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Estimates of Eligibility for ACA Coverage among the Uninsured in 2016

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The Affordable Care Act (ACA) extends health insurance coverage to people who lack access to an affordable coverage option. Under the ACA, as of 2014, Medicaid coverage is extended to poor and near poor adults in states that have opted to expand eligibility, and tax credits are available for low and middle-income people who purchase coverage through a health insurance Marketplace. Millions of people have enrolled in these new coverage options, and the uninsured rate has dropped to the lowest level ever recorded.¹ However, millions of others are still uninsured. Some remain ineligible for coverage, and others may be unaware of the availability of new coverage options or still find coverage unaffordable even with financial assistance.

This analysis updates national and state-by-state estimates of eligibility for ACA coverage options among those who remained uninsured. It is based on Kaiser Family Foundation estimates based on the 2016 Current Population Survey, combined with other data sources. We estimate coverage and eligibility as of 2016. An overview of the methodology underlying the analysis can be found in the Methods box at the end of the data note, and more detail is available in the Technical Appendices available [here](#).

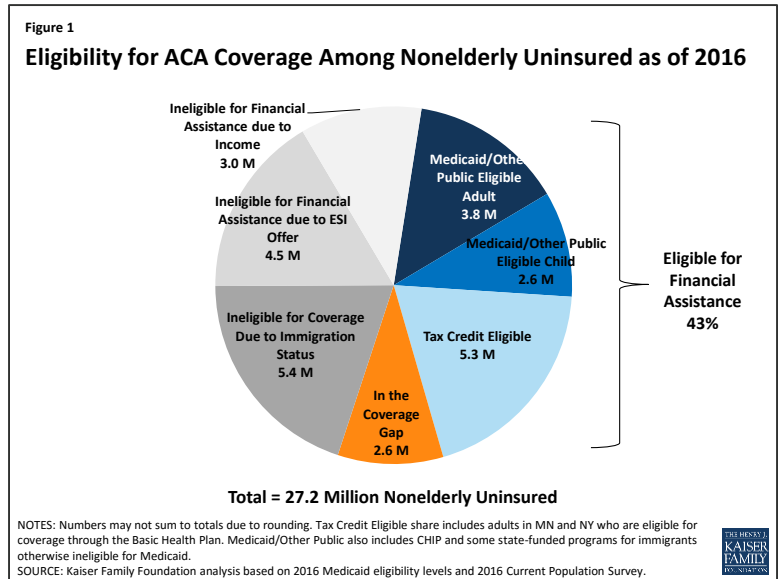
Background: How Does the ACA Expand Health Coverage?

The ACA fills historical gaps in Medicaid eligibility by extending Medicaid to nearly all nonelderly adults with incomes at or below 138% of the federal poverty level (FPL) (\$27,821 for a family of three in 2016²). With the June 2012 Supreme Court ruling, the Medicaid expansion essentially became optional for states, and as of July 2016, 31 states and DC had expanded Medicaid eligibility under the ACA. Under rules in place before the ACA, all states already extended public coverage to poor and low-income children, with a median income eligibility level of 255% of poverty in 2016.³ The ACA also established Health Insurance Marketplaces where individuals can purchase insurance and allows for federal tax credits for such coverage for people with incomes from 100% to 400% FPL (\$20,090 to \$80,360 for a family of three in 2015).^{4, 5} Tax credits are generally only available to people who are not eligible for other coverage.

Because the ACA envisioned low-income people receiving coverage through Medicaid, people with incomes below poverty are not eligible for Marketplace subsidies. Thus, in the 19 states not implementing the Medicaid expansion, some adults fall into a “coverage gap” of earning too much to qualify for Medicaid but not enough to qualify for premium tax credits. In addition, undocumented immigrants are ineligible for Medicaid coverage and barred from purchasing coverage through a Marketplace. In most cases, lawfully present immigrants are subject to a five-year waiting period before they may enroll in Medicaid, though they can purchase coverage through a Marketplace and may receive tax credits for such coverage.

