



Uninsurance and Medicaid/CHIP Participation among Children and Parents

Variation in 2016 and Recent Trends

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Our prior research found substantial changes in uninsurance and participation¹ in Medicaid and the Children's Health Insurance Program (CHIP) among children and parents in 2014 and 2015, the first two years of full implementation of the coverage provisions of the Affordable Care Act, or ACA (Kenney et al. 2016a, 2016b, 2017). In a recent publication, we showed that Medicaid/CHIP participation continued to increase among both children and parents in 2016, with 93.7 percent of eligible children participating in the programs nationally, but participation remained lower among parents than among children (Haley et al. 2018). In this brief, we build on our prior studies to examine patterns of uninsurance and Medicaid/CHIP participation among children and parents through 2016, the third full year following implementation of the major ACA coverage provisions. Key findings are as follows:

- In 2016, 4.3 percent of children and 11.0 percent of parents were uninsured, declining from 7.0 percent and 17.6 percent, respectively, in 2013—a nearly 40 percent drop for both groups. Reductions in uninsurance were smaller in 2016 than those observed in 2014 and 2015 for both children and parents.
- As in prior years, we found that in 2016 parents were over 2.5 times more likely to be uninsured than children.
- Among parents, coverage rose between 2013 and 2016 in every state, but increases were larger, on average, in states participating in the ACA's Medicaid expansion by mid-2016. These changes widened the coverage gap between expansion and nonexpansion states: in 2016, uninsurance among parents in nonexpansion states was nearly twice as high as in expansion states. Between 2013 and 2016, children experienced a 2.7 percentage-point reduction in uninsurance in both expansion and nonexpansion states, representing declines of 46 and 31

percent, respectively. On average, children in states that had not expanded Medicaid were 1.8 times as likely to be uninsured as those in states that had expanded Medicaid in 2016.

- In 2016, uninsurance among children was below 10 percent in every state; 37 states had uninsurance rates below 5 percent, and 16 of these had uninsurance rates below 3 percent. Uninsurance among parents fell between 2013 and 2016 in every state, varying from a low of 1.8 percent in Massachusetts to a high of 23.9 percent in Texas in 2016. However, uninsurance remained significantly higher among parents than among children in nearly every state.
- Medicaid/CHIP participation rose, and uninsurance fell, between 2013 and 2016 for each subgroup of children and adults we examined. Yet higher levels of uninsurance persisted for some subgroups, such as Hispanics, adolescents ages 13 to 18, and young adults ages 19 to 24.
- Uninsurance was higher among parents than among children in all but 1 of the 100 metropolitan areas we examined, with uninsurance rates for parents ranging from below 2 percent in the Worcester, Massachusetts, area to above 48 percent in the McAllen, Texas, area.
- Over half (56.8 percent) of the remaining uninsured children nationally were eligible for Medicaid/CHIP, more than twice as many as among parents (25.5 percent). Among Medicaid-eligible uninsured parents, two-thirds had children already enrolled in the programs.
- The large states of Texas, California, Florida, Georgia, Pennsylvania, and New York were home to nearly half of eligible uninsured children (913,000) and over 4 in 10 eligible uninsured parents (724,000).

Introduction

Under the ACA, policy changes were implemented in 2014 that expanded available health insurance coverage options. These included a new minimum income threshold for Medicaid eligibility of 138 percent of the federal poverty level (FPL) in participating states, new availability of unsubsidized and subsidized Marketplace coverage, streamlined and coordinated enrollment processes, an individual mandate on coverage, and investments in outreach and enrollment assistance.

Many of these changes were targeted at expanding eligibility for subsidized coverage among parents and other adults. While most states before ACA implementation did not offer Medicaid to childless adults except for eligibility related to disability or pregnancy, all states offered some coverage to low-income parents. This was partly owing to federal mandates, and the median state had a threshold of just 61 percent of FPL in 2013 (Heberlein et al. 2013; Kenney, Lynch, Haley, et al. 2012; MACPAC 2012). The 32 states (including the District of Columbia) participating in the ACA's Medicaid expansion by 2016 extended eligibility to 138 percent of FPL or higher for parents and other adults. In contrast, among the 19 nonexpansion states, the median eligibility threshold for parents remained below 50 percent of FPL in 2016. Only one state (Wisconsin) offered any coverage to nondisabled, nonpregnant childless adults (Brooks et al. 2016).

For children, coverage through Medicaid/CHIP was much more expansive than for adults both before and after ACA implementation, following years of eligibility expansions and improvements to enrollment, renewal, and outreach processes. In 2016, the median state covered children with family incomes up to 255 percent of FPL, and nearly every state covered children with incomes up to 200 percent of FPL or higher, with 19 states extending eligibility to 300 percent of FPL or higher. Eligibility was higher for children than for adults in every state (Brooks et al. 2016). Under federal maintenance of eligibility requirements, children's Medicaid/CHIP eligibility levels were relatively stable under the ACA, but other ACA provisions resulted in shifts for children, including transitioning certain children from CHIP to Medicaid in some states (Miskell and Alker 2015; Prater and Alker 2013). Further, the expanded availability of coverage for parents (which has been shown to increase coverage among children), along with the ACA's outreach and enrollment simplifications, were expected to boost enrollment among children (Burak 2017; Heberlein et al. 2012; Kenney, Lynch, Huntress, et al. 2012).

In the two decades before the ACA was passed, uninsurance had been falling among children following pre-ACA expansions of public coverage for children, whereas it had been rising for parents (Dubay and Kenney 2018; Gates et al. 2016; Karpman et al. 2016; Rosenbaum and Kenney 2014). Following the implementation of the major ACA coverage provisions, uninsurance declined among both parents and children, particularly among the income groups targeted by the ACA's coverage expansions and in states participating in the ACA's Medicaid expansion (Alker and Chester 2015; Kaiser Family Foundation 2017; Karpman, Kenney, and Gonzalez 2018; Karpman, Long, and Zuckerman 2016; Kenney et al. 2016a, 2016b, 2017; McMorrow et al. 2017; McMorrow and Kenney 2018).

Both children's and parents' Medicaid/CHIP participation rates have risen since 2013, consistent with administrative data showing increases in Medicaid/CHIP enrollment over this period, particularly in expansion states (Centers for Medicare and Medicaid Services 2016; Haley et al. 2018; Kenney et al. 2016a, 2016b, 2017). Further, research indicates that coverage expansions for parents are associated with coverage improvements for children (Alker and Pham 2017; Burak 2017; Hudson and Moriya 2017; Kenney et al. 2016b, 2017; Lukanen, Schwehr, and Fried 2018; Venkataramani, Pollack, and Roberts 2017). Between 2013 and 2016, uninsurance fell among children nationally and in most states (Lukanen, Schwehr, and Fried 2018). Further, the national participation rate for children in 2016 was 93.7 percent, and more than 9 in 10 eligible children participated in Medicaid/CHIP in most states; in 2016, participation was lower among parents than among children and lower in nonexpansion states than in expansion states (Haley et al. 2018).

This brief uses the latest available data from the American Community Survey (ACS) to examine trends in uninsurance and Medicaid/CHIP participation among children and parents between 2013 and 2016. We assess changes between 2013 and 2016, a time when the ACA's major coverage provisions began to be implemented. However, other changes, particularly related to the economy, were occurring between 2013 and 2016 that could also affect trends in coverage nationally and across states. Therefore, changes in participation and coverage over this period cannot be attributed to the policies that were instituted under the ACA. Moreover, Medicaid and CHIP eligibility and participation are intrinsically difficult to measure, particularly for parents in nonexpansion states. This difficulty

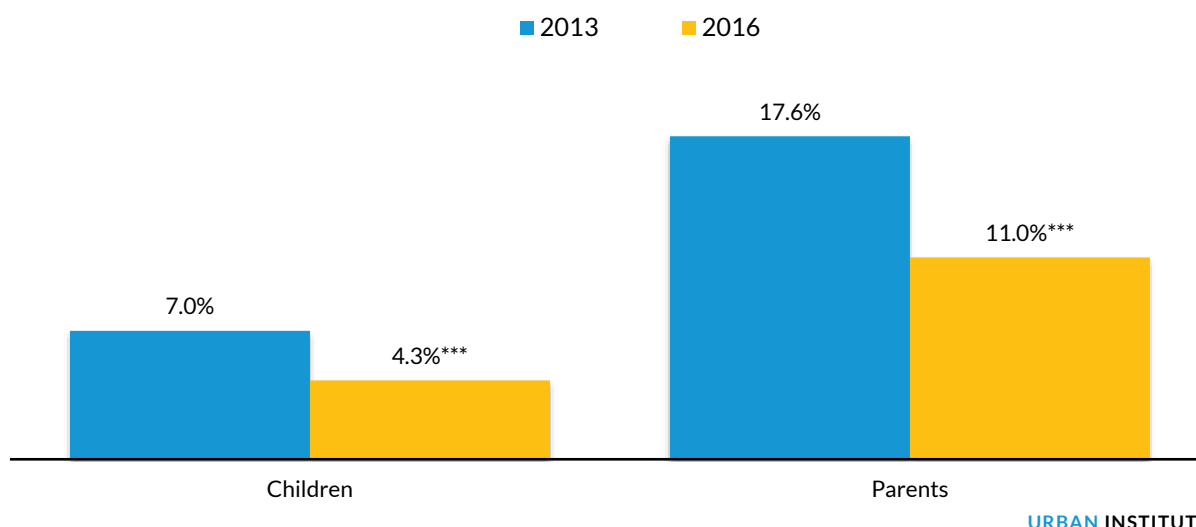
introduces additional measurement error in our estimates of the magnitude of changes over time and of differences across states. We build on our prior research tracking trends using the ACS, updating the analysis for 2016 (Kenney, Anderson, and Lynch 2013; Kenney et al. 2011, 2015, 2016a, 2016b, 2017; Haley et al. 2018; Kenney, Lynch, Haley, et al. 2012; Kenney, Lynch, Huntress, et al. 2012). We investigate differences across states and groups of states according to their participation in the ACA's Medicaid expansion and across socioeconomic and demographic subgroups. We also present estimates of uninsurance for selected metropolitan areas and estimates of the number of people eligible for Medicaid/CHIP but not enrolled.

Results

Trends in Uninsurance, 2013–16

In 2016, 4.3 percent of children and 11.0 percent of parents were uninsured nationwide, declining from 7.0 percent and 17.6 percent, respectively, in 2013 (figure 1). Uninsurance fell 39 percent among children and 38 percent among parents between 2013 and 2016. During this time, the number of uninsured children fell from 5.4 million to 3.3 million, while the number of uninsured parents fell from 10.9 million to 6.8 million—a combined decline of 6.2 million uninsured children and parents during the first three years of implementation of the ACA's major coverage provisions (table 1). These gains reflect new enrollment in Medicaid/CHIP and Marketplace coverage as well as other small shifts in health insurance coverage (data not shown).

FIGURE 1
Uninsurance Rates among Children and Parents, 2013 and 2016



Source: Urban Institute analysis of 2013–16 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Children are age 18 and younger. Parents are ages 19 to 64. See text for how uninsurance is defined. Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey.

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

The drops in uninsurance between 2015 and 2016 built on the large declines that occurred in 2014 and 2015. Yet the coverage gains were less than half those observed between 2013 and 2014 or between 2014 and 2015 (Kenney et al. 2016a, 2016b, 2017; table 1). Uninsurance among parents remained much higher than among children—in 2016, as in 2013, parents were over 2.5 times as likely as children to lack health insurance coverage.

