

Updated January 2016 | Data Note

# New Estimates of Eligibility for ACA Coverage among the Uninsured

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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 low-income adults in states that have opted to expand eligibility, and tax credits are available for middle-income people who purchase coverage through a health insurance Marketplace. Millions of people have enrolled in these new coverage options, but 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 provides national and state-by-state estimates of eligibility for ACA coverage options among those who remained uninsured. It is based on Kaiser Family Foundation analysis of the 2015 Current Population Survey, combined with other data sources. We estimate coverage and eligibility as of early 2015, which is prior to the end of the 2015 Marketplace open enrollment period, but have updated this brief to reflect state Medicaid expansion decisions as of January 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) (\$27,724 for a family of three in 2015<sup>1</sup>). With the June 2012 Supreme Court ruling, the Medicaid expansion essentially became optional for states, and as of January 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.<sup>2</sup> 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 (\$19,790 to \$79,160 for a family of three in 2015).<sup>3, 4</sup> 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.

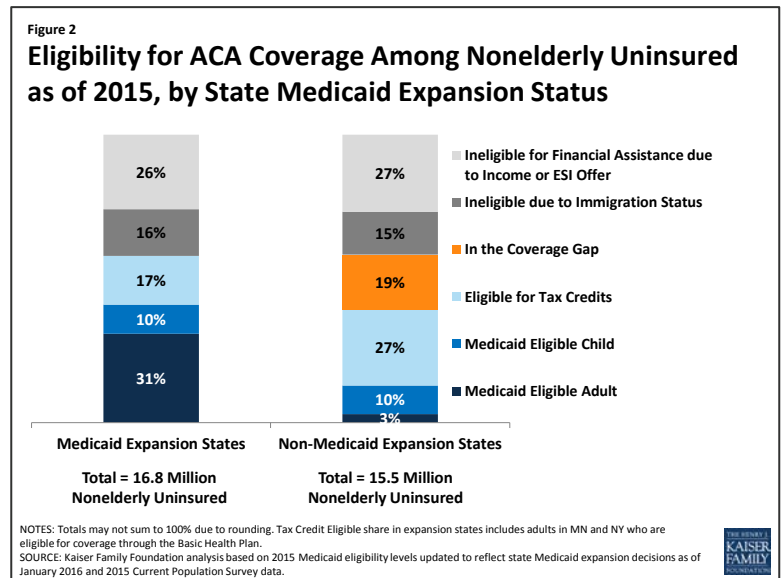
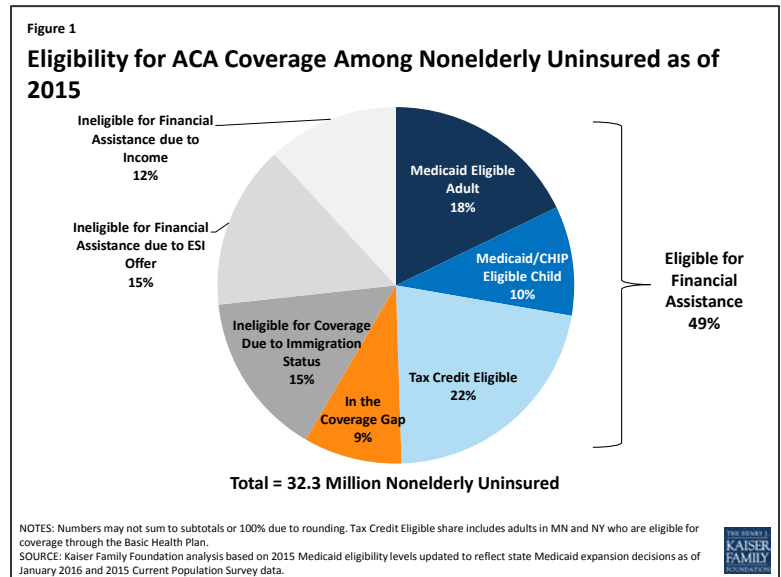
## How Many Uninsured Are Eligible for Assistance under the ACA?

