

October 2017 | Data Note

Estimates of Eligibility for ACA Coverage among the Uninsured in 2016

Rachel Garfield, Anthony Damico, Julia Foutz, Gary Claxton, Larry Levitt

Despite historic coverage gains under the Affordable Care Act (ACA), more than 27 million people in the United States remain without insurance coverage.¹ Recent debate over the future of the ACA has led to uncertainty about whether and how ACA coverage will be maintained. The [public](#) reports confusion about the future of the law, and outreach to help inform people about coverage options is more limited than in past years. Still, millions of currently uninsured people are eligible for ACA coverage under current law, and given upcoming open enrollment, it is helpful to understand how many people could potentially gain ACA coverage. In addition, the administration has indicated to states that it is open to state Medicaid waiver proposals, which may lead some states that have not yet expanded Medicaid under the ACA to develop Medicaid expansion waivers and further extend coverage. Understanding how many people might be eligible for coverage under the ACA or could be reached with policy changes can inform these policy discussions.

This analysis provides national and state-by-state estimates of eligibility for ACA coverage options among those who remained uninsured. An overview of the methodology underlying the analysis can be found in the Methods box at the end of the data note and in the Technical Appendices available [here](#).

Background: How Does the ACA Expand Health Coverage?

Under the ACA, Medicaid coverage is extended to nearly all nonelderly adults with incomes at or below 138% of the federal poverty level (FPL) (\$28,180 for a family of three in 2017²) in the 32 states (including DC) that opted to expand as of October 2017. Under rules in place before the ACA, all states extend 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 (\$20,420 to \$81,680 for a family of three in 2017).^{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.

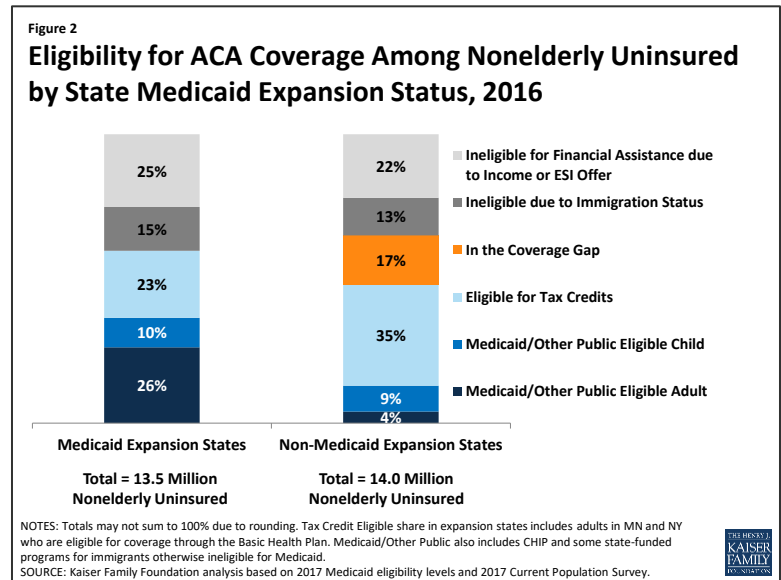
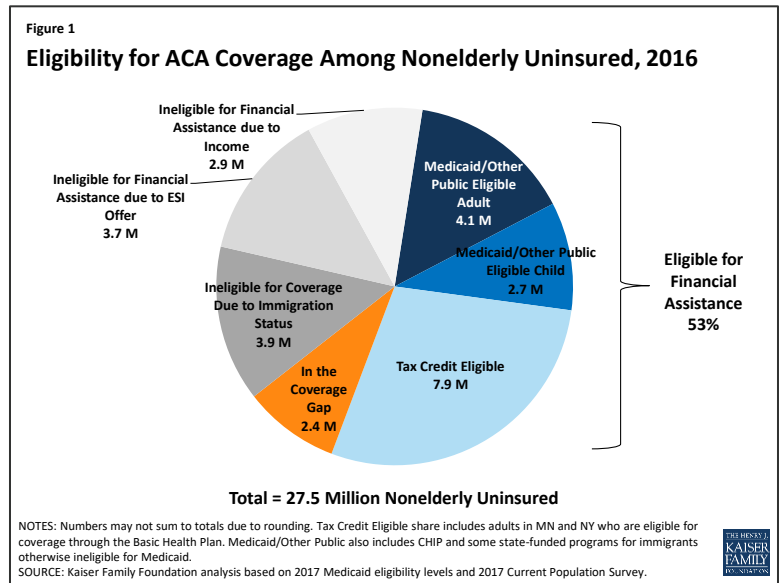
How Many Uninsured Are Eligible for Assistance under the ACA?