TABLE 1

Uninsurance and Medicaid/CHIP Eligibility among Children and Parents, 2013–16

	2013	2014	2015	2016	Change 2013–16
Children					
<i>Uninsurance rate</i>	7.0%	5.8%***	4.7%***	4.3%***	-2.7%
<i>Number of uninsured (thousands)</i>	5,428	4,519	3,655	3,339	-2,089
<i>Medicaid/CHIP-eligible children</i>	45,874	43,930	43,148	42,130	-3,744
<i>Uninsurance rate</i>	7.7%	6.4%***	4.9%***	4.5%***	-3.2%
<i>Number of uninsured (thousands)</i>	3,548	2,807	2,116	1,898	-1,650
Parents					
<i>Uninsurance rate</i>	17.6%	14.3%***	11.8%***	11.0%***	-6.6%
<i>Number of uninsured (thousands)</i>	10,918	8,842	7,279	6,836	-4,082
<i>Medicaid-eligible parents</i>	11,756	15,971	16,024	15,252	3,496
<i>Uninsurance rate</i>	17.9%	15.8%***	12.1%***	11.4%***	-6.4%
<i>Number of uninsured (thousands)</i>	2,100	2,524	1,937	1,743	-357

Source: Urban Institute tabulations of 2013–16 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: Children are age 18 and younger. Parents are ages 19 to 64. See text for definitions of eligibility and uninsurance (estimates of Medicaid eligibility for parents include those eligible for Supplemental Security Income–based Medicaid). Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey.

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

Trends in Medicaid/CHIP Eligibility and Participation, 2013–16

As shown in Haley et al. (2018), participation rose for both parents and children between 2013 and 2016. An estimated 93.7 percent of eligible children and 79.9 percent of eligible parents without other coverage participated in Medicaid/CHIP in 2016. Higher participation rates were found among eligible children than among eligible parents in all states, including both expansion and nonexpansion states.²

For children, this rise continues increases in participation that date back to 2008, when we began tracking changes annually. Over this period, several policy changes were implemented that directly or indirectly affected Medicaid and CHIP coverage for children. Examples include Medicaid/CHIP eligibility expansions to children and investments in outreach and enrollment and reenrollment processes related to the reauthorization of CHIP, as well as Medicaid expansion for parents under the

ACA and other ACA-related coverage and enrollment policies. In 2008, 81.7 percent of children participated in Medicaid/CHIP, rising to 93.7 percent in 2016—an increase of 12 percentage points over eight years (Haley et al. 2018; Kenney, Anderson, and Lynch 2013; Kenney et al. 2015, 2016a, 2017; Kenney, Lynch, Huntress, et al. 2012).³ The gain in participation over 2015–16 was smaller than during 2013–15; participation rose by 0.6 percentage points among children in 2016 (from 93.1 percent in 2015 to 93.7 percent in 2016) compared with 2.1 and 3.3 percentage points during 2014 and 2015, respectively (Haley et al. 2018; Kenney et al. 2017).

Among parents, participation has increased since 2013, a period during which some states expanded Medicaid eligibility under the ACA (Haley et al. 2018). The estimated number of eligible parents rose about 30 percent nationally between 2013 and 2016 (table 1).⁴ Although the increase in eligibility was larger in expansion states, eligibility also rose in nonexpansion states under ACA implementation (data not shown). In part, this reflects changes in Medicaid eligibility determination procedures such as the shift to using modified adjusted gross income (MAGI) and a standard 5 percent disregard as well as differences in measurement of eligibility in survey data for the pre-ACA and post-ACA periods and changes in the underlying income distribution over time (Kenney et al. 2016a).

Participation among parents rose by 12.3 percentage points between 2013 and 2016, from 67.6 in 2013 to 79.9 percent in 2016 (table 2; Haley et al. 2018). Despite the large increase in parents' participation, levels remained lower than among children, though the difference in participation between children and parents narrowed somewhat between 2013 and 2016 (Haley et al. 2018). Increases in participation among parents also appeared to be smaller in 2015–16 than in 2014–15. Medicaid participation among parents rose by 6.7 percentage points in 2014–15 (from 71.8 percent in 2014 to 78.5 percent in 2015), compared with 1.4 percentage points in 2015–16 (from 78.5 percent in 2015 to 79.9 percent in 2016) (table A.1; Haley et al. 2018).

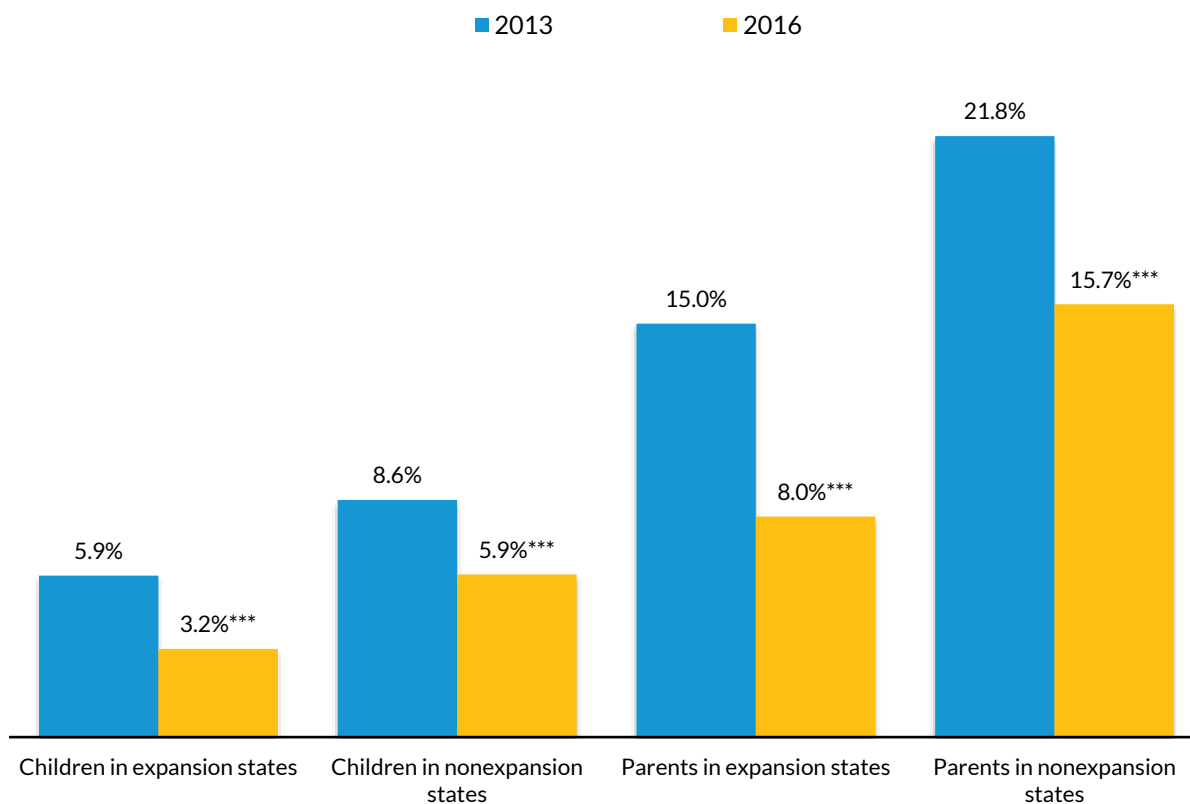
In 2016, Medicaid/CHIP participation rates ranged from 80.7 percent to 98.4 percent among children and from 44.0 percent to 95.6 percent among parents and were lower among parents than among children in every state (Haley et al. 2018). Among both children and parents, participation was higher in 2016 than in 2013 (table 2; Haley et al. 2018).⁵

Variation in Uninsurance by State and State Medicaid Expansion Status, 2013–16

Uninsurance fell between 2013 and 2016 for both children and parents in most states (table A.2). Among parents, declines occurred in every state but were larger, on average, in states participating in the ACA's Medicaid expansion by 2016, widening the coverage gap between expansion and nonexpansion states. Uninsurance among both children and parents was lower in 2013 among states that would go on to expand Medicaid—with a larger gap between expansion and nonexpansion states among parents (6.8 percentage points) than among children (2.7 percentage points; figure 2). By 2016, uninsurance fell by 7.0 percentage points, or 47 percent, in expansion states and by 6.1 percentage points, or 28 percent, in nonexpansion states (table A.2). Parents' uninsurance in nonexpansion states (15.7 percent) was nearly twice as high as in expansion states (8.0 percent) in 2016.

FIGURE 2

Uninsurance Rates among Children and Parents by State Medicaid Expansion Status, 2013 and 2016



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Source: Urban Institute analysis of 2013–16 American Community Survey data from the Integrated Public Use Microdata Series.

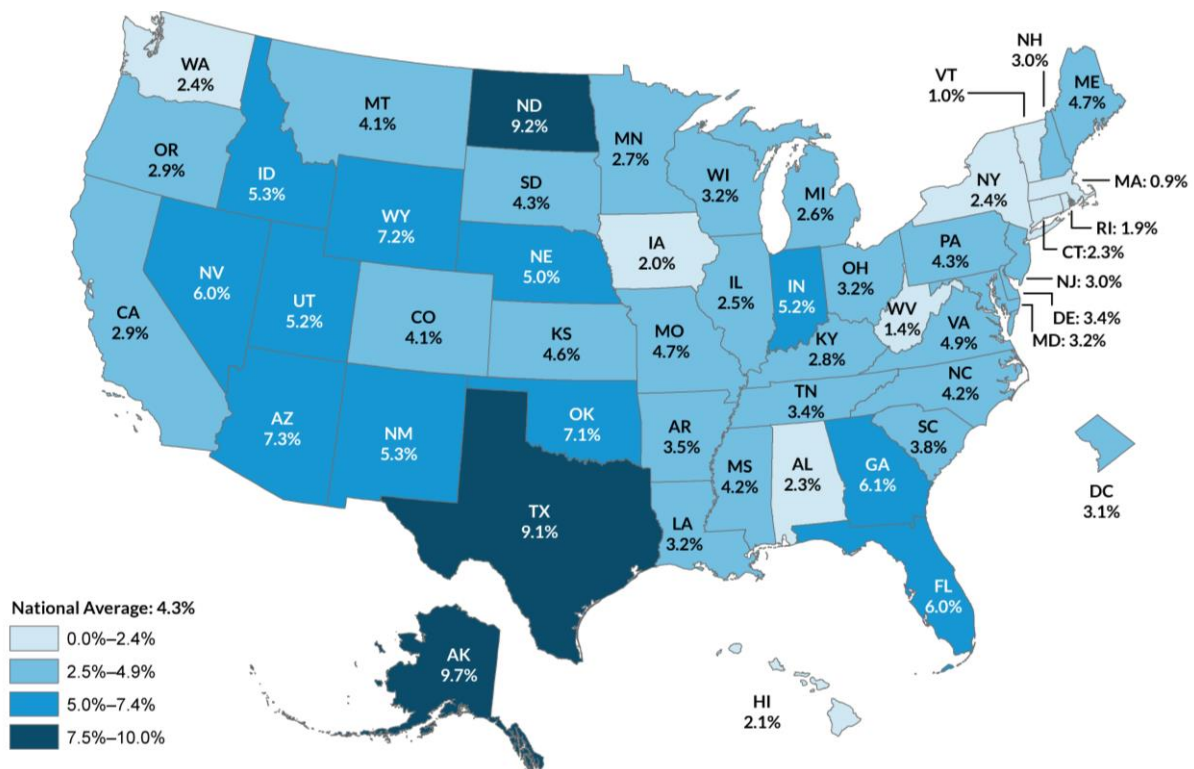
Notes: Children are age 18 and younger. Parents are ages 19 to 64. See text for how uninsurance is defined. Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey. State expansion status refers to state decisions as of mid-2016.

