived in one of these six states or in Illinois, North Carolina, or Ohio. Thus, enrolling the eligible uninsured children and parents in just 10 states could reduce the size of the eligible uninsured child and parent population by over half.

The majority of Medicaid-eligible parents had a child enrolled in Medicaid or CHIP in 2015 (figure 10). Though the share was higher in nonexpansion states (71.5 percent) than in expansion states (64.9 percent), 68.2 percent of all eligible uninsured parents had a child enrolled in Medicaid/CHIP. This suggests that strategies to boost enrollment among parents of children already enrolled in Medicaid or CHIP could dramatically reduce the number of eligible uninsured parents.

FIGURE 10

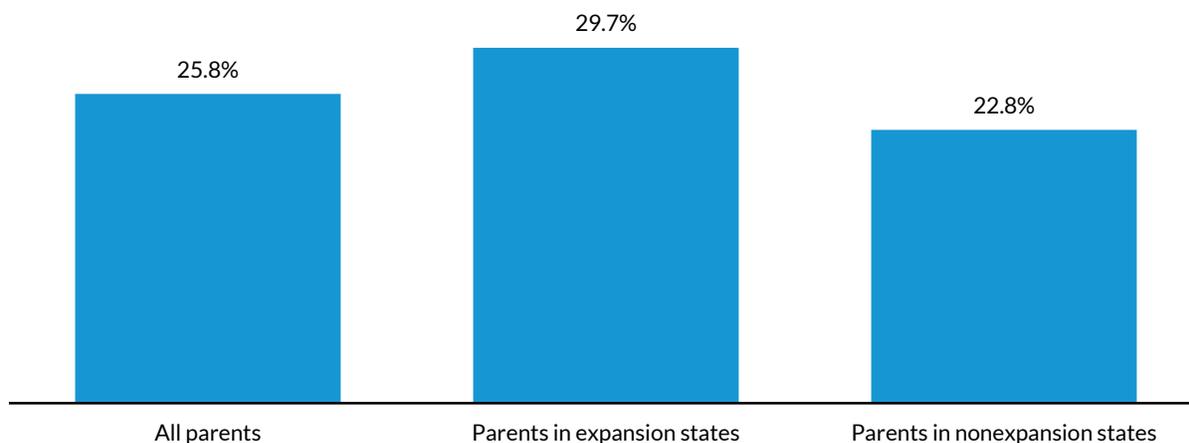**Share of Eligible Uninsured Parents with Medicaid/CHIP-Enrolled Child, 2015**
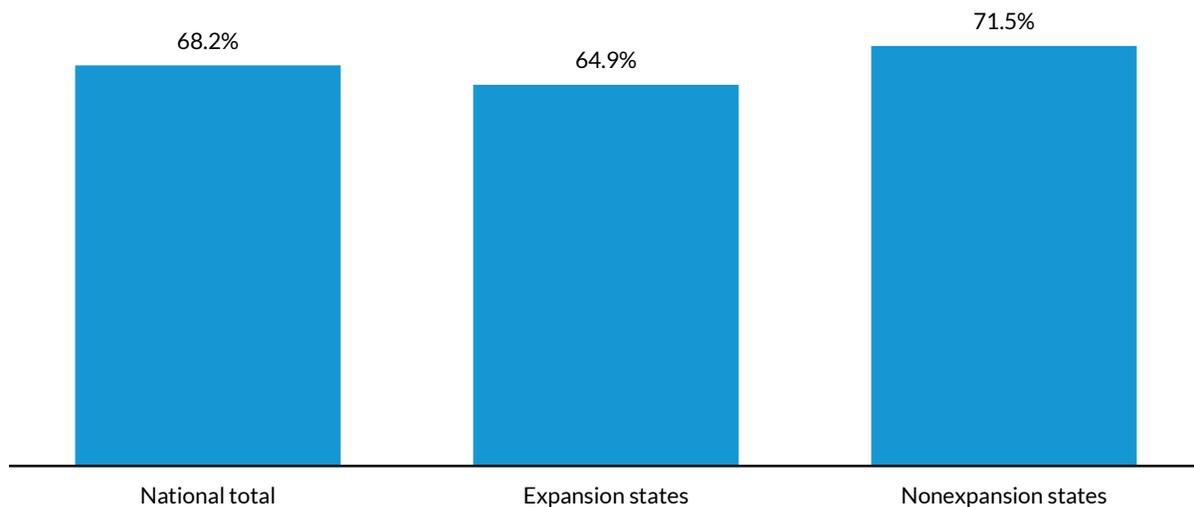

URBAN INSTITUTE

Source: Urban Institute analysis of 2015 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Estimates reflect edits for apparent misclassified coverage. Expansion status reflects state decisions as of mid-2015. See Data and Methods section for definitions of eligibility and uninsurance.