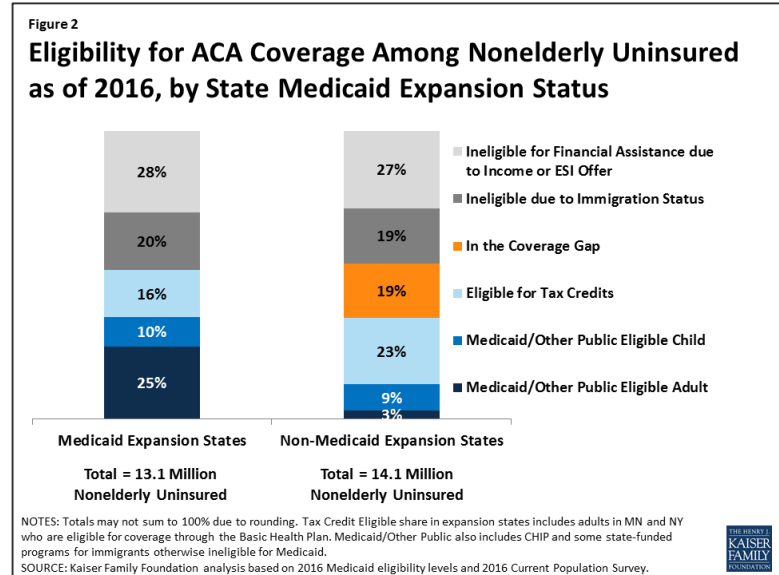
How Many Uninsured Are Eligible for Assistance under the ACA?

We estimate that, as of 2016, approximately 27 million nonelderly people lacked health coverage in the U.S. Nationally, we estimate 43% of this population, or 11.7 million people, is eligible for financial assistance to gain coverage through either Medicaid or subsidized Marketplace coverage (Figure 1 and Tables 1 and 2). Nearly a quarter are either adults eligible for Medicaid⁶ (3.8 million, or 14%) or children eligible for Medicaid or the Children’s Health Insurance Program (CHIP) (2.6 million, or 10%). Those who are Medicaid eligible include people who were previously eligible as well as those newly eligible under the ACA. One in five (5.3 million, or 19%) of the nonelderly uninsured is eligible for premium tax credits to purchase coverage through the Marketplace.^{7, 8}



One in ten uninsured people (2.6 million) falls into the coverage gap due to their state’s decision not to expand Medicaid, and 20% of the uninsured (5.4 million) are undocumented immigrants who are ineligible for ACA coverage under federal law.

The remainder of the uninsured either has an offer of ESI (4.5 million, or 16%) or has an income above the limit for premium tax credits but could purchase unsubsidized Marketplace coverage (3.0 million, or 11%). We cannot determine from available survey data if the offer of ESI would be considered unaffordable under the law, which would make the individual eligible for a Marketplace premium subsidy.



Patterns of eligibility vary by state (Tables 1 and 2), depending on state decisions about expanding Medicaid, premiums in the exchange, and underlying demographic factors such as poverty rates and access to employer coverage. In states that expanded Medicaid, 35% of the nonelderly uninsured population is eligible for Medicaid, versus just 13% in states that have not expanded Medicaid (Figure 2). No one in Medicaid expansion states falls into a coverage gap; in non-expansion states, nearly one in five (19%) uninsured people falls into the coverage gap, a larger share than the share who are eligible for Medicaid under pathways in place before the ACA. Because adults with incomes from 100% to 138% of poverty in non-expansion states can receive tax credits for Marketplace coverage, a larger share of the uninsured population in those states is eligible for Marketplace tax credits than in expansion states (23% versus 16%).

Discussion

Though millions of people have gained coverage under the ACA and the uninsured rate has dropped to the lowest level ever recorded, many remain uninsured.⁹ The ACA provides new coverage options across the income spectrum for low and moderate-income people, and more than four in ten of the uninsured population appear to be eligible for Medicaid or subsidized Marketplace coverage. For these individuals, outreach and education about coverage and financial assistance may be important to continuing coverage gains that were seen in the first two years of full ACA implementation. Data from other sources indicate that misperceptions about cost, lack of awareness of financial assistance, and confusion about eligibility rules were barriers to gaining coverage for some eligible uninsured.^{10,11,12} Others report that they found coverage to be too expensive, even with the availability of financial assistance.