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

Children experienced a 2.7 percentage-point reduction in uninsurance in both expansion and nonexpansion states between 2013 and 2016, representing declines of 46 and 31 percent, respectively (figure 2). Children’s uninsurance rates fell in nearly every state between 2013 and 2016, with the largest decline (of 7.5 percentage points) found in Nevada (table A.2).⁶ In 2013, uninsurance was above 10 percent in six states (Alaska, Arizona, Florida, Nevada, Oklahoma, and Texas) but by 2016 was below 10 percent in every state. Thirty-seven states had uninsurance rates below 5 percent among children, with 16 of these below 3 percent, in 2016 (figure 3).⁷ Children in states that had not expanded Medicaid were 1.8 times as likely to be uninsured as those in states that had expanded Medicaid in 2016 (figure 2).

Uninsurance among parents was significantly higher than among children in nearly every state in 2016 (table A.2).⁸ Uninsurance fell among parents between 2013 and 2016 in each state, and in 2016, uninsurance among parents varied from 1.8 percent in Massachusetts to 23.9 percent in Texas (figure 4). During 2013–16, parents’ uninsurance declined by more than 6 percentage points in half of states, and nine expansion states (Arkansas, California, Kentucky, Montana, Nevada, New Mexico, Oregon, Washington, and West Virginia) experienced declines of 10 percentage points or more.⁹

FIGURE 3
Uninsurance Rates among Children by State, 2016



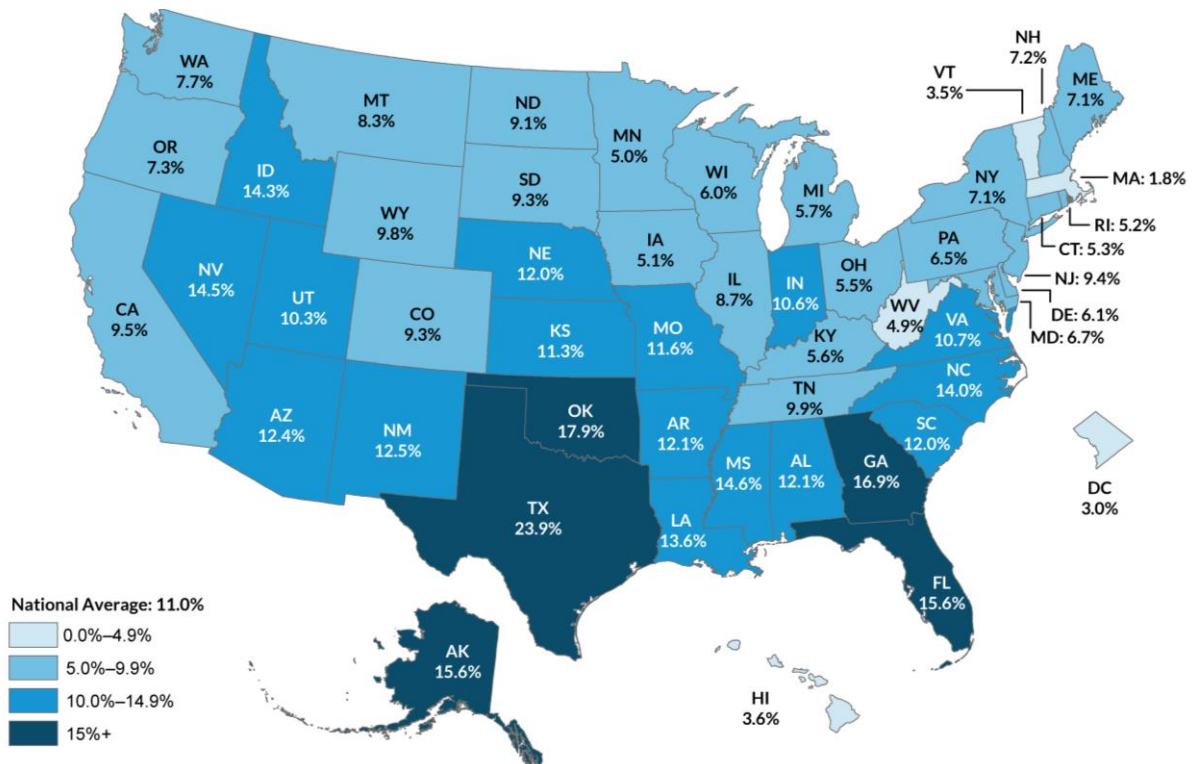
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Source: Urban Institute tabulations of 2016 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: See text for definition of uninsurance. Children are age 18 or under. Estimates reflect an adjustment for potential misreporting of coverage in the American Community Survey.

Two states that implemented the ACA’s Medicaid expansion in late 2015 or 2016 had among the larger state-level drops in uninsurance for parents during 2016: uninsurance fell by 2.4 percentage points in Louisiana and 3.5 percentage points in Montana. This is especially notable for Louisiana, given that the state’s expansion was not implemented until midyear, so declines observed in 2016 include a six-month period before implementation of the expansion.

FIGURE 4
Uninsurance Rates among Parents by State, 2016



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Source: Urban Institute tabulations of 2016 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: See text for definition of uninsurance. Parents are ages 19 to 64. Estimates reflect an adjustment for potential misreporting of coverage in the American Community Survey.

Variation in Medicaid/CHIP Participation and Uninsurance by Socioeconomic/Demographic Subgroups, 2013–16

Medicaid/CHIP participation rose (table 2), and uninsurance fell (table 3), between 2013 and 2016 among each socioeconomic and demographic subgroup of children and parents we examined. By 2016, participation was above 95 percent among children from birth to age 5, black children, children of races other than the five examined and of multiple races, children with functional limitations, poor children, and children in families receiving Supplemental Nutrition Assistance Program benefits. For parents, participation was above 85 percent among parents of races other than the five examined and of multiple races, parents with functional limitations, parents in families receiving Supplemental Nutrition Assistance Program benefits, parents in expansion states, and parents in the West.

TABLE 2

Medicaid/CHIP Participation among Eligible Children and Parents by Demographic Characteristics, 2013 and 2016

	Participation Rate of Medicaid/CHIP-Eligible Children			Participation Rate of Medicaid-Eligible Parents		
	2013	2016	Change	2013	2016	Change
National	88.7%	93.7%	5.1% ^{†††}	67.6%	79.9%	12.3% ^{†††}
Age						
Birth to 5	91.6% ^{***}	95.1% ^{***}	3.5% ^{†††}			
6 to 12	89.6% ^{***}	94.2% ^{***}	4.6% ^{†††}			
13 to 18	83.6% ^{***}	91.5% ^{***}	7.8% ^{†††}			
19 to 24				69.6% ^{***}	80.9% ^{***}	11.3% ^{†††}
25 to 34				69.8% ^{***}	79.8% ^{***}	10.0% ^{†††}
35 to 44				67.2% ^{***}	80.1% ^{***}	12.9% ^{†††}
45 to 64				62.2% ^{***}	79.3% ^{***}	17.1% ^{†††}
Sex						
Male	88.6% ^{***}	93.7% ^{**}	5.1% ^{†††}	61.2% ^{***}	77.0% ^{***}	15.8% ^{†††}
Female	88.7% ^{***}	93.7% ^{**}	5.0% ^{†††}	70.0% ^{***}	80.9% ^{***}	10.8% ^{†††}
Race/Ethnicity						
White	87.1% ^{***}	92.7% ^{***}	5.6% ^{†††}	66.5% ^{***}	79.3% ^{***}	12.7% ^{†††}
Black	92.3% ^{***}	96.1% ^{***}	3.8% ^{†††}	71.0% ^{***}	81.1% ^{***}	10.2% ^{†††}
Hispanic	88.5% ^{***}	93.5% ^{***}	5.0% ^{†††}	66.1% ^{***}	79.7% ^{***}	13.6% ^{†††}
Asian/Pacific Islander	86.1% ^{***}	94.8% ^{***}	8.7% ^{†††}	71.1% ^{***}	84.1% ^{***}	13.0% ^{†††}
American Indian/Alaska Native	83.6% ^{***}	89.5% ^{***}	5.9% ^{†††}	63.4% ^{***}	72.9% ^{***}	9.5% ^{†††}
Other/Multiple	91.6% ^{***}	95.4% ^{***}	3.8% ^{†††}	73.3% ^{***}	86.0% ^{***}	12.7% ^{†††}
Functional limitation status (age 5+)						
Has functional limitation	94.3% ^{***}	96.5% ^{***}	2.2% ^{†††}	75.2% ^{***}	85.5% ^{***}	10.3% ^{†††}
No functional limitation	86.4% ^{***}	92.7% ^{***}	6.3% ^{†††}	66.3% ^{***}	79.0% ^{***}	12.8% ^{†††}
Family income						
At or below 100% of FPL	91.9% ^{***}	95.3% ^{***}	3.3% ^{†††}	68.0% ^{***}	82.0% ^{***}	14.0% ^{†††}
Greater than 100% but less than 138% of FPL	86.8% ^{***}	93.3% ^{***}	6.5% ^{†††}	69.2% ^{***}	80.4% ^{***}	11.2% ^{†††}
At or above 138% of FPL	82.4% ^{***}	91.2% ^{***}	8.8% ^{†††}	61.6% ^{***}	71.9% ^{***}	10.3% ^{†††}
Household SNAP/food stamp status						
Does not receive SNAP/food stamps	80.0% ^{***}	89.6% ^{***}	9.5% ^{†††}	46.9% ^{***}	72.2% ^{***}	25.3% ^{†††}
Receives SNAP/food stamps	95.8% ^{***}	97.7% ^{***}	1.9% ^{†††}	78.1% ^{***}	86.6% ^{***}	8.4% ^{†††}
State Medicaid expansion status in 2016						

Expansion	89.7%***	94.9%***	5.2%†††	71.9%***	85.4%***	13.5%†††
Nonexpansion	87.1%***	91.9%***	4.8%†††	56.6%***	64.1%***	7.5%†††
Census region						
Northeast	92.3%***	94.9%***	2.7%†††	77.5%***	87.3%***	9.8%†††
Midwest	89.4%***	93.6%***	4.2%†††	73.5%***	81.8%***	8.3%†††
South	87.9%***	92.7%***	4.8%†††	54.3%***	67.4%***	13.1%†††
West	87.1%***	94.7%***	7.6%†††	67.2%***	86.1%***	18.8%†††
Metropolitan status						
Metropolitan	89.0%***	94.2%***	5.1%†††	68.3%***	81.4%***	13.1%†††
Nonmetropolitan	87.8%***	92.0%***	4.2%†††	66.5%***	76.4%***	9.9%†††
Unclassifiable	87.1%***	92.4%***	5.3%†††	63.9%***	73.7%***	9.8%†††

Source: Urban Institute tabulations of 2013–16 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: CHIP = Children's Health Insurance Program; FPL = federal poverty level; SNAP = Supplemental Nutrition Assistance Program. Children are age 18 and younger. Parents are ages 19 to 64. Estimates reflect edits for apparent misclassified coverage. See text for definitions of eligibility, participation, and uninsurance (estimates of Medicaid participation for parents do not include those eligible for Supplemental Security Income–based Medicaid).