Conclusion

Uninsurance among children and parents declined by over 5 million between 2013 and 2015, with gains concentrated among those eligible for Medicaid or CHIP. In 2015, 36 states had children's participation rates above 90 percent, and the number of eligible uninsured children fell to 2.1 million. Medicaid participation rates also increased among parents, particularly in states that expanded Medicaid under the ACA; these rates exceeded 85 percent in 20 states. High children's participation rates in a wide variety of states suggest that more progress is possible for parents, particularly in states that have expanded Medicaid.

Efforts to reach eligible uninsured parents could be targeted at parents of children enrolled in Medicaid/CHIP, who make up over two-thirds of all eligible uninsured parents. Some states are using children's Medicaid/CHIP enrollment data to target uninsured parents for "fast track" enrollment or using families' SNAP eligibility to facilitate Medicaid enrollment among likely eligible parents and children (CMS 2015; Guyer, Schwartz, and Artiga 2013).[6] New research indicates that the ACA Medicaid expansions led to increased coverage, improved health care affordability, and reduced psychological stress among low-income parents (McMorrow et al. 2017).

Nevertheless, Medicaid/CHIP participation continues to lag for some subgroups. Policy efforts to target these subgroups could help close coverage gaps. For instance, both children and parents outside of metropolitan areas had lower rates of Medicaid/CHIP participation than those in metropolitan areas, which indicates that reducing enrollment barriers in rural areas (e.g., transportation difficulties) could boost participation. Low rates of Medicaid/CHIP participation among American Indians/Alaska Natives may be improved through targeted outreach; the Centers for Medicare & Medicaid Services plan to award $4 million in grants to organizations aiming to increase enrollment among these populations.[7] Notably, parents in nonexpansion states were twice as likely as parents in expansion states to be uninsured in 2015. This disparity suggests that adoption of the ACA's Medicaid expansion in the remaining states could boost coverage gains even further. Because gains in coverage and participation were larger in expansion states than in nonexpansion states for children as well as parents, expansion to more parents would likely produce associated gains for children.

The reduction in children's uninsurance between 2013 and 2015 continues coverage increases that began decades ago with pre-ACA expansions in eligibility for public coverage through Medicaid and CHIP, outreach investments, and policies that streamlined enrollment and retention processes for children (Harrington et al. 2014; Rosenbaum and Kenney 2014).[8] In contrast, the reduction in parents' uninsurance between 2013 and 2015 reverses the pre-ACA decline in parents' coverage rates that occurred between 1998 and 2010 (Karpman et al. 2016).

With uncertainty clouding the future of both CHIP and the ACA, the framework for publicly supported health insurance coverage is unclear. Federal funding for CHIP is set to expire in fiscal year 2017, and 34 states (including the District of Columbia) are projected to exhaust their federal CHIP funds by March 2018—yet so far no action has been taken. Moreover, maintenance-of-effort provisions for children end after 2019 (MACPAC 2017). Based on our earlier analyses, reductions in children's

eligibility for Medicaid and CHIP would lead to substantial increases in children's uninsurance (Buettgens, Kenney, and Pan 2016; Dubay, Buettgens, and Kenney 2015).

The future of the ACA Medicaid expansion and related provisions will also affect coverage for parents and children. Recent attempts to repeal and replace the ACA would have substantially reduced the number of people covered by Medicaid (CBO 2017). If similar federal legislation passes, we expect the number of uninsured children and parents to increase. But if the ACA stays in place, we may see more states opt into Medicaid expansion.[9] In that case, we anticipate additional coverage gains for both parents and children.

Data and Methods

Data Source

This brief uses the 2013–15 American Community Survey, an annual survey fielded by the US Census Bureau (Ruggles et al. 2010); this analysis is limited to noninstitutionalized civilians. We examine coverage status, Medicaid/CHIP eligibility, and Medicaid/CHIP participation among parents ages 19 to 64 and children from birth to age 18. A parent is defined as an adult living in a household with a biological child, adoptive child, or stepchild under age 19. Each year of the ACS includes a public use sample of over 570,000 parents and over 690,000 children. The ACS is fielded continuously over the course of the year, so the estimates reported here reflect averages for each year.