Nearly a third of the remaining uninsured population is outside the reach of the ACA due to either their immigration status or their state's decision not to expand Medicaid. People in the coverage gap would be eligible for Medicaid should their state opt to expand Medicaid but are otherwise likely to remain uninsured, as they have limited incomes, are unlikely to have an affordable offer of coverage from an employer, and do not have access to affordable coverage options under the ACA. Many undocumented immigrants also will likely remain uninsured.¹³ As more eligible people enroll in coverage over time, those ineligible for coverage will account for a larger share of the remaining uninsured.

Approximately a quarter of the uninsured population is not eligible for any assistance under the ACA because they have access to employer coverage that may be considered affordable or have incomes too high to qualify for Medicaid or Marketplace subsidies. Some of these people may face a financial penalty under the ACA's so-called "[individual mandate](#)." It is possible that, upon facing these penalties when filing their 2016 tax returns, more people will opt to purchase coverage.

As the beginning of open enrollment for 2017 Marketplace coverage approaches, there are still substantial opportunities to increase coverage by reaching those who are eligible for help under the ACA, particularly among children and the low-income population, who are eligible for the greatest assistance. However, many of those who remain without coverage may be difficult to reach and could still remain uninsured.

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Table 1: Number of Nonelderly People Eligible for ACA Coverage Among those Remaining Uninsured as of 2016

State	Total Uninsured	Medicaid/Other Public Eligible	Tax Credit Eligible	Ineligible for Financial Assistance due to Income, ESI Offer, or Citizenship	In Medicaid Coverage Gap
US Total	27,178,000	6,405,000	5,271,000	12,876,000	2,625,000
Alabama	498,000	55,000	135,000	182,000	126,000
Alaska	82,000	41,000	11,000	30,000	-
Arizona	773,000	328,000	110,000	335,000	-
Arkansas	249,000	102,000	47,000	99,000	-
California	2,764,000	868,000	402,000	1,494,000	-
Colorado	436,000	128,000	88,000	221,000	-
Connecticut	200,000	52,000	N/A	116,000	-
Delaware	62,000	17,000	11,000	35,000	-
DC	25,000	15,000	N/A	10,000	-
Florida	2,409,000	246,000	614,000	1,082,000	467,000
Georgia	1,356,000	192,000	236,000	619,000	309,000
Hawaii	64,000	24,000	N/A	33,000	-
Idaho	178,000	13,000	46,000	86,000	33,000
Illinois	741,000	206,000	118,000	417,000	-
Indiana	561,000	245,000	100,000	215,000	-
Iowa	157,000	69,000	N/A	62,000	-
Kansas	271,000	N/A	79,000	112,000	56,000
Kentucky	246,000	111,000	N/A	109,000	-
Louisiana	464,000	229,000	82,000	153,000	-
Maine	59,000	N/A	25,000	19,000	N/A
Maryland	365,000	101,000	N/A	221,000	-
Massachusetts	271,000	60,000	N/A	185,000	-
Michigan	519,000	148,000	130,000	241,000	-
Minnesota	304,000	123,000	61,000 [^]	120,000	-
Mississippi	359,000	52,000	91,000	113,000	103,000
Missouri	508,000	68,000	146,000	198,000	96,000
Montana	94,000	35,000	27,000	32,000	-
Nebraska	151,000	24,000	37,000	71,000	19,000
Nevada	295,000	91,000	43,000	162,000	-
New Hampshire	61,000	16,000	N/A	33,000	-
New Jersey	660,000	177,000	84,000	399,000	-
New Mexico	228,000	98,000	31,000	100,000	-
New York	1,183,000	423,000	214,000 [^]	545,000	-
North Carolina	1,049,000	128,000	301,000	400,000	219,000
North Dakota	57,000	19,000	14,000	23,000	-
Ohio	628,000	297,000	97,000	233,000	-
Oklahoma	491,000	65,000	122,000	221,000	82,000
Oregon	261,000	76,000	42,000	142,000	-
Pennsylvania	660,000	299,000	72,000	289,000	-
Rhode Island	47,000	N/A	N/A	27,000	-
South Carolina	491,000	40,000	126,000	188,000	136,000
South Dakota	71,000	16,000	19,000	23,000	14,000
Tennessee	676,000	98,000	175,000	310,000	93,000
Texas	4,146,000	456,000	696,000	2,310,000	684,000
Utah	287,000	50,000	73,000	132,000	32,000
Vermont	29,000	11,000	8,000	10,000	-
Virginia	725,000	113,000	180,000	296,000	136,000
Washington	460,000	167,000	67,000	226,000	-
West Virginia	104,000	45,000	28,000	31,000	-
Wisconsin	353,000	124,000	82,000	147,000	†
Wyoming	50,000	7,000	14,000	20,000	8,000