***/** Category estimate differs significantly from national estimate at the 0.01/0.05 levels.

††† Estimate of difference between 2013 and 2016 estimates is significant at the 0.01 level.

TABLE 3

Uninsurance among Children and Parents by Demographic Characteristics, 2013 and 2016

	Uninsurance Rate among Children			Uninsurance Rate among Parents		
	2013	2016	Change	2013	2016	Change
National	7.0%	4.3%	-2.7%†††	17.6%	11.0%	-6.6%†††
Age						
Birth to 5	5.3%***	3.4%***	-1.9%†††			
6 to 12	6.2%***	3.9%***	-2.3%†††			
13 to 18	9.4%***	5.6%***	-3.8%†††			
19 to 24				28.7%***	18.1%***	-10.6%†††
25 to 34				22.4%***	14.1%***	-8.3%†††
35 to 44				16.7%***	11.0%**	-5.7%†††
45 to 64				13.0%***	7.6%***	-5.4%†††
Sex						
Male	7.0%	4.3%***	-2.7%†††	17.1%***	10.9%***	-6.1%†††
Female	7.0%	4.3%***	-2.7%†††	18.0%***	11.0%***	-7.0%†††
Race/Ethnicity						
White	5.2%***	3.3%***	-1.9%†††	11.0%***	6.2%***	-4.9%†††
Black	5.9%***	3.3%***	-2.6%†††	17.9%***	10.3%***	-7.6%†††

Hispanic	11.4%***	7.1%***	-4.3%†††	38.4%***	26.8%***	-11.6%†††
Asian/Pacific Islander	7.2%***	3.2%***	-4.1%†††	13.9%***	6.0%***	-8.0%†††
American Indian/Alaska Native	11.8%***	8.0%***	-3.8%†††	24.8%***	17.0%***	-7.9%†††
Other/Multiple	4.8%***	3.0%***	-1.8%†††	15.4%***	8.1%***	-7.3%†††
Functional limitation status (age 5+)						
Has functional limitation	5.0%***	3.2%***	-1.8%†††	15.6%***	9.4%***	-6.1%†††
No functional limitation	7.9%***	4.8%***	-3.1%†††	17.7%***	11.1%***	-6.6%†††
Family income						
At or below 100% of FPL	7.1%***	4.2%***	-2.9%†††	30.1%***	16.6%***	-13.5%†††
Greater than 100% but less than 138% of FPL	9.5%***	5.1%***	-4.3%†††	28.5%***	15.2%***	-13.3%†††
At or above 138% of FPL	6.6%***	4.2%***	-2.4%†††	13.9%***	9.6%***	-4.3%†††
Household SNAP/food stamp status						
Does not receive SNAP/food stamps	7.8%***	4.8%***	-3.0%†††	14.6%***	9.1%***	-5.5%†††
Receives SNAP/food stamps	4.7%***	2.7%***	-2.0%†††	30.5%***	20.1%***	-10.4%†††
State Medicaid expansion status in 2016						
Expansion	5.9%***	3.2%***	-2.7%†††	15.0%***	8.0%***	-7.0%†††
Nonexpansion	8.6%***	5.9%***	-2.7%†††	21.8%***	15.7%***	-6.1%†††
Census region						
Northeast	4.1%***	2.8%***	-1.3%†††	10.8%***	6.5%***	-4.3%†††
Midwest	5.4%***	3.4%***	-1.9%†††	12.4%***	7.7%***	-4.7%†††
South	8.5%***	5.7%***	-2.8%†††	22.6%***	15.6%***	-7.0%†††
West	7.9%***	3.8%***	-4.1%†††	19.5%***	9.8%***	-9.7%†††
Metropolitan status						
Metropolitan	6.8%***	4.1%***	-2.7%†††	17.4%***	10.8%***	-6.5%†††
Nonmetropolitan	7.8%***	5.4%***	-2.4%†††	19.0%***	11.7%***	-7.3%†††
Not classified	7.7%***	4.9%***	-2.7%†††	18.0%***	11.6%***	-6.4%†††

Source: Urban Institute tabulations of 2013–16 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: FPL = federal poverty level; SNAP = Supplemental Nutrition Assistance Program. Estimates reflect edits for apparent misclassified coverage. See text for definition of uninsurance.

*** Category estimate differs significantly from national estimate at the 0.01/0.05 levels.

††† Estimate of difference between 2013 and 2016 estimates is significant at the 0.01 level.

Subgroups of children with higher than the national average uninsurance rate of 4.3 percent in 2016 included adolescents (5.6 percent), Hispanic children (7.1 percent), American Indian/Alaska Native children (8.0 percent),¹⁰ children with family incomes 100 to 138 percent of FPL (5.1 percent), children in nonexpansion states (5.9 percent), children in the South (5.7 percent), and children in nonmetropolitan areas (5.4 percent). Likewise, uninsurance was higher than the 2016 national average of 11.0 percent among some subgroups of parents, such as Hispanic parents (26.8 percent) and young parents ages 19 to 24 (18.1 percent), even though these were among the subgroups of adults with larger coverage gains between 2013 and 2016.

Variation in Uninsurance across 100 Metropolitan Areas with Largest Populations of Children, 2015–16

During 2015–16, children’s uninsurance in the 100 metro areas with the largest populations of children averaged 4.2 percent—slightly lower than the national average (4.5 percent), consistent with lower rates of uninsurance in metro areas overall (table 3). Uninsurance was below 8 percent in nearly all of these metro areas (table 4). The only exceptions were the Lancaster, Pennsylvania, area and six metro areas in Texas (the El Paso, Dallas, Corpus Christi, Houston, Brownsville, and McAllen areas), which had uninsurance rates for children ranging from 8.3 percent to 15.5 percent. These seven areas were also in the lowest quintile of Medicaid/CHIP participation rates (data not shown).

Uninsurance was significantly higher among parents than among children in all but one of these 100 metro areas, but uninsurance rates among children and parents appeared to be related. For instance, uninsurance was highest (above 20 percent) for parents in the six areas in Texas with very high uninsurance rates among children (with rates above 40 percent for parents in the Brownsville and McAllen, Texas, metro areas). The majority of metro areas in the lowest quintile for children’s uninsurance were also in the lowest quintile for parents’ uninsurance, with similar patterns for metro areas with the highest rates. Uninsurance among parents was below 3 percent in three Massachusetts areas (Boston, Springfield, and Worcester), the Honolulu, Hawaii, area, and the Buffalo, New York, area, and was below 7 percent for about one-third of metro areas—almost all in expansion states. We found that metropolitan areas with high uninsurance among parents tended to have lower than average Medicaid participation rates among children (data not shown).

TABLE 4
Uninsurance Rates among Children and Parents, 100 Metropolitan Areas with Largest Populations of Children, 2015–16

	Children		Parents	
	Uninsurance Rate	Rank	Uninsurance Rate	Rank
All 100 Selected Metro Areas	4.2%		11.2%	
Worcester, MA-CT	0.6%***	1	1.9%***	1
Springfield, MA	1.0%***	2	2.0%***	2
Boston-Cambridge-Newton, MA-NH	1.3%***	3	2.6%***	3
Buffalo-Cheektowaga-Niagara Falls, NY	1.4%***	4	2.8%***	5

Hartford-West Hartford-East Hartford, CT	1.5%***	5	3.3%***	6
Albany-Schenectady-Troy, NY	1.5%***	6	3.8%***	8
Syracuse, NY	1.6%***	7	4.0%***	9
San Francisco-Oakland-Hayward, CA	1.6%***	8	4.7%***	13
Pittsburgh, PA	1.7%***	9	3.7%***	7
Toledo, OH	1.7%***	10	5.2%***	18
San Jose-Sunnyvale-Santa Clara, CA	1.8%***	11	4.7%***	12
Des Moines-West Des Moines, IA	1.8%***	12	4.2%***	11
Providence-Warwick, RI-MA	1.8%***	13	4.1%***	10
Detroit-Warren-Dearborn, MI	1.8%***	14	5.4%***	20
Urban Honolulu, HI	1.9%***	15	2.6%***	4
Seattle-Tacoma-Bellevue, WA	2.0%***	16	6.7%***	30
Modesto, CA	2.0%***	17	7.6%***	36
Spokane-Spokane Valley, WA	2.0%***	18	5.8%***	24
Baton Rouge, LA	2.0%***	19	10.8%***	55
Milwaukee-Waukesha-West Allis, WI	2.1%***	20	6.4%***	28
Sacramento--Roseville--Arden-Arcade, CA	2.2%***	21	5.7%***	22
Portland-Vancouver-Hillsboro, OR-WA	2.2%***	22	6.9%***	32
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	2.4%***	23	6.4%***	29
Birmingham-Hoover, AL	2.4%***	24	9.6%***	44
Chicago-Naperville-Elgin, IL-IN-WI	2.4%***	25	10.4%***	52
New Haven-Milford, CT	2.4%***	26	5.9%***	27
Cincinnati, OH-KY-IN	2.5%***	27	4.8%***	14
Bakersfield, CA	2.5%***	28	10.6%***	54
Stockton-Lodi, CA	2.6%***	29	7.7%***	37
Charleston-North Charleston, SC	2.6%***	30	11.7%***	64
Louisville/Jefferson County, KY-IN	2.7%***	31	5.7%***	23
Columbia, SC	2.7%***	32	11.4%***	60
Fresno, CA	2.7%***	33	11.0%***	56
Minneapolis-St. Paul-Bloomington, MN-WI	2.7%***	34	4.9%***	16
New York-Newark-Jersey City, NY-NJ-PA	2.8%***	35	9.6%***	43
Dayton, OH	2.8%***	36	5.8%***	25
Richmond, VA	2.8%***	37	8.1%***	38
Baltimore-Columbia-Towson, MD	3.0%***	38	5.1%***	17
New Orleans-Metairie, LA	3.0%***	39	14.2%***	78
Rochester, NY	3.1%***	40	4.8%***	15
Visalia-Porterville, CA	3.1%***	41	11.5%***	62
Colorado Springs, CO	3.1%***	42	7.0%***	33
Columbus, OH	3.2%***	43	6.8%***	31
Cleveland-Elyria, OH	3.3%***	44	5.3%***	19
Denver-Aurora-Lakewood, CO	3.4%***	45	10.1%***	49
St. Louis, MO-IL	3.4%***	46	7.4%***	35
Grand Rapids-Wyoming, MI	3.5%***	47	5.8%***	26
San Diego-Carlsbad, CA	3.5%***	48	10.2%***	50
Oxnard-Thousand Oaks-Ventura, CA	3.6%***	49	13.5%***	76
Riverside-San Bernardino-Ontario, CA	3.6%***	50	12.2%***	67
Lafayette, LA	3.7%***	51	16.4%***	89
Salinas, CA	3.7%***	52	13.4%***	74
Los Angeles-Long Beach-Anaheim, CA	3.7%***	53	12.7%***	70
Knoxville, TN	3.7%***	54	9.9%***	46
Raleigh, NC	3.8%***	55	10.4%***	53
Akron, OH	3.8%***	56	5.6%***	21