Medicaid/CHIP Eligibility

To assess Medicaid/CHIP eligibility, we use individual and family information provided by survey respondents in combination with the Medicaid/CHIP eligibility rules for each person's state of residence in the survey year (the District of Columbia is considered a state in this analysis). For 2013, we use the Urban Institute Health Policy Center's Medicaid/CHIP Eligibility Simulation Model, which applies the pre-ACA Medicaid eligibility rules for 2013 by using available information on eligibility guidelines, including the amount and extent of income disregards and asset tests, which varied widely across states (Lynch, Haley, and Kenney 2014). Our model identifies parents' eligibility for comprehensive Medicaid or Medicaid-equivalent benefits by using state rules for major pathways for adults, such as Section 1931 coverage, 1115 waivers, and other less common pathways (Kenney, Lynch, Haley, et al. 2012). We also define people who qualified for early ACA expansions in Connecticut, Minnesota, and the District of Columbia as eligible in 2013; although additional states such as California implemented early ACA expansions, we only include states with statewide, comprehensive expansions (Heberlein et al. 2013).[10]

For 2015, we use the Health Insurance Policy Simulation Model–ACS version, which builds on the Medicaid Eligibility Simulation Model and applies ACA rules that took effect in 2014 and any changes during 2014 and 2015 (Buettgens 2011; Buettgens et al. 2013). This model reflects both the increase in eligibility to those with incomes up to 138 percent of FPL in participating states and the shift to MAGI-

based eligibility-determination procedures. Further detail on our MAGI methodology is available in two studies by Kenney and colleagues (2016a, 2016b).

For noncitizens, both the 2013 model and the 2015 model take into account length of US residency in states where this is a factor in eligibility determination; documentation status is imputed.[11]

Participation

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

Analysis

We assess changes from 2013 to 2015 in uninsurance, Medicaid/CHIP participation, and the estimated number of eligible uninsured children and parents nationally, for states and selected subgroups, and by Medicaid expansion status as of June 2015 (the middle of the 2015 data collection period, when 29 states participated in the expansion). Indiana, New Hampshire, and Pennsylvania had not expanded Medicaid by mid-2014 but did so by mid-2015, so our expansion and nonexpansion state categories are defined differently than in our earlier analyses. Health insurance coverage is measured as status at the time of the survey. To address potential misclassification of coverage in the ACS, we applied a set of coverage edits (Lynch et al. 2011). Estimates of differences and the confidence intervals presented in the appendix use standard errors that account for the ACS's sample design; however, additional sources of error, such as those inherent in simulating eligibility for Medicaid and CHIP, are not reflected in the standard errors and thus overstate precision. We assess changes between 2013 and 2015 under the ACA's coverage provisions, but other changes beyond the ACA that occurred between 2013 and 2015 could affect any trends in coverage.

Limitations

As in our earlier estimates of health insurance coverage and Medicaid eligibility and participation, we note that both coverage and eligibility status are likely measured with error. Modeling eligibility for adults is particularly complex, and modeling eligibility before and after implementation of the ACA's coverage provisions requires different approaches that could over- or understate differences between the two periods (Kenney et al. 2016b).[12]