In 2016, 27.5 million nonelderly people lacked health coverage in the U.S. Nationally, we estimate 53% of this population, or 14.6 million people, is eligible for financial assistance to gain coverage through either Medicaid or subsidized Marketplace coverage (Figure 1 and Tables 1 and 2). One quarter are either adults eligible for Medicaid⁶ (4.1 million, or 15%) or children eligible for Medicaid or the Children’s Health Insurance Program (CHIP) (2.7 million, or 10%). Those who are Medicaid eligible include people who were previously eligible as well as those newly eligible under the ACA. Nearly a third (7.9 million, or 29%) of the nonelderly uninsured is eligible for premium tax credits to purchase coverage through the Marketplace.⁷

Nearly one in ten uninsured people (2.4 million) falls into the coverage gap due to their state’s decision not to expand Medicaid. These individuals have incomes below poverty but do not qualify for Medicaid in their state, nor do they qualify for Marketplace tax credits. An additional 14% of the uninsured (3.9 million) are undocumented immigrants who are ineligible for ACA coverage under federal law.

The remainder of the uninsured either has an offer of ESI (3.7 million, or 13%) or has an income above the limit for premium tax credits but could purchase unsubsidized Marketplace coverage (2.9 million, or 10%). 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, 37% 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 (17%) 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 (35% versus 23%).

Discussion

Going without health insurance has adverse implications for people’s health and financial well-being and also has negative consequences for providers and the health system. Survey results indicate that a very small share of the uninsured population—about 2% in 2016—say that the reason they go without insurance is because they don’t want coverage.⁸ Rather, people remain uninsured due to limits on eligibility, ongoing concerns about cost, or lack of awareness of affordable options.

The ACA extended health insurance to millions of previously uninsured Americans and, despite ongoing debate about the future of the ACA, has the potential to reach more uninsured people. We estimate that more than half of the uninsured population are eligible for Medicaid or subsidized Marketplace coverage. For these individuals, outreach and education about coverage and financial assistance will be important to continuing coverage gains that were seen in the early 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 initial barriers to gaining coverage for some eligible uninsured.^{9,10,11} Others report that they found coverage to be too expensive, even with the availability of financial assistance. Recent policy changes and debate, such as [cuts to funding for ACA enrollment assistance](#), uncertainty about federal payments for cost-sharing reductions, and debate over the future of Medicaid coverage, may exacerbate these challenges and make continued coverage gains difficult.

Nearly one in ten of the remaining uninsured population is outside the reach of the ACA due to 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. While there is no deadline for states to expand Medicaid under the ACA, [several non-expansion states](#) have reported that consideration of the Medicaid expansion is on hold due to uncertainty about the future of the Medicaid expansion option.

In addition, 14 percent of the uninsured population is ineligible for coverage due to their immigration status. Most uninsured undocumented immigrants will likely remain without coverage, though there are some state or locally-funded programs that provide coverage or assistance to immigrants regardless of immigration status.¹² Recent actions by the Administration to increase immigration enforcement activities could deter people from enrolling in these programs. They also have spillover effects of deterring eligible immigrants in mixed status families from enrolling in coverage.