NOTES: Numbers may not sum to totals due to rounding. Medicaid/Other Public also includes CHIP and some state-funded programs for immigrants otherwise ineligible for Medicaid. [^] Tax credit-eligible population in Minnesota and New York include uninsured adults who are eligible for coverage through the Basic Health Plan. [†] Wisconsin covers adults up to 100% FPL in Medicaid under a waiver but did not adopt the ACA expansion. Cells marked "N/A" indicate that point estimates do not meet minimum standards for statistical reliability.

SOURCE: Kaiser Family Foundation analysis based on 2016 Medicaid eligibility levels and 2016 Current Population Survey.

Table 2: Distribution of Nonelderly Eligibility for ACA Coverage Among those Remaining Uninsured as of 2016

State	Total Uninsured	Medicaid/Other Public Eligible	Tax Credit Eligible	Ineligible for Financial Assistance due to Income, ESI Offer, or Citizenship	In Medicaid Coverage Gap
US Total	27,178,000	24%	19%	47%	10%
Alabama	498,000	11%	27%	37%	25%
Alaska	82,000	50%	13%	37%	-
Arizona	773,000	42%	14%	43%	-
Arkansas	249,000	41%	19%	40%	-
California	2,764,000	31%	15%	54%	-
Colorado	436,000	29%	20%	51%	-
Connecticut	200,000	26%	16%	58%	-
Delaware	62,000	27%	17%	56%	-
DC	25,000	59%	N/A	39%	-
Florida	2,409,000	10%	26%	45%	19%
Georgia	1,356,000	14%	17%	46%	23%
Hawaii	64,000	37%	N/A	51%	-
Idaho	178,000	7%	26%	49%	19%
Illinois	741,000	28%	16%	56%	-
Indiana	561,000	44%	18%	38%	-
Iowa	157,000	44%	17%	39%	-
Kansas	271,000	N/A	29%	41%	21%
Kentucky	246,000	45%	N/A	44%	-
Louisiana	464,000	49%	18%	33%	-
Maine	59,000	N/A	42%	32%	N/A
Maryland	365,000	28%	12%	61%	-
Massachusetts	271,000	22%	N/A	68%	-
Michigan	519,000	28%	25%	46%	-
Minnesota	304,000	40%	20%^	39%	-
Mississippi	359,000	15%	25%	31%	29%
Missouri	508,000	13%	29%	39%	19%
Montana	94,000	37%	28%	35%	-
Nebraska	151,000	16%	25%	47%	13%
Nevada	295,000	31%	14%	55%	-
New Hampshire	61,000	27%	20%	54%	-
New Jersey	660,000	27%	13%	60%	-
New Mexico	228,000	43%	13%	44%	-
New York	1,183,000	36%	18%^	46%	-
North Carolina	1,049,000	12%	29%	38%	21%
North Dakota	57,000	34%	25%	41%	-
Ohio	628,000	47%	15%	37%	-
Oklahoma	491,000	13%	25%	45%	17%
Oregon	261,000	29%	16%	54%	-
Pennsylvania	660,000	45%	11%	44%	-
Rhode Island	47,000	N/A	24%	58%	-
South Carolina	491,000	8%	26%	38%	28%
South Dakota	71,000	22%	27%	32%	19%
Tennessee	676,000	15%	26%	46%	14%
Texas	4,146,000	11%	17%	56%	17%
Utah	287,000	17%	25%	46%	11%
Vermont	29,000	37%	28%	35%	-
Virginia	725,000	16%	25%	41%	19%
Washington	460,000	36%	14%	49%	-
West Virginia	104,000	43%	27%	30%	-
Wisconsin	353,000	35%	23%	42%	†
Wyoming	50,000	14%	29%	41%	16%

NOTES: Numbers may not sum to totals due to rounding. Medicaid/Other Public also includes CHIP and some state-funded programs for immigrants otherwise ineligible for Medicaid. ^ Tax credit-eligible population in Minnesota and New York include uninsured adults who are eligible for coverage through the Basic Health Plan. † Wisconsin covers adults up to 100% FPL in Medicaid under a waiver but did not adopt the ACA expansion. Cells marked "N/A" indicate that point estimates do not meet minimum standards for statistical reliability.

