

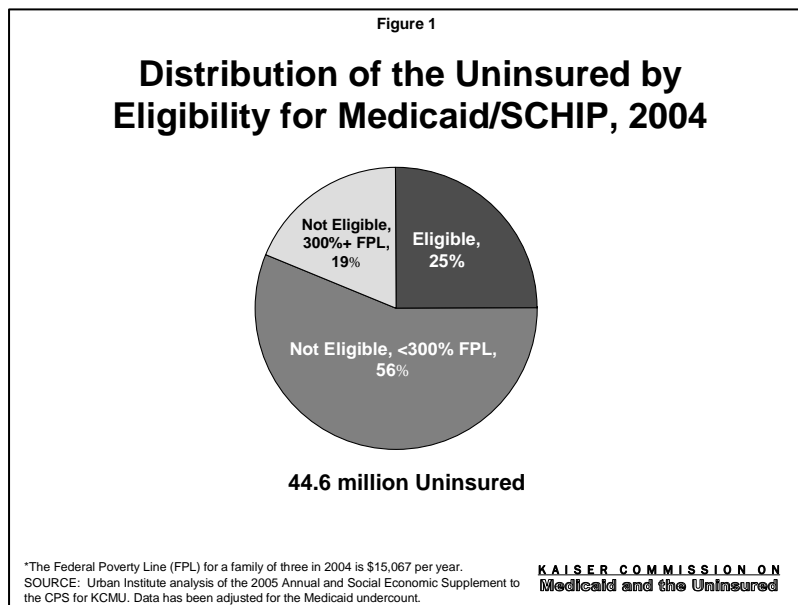
# medicaid and the uninsured

February 2007

## Characteristics of the Uninsured: Who is Eligible for Public Coverage and Who Needs Help Affording Coverage?

John Holahan and Allison Cook, Urban Institute  
Lisa Dubay, The Johns Hopkins Bloomberg School of Public Health

The number of uninsured continues to climb, reaching 46.1 million nonelderly people in 2005.<sup>1</sup> In a recent paper published by *Health Affairs*, Dubay, Holahan and Cook estimated that approximately 80 percent of the uninsured are currently eligible for public health insurance coverage or live in families with income below 300% of the federal poverty level (FPL).<sup>2</sup> Of the uninsured, 25 percent are eligible for Medicaid or the State Children's Health Insurance Program (SCHIP) and 56 percent are not eligible for public programs but need assistance to make coverage affordable. The remaining 19 percent live in families with incomes above 300% of the FPL where coverage is more likely to be affordable (Figure 1).



Policy options to reduce the number of uninsured will vary depending on whether the population is already eligible for public coverage and whether financial assistance is needed to obtain coverage. Detailed information on the characteristics of these groups will help inform the development of strategies to reach these various uninsured populations.

## **Methodology**

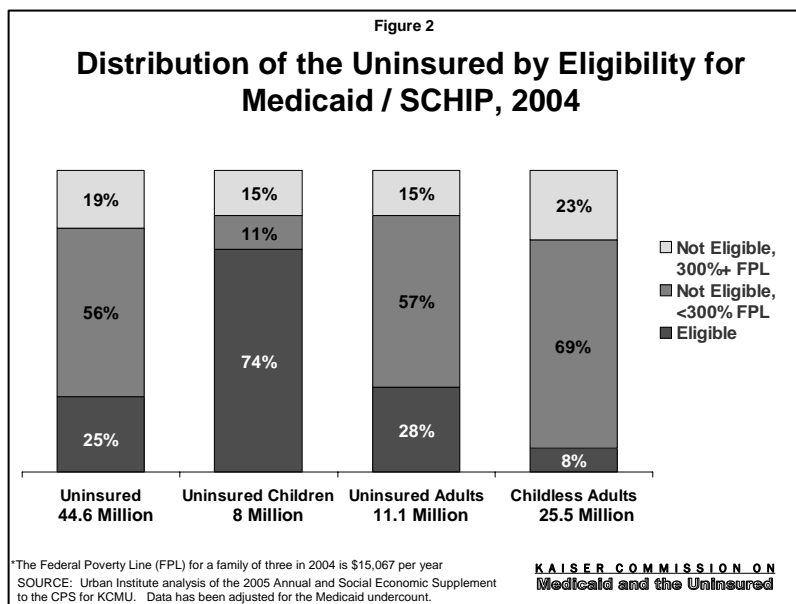
The analysis was based on the 2005 Current Population survey. The estimates were adjusted for a Medicaid undercount that reduces the number of uninsured by about 900,000. Analysis was conducted using a detailed Medicaid and SCHIP eligible model that uses state eligibility rules for children and adults to identify those who are eligible but not enrolled in these programs.

To identify those with affordable coverage, we compared premiums available to firms with fewer than 10 workers (as a proxy for non-group premiums for which consistent data is not available) with individual and family income. An income threshold of 300% FPL was used to identify affordable coverage.<sup>3</sup> At this threshold, individuals would have to pay about 14% of income for an insurance policy and families about 17%. While these premiums are clearly at the outer reach of affordability, a sensitivity analysis using alternative definitions of affordability revealed no change in the basic results. Nonetheless, using a single threshold is arbitrary and involves the risk of designating some as having affordable coverage who in fact do not, perhaps because of age or health status.

Detailed tables showing the characteristics of the uninsured by population group and eligibility status for Medicaid and SCHIP are included at the end of the paper. Undocumented non-citizens are not identified on the CPS; however, an ad hoc adjustment for the effect of undocumented non-citizens on the results was devised and is described in Appendix A. This finds that the impact of undocumented non-citizens on the uninsured reveals that fewer individuals would be classified as uninsured and eligible for coverage and that more would need financial assistance to obtain coverage.

## Results

Of the 44.6 million uninsured in 2004, the majority are either eligible for public coverage or need financial assistance to purchase coverage. There is considerable variance between uninsured adults and children, with nearly three-fourths of uninsured children eligible for Medicaid/SCHIP but substantially fewer parents and childless adults eligible for public programs (Figure 2).