As of the beginning of 2015, 32.3 million nonelderly people lacked health coverage in the U.S. Nationally, we estimate that nearly half (15.9 million, or 49%) of this population is eligible for financial assistance to gain coverage through either Medicaid or subsidized Marketplace coverage (Figure 1 and Tables 1 and 2). More than a quarter are either adults eligible for Medicaid (5.7 million, or 18%) or children eligible for Medicaid or the Children’s Health Insurance Program (CHIP) (3.2 million, or 10%). Those who are Medicaid eligible include people who were previously eligible as well as those newly eligible under the ACA. About one in five (7.0 million, or 22%) of the nonelderly uninsured are eligible for premium tax credits to purchase coverage through the Marketplace.<sup>5</sup>

Nearly one in ten uninsured people (2.9 million) fall into the coverage gap due to their state’s decision not to expand Medicaid, and 15% of the uninsured (4.9 million) are undocumented immigrants who are ineligible for ACA coverage under federal law.

The remainder of the uninsured either has an offer of ESI (4.9 million, or 15%) or has an income above the limit for premium tax credits but could purchase unsubsidized Marketplace coverage (3.7 million, or 12%). We cannot determine from available survey data if the offer of ESI would be considered affordable under the law, which would make the individual ineligible 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, 41% 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, while about two-thirds as many 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 (27% versus 17%).

## Discussion

Though millions of people have gained coverage under the ACA, many remain uninsured. The ACA provides new coverage options across the income spectrum for low and moderate-income people, and nearly half 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 indicates that misperceptions about cost, lack of awareness of financial assistance, and confusion about eligibility rules were barriers to some eligible uninsured gaining coverage.<sup>6</sup> Others report that they found coverage to be too expensive, even with the availability of financial assistance.<sup>7</sup>

Nearly a quarter 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.<sup>8</sup>

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. Increased penalties under the ACA's so-called "[individual mandate](#)" in 2016 may encourage some of them to obtain coverage.

As of 2016, there are still substantial opportunities to increase coverage by reaching those who are eligible for help under the ACA. However, the breakdown of who the remaining uninsured are suggests that many may be difficult to reach and will still remain uninsured.

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**Table 1: Number of Nonelderly People Eligible for ACA Coverage Among those Remaining Uninsured as of 2015**