Uninsurance Rates among Children and Parents by State, 2013–15

	Children			Parents		
	2013	**2015**	**Change, 2013–15**	**2013**	**2015**	**Change, 2013–15**
National total	**7.0%**	**4.7%**	**-2.3%*****	**17.6%**	**11.8%**	**-5.8%*****
Expansion states	5.9%	3.6%+++	-2.3%***	14.8%	8.7%+++	-6.0%***
Arizona	11.9%	8.6%+++	-3.3%***	20.4%	13.7%+++	-6.7%***
Arkansas	5.9%	4.6%	-1.4%***	23.7%	13.1%+	-10.6%***
California	7.3%	3.3%+++	-4.0%***	20.2%	10.6%+++	-9.6%***
Colorado	8.4%	4.1%++	-4.3%***	16.0%	10.7%+++	-5.4%***
Connecticut	4.1%	3.5%+++	-0.6%***	8.4%	6.6%+++	-1.9%***
Delaware	4.9%	2.6%+++	-2.3%***	11.9%	6.9%+++	-5.0%***
District of Columbia	2.5%	1.4%+++	-1.1%***	4.4%	3.0%+++	-1.4%***
Hawaii	3.0%	1.4%+++	-1.6%***	6.9%	2.8%+++	-4.1%***
Illinois	4.3%	2.4%+++	-1.9%***	13.0%	9.0%+++	-4.1%***
Indiana	8.2%	6.5%+++	-1.6%***	17.3%	12.0%	-5.3%***
Iowa	4.5%	3.2%+++	-1.3%***	10.8%	6.0%+++	-4.8%***
Kentucky	5.9%	4.3%	-1.6%***	18.9%	6.8%+++	-12.1%***
Maryland	4.5%	3.9%+++	-0.6%***	10.7%	7.2%+++	-3.4%***
Massachusetts	1.5%	1.1%+++	-0.4%***	3.4%	2.2%+++	-1.2%***
Michigan	4.1%	3.0%+++	-1.1%***	12.1%	6.2%+++	-6.0%***
Minnesota	5.9%	3.0%+++	-2.9%***	8.3%	5.0%+++	-3.2%***
Nevada	13.4%	7.6%+++	-5.8%***	24.5%	15.4%+++	-9.1%***
New Hampshire	3.5%	3.3%+++	-0.2%	11.7%	8.5%+++	-3.2%***
New Jersey	5.5%	3.8%+++	-1.7%***	14.7%	10.1%+++	-4.5%***
New Mexico	8.5%	4.1%	-4.4%***	26.9%	16.1%+++	-10.8%***
New York	3.9%	2.4%+++	-1.5%***	11.5%	8.3%+++	-3.2%***
North Dakota	6.9%	8.5%+++	1.5%***	10.6%	7.8%+++	-2.8%***
Ohio	4.9%	4.0%+++	-0.9%***	10.3%	6.5%+++	-3.8%***
Oregon	6.1%	3.3%+++	-2.7%***	17.7%	9.2%+++	-8.5%***
Pennsylvania	4.6%	3.9%+++	-0.7%***	11.6%	6.9%+++	-4.7%***
Rhode Island	5.6%	2.8%+++	-2.8%***	11.3%	5.7%+++	-5.6%***
Vermont	3.0%	1.0%+++	-2.1%***	5.8%	3.1%+++	-2.8%***
Washington	6.1%	2.7%+++	-3.4%***	18.1%	8.5%+++	-9.7%***
West Virginia	4.6%	2.5%+++	-2.1%***	16.9%	6.0%+++	-10.9%***
Nonexpansion states	8.5%	6.2%+++	-2.3%***	21.7%	16.2%+++	-5.5%***
Alabama	4.6%	2.6%+++	-2.0%***	18.9%	13.0%++	-5.9%***
Alaska	12.1%	8.6%+++	-3.4%***	19.3%	11.3%	-8.0%***
Florida	10.9%	6.6%+++	-4.2%***	24.8%	16.7%+++	-8.1%***
Georgia	9.0%	6.8%+++	-2.2%***	23.3%	17.5%+++	-5.8%***
Idaho	8.4%	5.1%	-3.3%***	21.5%	14.7%+++	-6.9%***
Kansas	6.6%	5.2%	-1.5%***	17.3%	12.8%	-4.5%***
Louisiana	5.6%	3.4%+++	-2.2%***	21.0%	15.9%+++	-5.0%***
Maine	5.0%	6.0%+	1.0%***	10.1%	9.3%+++	-0.8%
Mississippi	7.1%	4.2%	-2.9%***	19.7%	15.2%+++	-4.5%***
Missouri	6.8%	5.6%+++	-1.3%***	15.9%	11.3%	-4.6%***
Montana	9.0%	6.4%++	-2.6%***	24.0%	11.8%	-12.2%***
Nebraska	5.5%	4.8%	-0.7%***	14.3%	9.8%+++	-4.5%***
North Carolina	6.0%	4.5%	-1.5%***	20.8%	15.5%+++	-5.3%***
Oklahoma	10.3%	7.6%+++	-2.7%***	24.4%	18.2%+++	-6.1%***
South Carolina	6.7%	4.0%+++	-2.7%***	19.2%	12.7%	-6.5%***
South Dakota	6.9%	7.2%+++	0.3%**	14.2%	12.0%	-2.2%***
Tennessee	5.4%	4.0%+++	-1.5%***	16.4%	11.2%	-5.2%***
Texas	12.2%	9.2%+++	-3.0%***	30.6%	24.2%+++	-6.3%***
Utah	8.6%	7.1%+++	-1.5%***	15.9%	12.6%	-3.3%***
Virginia	5.5%	4.7%	-0.8%***	14.3%	10.2%+++	-4.1%***
Wisconsin	4.4%	3.4%+++	-1.1%***	7.5%	6.2%+++	-1.3%***
Wyoming	6.3%	6.2%+	-0.1%	16.3%	11.8%	-4.6%***

Source: Urban Institute tabulations of 2013–15 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: Estimates reflect edits for apparent misclassified coverage. Expansion status reflects state decisions as of mid-2015.