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](#).” However, notable shares of uninsured adults are either unaware that the mandate is in effect or are misinformed about its scale, and a minority of those who have purchased ACA coverage say the mandate was a major motivating factor.¹³

As the beginning of open enrollment for 2018 Marketplace coverage approaches, there are still substantial opportunities to increase coverage by reaching those who are eligible for help under the ACA. However, given [confusion and misinformation about the ACA](#), many may be difficult to reach without targeted and effective outreach to explain coverage options and assist with enrollment.

Rachel Garfield, Julia Foutz, Gary Claxton, and Larry Levitt are with the Kaiser Family Foundation. Anthony Damico is an independent consultant to the Kaiser Family Foundation.

Table 1: Number of Nonelderly People Eligible for ACA Coverage Among the Uninsured, 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	27,453,000	6,743,000	7,890,000	10,450,000	2,371,000
Alabama	411,000	50,000	188,000	98,000	75,000
Alaska	96,000	52,000	22,000	21,000	-
Arizona	811,000	291,000	200,000	320,000	-
Arkansas	224,000	86,000	37,000	100,000	-
California	2,948,000	1,124,000	480,000	1,343,000	-
Colorado	507,000	150,000	144,000	214,000	-
Connecticut	217,000	63,000	74,000	80,000	-
Delaware	83,000	24,000	29,000	31,000	-
DC	35,000	22,000	N/A	11,000	-
Florida	2,419,000	160,000	911,000	964,000	384,000
Georgia	1,234,000	190,000	375,000	429,000	240,000
Hawaii	72,000	32,000	20,000	19,000	-
Idaho	145,000	13,000	67,000	44,000	22,000
Illinois	912,000	338,000	199,000	375,000	-
Indiana	423,000	197,000	77,000	149,000	-
Iowa	162,000	60,000	54,000	48,000	-
Kansas	239,000	32,000	70,000	89,000	48,000
Kentucky	265,000	114,000	77,000	74,000	-
Louisiana	476,000	207,000	147,000	121,000	-
Maine	93,000	N/A	48,000	22,000	N/A
Maryland	365,000	127,000	61,000	177,000	-
Massachusetts	367,000	85,000	56,000	226,000	-
Michigan	611,000	234,000	159,000	219,000	-
Minnesota	316,000	94,000	94,000 [^]	129,000	-
Mississippi	348,000	30,000	108,000	111,000	99,000
Missouri	478,000	74,000	193,000	124,000	87,000
Montana	72,000	25,000	23,000	24,000	-
Nebraska	130,000	N/A	51,000	45,000	16,000
Nevada	252,000	82,000	59,000	111,000	-
New Hampshire	83,000	25,000	17,000	40,000	-
New Jersey	675,000	189,000	149,000	336,000	-
New Mexico	225,000	83,000	38,000	104,000	-
New York	1,071,000	374,000	264,000 [^]	433,000	-
North Carolina	1,049,000	124,000	347,000	369,000	208,000
North Dakota	57,000	21,000	18,000	18,000	-
Ohio	631,000	258,000	152,000	221,000	-
Oklahoma	409,000	N/A	127,000	133,000	84,000
Oregon	214,000	74,000	53,000	87,000	-
Pennsylvania	589,000	236,000	180,000	173,000	-
Rhode Island	50,000	18,000	N/A	N/A	-
South Carolina	439,000	59,000	179,000	110,000	92,000
South Dakota	66,000	N/A	25,000	15,000	15,000
Tennessee	737,000	94,000	264,000	215,000	163,000
Texas	4,155,000	583,000	1,277,000	1,657,000	638,000
Utah	369,000	90,000	140,000	93,000	46,000
Vermont	33,000	10,000	10,000	13,000	-
Virginia	807,000	95,000	294,000	280,000	138,000
Washington	498,000	175,000	97,000	226,000	-
West Virginia	131,000	51,000	42,000	38,000	-
Wisconsin	400,000	107,000	162,000	131,000	†
Wyoming	55,000	10,000	19,000	19,000	6,000

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 2017 Medicaid eligibility levels and 2017 Current Population Survey.