State	Total Uninsured	Medicaid Eligible	Tax Credit Eligible	Ineligible for Financial Assistance due to Income, ESI Offer, or Citizenship	In Medicaid Coverage Gap
<b>US Total</b>	<b>32,339,000</b>	<b>8,850,000</b>	<b>7,022,000</b>	<b>13,572,000</b>	<b>2,895,000</b>
Alabama	513,000	75,000	160,000	139,000	139,000
Alaska	100,000	51,000	20,000	29,000	-
Arizona	808,000	368,000	100,000	341,000	-
Arkansas	285,000	127,000	60,000	98,000	-
California	3,845,000	1,428,000	623,000	1,795,000	-
Colorado	593,000	223,000	104,000	266,000	-
Connecticut	247,000	69,000	62,000	116,000	-
Delaware	63,000	22,000	15,000	25,000	-
DC	42,000	20,000	N/A	19,000	-
Florida	2,788,000	306,000	825,000	1,091,000	567,000
Georgia	1,524,000	201,000	406,000	612,000	305,000
Hawaii	70,000	35,000	N/A	28,000	-
Idaho	166,000	21,000	43,000	72,000	30,000
Illinois	1,122,000	397,000	166,000	559,000	-
Indiana	686,000	310,000	128,000	248,000	-
Iowa	188,000	88,000	30,000	71,000	-
Kansas	302,000	38,000	83,000	131,000	49,000
Kentucky	285,000	121,000	N/A	119,000	-
Louisiana*	582,000	311,000	117,000	154,000	-
Maine	121,000	18,000	40,000	39,000	24,000
Maryland	336,000	133,000	43,000	160,000	-
Massachusetts	288,000	93,000	N/A	147,000	-
Michigan	685,000	320,000	147,000	218,000	-
Minnesota	364,000	126,000	45,000^	193,000	-
Mississippi	359,000	42,000	104,000	106,000	108,000
Missouri	516,000	52,000	156,000	198,000	109,000
Montana	126,000	59,000	27,000	40,000	-
Nebraska	178,000	16,000	46,000	90,000	27,000
Nevada	350,000	147,000	61,000	143,000	-
New Hampshire	94,000	37,000	17,000	41,000	-
New Jersey	940,000	335,000	131,000	473,000	-
New Mexico	233,000	109,000	31,000	94,000	-
New York	1,476,000	548,000	317,000^	611,000	-
North Carolina	1,138,000	152,000	289,000	452,000	244,000
North Dakota	64,000	24,000	16,000	24,000	-
Ohio	834,000	404,000	165,000	264,000	-
Oklahoma	581,000	109,000	144,000	236,000	91,000
Oregon	307,000	122,000	N/A	150,000	-
Pennsylvania	994,000	477,000	180,000	338,000	-
Rhode Island	55,000	27,000	13,000	15,000	-
South Carolina	604,000	100,000	186,000	195,000	123,000
South Dakota	77,000	12,000	22,000	30,000	13,000
Tennessee	605,000	104,000	127,000	257,000	118,000
Texas	4,425,000	493,000	1,035,000	2,132,000	766,000
Utah	337,000	66,000	92,000	138,000	41,000
Vermont	34,000	8,000	11,000	15,000	-
Virginia	804,000	77,000	235,000	361,000	131,000
Washington	621,000	238,000	116,000	267,000	-
West Virginia	116,000	56,000	31,000	29,000	-
Wisconsin	410,000	129,000	100,000	181,000	†
Wyoming	56,000	6,000	19,000	20,000	11,000

NOTES: Numbers may not sum to totals due to rounding. \* LA's Governor signed an Executive Order to adopt the Medicaid expansion on 1/12/16, but coverage under the expansion is not yet in effect. For purposes of this analysis, LA is considered an expansion state. ^ 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. Estimates of subsidy eligibility of uninsured nonelderly in DC, HI, KY, MA, and OR are "N/A" because point estimates do not meet minimum standards for statistical reliability.

SOURCE: Kaiser Family Foundation analysis based on 2015 Medicaid eligibility levels updated to reflect state Medicaid expansion decisions as of January 2016 and 2015 Current Population Survey data.