SOURCE: Kaiser Family Foundation analysis based on 2016 Medicaid eligibility levels and 2016 Current Population Survey.

Table 3: Number and Distribution of Nonelderly Uninsured Ineligible for Financial Assistance due to Income, Offers of Employer Coverage, or Citizenship Status as of 2016, in States with Sufficient Sample Size

State	Number of Nonelderly Uninsured Ineligible due to:				% of Nonelderly Uninsured Ineligible due to:			
	Total Ineligible Due to Income, ESI Offer, or Citizenship	Income	Employer Offer	Citizenship	Total Ineligible Due to Income, ESI Offer, or Citizenship	Income	Employer Offer	Citizenship
US Total	12,876,000	3,003,000	4,462,000	5,411,000	47%	11%	16%	20%
Alabama	182,000	65,000	94,000	23,000	37%	13%	19%	5%
Arizona	335,000	67,000	112,000	156,000	43%	9%	15%	20%
Arkansas	99,000	29,000	38,000	33,000	40%	12%	15%	13%
California	1,494,000	316,000	279,000	898,000	54%	11%	10%	32%
Colorado	221,000	68,000	68,000	85,000	51%	16%	16%	20%
Florida	1,082,000	255,000	353,000	473,000	45%	11%	15%	20%
Georgia	619,000	119,000	244,000	257,000	46%	9%	18%	19%
Idaho	86,000	14,000	43,000	30,000	49%	8%	24%	17%
Illinois	417,000	105,000	127,000	184,000	56%	14%	17%	25%
Indiana	215,000	64,000	91,000	60,000	38%	11%	16%	11%
Louisiana	153,000	41,000	79,000	34,000	33%	9%	17%	7%
Massachusetts	185,000	58,000	90,000	36,000	68%	21%	33%	13%
Nevada	162,000	33,000	49,000	80,000	55%	11%	17%	27%
New Jersey	399,000	88,000	92,000	219,000	60%	13%	14%	33%
New Mexico	100,000	27,000	29,000	44,000	44%	12%	13%	19%
New York	545,000	128,000	201,000	216,000	46%	11%	17%	18%
North Carolina	400,000	63,000	157,000	180,000	38%	6%	15%	17%
Pennsylvania	289,000	108,000	128,000	54,000	44%	16%	19%	8%
South Carolina	188,000	64,000	86,000	38,000	38%	13%	18%	8%
Tennessee	310,000	87,000	114,000	109,000	46%	13%	17%	16%
Texas	2,310,000	418,000	699,000	1,192,000	56%	10%	17%	29%
Utah	132,000	37,000	51,000	45,000	46%	13%	18%	16%

NOTES: States not included above do not have sufficient sample size to show distribution of uninsured nonelderly ineligible for financial assistance in at least one of the three categories (income, ESI, and/or citizenship). Numbers may not sum to totals due to rounding.

SOURCE: Kaiser Family Foundation analysis based on 2016 Medicaid eligibility levels and 2016 Current Population Survey.

Methods

This analysis uses data from the 2016 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC). The CPS ASEC provides socioeconomic and demographic information for the United States population and specific subpopulations. Importantly, the CPS ASEC provides detailed data on families and households, which we use to determine income and household composition for ACA eligibility purposes.

Medicaid and Marketplaces have different rules about household composition and income for eligibility. For this analysis, we calculate household membership and income for both Medicaid and Marketplace premium tax credits for each person individually, using the rules for each program. For more detail on how we construct Medicaid and Marketplace households and count income, see the detailed technical Appendix A available [here](#).

