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Enrolling Childless Adults in Medicaid: Lessons from the New York Experience and Opportunities in Health Reform

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The Patient Protection and Affordable Care Act establishes a new national eligibility standard for Medicaid, extending eligibility to most people with income below 133 percent of the federal poverty level.[1] Nearly 70 percent of uninsured Americans below this income level are childless adults (Schwartz and Damico, 2010). For most states, health reform's Medicaid changes represent a significant eligibility expansion for adults, particularly childless adults. New York, though, is among the five states that already provide Medicaid eligibility to childless adults, and this experience may provide valuable lessons to states that will soon be extending Medicaid eligibility to childless adults for the first time.[2] While New York has been a leader in extending eligibility to this population, it still faces an enrollment challenge. Health reform brings financial incentives to enroll childless adults and new tools to simplify the enrollment process. New York, too, can take advantage of these opportunities and learn from its own experience in order to realize its coverage goals.

[1] The new Medicaid eligibility standard applies to all nonelderly, non-disabled citizens and lawfully present noncitizens.

[2] Fifteen additional states have offered childless adults more limited coverage than Medicaid, though enrollment is now closed in most of these programs (Henry J. Kaiser Family Foundation, State Health Facts, accessed at http://www.statehealthfacts.org on May 26, 2010). See also Artiga, Rudowitz, and McGinn-Shapiro, 2010.

The Medicaid Institute at United Hospital Fund is working to improve the Medicaid program in New York by providing information and analysis and developing a shared vision for change.

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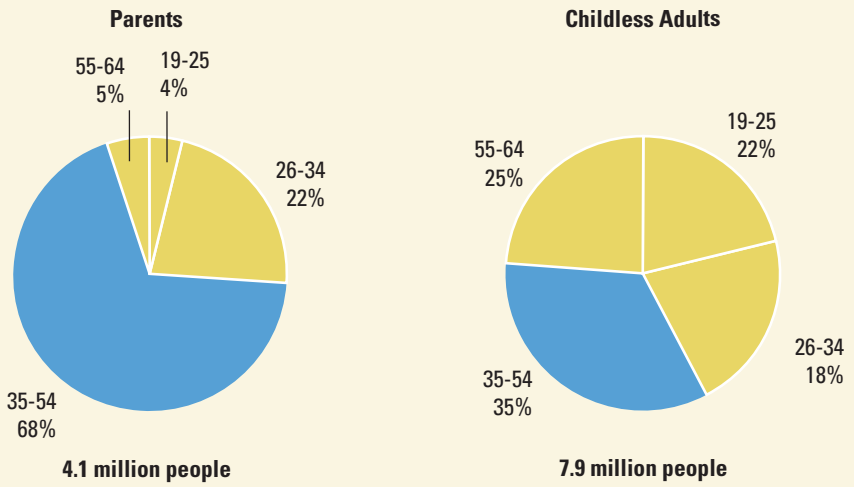
New York has covered childless adults through Medicaid since 1966 — initially with only state and local funds, and, beginning in 1997, with federal matching funds as well. The income eligibility level for childless adults has increased over time; in 2010 it is set at 78 percent of the federal poverty level (FPL) for Medicaid and 100 percent of FPL for Family Health Plus, a Medicaid-expansion program. The New York experience demonstrates, however, that this population is among the hardest to reach and enroll. Despite the fact that New York has extended Medicaid eligibility to childless adults for more than four decades and enrolled close to 1 million, 520,000 uninsured childless adults are eligible for public coverage but not enrolled representing one-third of the 1.6 million uninsured childless adults in the state. Furthermore, uninsured childless adults represent nearly two-thirds of all uninsured people in the state.

This issue brief provides information about the key characteristics and coverage patterns of childless adults in New York, shares lessons from a recent study of uninsured childless adults who are eligible for Medicaid, and provides policy considerations for increasing this group's participation in Medicaid. Unless otherwise noted, the data described here are drawn from the Census Bureau's Current Population Survey and reflect data for nonelderly adults regardless of disability status.