/* Estimate for 2015 differs significantly from 2013 estimate at the 0.05/0.01 levels.

+/++/+++ State estimate for 2015 differs significantly from 2015 national average at the 0.10/0.05/0.01 levels.

Medicaid/CHIP Participation among Eligible Children and Parents by State, 2013–15

	Children			Parents		
	2013	2015	Change, 2013–15	2013	2015	Change, 2013–15
National total	**88.7%**	**93.1%**	**4.5%***	**71.7%**	**80.2%**	**8.5%***
Expansion states	*89.7%*	*94.6%+++*	*4.9%***	*75.4%*	*85.8%+++*	*10.4%***
Arizona	81.6%	89.4%+++	7.7%***	69.5%	81.6%	12.1%***
Arkansas	93.1%	94.2%+	1.1%***	59.1%	73.0%+++	13.9%***
California	88.9%	95.9%+++	7.1%***	72.8%	88.4%+++	15.6%***
Colorado	84.0%	94.9%+++	10.9%***	70.8%	85.2%+++	14.4%***
Connecticut	93.0%	94.5%++	1.5%***	80.9%	89.6%+++	8.7%***
Delaware	92.5%	95.7%++	3.2%***	80.6%	87.5%++	6.8%***
District of Columbia	97.8%	98.6%+++	0.8%***	92.8%	97.2%+++	4.4%***
Hawaii	92.7%	97.7%+++	5.0%***	75.0%	88.8%+++	13.8%***
Illinois	92.3%	96.2%+++	3.9%***	76.6%	87.1%+++	10.5%***
Indiana	84.3%	88.0%+++	3.7%***	69.3%	72.2%+++	2.8%
Iowa	89.7%	93.5%	3.8%***	75.9%	79.3%	3.4%*
Kentucky	90.3%	93.6%	3.3%***	61.5%	86.1%+++	24.6%***
Maryland	91.5%	94.1%++	2.6%***	78.7%	87.2%+++	8.5%***
Massachusetts	96.8%	98.0%+++	1.2%***	91.8%	95.9%+++	4.0%***
Michigan	92.8%	94.8%+++	2.0%***	78.9%	86.0%+++	7.1%***
Minnesota	84.9%	94.2%+	9.3%***	72.5%	88.0%+++	15.5%***
Nevada	74.3%	88.3%+++	13.9%***	53.4%	78.1%	24.7%***
New Hampshire	90.3%	92.8%	2.5%***	70.2%	69.4%++	-0.8%
New Jersey	89.8%	93.7%	3.8%***	69.6%	81.6%	12.0%***
New Mexico	90.3%	95.4%+++	5.1%***	65.2%	81.7%	16.5%***
New York	93.0%	96.1%+++	3.1%***	81.4%	87.9%+++	6.5%***
North Dakota	84.3%	87.4%++	3.2%***	62.4%	77.0%	14.6%**
Ohio	90.3%	93.1%	2.8%***	81.0%	85.5%+++	4.5%***
Oregon	89.1%	94.4%+++	5.2%***	78.2%	86.1%+++	7.9%***
Pennsylvania	90.5%	91.9%+++	1.4%***	76.6%	80.4%	3.8%***
Rhode Island	90.3%	96.0%+++	5.7%***	75.8%	90.0%+++	14.3%***
Vermont	94.3%	98.7%+++	4.3%***	87.2%	92.2%+++	4.9%*
Washington	88.1%	95.7%+++	7.6%***	62.2%	88.0%+++	25.8%***
West Virginia	91.7%	96.6%+++	5.0%***	74.3%	89.1%+++	14.8%***
Nonexpansion states	*87.3%*	*91.2%+++*	*4.0%***	*63.8%*	*66.8%+++*	*3.0%***
Alabama	91.6%	95.7%+++	4.1%***	60.7%	66.1%+++	5.5%
Alaska	81.8%	87.6%+++	5.9%	54.6%	74.1%	19.5%
Florida	85.0%	92.1%+++	7.1%***	62.0%	72.7%+++	10.7%***
Georgia	85.5%	89.9%+++	4.3%***	55.2%	61.8%+++	6.5%
Idaho	87.8%	93.3%	5.6%***	66.9%	67.0%+++	0.1%
Kansas	87.7%	90.5%+++	2.9%***	60.3%	64.3%+++	4.0%
Louisiana	92.4%	95.1%+++	2.7%***	63.1%	62.4%+++	-0.7%
Maine	94.0%	88.6%++	-5.4%***	82.3%	76.9%	-5.4%
Mississippi	89.2%	95.3%+++	6.1%***	69.4%	67.2%+++	-2.2%
Missouri	85.5%	88.6%+++	3.1%***	70.7%	65.6%+++	-5.1%
Montana	85.8%	87.4%+++	1.6%	46.0%	67.4%+++	21.4%**
Nebraska	88.4%	88.9%+++	0.5%	67.3%	69.8%+++	2.4%
North Carolina	91.9%	94.2%+++	2.4%***	62.6%	69.7%+++	7.1%
Oklahoma	85.6%	89.2%+++	3.5%***	54.7%	58.6%+++	3.9%
South Carolina	89.9%	94.2%++	4.2%***	59.7%	72.9%+++	13.2%***
South Dakota	86.2%	85.4%+++	-0.8%	66.5%	71.6%+	5.1%
Tennessee	91.1%	94.2%+++	3.1%***	72.7%	78.6%	5.8%***
Texas	84.7%	88.9%+++	4.2%***	51.4%	50.6%+++	-0.8%
Utah	79.0%	82.9%+++	3.9%***	65.5%	68.1%+++	2.6%
Virginia	89.1%	91.2%+++	2.1%***	69.8%	70.7%+++	0.9%
Wisconsin	90.9%	92.4%	1.5%***	81.6%	89.2%+++	7.6%***
Wyoming	88.4%	84.7%+++	-3.7%***	57.5%	72.4%	14.9%