Undocumented immigrants are ineligible for federally-funded Medicaid and Marketplace coverage. Since CPS data do not directly indicate whether an immigrant is lawfully present, we draw on the methods underlying the 2013 analysis by the State Health Access Data Assistance Center (SHADAC) and the recommendations made by Van Hook et. al.^{14,15} This approach uses the Survey of Income and Program Participation (SIPP) to develop a model that predicts immigration status; it then applies the model to CPS, controlling to state-level estimates of total undocumented population from Department of Homeland Security. For more detail on the immigration imputation used in this analysis, see the technical Appendix B available [here](#).

Individuals in tax-filing units with access to an affordable offer of Employer-Sponsored Insurance are still potentially MAGI-eligible for Medicaid coverage, but they are ineligible for advance premium tax credits in the Health Insurance Exchanges. Since CPS data indicate whether a worker held an offer of ESI at the time of interview (for the 2016 CPS, February, March, or April 2016) but not during the prior year (which serves as our basis for type of insurance coverage), we developed a model that predicts offer of ESI for any individuals with a change in employment status across the period. For more detail on the offer imputation used in this analysis, see the technical Appendix C available [here](#).

The CPS asks respondents about coverage at the time of the interview as well as throughout the preceding calendar year. People who report any type of coverage throughout the preceding calendar year are counted as “insured.” Thus, the calendar year measure of the uninsured population captures people who lacked coverage for the entirety of 2015 (and thus were uninsured at the start of 2016). We use this measure of insurance coverage in 2015, rather than the measure of coverage at the time of interview, because the latter lacks detail about coverage type that is used in our model. Based on other survey data, as well as administrative data on ACA enrollment, it is likely that a small number of people included in that population gained coverage in 2016; therefore, we controlled our uninsured estimates to CDC early release statistics from the National Health Interview Survey for 2016. For more detail on how we calibrated our uninsured counts, see detailed technical Appendix D available [here](#).

As of January 2014, Medicaid financial eligibility for most nonelderly adults is based on modified adjusted gross income (MAGI). To determine whether each individual is eligible for Medicaid, we use each state’s reported eligibility levels as of January 1, 2016, updated to reflect state Medicaid expansion decisions as of September 2016 and 2016 Federal Poverty Levels.¹⁶ Some nonelderly adults with incomes above MAGI levels may be eligible for Medicaid through other pathways; however, we only assess eligibility through the MAGI pathway.¹⁷

An individual’s income is likely to fluctuate throughout the year, impacting his or her eligibility for Medicaid. Our estimates are based on annual income and thus represent a snapshot of the number of people in the coverage gap at a given point in time. Over the course of the year, a larger number of people are likely to move and out of the coverage gap as their income fluctuates.

Endnotes

¹ Kaiser Family Foundation. *Key Facts about the Uninsured Population*. (Washington, DC: Kaiser Family Foundation, September 2016). Available at: <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>

² U.S. Department of Health and Human Services, Office of The Assistant Secretary for Planning and Evaluation, 2016 Poverty Guidelines. Available at: <https://aspe.hhs.gov/poverty-guidelines>

³ Kaiser Family Foundation State Health Facts Online. *Medicaid/CHIP Upper Income Eligibility Limits for Children, 2000-2016*. Available at: <http://kff.org/medicaid/state-indicator/medicaidchip-upper-income-eligibility-limits-for-children/>

⁴ U.S. Department of Health and Human Services, Office of The Assistant Secretary for Planning and Evaluation, 2014 Poverty Guidelines. Available at: <https://aspe.hhs.gov/2015-poverty-guidelines>

⁵ Tax credit eligibility in 2016 is based on 2015 poverty guidelines. In addition to the premium tax credits, the federal government also makes available cost-sharing subsidies to reduce what people with incomes between 100% and 250% of poverty have to pay out-of-pocket to access health services. The cost-sharing subsidies are also available on a sliding scale based on income.

⁶ Medicaid category also includes other public coverage, such as some state-funded programs for immigrants otherwise ineligible for Medicaid.

⁷ Includes individuals in Minnesota and New York who are eligible for coverage through the Basic Health Plan. See table notes for more detail.