**Table 2: Distribution of Nonelderly Eligibility for ACA Coverage Among those Remaining Uninsured as of 2015**

State	Total Uninsured	Medicaid Eligible	Tax Credit Eligible	Ineligible for Financial Assistance due to Income, ESI Offer, or Citizenship	In Medicaid Coverage Gap
<b>US Total</b>	<b>32,339,000</b>	<b>27%</b>	<b>22%</b>	<b>42%</b>	<b>9%</b>
Alabama	513,000	15%	31%	27%	27%
Alaska	100,000	51%	20%	29%	-
Arizona	808,000	46%	12%	42%	-
Arkansas	285,000	44%	21%	34%	-
California	3,845,000	37%	16%	47%	-
Colorado	593,000	38%	18%	45%	-
Connecticut	247,000	28%	25%	47%	-
Delaware	63,000	35%	24%	40%	-
DC	42,000	48%	N/A	45%	-
Florida	2,788,000	11%	30%	39%	20%
Georgia	1,524,000	13%	27%	40%	20%
Hawaii	70,000	50%	N/A	39%	-
Idaho	166,000	13%	26%	44%	18%
Illinois	1,122,000	35%	15%	50%	-
Indiana	686,000	45%	19%	36%	-
Iowa	188,000	47%	16%	38%	-
Kansas	302,000	13%	28%	43%	16%
Kentucky	285,000	43%	N/A	42%	-
Louisiana*	582,000	53%	20%	26%	-
Maine	121,000	15%	33%	32%	20%
Maryland	336,000	40%	13%	48%	-
Massachusetts	288,000	32%	N/A	51%	-
Michigan	685,000	47%	21%	32%	-
Minnesota	364,000	35%	12%^	53%	-
Mississippi	359,000	12%	29%	29%	30%
Missouri	516,000	10%	30%	38%	21%
Montana	126,000	47%	22%	32%	-
Nebraska	178,000	9%	26%	50%	15%
Nevada	350,000	42%	17%	41%	-
New Hampshire	94,000	39%	18%	43%	-
New Jersey	940,000	36%	14%	50%	-
New Mexico	233,000	47%	13%	40%	-
New York	1,476,000	37%	21%^	41%	-
North Carolina	1,138,000	13%	25%	40%	21%
North Dakota	64,000	37%	25%	38%	-
Ohio	834,000	48%	20%	32%	-
Oklahoma	581,000	19%	25%	41%	16%
Oregon	307,000	40%	N/A	49%	-
Pennsylvania	994,000	48%	18%	34%	-
Rhode Island	55,000	49%	23%	27%	-
South Carolina	604,000	17%	31%	32%	20%
South Dakota	77,000	16%	29%	39%	17%
Tennessee	605,000	17%	21%	42%	19%
Texas	4,425,000	11%	23%	48%	17%
Utah	337,000	20%	27%	41%	12%
Vermont	34,000	24%	33%	43%	-
Virginia	804,000	10%	29%	45%	16%
Washington	621,000	38%	19%	43%	-
West Virginia	116,000	48%	27%	25%	-
Wisconsin	410,000	32%	24%	44%	†
Wyoming	56,000	11%	34%	36%	19%

NOTES: Numbers may not sum to 100% due to rounding. \*LA's Governor signed an Executive Order to adopt the Medicaid expansion on 1/12/16, but coverage under the expansion is not yet in effect. For purposes of this analysis, LA is considered an expansion state. ^ 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. Estimates of subsidy eligibility of uninsured nonelderly in DC, HI, KY, MA, and OR are "N/A" because point estimates do not meet minimum standards for statistical reliability.

SOURCE: Kaiser Family Foundation analysis based on 2015 Medicaid eligibility levels updated to reflect state Medicaid expansion decisions as of January 2016 and 2015 Current Population Survey data.

**Table 3: Number and Distribution of Nonelderly People Ineligible for Financial Assistance due to Income, Offers of Employer Coverage, or Citizenship Status as of 2015, in States with Sufficient Sample Size**

State	Number of Nonelderly People 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
<b>US Total</b>	<b>13,572,000</b>	<b>3,720,000</b>	<b>4,916,000</b>	<b>4,936,000</b>	<b>42%</b>	<b>12%</b>	<b>15%</b>	<b>15%</b>
Arizona	341,000	113,000	100,000	127,000	42%	14%	12%	16%
Arkansas	98,000	25,000	45,000	28,000	34%	9%	16%	10%
California	1,795,000	396,000	476,000	922,000	47%	10%	12%	24%
Colorado	266,000	72,000	95,000	99,000	45%	12%	16%	17%
Florida	1,091,000	290,000	417,000	384,000	39%	10%	15%	14%
Georgia	612,000	187,000	233,000	192,000	40%	12%	15%	13%
Illinois	559,000	173,000	151,000	235,000	50%	15%	13%	21%
Minnesota	193,000	66,000	73,000	55,000	53%	18%	20%	15%
Nebraska	90,000	31,000	33,000	26,000	50%	17%	18%	15%
Nevada	143,000	31,000	50,000	62,000	41%	9%	14%	18%
New Jersey	473,000	91,000	118,000	264,000	50%	10%	13%	28%
New Mexico	94,000	34,000	25,000	35,000	40%	14%	11%	15%
New York	611,000	150,000	242,000	220,000	41%	10%	16%	15%
North Carolina	452,000	119,000	190,000	143,000	40%	10%	17%	13%
Oklahoma	236,000	68,000	114,000	54,000	41%	12%	20%	9%
Oregon	150,000	45,000	50,000	56,000	49%	15%	16%	18%
Pennsylvania	338,000	123,000	149,000	66,000	34%	12%	15%	7%
Tennessee	257,000	88,000	99,000	69,000	42%	15%	16%	11%
Texas	2,132,000	416,000	652,000	1,064,000	48%	9%	15%	24%
Virginia	361,000	122,000	140,000	99,000	45%	15%	17%	12%
Washington	267,000	72,000	96,000	99,000	43%	12%	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 2015 Medicaid eligibility levels updated to reflect state Medicaid expansion decisions as of January 2016 and 2015 Current Population Survey data.