Allentown-Bethlehem-Easton, PA-NJ	3.8%***	57	7.2%***	34
Nashville-Davidson--Murfreesboro--Franklin, TN	3.9%***	58	9.9%***	47
Omaha-Council Bluffs, NE-IA	4.0%***	59	10.3%***	51
Ogden-Clearfield, UT	4.0%***	60	8.5%***	39
Jackson, MS	4.1%***	61	13.3%***	73
Virginia Beach-Norfolk-Newport News, VA-NC	4.1%***	62	9.0%***	40
Fayetteville-Springdale-Rogers, AR-MO	4.1%*	63	13.9%***	77
Albuquerque, NM	4.2%	64	12.0%***	66
Charlotte-Concord-Gastonia, NC-SC	4.2%	65	12.8%***	71
Indianapolis-Carmel-Anderson, IN	4.2%	66	10.0%***	48
Kansas City, MO-KS	4.3%***	67	11.0%***	57
Winston-Salem, NC	4.3%***	68	16.9%***	90
Greenville-Anderson-Mauldin, SC	4.4%***	69	12.5%***	69
Memphis, TN-MS-AR	4.4%***	70	12.2%***	68
Washington-Arlington-Alexandria, DC-VA-MD-WV	4.6%***	71	9.4%***	41
Augusta-Richmond County, GA-SC	4.7%***	72	12.0%***	65
Little Rock-North Little Rock-Conway, AR	4.9%***	73	9.6%***	42
Provo-Orem, UT	5.0%***	74	11.1%	58
Boise City, ID	5.0%***	75	13.4%***	75
Jacksonville, FL	5.1%***	76	11.2%	59
Greensboro-High Point, NC	5.4%***	77	15.9%***	83
Tampa-St. Petersburg-Clearwater, FL	5.7%***	78	14.5%***	81
Oklahoma City, OK	5.8%***	79	16.4%***	88
Bridgeport-Stamford-Norwalk, CT	5.8%***	80	9.7%***	45
Lakeland-Winter Haven, FL	6.1%***	81	16.1%***	85
Orlando-Kissimmee-Sanford, FL	6.1%***	82	14.2%***	80
Wichita, KS	6.5%***	83	14.2%***	79
Atlanta-Sandy Springs-Roswell, GA	6.6%***	84	16.1%***	86
Tucson, AZ	6.7%***	85	11.7%***	63
Salt Lake City, UT	6.7%***	86	11.4%***	61
Miami-Fort Lauderdale-West Palm Beach, FL	7.0%***	87	19.0%***	94
Las Vegas-Henderson-Paradise, NV	7.1%***	88	16.0%***	84
San Antonio-New Braunfels, TX	7.1%***	89	18.9%***	93
Austin-Round Rock, TX	7.2%***	90	16.3%***	87
Cape Coral-Fort Myers, FL	7.2%***	91	18.2%***	92
North Port-Sarasota-Bradenton, FL	7.3%***	92	18.0%***	91
Phoenix-Mesa-Scottsdale, AZ	7.8%***	93	13.2%***	72
El Paso, TX	8.3%***	94	28.2%***	98
Dallas-Fort Worth-Arlington, TX	8.9%***	95	22.0%***	95
Corpus Christi, TX	8.9%***	96	24.9%***	97
Houston-The Woodlands-Sugar Land, TX	9.1%***	97	23.9%***	96
Brownsville-Harlingen, TX	12.8%***	98	42.8%***	99
McAllen-Edinburg-Mission, TX	13.4%***	99	48.2%***	100
Lancaster, PA	15.5%***	100	14.9%***	82

Source: Urban Institute tabulations of 2015–2016 American Community Survey data from the Integrated Public Use Microdata Series.

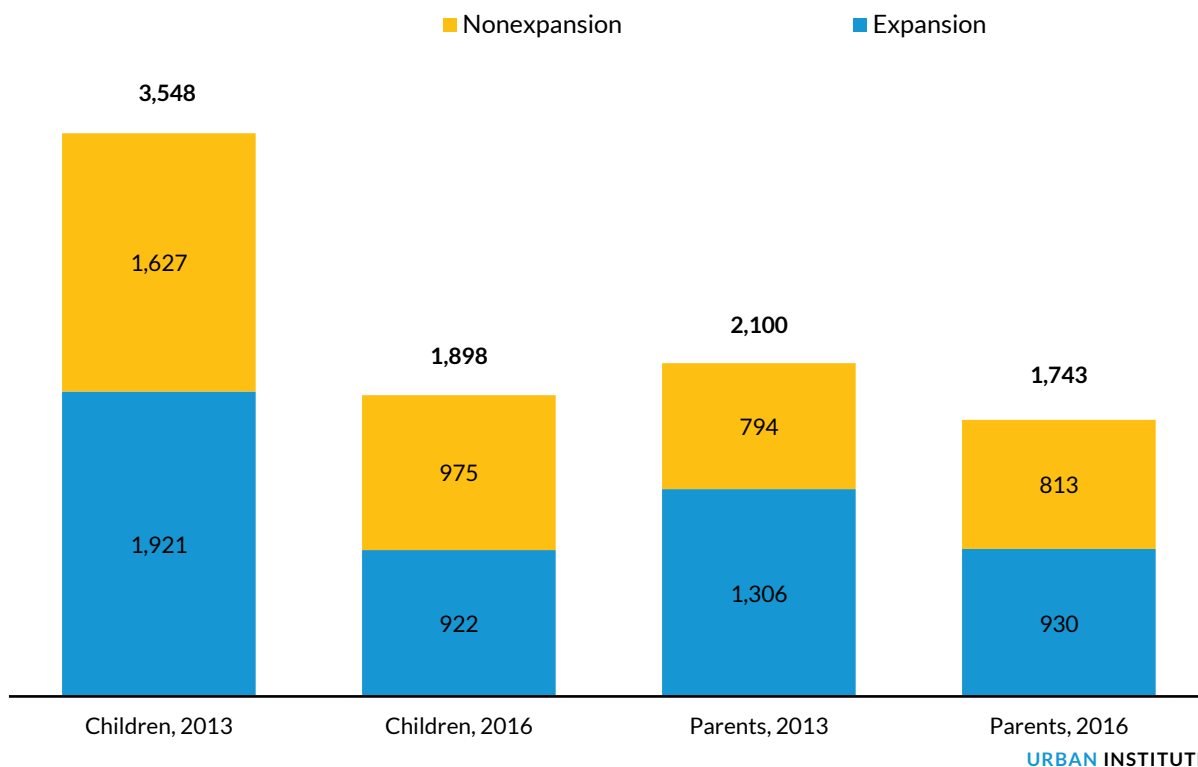
Notes: Children are age 18 and younger. Parents are ages 19 to 64. See text for how eligibility, participation, and uninsurance are defined. Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey.

***/* Estimate differs significantly from average for 100 selected metropolitan areas at the 0.01/0.1 levels.

Medicaid/CHIP-Eligible Uninsured Children and Parents, 2013–16

An estimated 1.9 million children and 1.7 million parents were eligible for Medicaid/CHIP but uninsured in 2016 (Haley et al. 2018; figure 5).¹¹ For children, the number of eligible uninsured fell by nearly half since 2013, at a time when there were rising participation levels along with a small decline in Medicaid/CHIP eligibility under the improving economy (table 1). For parents, increases in participation occurred under a large increase in Medicaid eligibility of about 3.5 million. (Although eligibility rose more in expansion states, it also rose in nonexpansion states under a shift to MAGI-based eligibility and standard disregards implemented under the ACA; data not shown.)¹² Despite the large expansion in Medicaid eligibility among parents, the number of eligible uninsured parents declined by about 357,000 nationally. Together, these 3.6 million eligible uninsured children and parents constituted just under half of the estimated 7.6 million eligible uninsured people younger than 65 in 2016 (Haley et al. 2018).

FIGURE 5
Number of Uninsured Medicaid-Eligible Children and Parents
by State Medicaid Expansion Status, 2013 and 2016
Thousands

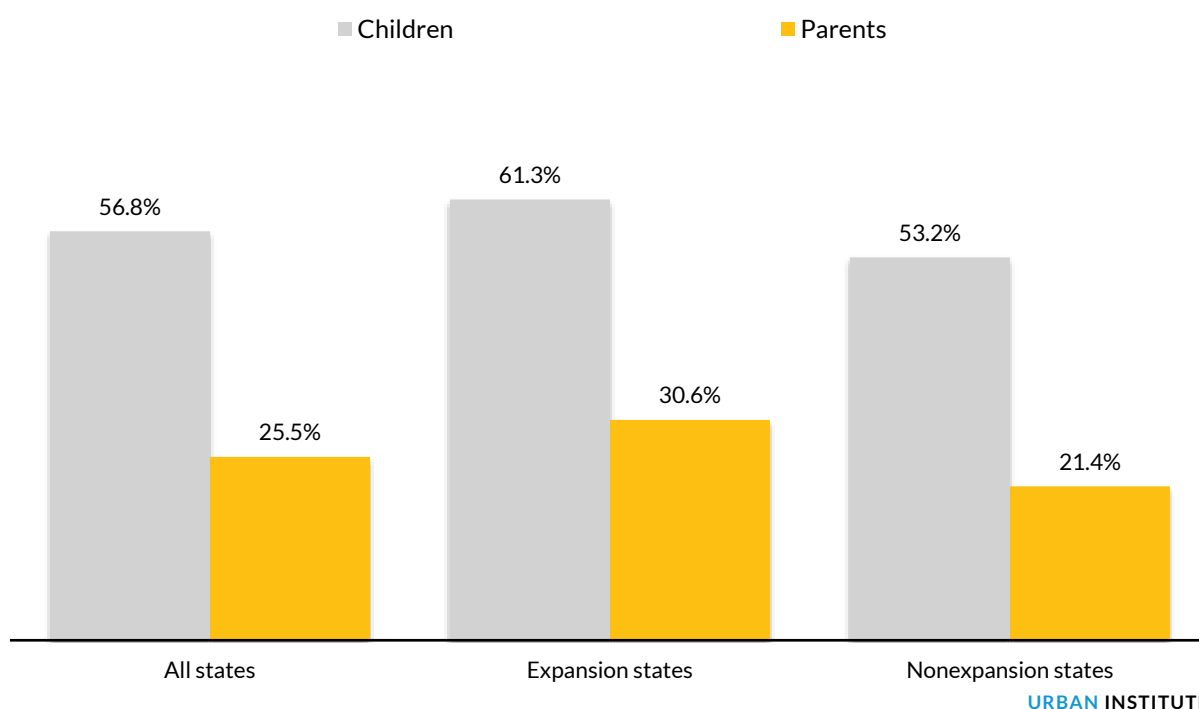


Source: Urban Institute tabulations of 2013–16 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: Children are age 18 and younger. Parents are ages 19 to 64. See text for definitions of eligibility and uninsurance (estimates of Medicaid eligibility for parents include those eligible for Supplemental Security Income-based Medicaid). State expansion status refers to state decisions as of mid-2016. Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey.

Because of their much higher eligibility thresholds and fewer eligibility restrictions related to immigration status, a larger share of uninsured children were eligible for Medicaid/CHIP than uninsured parents in 2016 (figure 6). More than half (56.8 percent) of uninsured children appeared to be eligible for Medicaid/CHIP, over twice as high as among parents (25.5 percent). A higher share of uninsured parents were Medicaid-eligible in expansion states (30.6 percent) than in nonexpansion states (21.4 percent), which is not surprising given expansion states' more generous eligibility limits. And because expansion states also tended to have higher Medicaid/CHIP eligibility thresholds for children, more uninsured children also qualified for Medicaid/CHIP in expansion states (61.3 percent) than in nonexpansion states (53.2 percent).