Characteristics and Health Insurance Coverage of Childless Adults

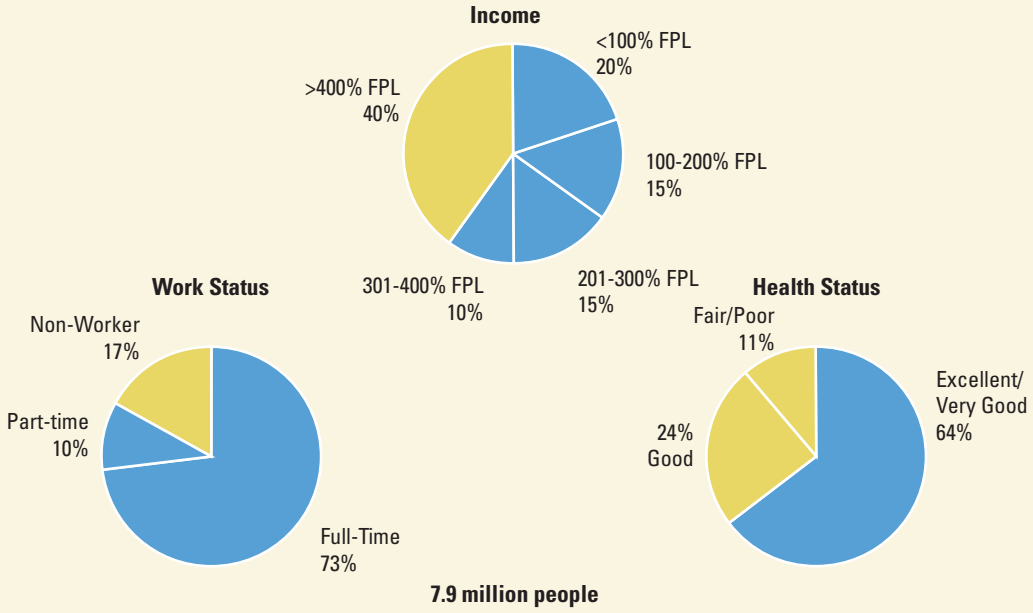
There are nearly 8 million childless adults in New York, representing two-thirds of all adults in the state. "Childless adults" is a broad term applied to adults without children, parents of children over age 18, and non-custodial parents. Because of the way these groups are defined, most "parents" (of dependent children below age 19) are between the ages of 35 and 54, while "childless adults" are more evenly distributed across all age groups (Figure 1). Examination of other characteristics of childless adults indicates that many have low-to-moderate income, are working, and are in excellent or very good health (Figure 2).

Figure 1
Parents and Childless Adults in New York State, Distribution by Age, 2007-2008



Source: Urban Institute tabulations of the 2008-2009 Current Population Survey prepared for the United Hospital Fund.

Figure 2
Characteristics of Childless Adults in New York, 2007-2008



Source: Urban Institute tabulations of the 2008-2009 Current Population Survey prepared for the United Hospital Fund.

Childless adults are significantly more likely than parents to be very young (age 19-25) or older adults (age 55-64). They are also more likely to be male, poor, non-working, and in fair or poor health (Table 1).

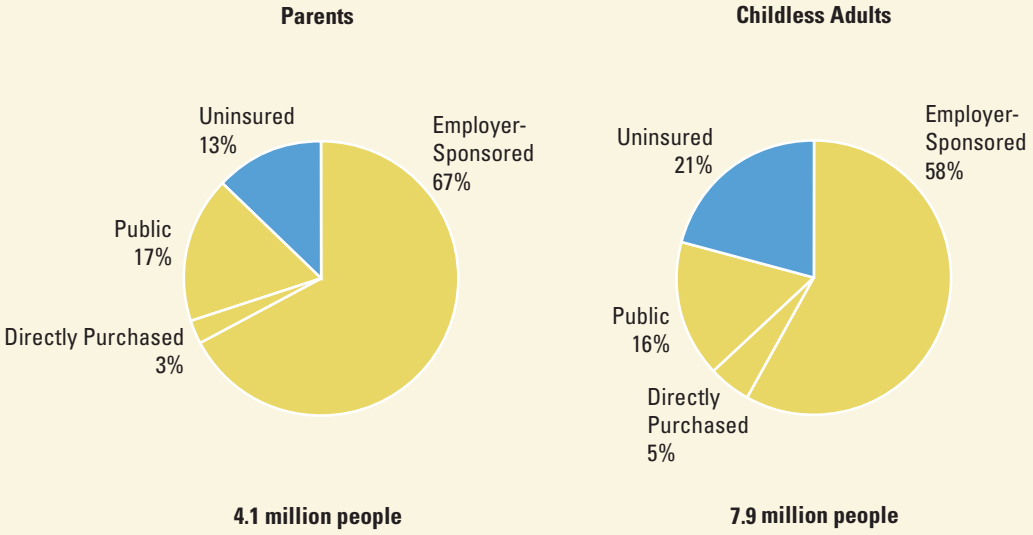
Table 1
Share of Adult Population with Certain Demographic Characteristics, New York State, 2007-2008

	Childless Adults (percent of total)	Parents (percent of total)
Age 19-25	22%	4%
Age 55-64	25%	5%
Male	52%	42%
Poor	20%	16%
Non-worker	17%	7%
Fair/Poor Health Status	11%	7%

Source: Urban Institute tabulations of the 2008-2009 Current Population Survey prepared for the United Hospital Fund.