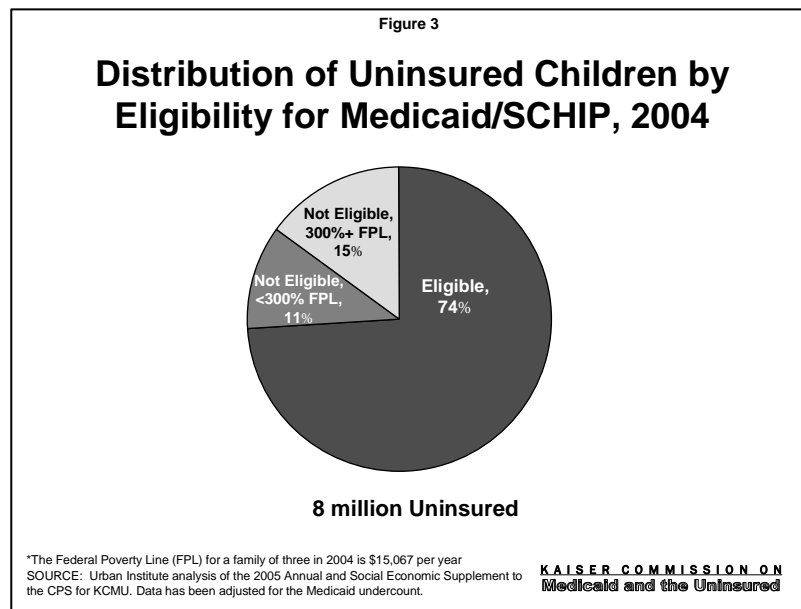


A quarter of the uninsured are eligible for public programs but not enrolled. The eligible uninsured population is largely composed of low-income children and parents who would benefit from increased outreach for Medicaid and SCHIP and the adoption of family-friendly enrollment and renewal procedures. The majority (56%) of the uninsured are not eligible for public programs but have incomes below 300% of FPL. This group is composed predominantly of parents and childless adults who work, but may have difficulty obtaining or affording coverage. Many uninsured parents have children who qualify for public coverage, but do not qualify themselves due to the low Medicaid eligibility levels for parents in most states. Childless adults are generally not eligible for public coverage. Expanding public programs or providing financial assistance would be necessary to increase coverage of the low-income uninsured adults.

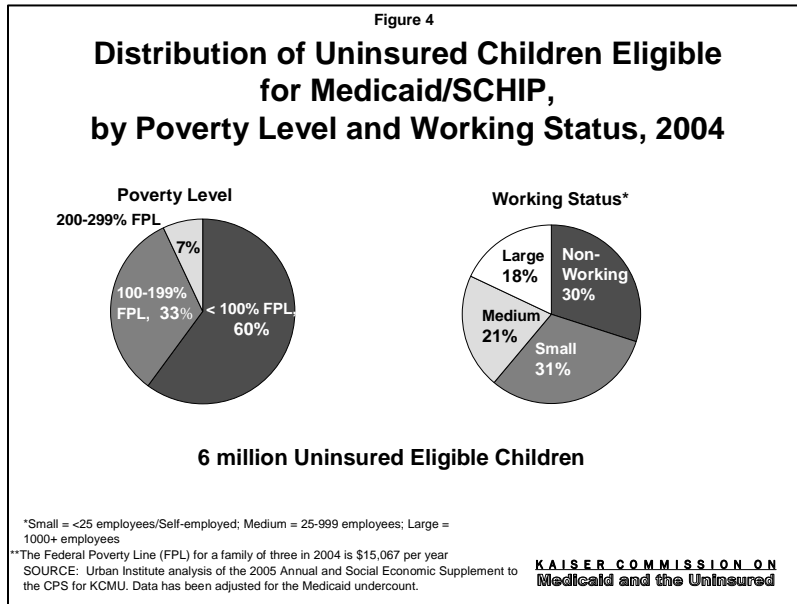
### ***Reaching Low Income Uninsured Children***

Medicaid and SCHIP eligibility for children is set at 200% of poverty in most states (\$30,134 for a family of three in 2004). The majority of uninsured children live in families with incomes below these levels, and therefore, are eligible for public programs. Reaching low-income uninsured children can draw heavily on strategies aimed at improving enrollment of children in Medicaid and SCHIP. A substantially smaller share of uninsured children are not eligible for public programs, but live in families with income below 300% FPL, where private coverage is not likely to be affordable.

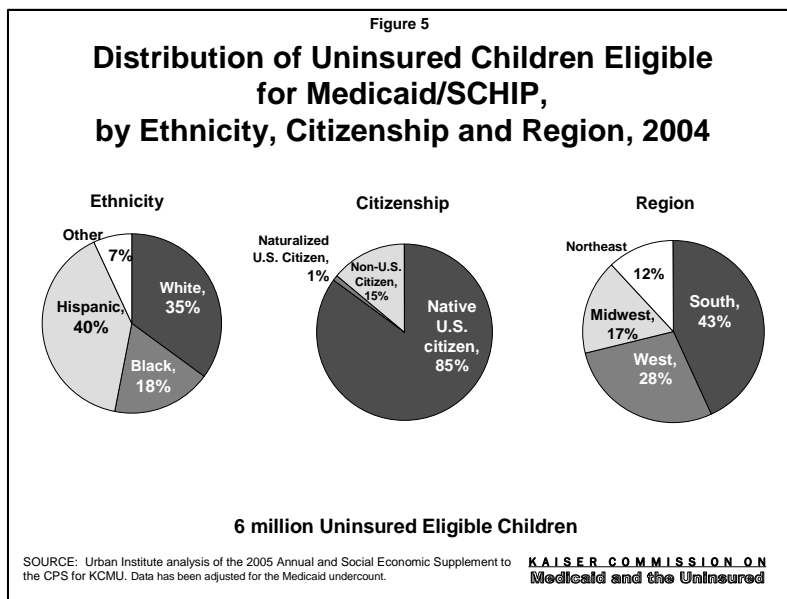
**Nearly three quarters (74%) of the 8 million uninsured children, are eligible for Medicaid or SCHIP (Figure 3).**



The vast majority (93%) of the 6 million children who are eligible but uninsured live in families with income below 200% of poverty, and 60 percent live in families with income below the poverty line. Seventy percent of eligible uninsured children live in working families. Although a disproportionate share live in families where the primary worker is employed in a small firm (less than 25 employees) or is self-employed, nearly 40 percent live in families where the primary worker is employed in a medium (25-999 employees) or large size (1000+ employees) firm (Figure 4).

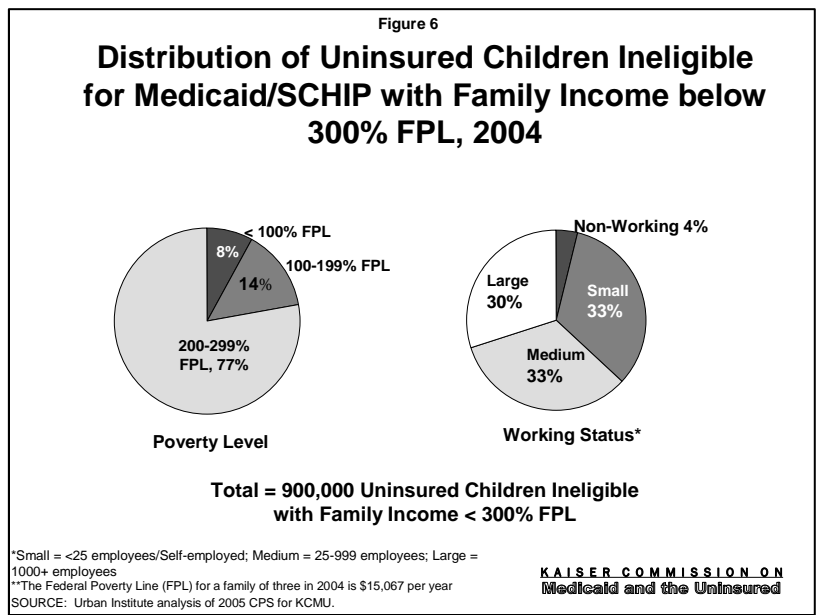


Children who are eligible for Medicaid or SCHIP but are uninsured are disproportionately teenagers, although over a quarter (27%) are under age six. Racially and ethnically diverse, 40 percent of eligible uninsured children are Hispanic, just over a third are white, and 18 percent are black. The vast majority of eligible uninsured children are native citizens (85%) and a disproportionate share live in the South and West (Figure 5).