FIGURE 6
Medicaid/CHIP Eligibility among Uninsured Children and Parents
by State Medicaid Expansion Status, 2016



Source: Urban Institute analysis of 2016 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Children are age 18 and younger. Parents are ages 19 to 64. See text for definitions of eligibility and coverage (estimates of Medicaid eligibility for parents include those eligible for Supplemental Security Income–based Medicaid). Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey. State expansion status refers to state decisions as of mid-2016.

Taken together, the large states of Texas, California, Florida, Georgia, Pennsylvania, and New York were home to nearly half of eligible uninsured children (913,000) and over 4 in 10 eligible uninsured parents (724,000) in 2016 (table 5), consistent with patterns in 2014.¹³ Eleven states each had at least 100,000 eligible uninsured children and parents together, accounting for more than three in five eligible uninsured children and parents across the country.

TABLE 5

Number of Medicaid/CHIP-Eligible Uninsured Children and Parents by State, 2016

Thousands

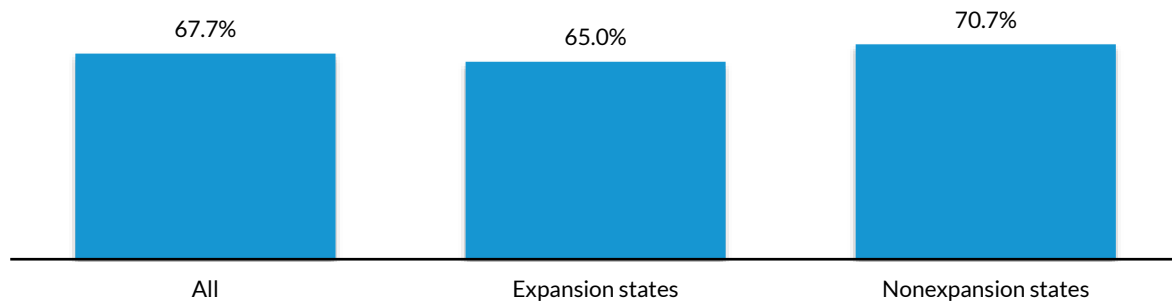
	Children and Parents	Children	Parents
Total	3,641	1,898	1,743
Texas	594	346	248
California	322	161	161
Florida	219	126	93
Georgia	191	106	86
Pennsylvania	160	95	65
New York	150	80	70
Indiana	128	67	61
North Carolina	113	51	62
Ohio	109	54	55
Illinois	109	52	57
Arizona	104	53	50
All other states	1441	708	733

Source: Urban Institute tabulations of 2016 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Children are age 18 and younger. Parents are ages 19 to 64. See text for how eligibility and uninsurance are defined (estimates of Medicaid eligibility for parents include those eligible for Supplemental Security Income-based Medicaid). Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey. State-specific estimates are provided for 11 states; the remaining states were estimated to each have fewer than 100,000 eligible but uninsured children and parents.

Among eligible uninsured parents, two-thirds (67.7 percent) had a child enrolled in Medicaid/CHIP, consistent with earlier patterns (Kenney et al. 2017). Overall, 65.0 percent and 70.7 percent of eligible uninsured parents in expansion and nonexpansion states, respectively, had a Medicaid/CHIP-enrolled child (figure 7).

FIGURE 7

Share of Medicaid-Eligible Parents with Medicaid/CHIP-Enrolled Children by State Medicaid Expansion Status, 2016



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Source: Urban Institute analysis of 2016 American Community Survey data from the Integrated Public Use Microdata Series.
Notes: Children are age 18 and younger. Parents are ages 19 to 64. See text for definitions of eligibility and coverage (estimates of Medicaid eligibility for parents include those eligible for Supplemental Security Income-based Medicaid). Estimates reflect an adjustment for potential misreporting of coverage on the American Community Survey. State expansion status refers to decisions as of mid-2016.

Conclusion

ACS data indicate that the reductions in uninsurance observed in 2014 and 2015, following the implementation of the major ACA coverage provisions, continued in 2016 for children and parents. Overall, uninsurance fell nearly 40 percent for both children and parents between 2013 and 2016, reducing the number of uninsured children and parents by more than 6 million.

Medicaid/CHIP participation also rose among both groups between 2013 and 2016 (Haley et al. 2018). Although participation increases were larger in expansion states, they occurred in most states, including both expansion and nonexpansion states (Haley et al. 2018), and across a variety of subgroups. It is important to note that simulating Medicaid/CHIP eligibility and participation is complex and, as a consequence, the magnitude of the differences we report between pre-ACA and post-ACA periods, expansion and nonexpansion states, and children and parents may also reflect data limitations that could over- or understate the true underlying differences. However, the reported direction of the differences in participation over time and across groups is consistent with administrative data. For instance, the smaller improvements in both uninsurance and participation in 2016 relative to the changes in 2014 and 2015 are consistent with the reported patterns of Medicaid enrollment growth over that period (Centers for Medicare and Medicaid Services 2016).

Several policy changes on the horizon could affect coverage for both children and parents. In early 2018, Congress passed a 10-year extension of CHIP funding that includes a maintenance of effort requirement for eligibility below 305 percent of FPL, and additional states are slated to expand Medicaid under the ACA. Other relevant policy changes include the elimination of individual federal mandate penalties, reductions in ACA outreach and education funding, and state-level Medicaid policy changes such as work requirements that could restrict enrollment for parents. Recent data from other national surveys with smaller samples than the ACS indicate that children's coverage gains under the ACA may have flattened or have even begun to reverse since 2016 (Karpman, Kenney, and Gonzalez 2018, McMorrow and Kenney 2018), and both the ACS and the Current Population Survey found that overall improvements in uninsurance under the ACA may have stalled in 2017 (Berchick, Hood, and Barnett 2018). It will be important to assess patterns of Medicaid/CHIP participation and uninsurance with future data from the ACS.

Given that eligible but uninsured children and parents together constitute almost half of all eligible uninsured nonelderly, targeting outreach and enrollment efforts at families with children could dramatically reduce the number of eligible uninsured nationwide. Our findings point to potential strategies for reaching these groups. For instance, because most Medicaid-eligible uninsured parents have a Medicaid/CHIP-enrolled child, targeting outreach and enrollment efforts to uninsured parents of children enrolled in Medicaid/CHIP or other public programs could be an efficient way of enrolling more parents in Medicaid (Blumberg et al. 2018). Although states have developed several innovative processes for enrolling and retaining children in Medicaid/CHIP (Hill et al. 2015), as participation has risen, the remaining eligible uninsured may be harder to reach—necessitating additional innovation in strategies to identify, enroll, and retain those who are eligible.

In addition, the variation in uninsurance rates across states and metropolitan areas suggests that underperforming areas could adopt strategies for reducing uninsurance from those with higher coverage levels. Increasing Medicaid/CHIP participation may be part of the solution, given that states with higher levels of Medicaid/CHIP participation tend to have lower uninsurance rates and vice versa. For instance, the three states with the highest uninsurance rates for parents in 2016 (Georgia, Oklahoma, and Texas, which each had uninsurance rates over 16 percent) were among the states with the lowest Medicaid participation rates among parents (below 60 percent; Haley et al. 2018). In addition, the finding that nearly half of eligible uninsured children and over 4 in 10 eligible uninsured parents reside in just six states indicates that reducing uninsurance among eligible children and parents in a few large states could dramatically reduce the eligible uninsured population of children and parents nationwide.

Finally, between 2013 and 2016, we found larger increases in participation and drops in uninsurance for parents in Medicaid expansion states than in nonexpansion states (Haley et al. 2018). That finding, combined with evidence that Medicaid expansion to parents contributed to increased coverage for children (Hudson and Moriya 2017), suggests that expansion in additional states could not only raise Medicaid eligibility and enrollment for parents and other adults but could also raise coverage levels among children.

Appendix: Data and Methods

Data Source

This brief uses the 2013–16 ACS, an annual survey fielded by the US Census Bureau.¹⁴ 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 by using 2013–16 ACS data. A parent is defined as an adult ages 19 to 64 living in a household with a biological child, adoptive child, or stepchild younger than 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 the individual and family information survey respondents provide, 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 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 as eligible people who qualified for early ACA expansions in Connecticut, Minnesota, and the District of Columbia in 2013; although additional states such as California implemented early ACA expansions, we only define such eligibility for states with statewide, comprehensive early ACA expansions (Heberlein et al. 2013).¹⁵

For 2014 through 2016, we use the Health Insurance Policy Simulation Model–ACS version, which builds on the Medicaid/CHIP Eligibility Simulation Model and applies ACA rules that took effect in 2014 and any changes during 2014, 2015, and 2016 (Brooks et al. 2016; Brooks et al. 2015; Buettgens 2011; Buettgens et al. 2013). This model reflects both the increase in eligibility to 138 percent of FPL in participating states and the shift to eligibility determination procedures based on MAGI. Further detail on this methodology is available in Kenney et al. (2016a and 2016b). For noncitizens, both the 2013 model and the 2014–16 model take into account individuals' length of US residency in states where this is a factor in eligibility determination; documentation status is imputed.

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 plus 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. We also exclude from calculations of participation rates parents who qualify for Medicaid based on Supplemental Security Income (SSI) eligibility (almost all of whom participate in Medicaid), so that our measure of participation reflects eligibility for the general population and does not risk bias in our overall estimates of participation. Those who qualify for Medicaid based on SSI eligibility reflect a small minority of all eligible parents (reducing the population included in our calculations of participation less than 8 percent), and excluding them from the calculation reduces the overall Medicaid participation rate for parents somewhat (for instance, participation among parents in 2016 would be 1.3 percentage points higher, 81.2 percent). SSI-based Medicaid-eligible parents are a larger share of all Medicaid-eligible parents in nonexpansion states (11 percent) than in expansion states (7 percent) and a larger share of eligible adults in the pre-ACA period than the post-ACA period because eligibility was less often available through other pathways in nonexpansion states and in 2013 compared with later years. This approach is different from our earlier analyses, which included adults identified as eligible through SSI receipt in estimates of participation (Kenney et al. 2016a, 2017; Kenney, Lynch, Haley, et al. 2012); although this methodological change can lead to differences in participation rates for specific groups or states, this change does not meaningfully affect our topline findings (Haley et al. 2018). For instance, parents' participation would remain higher in expansion states than in nonexpansion states (differing by 18.7 percentage points rather than 21.3 percentage points) and in 2016 compared with 2013 (changing by 9.5 percentage points rather than 12.3 percentage points) if SSI-based eligible adults were included in calculations of participation. (Adults eligible for SSI-based Medicaid are included in other analyses in this brief, such as estimates of uninsurance and eligibility.)