Source: Urban Institute tabulations of 2013–15 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: Estimates reflect edits for apparent misclassified coverage. Expansion status reflects state decisions as of mid-2015.

*/**/*** Estimate for 2015 differs significantly from 2013 estimate at the 0.10/0.05/0.01 levels.

+/++/+++ State estimate for 2015 differs significantly from 2015 national average at the 0.10/0.05/0.01 levels.

Number of Medicaid/CHIP-Eligible Uninsured Children by State, 2015

Thousands of people

	Number	95% confidence interval	Cumulative total	Cumulative percentage
National total	2,097	2,044–2,150	NA	NA
Texas	346	321–370	346	16.5%
California	171	158–185	517	24.7%
Florida	148	133–162	665	31.7%
Georgia	119	107–132	784	37.4%
Pennsylvania	87	77–98	872	41.6%
New York	78	69–87	950	45.3%
Indiana	77	66–89	1,027	49.0%
Ohio	68	57–79	1,095	52.2%
Missouri	67	58–77	1,163	55.4%
Arizona	60	52–68	1,222	58.3%
North Carolina	60	52–67	1,282	61.1%
Illinois	48	41–55	1,330	63.4%
Virginia	46	37–56	1,376	65.6%
New Jersey	45	37–54	1,422	67.8%
Oklahoma	45	38–51	1,466	69.9%
Michigan	44	37–52	1,511	72.0%
Tennessee	39	32–45	1,549	73.9%
Utah	38	31–45	1,587	75.7%
Wisconsin	34	27–41	1,621	77.3%
Nevada	30	24–36	1,651	78.7%
Washington	30	23–37	1,681	80.1%
Maryland	28	22–34	1,709	81.5%
South Carolina	28	22–34	1,736	82.8%
Kentucky	28	22–34	1,764	84.1%
Louisiana	27	21–32	1,791	85.4%
Alabama	24	19–28	1,814	86.5%
Minnesota	23	17–30	1,838	87.6%
Colorado	23	18–28	1,861	88.7%
Kansas	23	16–30	1,884	89.8%
Oregon	22	17–27	1,906	90.9%
Arkansas	20	15–26	1,926	91.9%
Mississippi	19	14–23	1,945	92.7%
Iowa	18	13–23	1,963	93.6%
Nebraska	16	12–21	1,979	94.4%
Connecticut	14	9–20	1,993	95.1%
New Mexico	14	10–18	2,007	95.7%
Montana	11	7–16	2,019	96.3%
Idaho	10	7–13	2,029	96.7%
South Dakota	10	5–15	2,038	97.2%
Maine	9	6–13	2,048	97.6%
Massachusetts	9	5–12	2,057	98.1%
Alaska	8	5–11	2,065	98.5%
West Virginia	6	4–9	2,071	98.8%
Wyoming	6	3–9	2,077	99.0%
New Hampshire	6	3–8	2,083	99.3%
North Dakota	<5	NA	NA	NA
Delaware	<5	NA	NA	NA
Rhode Island	<5	NA	NA	NA
Hawaii	<5	NA	NA	NA
District of Columbia	<5	NA	NA	NA
Vermont	<5	NA	NA	NA