These 6 million eligible but unenrolled children are the target population for Medicaid and SCHIP outreach and enrollment activities. Because most live in working families, awareness of and experience with government programs may be limited. Streamlined and convenient enrollment procedures are essential to enable parents to sign their children up for coverage without missing work. The diversity of the children in terms of age and race and ethnicity speaks to the need to employ an array of outreach and enrollment techniques that are targeted to particular groups. Once enrolled, keeping children covered through efficient renewal procedures is equally important to ensure access to a stable source of care. In addition to promoting Medicaid/SCHIP and enrolling these eligible children, adequate financing must be secured in order to provide coverage for these individuals.

**About 900,000 uninsured children (11%) are ineligible for public insurance programs, but live in families with income below 300% FPL.** These children predominantly reside in families with income between 200-299% FPL (\$30,134 - \$45,050 for a family of three in 2004), levels that are above Medicaid/SCHIP eligibility in most states, but incomes at which access to employer sponsored coverage can be limited. Although nearly all of these low-income uninsured children live in working families, nearly two thirds live in families where the primary worker is employed at a medium or large size firm (Figure 6).



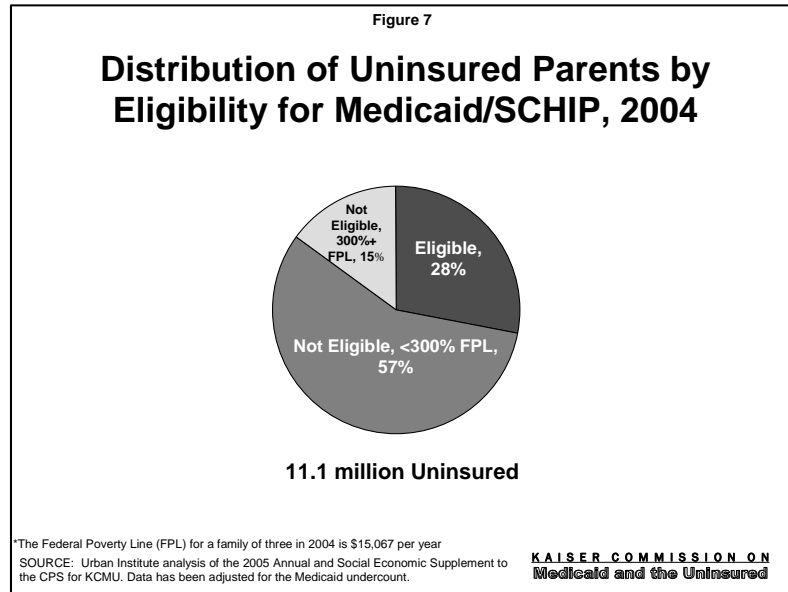
Forty percent of these low-income uninsured children are white, however, as with the uninsured eligible children, a substantial share (42%) are Hispanic, a much higher share than in the overall population. The majority (77%) are native citizens and predominantly reside in the

South and West. These low-income uninsured children fall into the gap between the reach of public coverage and availability of affordable private coverage. Increasing eligibility levels for Medicaid/SCHIP would build on current public programs to provide access to health coverage for children in low-income working families.

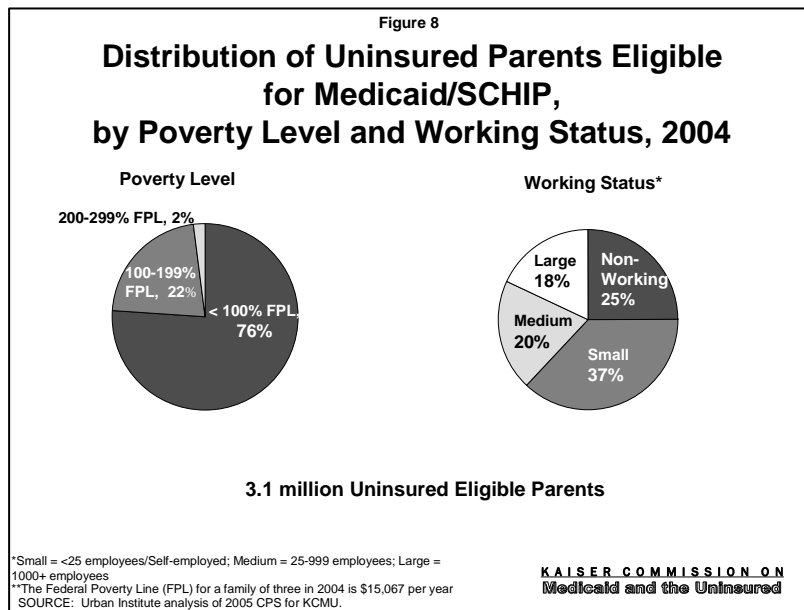
### ***Reaching Low-Income Uninsured Parents***

In contrast to children, most low income uninsured parents are not eligible for public programs, but cannot afford private coverage. In most states, parent eligibility for public coverage is set well below that of children. This disparity complicates enrollment efforts and leaves millions of low-income working parents without access to affordable health coverage.

**A substantially smaller share of uninsured parents (28%) are eligible for Medicaid/SCHIP compared to uninsured children (Figure 7).**

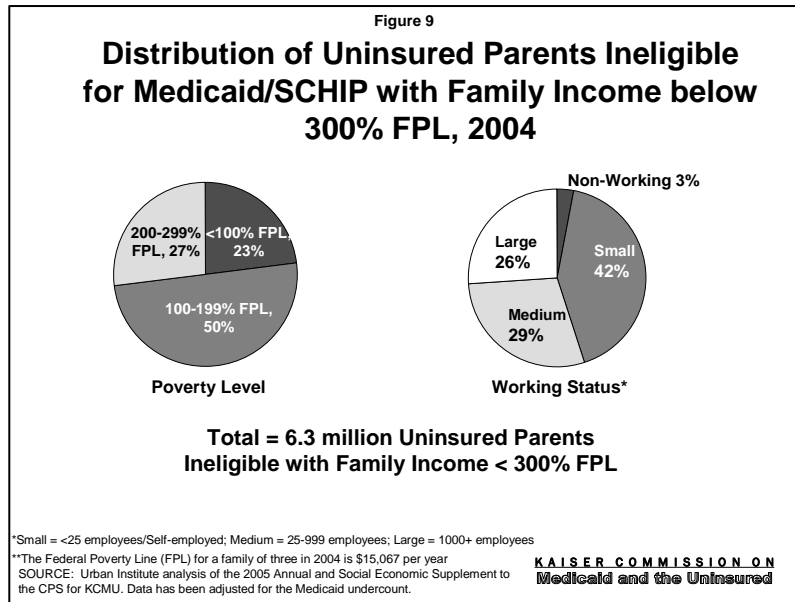


While children’s eligibility for Medicaid/SCHIP is typically set at 200% of FPL, parent eligibility levels are generally below the poverty level. As a result, uninsured parents who are eligible for public coverage are overwhelmingly poor, with over three quarters living in families with income below 100% of poverty. Similar to uninsured eligible children, most (76%) of these parents live in working families. While a disproportionate share of these parents live in a family where the primary worker is employed in a small firm (fewer than 25 employees) or is self-employed, an equal portion (nearly 40%) work in medium (25-999 employees) or large (1000+ employees) firms (Figure 8).