TABLE A.1

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

	Children			Parents		
	2013	2014	2015	2013	2014	2015
US total	88.7%	91.0%***	93.1%***	67.6%	71.8%***	78.5%***
Expansion states in 2016	89.7%	92.4%***	94.5%***	71.9%	77.2%***	83.9%***
Alaska ^a	81.8%	81.5%	87.6%***	50.4%	53.6%***	72.3%***
Arizona ^a	81.6%	87.8%***	89.2%***	67.6%	73.9%***	80.6%***
Arkansas	93.1%	95.8%***	94.2%***	42.8%	61.1%***	70.1%***
California	88.9%	92.3%***	95.9%***	70.1%	78.1%***	87.9%***
Colorado	84.0%	89.0%***	94.9%***	68.1%	76.3%***	84.8%***
Connecticut	93.0%	95.1%***	94.5%***	79.6%	87.3%***	89.4%***
Delaware	92.5%	90.8%***	95.7%***	79.0%	80.5%***	86.6%***
District of Columbia	97.8%	98.1%***	98.6%***	91.8%	95.2%***	96.8%***
Hawaii	92.7%	95.2%***	97.7%***	74.1%	84.2%***	88.7%***
Illinois	92.3%	93.3%***	96.2%***	74.9%	78.4%***	86.6%***
Indiana	84.3%	86.9%***	88.1%***	61.5%	60.1%***	65.5%***
Iowa	89.7%	94.0%***	93.3%***	72.2%	78.0%***	78.2%***
Kentucky	90.3%	94.0%***	93.5%***	50.5%	72.6%***	84.3%***
Louisiana	92.4%	92.6%***	95.0%***	50.8%	51.6%***	57.5%***
Maryland	91.5%	94.1%***	94.1%***	76.5%	83.1%***	86.6%***
Massachusetts	96.8%	97.0%***	98.0%***	90.4%	93.8%***	95.2%***
Michigan	92.8%	94.7%***	94.7%***	74.6%	76.3%***	84.4%***
Minnesota ^a	84.9%	93.0%***	94.2%***	70.5%	84.7%***	86.8%***
Montana ^a	85.8%	86.1%*	87.5%***	36.1%	56.9%***	64.1%***
Nevada	74.3%	85.7%***	88.3%***	47.5%	65.5%***	76.6%***
New Hampshire	90.3%	89.8%***	92.7%***	56.1%	60.2%***	69.5%***
New Jersey	89.8%	91.4%***	93.7%***	67.3%	72.6%***	80.3%***
New Mexico ^a	90.3%	91.2%***	95.7%***	60.1%	67.1%***	80.3%***
New York	93.0%	94.5%***	96.1%***	79.8%	82.8%***	86.9%***
North Dakota ^a	84.3%	86.7%***	84.7%	57.2%	64.1%***	75.3%***
Ohio	90.3%	92.1%***	93.1%***	78.1%	80.7%***	84.5%***
Oregon	89.1%	93.5%***	94.4%***	74.2%	78.7%***	85.6%***
Pennsylvania	90.5%	89.5%***	91.9%***	69.9%	72.2%***	78.1%***
Rhode Island	90.3%	94.8%***	96.0%***	73.1%	92.4%***	89.2%***

Vermont	94.3%	99.9%***	98.7%***	86.1%	93.3%***	91.5%***
Washington	88.1%	92.7%***	95.7%***	56.0%	73.9%***	87.1%***
West Virginia	91.7%	95.9%***	96.6%***	66.1%	78.0%***	87.7%***
Nonexpansion states in 2016	87.1%	88.9%***	91.1%***	56.6%	58.7%***	63.6%***
Alabama	91.6%	93.7%***	95.7%***	50.0%	50.0%	61.7%***
Florida	85.0%	88.4%***	92.0%***	55.2%	63.1%***	69.6%***
Georgia	85.5%	89.2%***	89.8%***	45.6%	53.6%***	57.9%***
Idaho	87.8%	90.6%***	93.4%***	53.9%	54.4%	62.9%***
Kansas	87.7%	88.2%***	90.5%***	45.0%	54.5%***	60.1%***
Maine	94.0%	93.7%***	88.6%***	79.7%	78.7%***	73.8%***
Mississippi	89.2%	93.2%***	95.3%***	59.8%	57.7%***	62.1%***
Missouri	85.5%	86.2%***	88.6%***	63.9%	54.1%***	61.7%***
Nebraska	88.4%	90.4%***	89.0%***	61.5%	65.0%***	66.6%***
North Carolina	91.9%	93.4%***	94.2%***	55.5%	62.5%***	66.4%***
Oklahoma ^a	85.6%	87.6%***	89.1%***	44.8%	53.1%***	56.0%***
South Carolina	89.9%	92.7%***	94.0%***	54.7%	60.4%***	70.5%***
South Dakota ^a	86.2%	87.2%***	85.5%***	51.6%	49.2%***	68.9%***
Tennessee	91.1%	92.4%***	94.2%***	68.1%	70.6%***	76.6%***
Texas	84.7%	86.0%***	88.8%***	35.4%	43.2%***	45.3%***
Utah	79.0%	79.8%***	82.9%***	60.3%	66.1%***	66.0%***
Virginia	89.1%	88.3%***	91.1%***	61.8%	58.3%***	69.5%***
Wisconsin	90.9%	90.4%***	92.4%***	80.2%	81.8%***	87.4%***
Wyoming ^a	88.4%	82.9%***	84.7%***	50.3%	58.2%***	70.5%***

Source: Urban Institute tabulations of 2013–16 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: Children are age 18 and younger. Parents are ages 19 to 64. Estimates reflect edits for apparent misclassified coverage. See text for definitions of eligibility, participation, and uninsurance (estimates of Medicaid participation for parents do not include those eligible for SSI-based Medicaid). Estimates with smaller samples are more volatile and likely more sensitive to methodological differences across survey years. Comparable estimates for 2016 are available in Haley et al. (2018).

^a Estimate is sensitive to treatment of IHS access. By convention, exclusive reliance on the IHS is considered uninsurance; estimate would change by 1 percentage point or more if IHS access were considered coverage.

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

TABLE A.2

Uninsurance Rates among Children and Parents by State, 2013–16

	Children					Parents				
	2013	2014	2015	2016	Percentage-point change 2013–16	2013	2014	2015	2016	Percentage-point change 2013–16
US total	7.0%	5.8%***	4.7%***	4.3%***	-2.7%	17.6%	14.3%***	11.8%***	11.0%***	-6.6%
Expansion states in 2016	5.9%	4.7%***	3.6%***	3.2%***	-2.7%	15.0%	11.4%***	8.9%***	8.0%***	-7.0%
Alaska ^a	12.1%	11.6%***	8.6%***	9.7%***	-2.4%	19.3%	17.8%***	11.3%***	15.6%***	-3.7%
Arizona ^a	11.9%	9.8%***	8.6%***	7.3%***	-4.7%	20.4%	16.5%***	13.7%***	12.4%***	-7.9%
Arkansas ^a	5.9%	4.4%***	4.6%***	3.5%***	-2.4%	23.7%	16.7%***	13.1%***	12.1%***	-11.7%
California	7.3%	5.2%***	3.3%***	2.9%***	-4.4%	20.2%	14.7%***	10.6%***	9.5%***	-10.7%
Colorado	8.4%	6.0%***	4.1%***	4.1%***	-4.3%	16.0%	12.8%***	10.7%***	9.3%***	-6.7%
Connecticut	4.1%	3.8%***	3.5%***	2.3%***	-1.8%	8.4%	6.5%***	6.6%***	5.3%***	-3.2%
Delaware	4.9%	5.1%***	2.6%***	3.4%***	-1.5%	11.9%	8.1%***	6.9%***	6.1%***	-5.9%
District of Columbia	2.5%	2.3%***	1.4%***	3.1%***	0.6%	4.4%	5.0%***	3.0%***	3.0%***	-1.4%
Hawaii	3.0%	2.3%***	1.4%***	2.1%***	-0.9%	6.9%	4.2%***	2.8%***	3.6%***	-3.3%
Illinois	4.3%	3.8%***	2.4%***	2.5%***	-1.8%	13.0%	11.1%***	9.0%***	8.7%***	-4.3%
Indiana	8.2%	6.9%***	6.5%***	5.2%***	-3.0%	17.3%	15.1%***	11.8%***	10.6%***	-6.7%
Iowa	4.5%	2.9%***	3.2%***	2.0%***	-2.5%	10.7%	7.1%***	6.0%***	5.1%***	-5.7%
Kentucky	5.9%	4.2%***	4.3%***	2.8%***	-3.1%	18.9%	10.4%***	6.8%***	5.6%***	-13.2%
Louisiana	5.6%	4.8%***	3.4%***	3.2%***	-2.5%	21.0%	18.6%***	15.9%***	13.6%***	-7.4%
Maryland	4.5%	3.4%***	3.9%***	3.2%***	-1.3%	10.6%	8.6%***	7.2%***	6.7%***	-3.9%
Massachusetts	1.5%	1.7%***	1.1%***	0.9%***	-0.6%	3.4%	2.8%***	2.2%***	1.8%***	-1.6%
Michigan	4.1%	3.3%***	3.0%***	2.6%***	-1.5%	12.1%	8.7%***	6.2%***	5.7%***	-6.4%
Minnesota	5.9%	3.1%***	3.0%***	2.7%***	-3.3%	8.3%	5.6%***	5.0%***	5.0%***	-3.3%
Montana ^a	9.0%	8.3%***	6.5%***	4.1%***	-4.9%	24.0%	16.0%***	11.8%***	8.3%***	-15.7%
Nevada	13.4%	9.4%***	7.6%***	6.0%***	-7.5%	24.5%	18.7%***	15.4%***	14.5%***	-10.0%
New Hampshire	3.5%	4.7%***	3.3%***	3.0%***	-0.4%	11.7%	10.3%***	8.4%***	7.2%***	-4.5%
New Jersey	5.5%	4.4%***	3.8%***	3.0%***	-2.5%	14.7%	11.7%***	10.1%***	9.4%***	-5.3%
New Mexico ^a	8.5%	7.5%***	4.1%***	5.3%***	-3.2%	26.9%	19.5%***	16.0%***	12.5%***	-14.3%
New York	3.9%	3.2%***	2.4%***	2.4%***	-1.5%	11.5%	10.0%***	8.3%***	7.1%***	-4.4%
North Dakota ^a	6.9%	6.2%***	8.5%***	9.2%***	2.3%	10.6%	9.6%***	7.8%***	9.1%***	-1.4%
Ohio	4.9%	4.6%***	4.0%***	3.2%***	-1.7%	10.3%	7.7%***	6.5%***	5.5%***	-4.9%
Oregon	6.1%	4.1%***	3.3%***	2.9%***	-3.2%	17.7%	12.2%***	9.2%***	7.3%***	-10.4%
Pennsylvania	4.6%	4.9%***	3.9%***	4.3%***	-0.4%	11.6%	10.1%***	6.9%***	6.5%***	-5.1%