Source: Urban Institute tabulations of 2013–15 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: NA = not applicable. Estimates reflect edits for apparent misclassified coverage. See Data and Methods section for definitions of eligibility and uninsurance. A value of <5 indicates the state estimate is below 5,000 people and is therefore suppressed.

Number of Medicaid-Eligible Uninsured Parents by State, 2015

Thousands of people

	Number	95% confidence interval	Cumulative total	Cumulative percentage
National total	1,880	1841–1919	NA	NA
Texas	248	233–262	248	13.2%
California	185	173–197	432	23.0%
Florida	104	94–114	536	28.5%
New York	88	80–97	625	33.2%
Georgia	87	80–94	711	37.8%
Pennsylvania	79	70–86	790	42.0%
North Carolina	73	65–81	863	45.9%
Ohio	66	59–74	930	49.5%
Illinois	57	49–64	986	52.5%
Michigan	55	48–62	1,042	55.4%
Arizona	51	45–56	1,092	58.1%
Tennessee	47	42–53	1,139	60.6%
New Jersey	45	40–50	1,184	63.0%
Louisiana	45	39–51	1,229	65.4%
Oklahoma	44	39–49	1,273	67.7%
Virginia	39	34–44	1,312	69.8%
Missouri	39	34–43	1,351	71.8%
Indiana	38	32–43	1,389	73.9%
Alabama	38	33–42	1,427	75.9%
Arkansas	37	31–43	1,464	77.9%
South Carolina	35	30–41	1,499	79.7%
Mississippi	29	25–34	1,529	81.3%
Kentucky	28	24–33	1,557	82.8%
Washington	27	23–32	1,584	84.3%
Colorado	23	19–28	1,608	85.5%
Oregon	21	16–25	1,629	86.6%
Utah	21	17–24	1,649	87.7%
Nevada	20	16–24	1,669	88.8%
New Mexico	19	14–24	1,688	89.8%
Iowa	19	14–24	1,707	90.8%
Maryland	18	15–22	1,726	91.8%
Minnesota	18	14–22	1,743	92.7%
Kansas	16	11–20	1,759	93.6%
Wisconsin	15	11–18	1,774	94.3%
Connecticut	12	9–16	1,786	95.0%
Idaho	12	9–15	1,798	95.6%
Nebraska	10	7–12	1,808	96.1%
West Virginia	9	7–12	1,817	96.6%
Maine	9	6–12	1,826	97.1%
New Hampshire	8	5–11	1,834	97.6%
Massachusetts	8	5–10	1,842	98.0%
Alaska	8	5–10	1,850	98.4%
Montana	7	5–9	1,857	98.7%
South Dakota	5	3–6	1,861	99.0%
North Dakota	<5	NA	NA	NA
Delaware	<5	NA	NA	NA
Rhode Island	<5	NA	NA	NA
Hawaii	<5	NA	NA	NA
Wyoming	<5	NA	NA	NA
Vermont	<5	NA	NA	NA
District of Columbia	<5	NA	NA	NA

Source: Urban Institute tabulations of 2015 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: NA = not applicable. Estimates reflect edits for apparent misclassified coverage. See Data and Methods section for definitions of eligibility and uninsurance. A value of <5 indicates the state estimate is below 5,000 people and is therefore suppressed.

Notes

1. Estimates for smaller states have more error. In 2015, 24 states had sample sizes of fewer than 1,000 cases for estimates of parents' participation, and 12 states had sample sizes smaller than 1,000 for children's participation. Estimates with smaller samples are more volatile and likely more sensitive to methodological differences across survey years.

2. The reduction in the number of children modeled to be eligible for Medicaid or CHIP after 2013 may stem from changes in eligibility determination procedures under the ACA (e.g., treatment of certain types of income, definitions of the family unit, income disregard policies) as well as from other population shifts (e.g., changes in income distribution).