Reflecting the distribution of the underlying population, a large share (37%) of eligible uninsured parents are white, however a similar share (40%) are Hispanic. The majority of uninsured parents who are eligible for public coverage are U.S. citizens, although one-third are non-U.S. citizens. Geographically, eligible uninsured parents are spread more evenly across the regions of the U.S. compared to children, but a large share (37%) reside in the West. While a slight majority of parents report being in excellent/very good health (55%), the remaining 45 percent report being in only good or fair/poor health. Better outreach and increased promotion of family coverage could boost enrollment for eligible but uninsured parents.

**The majority of uninsured parents (57%) are ineligible for Medicaid/SCHIP but have incomes less than 300% FPL.** The uninsured rate for parents with income less than 300% FPL, is six times that of their higher income counterparts (29% vs. 5%), demonstrating the substantial affordability problems faced by those in low-income families. Employer sponsored coverage is much less likely to be offered to low-income workers and the cost of individual insurance is often prohibitive. Compared to uninsured ineligible children who predominantly live in families with income between 200 – 300% FPL, uninsured ineligible parents are much more likely to have income below 200% FPL. Nearly 40 percent of these ineligible uninsured parents have children who are eligible for public coverage (data not shown). Virtually all (97%) of ineligible uninsured parents with income below 300% FPL are in working families (Figure 9).

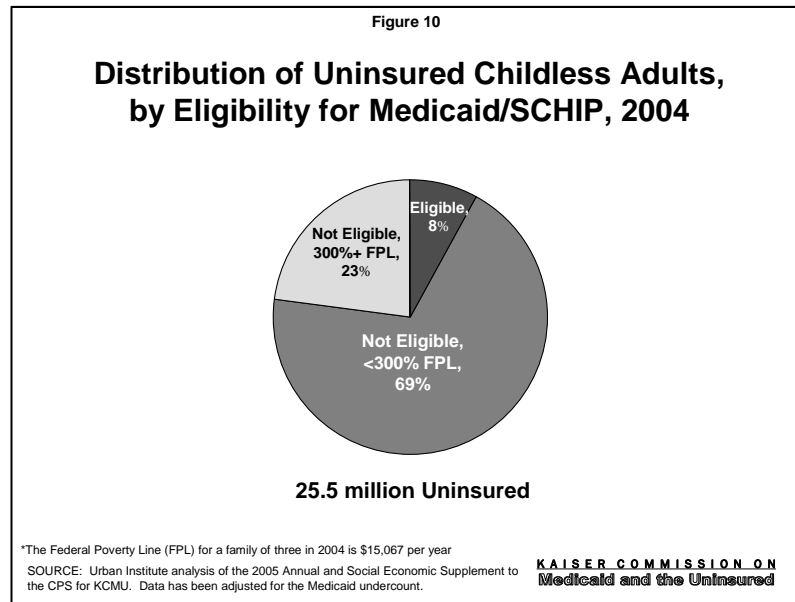


These parents are disproportionately Hispanic and are predominantly native U.S. citizens. Over half reside in the South. Increasing the eligibility levels for public programs could provide low-income uninsured parents with access to affordable coverage and promote family-based enrollment strategies. However, reaching low-income uninsured parents would likely require additional financial resources to support greater coverage at higher eligibility levels. Alternatively, substantial financial assistance through income related subsidies or tax credits could be provided to enable low-income parents to purchase private coverage.

### *Extending Coverage to Childless Adults*

Low income uninsured childless adults are generally not eligible for public programs, but most have incomes where private health coverage is unaffordable.

**Only a small share (8%) of the 25.5 million uninsured childless adults are eligible for public coverage** (Figure 10). Medicaid coverage of adults under age 65 is generally limited parents, pregnant women and people with disabilities. Eligibility for public insurance coverage for childless adults is therefore limited to states that use state only funds or Section 1115 Waiver authority to cover certain disabled populations and pregnant women with no other children.



Eighty-seven percent of eligible uninsured childless adults have family income below 100% FPL. Whereas a majority of uninsured children and parents reside in families with at least one worker, over half (56%) of eligible uninsured childless adults come from non-working families. Similar to eligible but uninsured children, uninsured eligible childless adults are predominately U.S. citizens. However, while uninsured eligible children and parents were disproportionately of Hispanic descent, this does not hold true for childless adults who are primarily white. Additionally, uninsured childless adults reside predominantly in the West and Northeast as opposed to the South where uninsured eligible children are overrepresented.

**The majority (69%) of uninsured childless adults are not eligible for public assistance, but have incomes less than 300% FPL.** The uninsured rate for childless adults with income below 300% FPL is 43 percent compared to 10 percent for their higher income counterparts. Over half of uninsured childless adults ineligible for public coverage are age 30 or older and a large share (40%) have family incomes below 100% FPL. Over three quarters are in working families, but are disproportionately employed by small firms, and 43 percent reside in the South.

### ***Covering the Uninsured with Family Incomes above 300% FPL***

The remaining 8.8 million uninsured have incomes above 300 % FPL, the group that we have designated as being able to afford coverage. As we noted earlier, 300% FPL is a stringent and arbitrary standard of affordability and some with incomes above this threshold who are older or who have health conditions could face financial difficulties in obtaining coverage. Analysis of the CPS suggests that some of these uninsured may be able to afford coverage, but there are other signs that affordability is in fact an issue for some.

Teenagers and young adults (age 19-29) in families with income above 300% FPL are disproportionately more likely to be uninsured as compared to the general population. Compared to white children, parents and childless adults, Hispanic individuals with income above 300% FPL are much more likely to be uninsured.

On the other hand, those who are uninsured are disproportionately more likely to be in the 300-399% FPL income range. In contrast, the likelihood of being uninsured is substantially lower among those above 600 percent FPL. Further, uninsured children, parents and childless adults with incomes above 300% poverty are much more likely to be in families where the worker is in a small firm or is self employed. A disproportionate share of the higher income uninsured reside in the south where people in general are less likely to be covered.

Finally, uninsured children, parents and childless adults with incomes above 300% of poverty are more likely to be in good, fair or poor health and less likely to report being in excellent or very good health than their underlying numbers in the population. Many of these characteristics suggest that affordability is still an issue for those above 300% of poverty.

### **Discussion**

This analysis of the characteristics of the 45 million uninsured in 2004 offers some important insights on strategies to reduce the number of uninsured. Currently, three quarters of uninsured children (6 million) are eligible for public coverage but not enrolled. Studies show that parents value Medicaid and SCHIP, but lack of awareness of public programs and administrative hurdles stymie coverage.<sup>4</sup> Outreach to these populations is critical, as well as streamlined enrollment and renewal processes. These efforts are especially important in the South and West due to the large numbers of eligible uninsured children who reside in these regions. Studies have shown that there is considerable churning in Medicaid/SCHIP where families lose and regain coverage in a short time period due to procedural barriers as opposed to

eligibility factors.<sup>5</sup> Policies that promote continuous coverage for eligible families would help keep eligible children enrolled.