Table 2: Distribution of Nonelderly Eligibility for ACA Coverage Among the Uninsured, 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	27,453,000	25%	29%	38%	9%
Alabama	411,000	12%	46%	24%	18%
Alaska	96,000	55%	23%	22%	0%
Arizona	811,000	36%	25%	39%	0%
Arkansas	224,000	38%	17%	45%	0%
California	2,948,000	38%	16%	46%	0%
Colorado	507,000	30%	28%	42%	0%
Connecticut	217,000	29%	34%	37%	0%
Delaware	83,000	29%	34%	37%	0%
DC	35,000	64%	N/A	33%	0%
Florida	2,419,000	7%	38%	40%	16%
Georgia	1,234,000	15%	30%	35%	19%
Hawaii	72,000	45%	28%	27%	0%
Idaho	145,000	9%	46%	30%	15%
Illinois	912,000	37%	22%	41%	0%
Indiana	423,000	47%	18%	35%	0%
Iowa	162,000	37%	33%	30%	0%
Kansas	239,000	13%	29%	37%	20%
Kentucky	265,000	43%	29%	28%	0%
Louisiana	476,000	44%	31%	26%	0%
Maine	93,000	N/A	52%	24%	N/A
Maryland	365,000	35%	17%	48%	0%
Massachusetts	367,000	23%	15%	62%	0%
Michigan	611,000	38%	26%	36%	0%
Minnesota	316,000	30%	30%^	41%	0%
Mississippi	348,000	9%	31%	32%	28%
Missouri	478,000	16%	40%	26%	18%
Montana	72,000	35%	31%	33%	0%
Nebraska	130,000	14%	39%	34%	12%
Nevada	252,000	32%	23%	44%	0%
New Hampshire	83,000	31%	21%	49%	0%
New Jersey	675,000	28%	22%	50%	0%
New Mexico	225,000	37%	17%	46%	0%
New York	1,071,000	35%	25%^	40%	0%
North Carolina	1,049,000	12%	33%	35%	20%
North Dakota	57,000	37%	31%	31%	0%
Ohio	631,000	41%	24%	35%	0%
Oklahoma	409,000	16%	31%	32%	21%
Oregon	214,000	35%	25%	41%	0%
Pennsylvania	589,000	40%	31%	29%	0%
Rhode Island	50,000	35%	23%	43%	0%
South Carolina	439,000	13%	41%	25%	21%
South Dakota	66,000	N/A	37%	23%	22%
Tennessee	737,000	13%	36%	29%	22%
Texas	4,155,000	14%	31%	40%	15%
Utah	369,000	24%	38%	25%	12%
Vermont	33,000	29%	32%	39%	0%
Virginia	807,000	12%	36%	35%	17%
Washington	498,000	35%	19%	45%	0%
West Virginia	131,000	39%	32%	29%	0%
Wisconsin	400,000	27%	40%	33%	†
Wyoming	55,000	18%	35%	36%	11%