Rhode Island	5.6%	3.1%***	2.8%***	1.9%***	-3.7%	11.3%	7.2%***	5.7%***	5.2%***	-6.1%
Vermont	3.0%	0.8%***	1.0%***	1.0%***	-2.1%	5.8%	4.3%***	3.1%***	3.5%***	-2.4%
Washington	6.1%	4.2%***	2.7%***	2.4%***	-3.7%	18.1%	11.1%***	8.5%***	7.7%***	-10.4%
West Virginia	4.6%	3.1%***	2.5%***	1.4%***	-3.2%	16.9%	10.1%***	6.0%***	4.9%***	-12.0%
Nonexpansion states in 2016	8.6%	7.6%***	6.3%***	5.9%***	-2.7%	21.8%	18.8%***	16.3%***	15.7%***	-6.1%
Alabama	4.6%	3.7%***	2.6%***	2.3%***	-2.2%	18.9%	16.9%***	13.0%***	12.1%***	-6.8%
Florida	10.9%	8.9%***	6.7%***	6.0%***	-4.9%	24.8%	20.6%***	16.7%***	15.6%***	-9.2%
Georgia	9.0%	7.1%***	6.8%***	6.1%***	-2.9%	23.3%	20.3%***	17.5%***	16.9%***	-6.4%
Idaho	8.4%	7.4%***	5.1%***	5.3%***	-3.2%	21.5%	18.9%***	14.7%***	14.3%***	-7.2%
Kansas	6.6%	6.0%***	5.2%***	4.6%***	-2.1%	17.3%	14.7%***	12.8%***	11.3%***	-6.0%
Maine	5.0%	5.9%*	6.0%***	4.7%***	-0.2%	10.1%	10.0%***	9.3%***	7.1%***	-3.1%
Mississippi	7.1%	5.3%***	4.2%***	4.2%***	-2.9%	19.7%	18.2%***	15.3%***	14.6%***	-5.1%
Missouri	6.8%	6.6%***	5.6%***	4.7%***	-2.2%	15.9%	15.0%***	11.3%***	11.6%***	-4.3%
Nebraska	5.5%	4.5%***	4.8%***	5.0%***	-0.5%	14.3%	12.2%***	9.8%***	12.0%***	-2.3%
North Carolina	6.0%	5.0%***	4.5%***	4.2%***	-1.8%	20.8%	17.5%***	15.5%***	14.0%***	-6.9%
Oklahoma ^a	10.3%	8.6%***	7.6%***	7.1%***	-3.2%	24.4%	19.4%***	18.2%***	17.9%***	-6.4%
South Carolina	6.7%	5.2%***	4.0%***	3.8%***	-2.9%	19.2%	17.1%***	12.7%***	12.0%***	-7.2%
South Dakota ^a	6.9%	7.2%***	7.2%***	4.3%***	-2.6%	14.2%	11.3%***	12.0%***	9.3%***	-4.9%
Tennessee	5.4%	4.9%***	4.0%***	3.4%***	-2.0%	16.4%	13.0%***	11.2%***	9.9%***	-6.5%
Texas	12.2%	11.0%***	9.2%***	9.1%***	-3.2%	30.6%	26.4%***	24.2%***	23.9%***	-6.6%
Utah	8.6%	8.5%***	7.2%***	5.2%***	-3.4%	15.9%	13.9%***	12.6%***	10.3%***	-5.5%
Virginia	5.5%	5.8%***	4.7%***	4.9%***	-0.6%	14.3%	13.1%***	10.2%***	10.7%***	-3.5%
Wisconsin	4.4%	4.4%	3.4%***	3.2%***	-1.2%	7.5%	7.5%	6.2%***	6.0%***	-1.5%
Wyoming ^a	6.3%	6.9%***	6.2%***	7.2%***	0.9%	16.3%	12.4%***	11.8%	9.8%***	-6.5%

Source: Urban Institute tabulations of 2013–16 American Community Survey data from the Integrated Public Use Microdata Series.

Notes: Children are age 18 and younger. Parents are ages 19 to 64. Estimates reflect edits for apparent misclassified coverage. See text for definition of uninsurance (estimates of Medicaid participation for parents do not include those eligible for SSI-based Medicaid). Estimates with smaller samples are more volatile and likely more sensitive to methodological differences across survey years.

^a Estimate is sensitive to treatment of IHS access. By convention, exclusive reliance on the IHS is considered uninsurance; estimate would change by 1 percentage point or more if IHS access were considered coverage.

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

Analysis

We assess levels in 2016 and changes between 2013 and 2016 in uninsurance, Medicaid/CHIP participation, and the estimated number of eligible uninsured children and parents nationally, by state and Medicaid expansion status as of July 1, 2016 (the middle of the 2016 data-collection period, when 32 states, including the District of Columbia, participated in the expansion), for selected socioeconomic and demographic subgroups, and for selected metropolitan areas.¹⁶ Alaska, Montana, and Louisiana adopted the Medicaid expansion between mid-2015 and mid-2016; however, since Louisiana adopted it July 1, 2016, data collected in the first half of the year do not reflect changes to eligibility under the expansion. 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 are included for the 100 metropolitan areas with the most children ages 18 and younger. Because samples are smaller in smaller geographic areas, we combine 2015 and 2016 data; combined 2015–2016 sample sizes among metropolitan areas range from below 2,000 to above 78,000 for children and from below 1,500 to above 70,000 for parents. We tested changes over time and differences across groups using two-tailed tests and note changes/differences with p-values less than 0.05.

Estimates of uninsurance and participation for American Indians/Alaska Natives are sensitive to the treatment of Indian Health Service (IHS) access; by convention, exclusive reliance on the IHS is considered uninsurance. The 2016 uninsurance rate for American Indian/Alaska Native children would drop from 8.0 percent to 2.7 percent if IHS access were considered coverage, and the comparable rate for parents would drop from 17.0 percent to 8.8 percent. Likewise, Medicaid/CHIP participation for American Indian/Alaska Native children and parents would rise to 96.4 percent and 87.0 percent, respectively, from 89.5 percent and 72.9 percent if IHS access were considered coverage. Some state estimates of uninsurance and participation are also sensitive to the treatment of IHS access. For example, 2016 uninsurance rates would be 1 to 5 percentage points lower for either children or parents in Alaska, Montana, New Mexico, North Dakota, Oklahoma, South Dakota, and Wyoming if IHS access were treated as coverage.

Limitations

We assess changes between 2013 and 2016, a time when the ACA's major coverage provisions began to be implemented. However, other changes, particularly related to the economy, were occurring between 2013 and 2016 that could also affect trends in coverage nationally and across states. Therefore, changes in participation and coverage over this period cannot be attributed to the policies that were instituted under the ACA. Further, as in our prior 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 introduce bias into comparisons of model results between the two years. This could, in turn, over- or understate differences between the two time periods (Kenney et al. 2016a, 2017).¹⁸

Notes

- ¹ Participation is defined as the share of Medicaid/CHIP-eligible individuals without other coverage who enroll. See the appendix for more information on how eligibility and participation are calculated.
- ² As explained in the appendix, we exclude parents who qualify for Medicaid based on Supplemental Security Income (SSI) eligibility (almost all of whom participate in Medicaid) from calculations of participation rates, so that our measure of participation better reflects eligibility for the general population. This approach is different from our earlier analyses, which included adults identified as eligible through SSI receipt in our estimates of participation (Kenney et al. 2016a, 2017; Kenney, Lynch, Haley, et al. 2012). Because participation among parents eligible through the SSI pathway is higher than through other pathways, the overall rate is lower when excluding this group. Further, the effect of the methodological approach is smaller in 2016 than in 2013 because more parents were eligible in 2016. If we include SSI-eligible parents, participation in 2013 would be 4.1 percentage points higher (71.7 percent) and in 2016 would be 1.3 percentage points higher (81.2 percent). Although excluding these parents makes 2013–16 differences slightly larger, we find large increases in participation between 2013 and 2016 under both methodological approaches.
- ³ Evidence suggests that other ACA provisions related to 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 (Kenney et al. 2017).
- ⁴ Between 2015 and 2016, the estimated number of Medicaid-eligible parents fell somewhat, from 16.0 million to 15.3 million. Although eligibility thresholds rose in some states (after adoption of the ACA’s Medicaid expansion), improving economic conditions also reduced the number who were eligible for a given eligibility threshold.
- ⁵ As explained in the appendix, in this brief we exclude parents who qualify for SSI-based Medicaid from calculations of participation rates, which differs from approaches used in previous reports (Kenney et al. 2016a, 2017; Kenney, Lynch, Haley, et al. 2012). Further, other methodological updates, such as new information about eligibility rules, can lead to differences compared with previously published results, but such updates do not meaningfully affect the patterns we report.
- ⁶ Increases in uninsurance were observed in three small states with small sample sizes in the ACS: uninsurance rose by less than 1 percentage point among children in the District of Columbia and Wyoming and rose by 2.3 percentage points in North Dakota.
- ⁷ Estimates for smaller states have more error. In 2016, 25 states (AL, AK, CT, DE, DC, HI, ID, IA, KS, ME, MS, MO, MT, NE, NV, NH, NM, ND, OK, RI, SD, UT, VT, WV, and WY) had sample sizes of fewer than 1,000 cases for estimates of parents’ participation, and 12 states (AK, DE, DC, HI, ME, MT, NH, ND, RI, SD, VT, and WY) 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.
- ⁸ Differences in uninsurance rates between parents and children were statistically significant at the 0.01 level, with the exceptions of the District of Columbia (where the difference was significant at the 0.10 level) and North Dakota (where the difference was not statistically significant).
- ⁹ Uninsurance among parents was lower than among childless adults in 2013, and this pattern continued in 2016 nationally and in most states, with 11.0 percent of parents and 12.8 percent of childless adults uninsured in 2016. In both expansion and nonexpansion states, the differential between parents and childless adults had narrowed somewhat over this period—in 2013, parents were less likely to be uninsured than childless adults in both expansion states (15.0 percent versus 20.8 percent) and nonexpansion states (21.8 percent versus 25.8 percent). By 2016, however, these differences were smaller (8.0 percent versus 9.8 percent in expansion states and 15.7 percent versus 17.7 percent in nonexpansion states).
- ¹⁰ As explained in the appendix, estimates of uninsurance and participation for American Indians/Alaska Natives are sensitive to the treatment of Indian Health Service (IHS) access; by convention, exclusive reliance on the IHS

is considered uninsurance. The 2016 uninsurance rate for American Indian/Alaska Native children would drop from 8.0 percent to 2.7 percent if IHS access were considered coverage, and the comparable rate for parents would drop from 17.0 percent to 8.8 percent. Likewise, Medicaid/CHIP participation for children and parents would rise to 96.4 percent and 87.0 percent, respectively, from 89.5 percent and 72.9 percent if IHS access were considered coverage. Some state estimates of uninsurance and participation are also sensitive to the treatment of IHS access. For example, 2016 uninsurance rates would be 1 to 5 percentage points lower for either children or parents in Alaska, Montana, New Mexico, North Dakota, Oklahoma, South Dakota, and Wyoming if IHS access were treated as coverage.

- ¹¹ Parents eligible for SSI-related Medicaid are included in this estimate, but they constitute less than 2 percent of all eligible uninsured adults.
- ¹² The number of children modeled to be eligible for Medicaid or CHIP dropped slightly after 2013, which 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).
- ¹³ Genevieve M. Kenney, Jennifer 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 Health Policy Institute, Center for Children and Families, June 2, 2016. These six states accounted for 40.5 percent of all children and 40.6 percent of all parents.
- ¹⁴ Steven Ruggles, Katie Genadek, Ronald Goeken, Josiah Grover, and Matthew Sobek, Integrated Public Use Microdata Series: Version 7.0 [dataset], University of Minnesota, 2017, <https://doi.org/10.18128/D010.V7.0>.
- ¹⁵ Six states (California, Connecticut, the District of Columbia, Minnesota, New Jersey, and Washington) took advantage of the ACA provision to expand Medicaid before 2014; estimates for 2013 include the effects of Medicaid expansion in these early expander states when their coverage was comprehensive and statewide. We classify Connecticut, the District of Columbia, and Minnesota as having comprehensive statewide early ACA expansion programs in 2013. To the extent that some adults in the remaining early expansion states could have qualified for ACA coverage in 2013 but could not be identified as eligible because of methodological limitations, differences between 2013 and 2014 eligibility could be overstated in those states. In addition, programs that do not provide comprehensive Medicaid or Medicaid-equivalent benefits are excluded.
- ¹⁶ Some estimates are sensitive to the treatment of Indian Health Service access. See appendix and endnote 10 for more detail.

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