The large share of Hispanic children and parents among the eligible uninsured also speaks to the need to target outreach efforts to Hispanic populations. Language and cultural barriers need to be addressed, but confusion and fear over federal restrictions on immigrant coverage may also inhibit parents from enrolling eligible children in Medicaid and SCHIP.<sup>6</sup> Most new immigrants are excluded from Medicaid during their first five years in the U.S., and those who are undocumented are eligible only for Medicaid emergency services. While, eligible children are overwhelmingly native citizens, some live with parents or other family members who are non-citizens, necessitating targeted outreach and enrollment efforts.

New federal rules included in the Deficit Reduction Act of 2005 that requires U.S. citizens to present proof of citizenship and identity at application or renewal runs counter to many of the successful procedures that states have used to enroll eligible populations.<sup>7</sup> Low-income families are apt to experience difficulties in securing required documents and states may have difficulty maintaining procedures that make public programs more accessible to working families, such as mail-in or electronic applications. As a result, the number of eligible citizens without coverage could increase.

Assuring adequate financing to cover those who are eligible remains a challenge. Implementing successful strategies to cover eligible but uninsured populations will increase program costs as more individuals enroll. During the recent economic downturn, fiscal pressure led a number of states to discard outreach and streamlined procedures in Medicaid and SCHIP or to impose enrollment caps in SCHIP as a means of controlling costs by limiting enrollment.<sup>8</sup> Reversing earlier gains for children, public coverage did not increase in 2005 and the decline in employer coverage translated into an increase in the uninsured rate for low-income children.<sup>9</sup>

Seventeen state SCHIP programs face a federal funding shortfall for FY 2007 and spending in 37 states in 2007 exceeds the current year federal allotment. These states are using carry over funding from previous years to financing their programs. Going forward, a central issue in SCHIP reauthorization legislation that will be considered in 2007 will be assuring adequate funding to support and maintain current coverage levels as well as expanding coverage to eligible children. If covering children is a national priority, the federal government may need to increase federal support above current levels to ensure that more children do not become uninsured and to help states enroll eligible children.

About 900,000 uninsured children live in families with income below 300% FPL but are not eligible for public programs. Most of these children live in families with incomes between 200 and 300% FPL. While these income levels exceed children's eligibility in Medicaid and SCHIP in all but 13 states, families may be unable to afford or obtain private coverage. Additionally, while the majority of these children are native citizens, a small share may not be eligible for public coverage due to their immigration status or because they have resided in the U.S. for less than 5 years. Recognizing the importance of health coverage for all children, some states use state only funds to cover these children and to create seamless outreach and enrollment efforts.

The majority of the uninsured are not currently eligible for public programs but would need financial assistance to afford coverage. These 25 million uninsured are largely adults, reflecting the large disparity in eligibility levels for public coverage between children compared to adults. In most states, children are eligible for Medicaid and SCHIP up to 200% FPL, while parent eligibility is often well below the poverty level and childless adults are typically not eligible for public coverage or for subsidies to help buy private coverage.

Low-income uninsured adults who need assistance are overwhelmingly in working families, and relative to the total population, are disproportionately more likely to be in families where the primary worker is self-employed or working in a small firm, settings where difficulties in securing private health coverage are well known. Recent data shows that low income workers in smaller firms are less likely to be offered to employer sponsored insurance and when offered, it is often still unaffordable.<sup>10</sup> Nearly a quarter of these uninsured parents and 41% of childless adults have incomes below poverty highlighting the need for substantial financial assistance in obtaining coverage. Drawing on studies that show that children are more likely to be enrolled in public coverage when the whole family can be covered and recognizing the absence of other affordable options, some states have increased eligibility levels for parents.<sup>11</sup> If greater federal financing were made available, it is likely that more states would increase coverage for families. Increasing the availability of public coverage for very low income childless adults would require removing the federal prohibition on Medicaid funds for coverage of this population which would increase federal financing available to states to support these efforts, but entail additional Medicaid spending at both federal and state levels. Coverage of parents and childless adults above certain income thresholds will probably require broader public financing strategies, either income related subsidies or tax credits, to expand coverage.

## Appendix A

### Undocumented Non-citizens

In this paper, information provided on the insurance status of non-citizens shows the number of citizens already eligible for public coverage, how many non-citizens needed assistance, and how many seemingly could afford coverage. Some of the non-citizens are undocumented and would not be eligible for current programs and presumably for new programs that would provide financial assistance. The question is how much this has affected the results. Identifying undocumented non-citizens is not possible in the 2005 Current Population Survey. Passel et al. developed a method using the 2004 CPS to estimate the number of undocumented citizens based on estimates of legal residents from government agencies and assumptions about the insurance coverage of legal and undocumented non-citizens.<sup>12</sup> Using this methodology the percent of undocumented citizens that would fall into each of these groups was estimated and these rates were then applied to the 2005 CPS. That is, the undocumented non-citizens from each category were removed, assuming that they would not be eligible for any public support.

The results are shown in Appendix A1. The key results are that we estimate about five million uninsured to be undocumented non citizens. The number identified as eligible for current coverage (because undocumented non citizens are not eligible for public programs) would fall from 11.0 million to 9.7 million. There would also be a significant increase in those needing assistance, 24.9 million to 26.1 million. Of the latter, 4.8 million would be undocumented non-citizens. The shares of the uninsured children, parents, and non-parents who are eligible but uninsured declines; for example, the percentage of children who are uninsured declines from 74.1 percent to 67.0 percent. The percent of the uninsured who need financial assistance to gain coverage increases because of the reclassification of the uninsured undocumented non-citizens.

**Table 1**  
**Uninsured Adults and Children by Eligibility for Medicaid and SCHIP, 2004**

	Total (millions)	Uninsured (millions)	Uninsurance Rate	Percent of Uninsured	Percent of All Nonelderly	Percent of All Nonelderly Uninsured
<i>Children</i>						
Eligible	41.4	6.0	14.4%	74.1%	16.2%	13.3%
Not Eligible, Less than 300% FPL	7.5	0.9	12.2%	11.3%	2.9%	2.0%
Not Eligible, Greater than 300% FPL	29.1	1.2	4.0%	14.6%	11.4%	2.6%
<b>All Children</b>	<b>78.0</b>	<b>8.0</b>	<b>10.3%</b>	<b>100%</b>	<b>30.6%</b>	<b>18.0%</b>
<i>Parents</i>						
Eligible	11.5	3.1	26.6%	27.8%	4.5%	6.9%
Not Eligible, Less than 300% FPL	21.4	6.3	29.4%	56.9%	8.4%	14.1%
Not Eligible, Greater than 300% FPL	34.4	1.7	4.9%	15.3%	13.5%	3.8%
<b>All Parents</b>	<b>67.4</b>	<b>11.1</b>	<b>16.4%</b>	<b>100%</b>	<b>26.4%</b>	<b>24.8%</b>
<i>Childless Adults</i>						
Eligible	11.2	2.0	17.6%	7.7%	4.4%	4.4%
Not Eligible, Less than 300% FPL	41.3	17.7	42.7%	69.2%	16.2%	39.6%
Not Eligible, Greater than 300% FPL	57.3	5.9	10.3%	23.1%	22.4%	13.2%
<b>All Childless Adults</b>	<b>109.8</b>	<b>25.5</b>	<b>23.2%</b>	<b>100%</b>	<b>43.0%</b>	<b>57.2%</b>
<b>Total (thousands)</b>	<b>255.3</b>	<b>44.6</b>	<b>17.5%</b>			

*Note: Eligibility has been imputed for ineligible reporters. Data has been adjusted for the Medicaid undercount.*

Source: Urban Institute, 2006. Based on data from the 2005 Annual Social and Economic Supplement to the Current Population Survey and Urban Institute estimates of eligibility for Medicaid and SCHIP.