⁸ Although we estimate that 5.3 million currently uninsured people would be eligible for tax credits if they purchased coverage through the exchanges, a separate analysis by ASPE estimates that an additional 2.5 million people already purchasing nongroup coverage off-exchange could be eligible for tax credits if they were to purchase through the exchange. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, *About 2.5 Million People Who Currently Buy Coverage Off-Marketplace May Be Eligible for ACA Subsidies*. Available at: <https://aspe.hhs.gov/sites/default/files/pdf/208306/OffMarketplaceSubsidyeligible.pdf>

⁹ Kaiser Family Foundation. *Key Facts about the Uninsured Population*. (Washington, DC: Kaiser Family Foundation, September 2016). Available at: <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>

¹⁰ Bianca DiJulio, Jamie Firth, and Mollyann Brodie. Kaiser Health Tracking Poll: December 2015, (Washington, D.C.: Kaiser Family Foundation, Dec 2015), Available at: <http://kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-december-2015/>

¹¹ Garfield, R. and K. Young. January 2015. *Adults who Remained Uninsured at the End of 2014*. (Washington, DC: Kaiser Family Foundation). Available at: <http://kff.org/health-reform/issue-brief/adults-who-remained-uninsured-at-the-end-of-2014/>

¹² Ashley Kirzinger, Bianca DiJulio, Elise Sugarman, Bryan Wu, and Mollyann Brodie, *A Final Look: California's Previously Uninsured after the ACA's Third Open Enrollment Period* (Washington, D.C. : Kaiser Family Foundation, April 2016), Available at: <http://kff.org/report-section/a-final-look-californias-previously-uninsured-after-the-acas-third-open-enrollment-period-section-3-the-remaining-uninsured/>

¹³ Artiga, S. February 2013. *Immigration Reform and Access to Health Coverage: Key Issues to Consider*. (Washington, DC: Kaiser Family Foundation). Available at: <http://kff.org/uninsured/issue-brief/immigration-reform-and-access-to-health-coverage-key-issues-to-consider/>

¹⁴ State Health Access Data Assistance Center. 2013. "State Estimates of the Low-income Uninsured Not Eligible for the ACA Medicaid Expansion." Issue Brief #35. Minneapolis, MN: University of Minnesota. Available at: http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf404825

¹⁵ Van Hook, J., Bachmeier, J., Coffman, D., and Harel, O. 2015. "Can We Spin Straw into Gold? An Evaluation of Immigrant Legal Status Imputation Approaches." *Demography*. 52(1):329-54.

¹⁶ Based on state-reported eligibility levels as of January 1, 2016. Eligibility levels are updated to reflect state implementation of the Medicaid expansion as of September 2016 and 2016 Federal Poverty Levels, but may not reflect other eligibility policy changes since January 2016. The Kaiser Family Foundation State Health Facts. Data Source: Kaiser Commission on Medicaid and the Uninsured with the Georgetown University Center for Children and Families. *Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2016: Findings from a 50-State Survey*, (Washington, DC: Kaiser Family Foundation, January 21, 2016), Available at: <http://kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2016-findings-from-a-50-state-survey/>

¹⁷ Non-MAGI pathways for nonelderly adults include disability-related pathways, such as SSI beneficiary; Qualified Severely Impaired Individuals; Working Disabled; and Medically Needy. We are unable to assess disability status in the CPS sufficiently to model eligibility under these pathways. However, previous research indicates high current participation rates among individuals with disabilities (largely due to the automatic link between SSI and Medicaid in most states, see Kenney GM, V Lynch, J Haley, and M Huntress. "Variation in Medicaid Eligibility and Participation among Adults: Implications for the Affordable Care Act." *Inquiry*. 49:231-53 (Fall 2012)), indicating that there may be a small number of eligible uninsured individuals in this group. Further, many of these pathways (with the

exception of SSI, which automatically links an individual to Medicaid in most states) are optional for states, and eligibility in states not implementing the ACA expansion is limited. For example, the median income eligibility level for coverage through the Medically Needy pathway is 36% of poverty in states that are not expanding Medicaid. (See: Molly O'Malley Watts, Watts Health Policy; Elizabeth Cornachione and MaryBeth Musumeci, Kaiser Family Foundation, Medicaid Financial Eligibility for Seniors and People with Disabilities in 2015, (Washington, DC, Kaiser Family Foundation, February 2016), Available at: <http://kff.org/medicaid/report/medicaid-financial-eligibility-for-seniors-and-people-with-disabilities-in-2015/>)