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 2017 Medicaid eligibility levels and 2017 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	10,450,000	2,873,000	3,658,000	3,920,000	38%	10%	13%	14%
Arizona	320,000	58,000	117,000	145,000	39%	7%	14%	18%
Arkansas	100,000	35,000	33,000	33,000	45%	15%	15%	15%
California	1,343,000	317,000	322,000	705,000	46%	11%	11%	24%
Florida	964,000	306,000	318,000	340,000	40%	13%	13%	14%
Georgia	429,000	84,000	153,000	192,000	35%	7%	12%	16%
Illinois	375,000	126,000	100,000	149,000	41%	14%	11%	16%
Indiana	149,000	49,000	54,000	47,000	35%	11%	13%	11%
Louisiana	121,000	32,000	48,000	41,000	26%	7%	10%	9%
Mississippi	111,000	36,000	57,000	18,000	32%	10%	16%	5%
Nevada	111,000	41,000	23,000	48,000	44%	16%	9%	19%
New Jersey	336,000	75,000	119,000	143,000	50%	11%	18%	21%
New York	433,000	122,000	111,000	200,000	40%	11%	10%	19%
North Carolina	369,000	92,000	107,000	170,000	35%	9%	10%	16%
South Carolina	110,000	32,000	44,000	34,000	25%	7%	10%	8%
Tennessee	215,000	64,000	98,000	53,000	29%	9%	13%	7%
Texas	1,657,000	440,000	450,000	767,000	40%	11%	11%	18%
Utah	93,000	25,000	40,000	28,000	25%	7%	11%	8%
Vermont	13,000	6,000	7,000	-	39%	18%	21%	0%
Virginia	280,000	68,000	114,000	98,000	35%	8%	14%	12%
Washington	226,000	73,000	73,000	79,000	45%	15%	15%	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 2017 Medicaid eligibility levels and 2017 Current Population Survey.

Methods

This analysis uses data from the 2017 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 Pew Research Center. 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 2017 CPS, February, March, or April 2017) 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. Additionally, for families with a Marketplace eligibility level below 250% FPL, we assume any reported worker offer does not meet affordability requirements and therefore does not disqualify the family from Tax Credit eligibility on the Exchanges. 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 2016 (and thus were uninsured at the start of 2017). We use this measure of insurance coverage in 2016, 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.

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, 2017, updated to reflect state Medicaid expansion decisions as of October 2017 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 2017). 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, 2017 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, 2017 Poverty Guidelines. Available at: <https://aspe.hhs.gov/poverty-guidelines>
- ⁵ Tax credit eligibility in 2018 is based on 2017 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. Despite the decision not to pay insurers for these subsidies, the cost-sharing subsidies remain available on a sliding scale based on income for consumers.
- 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 Kaiser Family Foundation analysis of 2016 National Health Interview Survey.
- ⁹ 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/>
- ¹⁰ 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/>
- ¹¹ 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/>
- ¹² Samantha Artiga and Anthony Damico. July 2017. *Health Coverage and Care for Immigrants*. (Washington, DC: Kaiser Family Foundation). Available at: <https://www.kff.org/disparities-policy/issue-brief/health-coverage-and-care-for-immigrants/>
- ¹³ Ashley Kirzinger, Liz Hamel, Bianca DiJulio, Cailey Muñana, and Mollyann Brodie. October 2017. *Kaiser Health Tracking Poll – October 2017: Experiences of the Non-Group Marketplace Enrollees*. (Menlo Park, CA: Kaiser Family Foundation). Available at: <https://www.kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-october-2017-experiences-of-the-non-group-marketplace-enrollees/>
- 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, 2017. Eligibility levels are updated to reflect state implementation of the Medicaid expansion as of October 2017 and 2016 Federal Poverty Levels but may not reflect other eligibility policy changes since January 2017. The Kaiser Family Foundation State Health Facts. Data Source: Kaiser Family Foundation with the Georgetown University Center for Children and Families. Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2017: Findings from a 50-State Survey, (Washington, DC: Kaiser Family Foundation, January 12, 2017), Available at: <https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2017-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 18% of poverty in states that are not expanding Medicaid. (See: MACPAC, *Medicaid Income Eligibility Levels as a*

Percentage of the FPL for Individuals Age 65 and Older and Persons with Disabilities by State, 2016. Available at:
<https://www.macpac.gov/wp-content/uploads/2015/01/EXHIBIT-36.-Medicaid-Income-Eligibility-Levels-as-a-Percentage-of-the-FPL-for-Individuals-Age-65-and-Older-and-Persons-with-Disabilities-by-State-2016.pdf>