**Table 2**  
**Health Insurance Coverage of Children by Medicaid/SCHIP Eligibility Status, 2004**

	Children (millions)	Eligible			Ineligible, Income Less than 300% FPL			Ineligible, Income Greater than 300% FPL		
		Total	Percent of Uninsured	Percent of Population	Total	Percent of Uninsured	Percent of Population	Total	Percent of Uninsured	Percent of Population
		Uninsured	Uninsured	Population	Uninsured	Uninsured	Population	Uninsured	Uninsured	Population
<b>Total - Children</b>	<b>78.0</b>	<b>6.0</b>			<b>0.9</b>			<b>1.2</b>		
<b>Age</b>										
Children 0-5	24.5	1.6	27.0%	33.7%	0.2	25.4%	30.8%	0.3	27.1%	28.1%
Children 6-12	28.1	2.0	33.7%	35.8%	0.4	39.2%	39.8%	0.4	33.7%	35.4%
Children 13-18	25.4	2.3	39.2%	30.4%	0.3	35.3%	29.4%	0.5	39.2%	36.5%
<b>HIU Poverty Level</b>										
<100%	19.0	3.5	59.6%	45.6%	0.1	8.5%	1.4%	0.0	0.0%	0.0%
100-199%	15.5	1.9	32.6%	36.3%	0.1	14.4%	5.8%	0.0	0.0%	0.0%
200-299%	12.2	0.4	6.9%	12.8%	0.7	77.1%	92.8%	0.0	0.0%	0.0%
300-399%	9.7	0.0	0.7%	3.1%	0.0	0.0%	0.0%	0.4	34.1%	29.0%
400-599%	11.7	0.0	0.2%	1.5%	0.0	0.0%	0.0%	0.5	39.7%	37.8%
600%+	10.0	0.0	0.0%	0.7%	0.0	0.0%	0.0%	0.3	26.2%	33.2%
<b>HIU Firm Size</b>										
Non-working HIUs	9.5	1.8	30.2%	22.7%	0.0	3.8%	1.3%	0.0	0.7%	0.2%
1000+	32.7	1.1	18.5%	28.6%	0.3	29.8%	50.7%	0.4	33.5%	58.7%
500-999	12.9	0.6	10.6%	14.9%	0.1	16.3%	19.7%	0.2	13.9%	18.1%
25-499	7.5	0.6	9.6%	10.1%	0.1	16.4%	10.5%	0.1	11.6%	8.9%
Less than 25	11.1	1.4	22.9%	18.6%	0.2	21.4%	13.0%	0.3	25.1%	8.4%
Self-employed	4.2	0.5	8.3%	5.2%	0.1	12.2%	4.8%	0.2	15.3%	5.8%
<b>Race/Ethnicity</b>										
White only (non-Hispanic)	45.4	2.1	34.8%	43.2%	0.4	40.0%	66.1%	0.7	63.0%	77.6%
Black only (non-Hispanic)	11.8	1.1	18.5%	21.9%	0.1	10.0%	11.6%	0.1	10.5%	6.6%
Hispanic	15.2	2.4	40.0%	28.0%	0.4	42.1%	16.0%	0.2	20.2%	8.2%
Other	5.6	0.4	6.8%	6.9%	0.1	8.0%	6.3%	0.1	6.2%	7.7%
<b>Citizenship</b>										
U.S. citizen - native	74.5	5.1	85.2%	94.2%	0.7	77.3%	95.0%	1.1	96.1%	97.3%
U.S. citizen - naturalized	0.6	0.1	1.0%	0.7%	0.0	1.9%	0.8%	0.0	0.6%	0.8%
Non-U.S. Citizen	3.0	0.8	13.8%	5.1%	0.2	20.9%	4.2%	0.0	3.3%	1.9%
<b>Region</b>										
Northeast	13.7	0.7	12.5%	16.9%	0.1	5.5%	9.7%	0.2	21.3%	20.6%
Midwest	17.3	1.0	16.5%	20.2%	0.1	12.1%	23.9%	0.2	15.3%	24.5%
South	28.3	2.5	42.7%	37.4%	0.5	55.3%	45.1%	0.5	39.1%	32.3%
West	18.8	1.7	28.2%	25.6%	0.2	27.1%	21.3%	0.3	24.3%	22.6%
<b>Health Status</b>										
Excellent/Very Good	63.0	4.4	74.0%	73.8%	0.7	79.2%	85.6%	0.9	80.5%	89.2%
Good	13.1	1.4	22.8%	22.3%	0.2	18.5%	13.2%	0.2	18.1%	10.0%
Fair/Poor	1.9	0.2	3.1%	3.9%	0.0	2.4%	1.2%	0.0	1.5%	0.8%

*Note: Eligibility has been imputed for ineligible reporters. Data has been adjusted for the Medicaid undercount.*

SOURCE: Urban Institute, 2006. Based on data from the 2005 Annual Social and Economic Supplement to the Current Population Survey and Urban Institute estimates of eligibility for Medicaid and SCHIP.