## Methods

This analysis uses data from the 2015 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 for ACA eligibility purposes.

The CPS asks respondents about coverage at the time of the interview (for the 2015 CPS, February, March, or April 2015) 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 2014 (and thus were uninsured at the start of 2015). We use this measure of insurance coverage, 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 this analysis gained coverage in 2015.

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 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.<sup>9,10</sup> 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 do not directly indicate whether workers have access to ESI, we draw on the methods comparable to our imputation of authorization status and use SIPP to develop a model that predicts offer of ESI, then apply the model to CPS. For more detail on the offer imputation used in this analysis, see the technical Appendix C 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, 2015, updated to reflect state Medicaid expansion decisions as of January 2016 and 2015 Federal Poverty Levels.<sup>11</sup> 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.<sup>12</sup>

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

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<sup>1</sup> U.S. Department of Health and Human Services, Office of The Assistant Secretary for Planning and Evaluation, 2015 Poverty Guidelines. Available at: <http://aspe.hhs.gov/2015-poverty-guidelines>.

<sup>2</sup> Tricia Brooks, Sean Miskell, Samantha Artiga, Elizabeth Cornachione and Alexandra Gates, *Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2016: Findings from a 50-State Survey* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, January 2016), <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>.

<sup>3</sup> U.S. Department of Health and Human Services, Office of The Assistant Secretary for Planning and Evaluation, 2014 Poverty Guidelines. Available at: <http://aspe.hhs.gov/2014-poverty-guidelines>

<sup>4</sup> Tax credit eligibility in 2015 is based on 2014 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.

<sup>5</sup> Includes individuals in Minnesota and New York who are eligible for coverage through the Basic Health Plan. See table notes for more detail.

<sup>6</sup> 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/>.

<sup>7</sup> Ibid.

<sup>8</sup> 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/>

<sup>9</sup> 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](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf404825)

<sup>10</sup> 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.

<sup>11</sup> Based on state-reported eligibility levels as of January 1, 2015. Eligibility levels are updated to reflect state implementation of the Medicaid expansion as of September 2015 and 2015 Federal Poverty Levels, but may not reflect other eligibility policy changes since January 2015. 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: [Modern Era Medicaid: Findings from a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP as of January 2015](#), Kaiser Family Foundation, January 20, 2015.

<sup>12</sup> 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 15% of poverty in states that are not expanding Medicaid, and most states not expanding Medicaid do not provide coverage above SSI levels for individuals with disabilities. (See: O'Mally-Watts, M and K Young. *The Medicaid Medically Needy Program: Spending and Enrollment Update*. (Washington, DC: Kaiser Family Foundation), December 2012. Available at: <http://www.kff.org/medicaid/issue-brief/the-medicaid-medically-needy-program-spending-and/>. And Kaiser Commission on Medicaid and the Uninsured, "Medicaid Financial Eligibility: Primary Pathways for the Elderly and People with Disabilities," February 2010. Available at: <http://www.kff.org/medicaid/issue-brief/medicaid-financial-eligibility-primary-pathways-for-the-elderly-and-people-with-disabilities/>.