3. Estimates of American Indian/Alaska Native participation are sensitive to the treatment of Indian Health Service (IHS) access, which by convention is considered uninsurance. The 2015 participation rate for American Indian/Alaska Native children would rise from 88.5 percent to 93.8 percent if IHS access were considered coverage, and the comparable rate for parents would rise from 73.5 percent to 82.5 percent. Some state estimates of uninsurance and participation are also sensitive to the treatment of IHS access. For example, 2015 uninsurance rates would be 1 to 5 percentage points lower for children or parents in Alaska, Arizona, Montana, New Mexico, North Dakota, Oklahoma, and South Dakota, if IHS access were treated as coverage.

4. The share of uninsured children who were eligible for Medicaid/CHIP did not vary substantially between expansion and nonexpansion states; 59.1 percent of children in expansion states and 56.0 percent of children in nonexpansion states were estimated to be eligible for Medicaid/CHIP in 2015 (data not shown).

5. Genevieve M. Kenney, Jennifer M. Haley, Clare Pan, Victoria Lynch, and Matthew Buettgens, "Six States Hold the Key to Reaching Nearly Half of the Uninsured Kids Who Are Eligible for Medicaid/CHIP," *Say Ahhh!* (blog), Georgetown University Center for Children and Families, June 2, 2016, http://ccf.georgetown.edu/2016/06/02/six-states-hold-key-reaching-nearly-half-uninsured-kids-eligible-medicaidchip/.

6. Louisiana Department of Health, "Louisiana Receives Approval for Unique Strategy to Enroll SNAP Beneficiaries in Expanded Medicaid Coverage," news release, June 1, 2016, http://dhh.louisiana.gov/index.cfm/newsroom/detail/3838.

7. "Connecting Kids to Coverage Outreach & Enrollment Funding," CMS, accessed May 2017, https://www.insurekidsnow.gov/initiatives/connecting-kids/funding/index.html.

8. Evidence suggests that other ACA provisions on children's coverage could be contributing to gains in participation. For example, 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. Between 2013 and 2015, participation rates for children ages 6 to 18 in families with incomes below 138 percent of FPL increased more in these seven states than in other states (6.0 versus 3.7 percentage points); increases in these states were also larger than those in other expansion states (7.4 versus 4.0 percentage points) and those in other nonexpansion states (5.6 versus 3.1 percentage points). However, more analysis is needed to attribute the differential to the shift of children from CHIP to Medicaid.

9. Russell Berman, "The States Where Obamacare's Footprint Might Get Even Bigger," *Atlantic,* March 29, 2017, https://www.theatlantic.com/politics/archive/2017/03/kansas-republican-states-expand-medicaid-obamacare/521124/.

10. Six states (California, Connecticut, Minnesota, New Jersey, Washington, and the District of Columbia) expanded Medicaid before 2014. Our estimates for 2013 include the effects of Medicaid expansion in early expander states if that coverage was comprehensive and statewide; Connecticut, Minnesota, and the District of Columbia met that standard in 2013. Some adults in the other early expansion states could have qualified for ACA coverage in 2013 but could not be identified as eligible because of methodological limitations, so differences in eligibility between 2013 and later years could be overstated in those states. In addition, programs that do not provide comprehensive Medicaid or Medicaid-equivalent benefits are excluded.

11. Inconsistent information on certain immigration status rules caused a very small number of eligible children to be misclassified as ineligible; however, the misclassification had no meaningful impact on estimates of coverage or participation.

12. For instance, when comparing our pre-ACA eligibility model to our eligibility model for 2015, we find an increase in the share of Medicaid/CHIP-enrolled people who are not simulated to be eligible in our models; they are known as "ineligible reporters." One possible reason for the increase is that, in our attempt to address limitations associated with incomplete capture of 2013 eligibility pathways, we impute eligibility to some people who reported Medicaid coverage and met the categorical requirements for eligibility, but whose reported incomes exceeded eligibility thresholds. For example, we assign eligibility to adults who meet the immigration requirements, have functional limitations, report Medicaid coverage, and have incomes above the eligibility thresholds because our simulation does not take into account all the factors used to determine disability-based eligibility (e.g., income disregards in certain states and legal definitions of disability). However, because of the shift to MAGI-based eligibility, the elimination of the more complex, non-MAGI-exempt eligibility pathways, and less assumed bias in identifying those enrolled through complex pathways, we do not edit any people in the 2015 sample to eligibility, which may explain why we identify more ineligible reporters, particularly among parents and other adults.

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Acknowledgments

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