**Table 3**  
**Health Insurance Coverage of Parents by Medicaid/SCHIP Eligibility Status, 2004**

	Parents (millions)	Eligible			Ineligible, Income Less than 300% FPL			Ineligible, Income Greater than 300% FPL		
		Total	Percent of Uninsured	Percent of Population	Total	Percent of Uninsured	Percent of Population	Total	Percent of Uninsured	Percent of Population
		<u>Uninsured</u>	<u>Uninsured</u>	<u>Population</u>	<u>Uninsured</u>	<u>Uninsured</u>	<u>Population</u>	<u>Uninsured</u>	<u>Uninsured</u>	<u>Population</u>
<b>Total - Parents</b>	<b>67.4</b>	<b>3.1</b>			<b>6.3</b>			<b>1.7</b>		
<b>Age</b>										
Parents 19-29	11.5	1.0	33.5%	32.6%	1.9	29.9%	22.9%	0.2	14.0%	8.2%
Parents 30-39	24.8	1.1	36.5%	36.2%	2.4	38.0%	39.9%	0.6	36.7%	35.1%
Parents 40-49	24.0	0.7	22.8%	23.6%	1.6	26.1%	29.8%	0.7	39.5%	43.2%
Parents 50-64	7.1	0.2	7.2%	7.7%	0.4	5.9%	7.3%	0.2	9.8%	13.6%
<b>HIU Poverty Level</b>										
<100%	8.8	2.3	76.0%	56.7%	1.4	22.6%	10.4%	0.0	0.0%	0.0%
100-199%	12.0	0.7	21.5%	30.3%	3.2	50.6%	39.7%	0.0	0.0%	0.0%
200-299%	11.6	0.1	2.2%	7.9%	1.7	26.8%	49.9%	0.0	0.0%	0.0%
300-399%	10.1	0.0	0.2%	2.7%	0.0	0.0%	0.0%	0.7	43.2%	28.4%
400-599%	12.9	0.0	0.1%	1.6%	0.0	0.0%	0.0%	0.6	34.1%	37.1%
600%+	12.0	0.0	0.0%	0.9%	0.0	0.0%	0.0%	0.4	22.7%	34.6%
<b>HIU Firm Size</b>										
Non-working	3.3	0.8	24.8%	23.4%	0.2	3.3%	2.3%	0.0	0.9%	0.2%
1000+	31.8	0.5	17.7%	24.9%	1.6	25.8%	41.2%	0.5	27.8%	58.4%
500-999	12.2	0.3	9.8%	14.5%	1.0	15.1%	19.0%	0.3	16.4%	18.7%
25-499	6.9	0.3	10.4%	9.4%	0.9	14.2%	12.6%	0.2	13.9%	9.0%
Less than 25	9.6	0.9	27.7%	21.1%	2.0	32.0%	19.5%	0.5	26.6%	8.6%
Self-employed	3.7	0.3	9.5%	6.8%	0.6	9.5%	5.5%	0.2	14.5%	5.0%
<b>Race/Ethnicity</b>										
White only (non-Hispanic)	44.3	1.1	36.8%	48.0%	2.5	40.0%	55.0%	1.0	60.2%	78.2%
Black only (non-Hispanic)	7.3	0.5	16.3%	18.0%	0.8	12.0%	13.3%	0.2	12.0%	6.8%
Hispanic	11.3	1.2	40.2%	27.0%	2.7	42.5%	25.5%	0.3	20.4%	7.8%
Other	4.6	0.2	6.8%	7.0%	0.3	5.5%	6.2%	0.1	7.4%	7.2%
<b>Citizenship</b>										
U.S. citizen - native	54.4	1.9	60.5%	72.3%	3.7	59.3%	74.8%	1.3	77.5%	87.3%
U.S. citizen - naturalized	4.7	0.2	5.6%	6.7%	0.5	7.7%	7.7%	0.1	8.3%	6.6%
Non-U.S. Citizen	8.3	1.0	33.8%	21.0%	2.1	33.0%	17.5%	0.2	14.2%	6.1%
<b>Region</b>										
Northeast	12.4	0.7	21.6%	22.2%	0.5	7.9%	12.1%	0.4	21.1%	21.0%
Midwest	15.4	0.6	20.7%	24.2%	0.8	12.8%	19.0%	0.2	14.1%	24.7%
South	23.8	0.6	20.7%	21.9%	3.6	56.8%	47.0%	0.7	41.1%	32.5%
West	15.9	1.1	37.0%	31.7%	1.4	22.6%	21.9%	0.4	23.7%	21.8%
<b>Health Status</b>										
Excellent/Very Good	47.0	1.7	55.0%	52.2%	3.7	59.3%	66.0%	1.1	65.3%	77.8%
Good	15.4	1.0	32.6%	30.4%	1.9	30.8%	25.8%	0.5	28.2%	18.5%
Fair/Poor	5.1	0.4	12.4%	17.4%	0.6	9.9%	8.2%	0.1	6.6%	3.7%

*Note: Eligibility has been imputed for ineligible reporters. Data has been adjusted for the Medicaid undercount.*

SOURCE: Urban Institute, 2006. Based on data from the 2005 Annual Social and Economic Supplement to the Current Population Survey and Urban Institute estimates of eligibility for Medicaid and SCHIP.

**Table 4**  
**Health Insurance Coverage of Childless Adults by Medicaid/SCHIP Eligibility Status, 2004**

	Childless Adults (millions)	Eligible			Ineligible, Income Less than 300% FPL			Ineligible, Income Greater than 300% FPL		
		Total	Percent of Uninsured	Percent of Population	Total	Percent of Uninsured	Percent of Population	Total	Percent of Uninsured	Percent of Population
		2.0			17.7			5.9		
<b>Total - Childless Adults</b>	<b>109.8</b>									
<b>Age</b>										
Childless Adults 19-29	31.7	1.1	56.8%	35.8%	7.9	44.8%	40.5%	1.5	25.6%	19.0%
Childless Adults 30-39	15.4	0.2	12.6%	12.8%	3.2	17.9%	13.9%	1.1	19.0%	14.3%
Childless Adults 40-49	20.7	0.3	14.8%	18.5%	2.9	16.6%	16.0%	1.3	22.7%	21.0%
Childless Adults 50-64	42.1	0.3	15.8%	32.9%	3.6	20.7%	29.6%	1.9	32.8%	45.7%
<b>HIU Poverty Level</b>										
<100%	19.0	1.7	87.4%	62.6%	7.2	40.7%	28.9%	0.0	0.0%	0.0%
100-199%	16.7	0.2	12.1%	22.1%	6.1	34.5%	34.3%	0.0	0.0%	0.0%
200-299%	15.9	0.0	0.5%	6.6%	4.4	24.7%	36.7%	0.0	0.0%	0.0%
300-399%	14.3	0.0	0.0%	3.0%	0.0	0.0%	0.0%	2.4	40.4%	24.4%
400-599%	18.7	0.0	0.0%	2.9%	0.0	0.0%	0.0%	1.8	31.3%	32.0%
600%+	25.3	0.0	0.0%	2.7%	0.0	0.0%	0.0%	1.7	28.2%	43.6%
<b>HIU Firm Size</b>										
Non-working	17.3	1.1	55.7%	59.4%	4.1	23.4%	21.8%	0.2	3.3%	2.8%
1000+	41.6	0.3	12.7%	14.9%	3.4	19.4%	26.7%	1.7	29.5%	50.4%
500-999	17.1	0.1	6.4%	6.1%	1.9	10.7%	13.3%	0.9	15.0%	19.1%
25-499	10.8	0.1	4.1%	5.1%	1.9	10.5%	10.8%	0.7	11.4%	10.1%
Less than 25	16.8	0.3	16.6%	11.7%	5.0	28.2%	21.4%	1.6	26.6%	11.6%
Self-employed	6.2	0.1	4.5%	2.7%	1.4	7.8%	6.0%	0.8	14.2%	6.0%
<b>Race/Ethnicity</b>										
White only (non-Hispanic)	76.1	1.1	54.6%	57.3%	8.7	49.0%	59.7%	3.9	66.9%	78.5%
Black only (non-Hispanic)	13.5	0.3	17.4%	20.3%	2.9	16.5%	15.6%	0.6	10.3%	8.3%
Hispanic	13.3	0.3	16.4%	14.5%	4.9	27.6%	18.3%	0.9	14.6%	7.1%
Other	7.0	0.2	11.5%	7.9%	1.2	6.9%	6.3%	0.5	8.2%	6.1%
<b>Citizenship</b>										
U.S. citizen - native	95.1	1.6	82.9%	87.3%	12.7	72.2%	81.2%	4.8	82.1%	90.3%
U.S. citizen - naturalized	5.5	0.1	4.6%	4.5%	0.9	5.2%	5.0%	0.4	6.6%	5.1%
Non-U.S. Citizen	9.3	0.2	12.5%	8.2%	4.0	22.6%	13.7%	0.7	11.3%	4.7%
<b>Region</b>										
Northeast	20.9	0.7	36.6%	27.8%	2.5	14.3%	15.9%	1.0	17.8%	19.4%
Midwest	24.2	0.1	6.9%	15.2%	3.4	19.0%	22.0%	1.1	18.3%	23.4%
South	39.9	0.3	16.0%	28.0%	7.6	43.2%	40.6%	2.4	40.4%	34.8%
West	24.9	0.8	40.5%	28.9%	4.1	23.4%	21.5%	1.4	23.5%	22.3%
<b>Health Status</b>										
Excellent/Very Good	67.1	1.1	54.9%	35.0%	10.0	56.6%	57.4%	3.9	65.7%	68.8%
Good	28.6	0.6	28.7%	26.0%	5.6	31.6%	28.6%	1.5	26.1%	24.3%
Fair/Poor	14.1	0.3	16.4%	39.1%	2.1	11.8%	14.0%	0.5	8.1%	6.9%

*Note: Eligibility has been imputed for ineligible reporters. Data has been adjusted for the Medicaid undercount.*

SOURCE: Urban Institute, 2006. Based on data from the 2005 Annual Social and Economic Supplement to the Current Population Survey and Urban Institute estimates of eligibility for Medicaid and SCHIP.

**Appendix A1**  
**Impact of Undocumented Non-citizens on Uninsured Estimates, 2005**

	<b>Total Uninsured</b>		<b>Uninsured Non-Citizens</b>	<b>Estimated Undocumented Non-Citizens</b>	<b>Uninsured Adjusting for Undocumented Citizens</b>	
	(millions)	% of Uninsured	(millions)	(millions)	(millions)	% of Uninsured
<i><u>Children</u></i>	<b>8.0</b>	<b>18.0%</b>	<b>1.0</b>	<b>0.7</b>	<b>8.0</b>	<b>18.0%</b>
Eligible	6.0	74.1%	0.8	0.0	5.4	67.0%
Needs Assistance	0.9	11.3%	0.2	0.7	1.5	18.4%
Affordable	1.2	14.6%	0.0	0.0	1.2	14.6%
<i><u>Parents</u></i>	<b>11.1</b>	<b>24.8%</b>	<b>3.4</b>	<b>1.8</b>	<b>11.1</b>	<b>24.8%</b>
Eligible	3.1	27.8%	1.0	0.0	2.5	22.6%
Needs Assistance	6.3	56.9%	2.1	1.7	6.9	62.1%
Affordable	1.7	15.3%	0.2	0.1	1.7	15.3%
<i><u>Childless Adults</u></i>	<b>25.5</b>	<b>57.2%</b>	<b>4.9</b>	<b>2.7</b>	<b>25.5</b>	<b>57.2%</b>
Eligible	2.0	7.7%	0.2	0.0	1.8	7.2%
Needs Assistance	17.7	69.2%	4.0	2.4	17.8	69.7%
Affordable	5.9	23.1%	0.7	0.3	5.9	23.1%
<i><u>Total</u></i>	<b>44.6</b>		<b>9.3</b>	<b>5.2</b>	<b>44.6</b>	
Eligible	11.0	24.7%	2.1	0.0	9.7	21.8%
Needs Assistance	24.9	55.7%	6.3	4.8	26.1	58.6%
Affordable	8.8	19.6%	0.9	0.4	8.8	19.6%

Source: Urban Institute tabulations of March 2005 CPS data and estimates of undocumented citizens based on 2004 March CPS data and methodology developed by Passel, et al. at the Urban Institute

- 
- <sup>1</sup> The Uninsured and Their Access to Care. Key Facts. The Kaiser Commission on Medicaid and the Uninsured, October 2006.
- <sup>2</sup> Dubay, L., J. Holahan, and A. Cook. "The Uninsured and the Affordability of Health Insurance Coverage." *Health Affairs*. 26, no. 1 (2007): w22-w30 (published online 30 November 2006; 10.1377/hlthaff.26.1.w22).
- <sup>3</sup> For more detailed information on methodological approach, see the article by Dubay, Holahan and Cook, cited above.
- <sup>4</sup> Perry, M. et al. Medicaid and Children: Overcoming Barriers to Enrollment, Findings from a National Survey. Kaiser Commission on Medicaid and the Uninsured, January 2000.
- <sup>5</sup> Sommer, Laura and C. Mann, "Instability of Public Health Insurance Coverage for Children and Their Families: Causes, Consequences, and Remedies." The Commonwealth Fund. June 2006.
- <sup>6</sup> Immigrants and Health Coverage: A Primer. Kaiser Commission on Medicaid and the Uninsured and National Council of La Raza, June 2004.
- <sup>7</sup> New Requirements for Citizenship Documentation in Medicaid. Kaiser Commission on Medicaid and the Uninsured, July 2006.
- <sup>8</sup> Cohen Ross, D.,L. Cox and C. Marks. "Resuming the Path to Health Coverage for Children and Parents." Kaiser Commission on Medicaid and the Uninsured. January 2007.
- <sup>9</sup> Holahan, J. and A. Cook. "Why Did the Number of Uninsured Continue to Increase in 2005?" Kaiser Commission on Medicaid and the Uninsured. October 2006.
- <sup>10</sup> Clemans-Cope, L, B. Garrett and C. Hoffman. "Changes in Employees Health Insurance Coverage, 2001-2005." Kaiser Commission on Medicaid and the Uninsured. October 2006.
- <sup>11</sup> Dubay L. and G. Kenney. "Expanding Public Health Insurance to Parents: Effects on Children's Coverage under Medicaid." *Health Services Research*, 2003. 38(5):1283-301.
- <sup>12</sup> The methodology used to determine legal status was developed by Passel and Clark (1998). Further advancements were later made (Passel et al 2004; Passel 2002, 2003) in the methodology.







1330 G STREET NW, WASHINGTON, DC 20005  
PHONE: (202) 347-5270, FAX: (202) 347-5274  
WEBSITE: WWW.KFF.ORG/KCMU

Additional copies of this report (#7613) are available  
on the Kaiser Family Foundation's website at [www.kff.org](http://www.kff.org).



The Kaiser Commission on Medicaid and the Uninsured provides information and analysis on health care coverage and access for the low-income population, with a special focus on Medicaid's role and coverage of the uninsured. Begun in 1991 and based in the Kaiser Family Foundation's Washington, DC office, the Commission is the largest operating program of the Foundation. The Commission's work is conducted by Foundation staff under the guidance of a bi-partisan group of national leaders and experts in health care and public policy.