Childless adults are also far more likely to be uninsured than parents (Figure 3). More than one in five childless adults is uninsured, compared with one in eight parents. Overall, differences in uninsured rates between childless adults and parents largely reflect differences in rates of employer-sponsored coverage. However, for those at lower income levels, the disparity reflects lower rates of public coverage. Citizenship status magnifies this disparity: noncitizen childless adults have the highest uninsured rate among all childless adults (42 percent). This is because of their low rate of employer-sponsored coverage, which is observed among all noncitizens, and because noncitizen childless adults have significantly lower public coverage rates than do noncitizen parents (19 percent vs. 27 percent). (See Tables 3 and 4 at the end of this report.)

Figure 3
Distribution of Health Insurance Coverage Among Parents and Childless Adults, New York State, 2007-2008



Source: Urban Institute tabulations of the 2008-2009 Current Population Survey prepared for the United Hospital Fund.

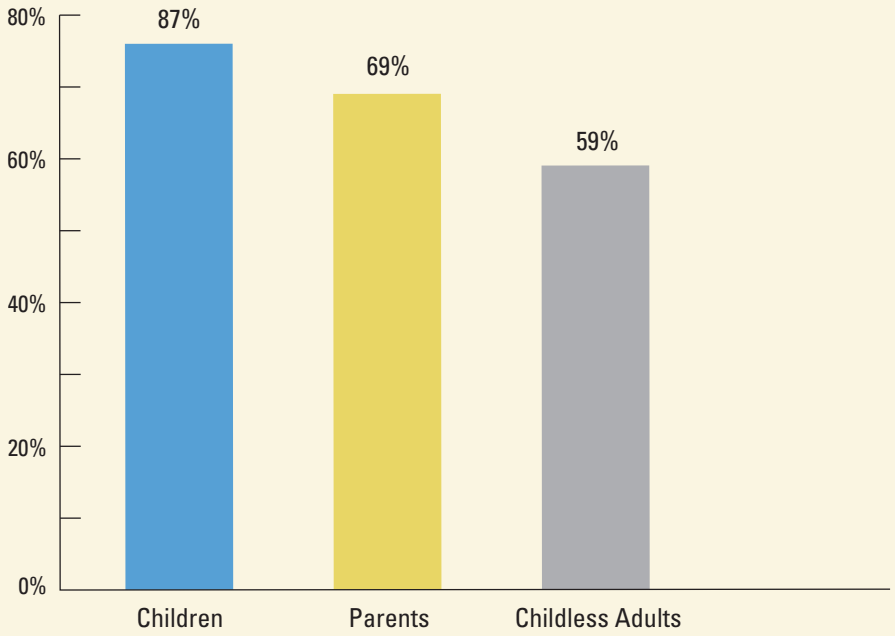
Eligible but Uninsured Childless Adults

Childless adults have the lowest public program participation rates among all eligibility groups. In 2008, 87 percent of eligible children and 69 percent of eligible parents were enrolled in public coverage, compared with 59 percent of childless adults (Figure 4 and Table 5).[3] Of New York's 2.6 million uninsured people, an estimated 42 percent — some 1.1 million people — are eligible for Medicaid, Family Health Plus, or Child Health Plus, but not enrolled.[4] Of these "eligible but uninsured" (EBU) New Yorkers, an estimated 520,000 are childless adults. Recent research sponsored by the United Hospital Fund (UHF) examined factors associated with these low participation rates, which are described in the next section.

[3] This estimate reflects participation of both disabled and non-disabled childless adults and therefore likely overstates participation of non-disabled childless adults. It is well documented in the research literature that people with greater health needs are more likely to enroll in Medicaid than healthier populations (see, for example, Long and Marquis, 2002).

[4] These estimates do not account for documentation status. Research examining 2005 CPS data suggests that absent an adjustment for immigration status, estimates of nonelderly eligible uninsured persons in New York may be overstated by close to 13 percent (Holahan and Cook, 2009). Applying this adjustment, we estimate that there were 940,000 eligible but uninsured citizens and documented noncitizen New Yorkers in 2008.

Figure 4
Public Program Participation Rates Among Children, Parents, and Childless Adults, New York, 2008



Notes: Participation rates are calculated as a share of eligible enrolled individuals who compose all eligible individuals (defined as those who are eligible enrolled and eligible uninsured). Participation rates reflect those of disabled and non-disabled persons in each category.

Source: Urban Institute tabulations of the 2009 Current Population Survey prepared for the United Hospital Fund.

An earlier UHF analysis comparing the characteristics of adults who successfully enroll in public coverage and those who remain uninsured found that adults who are eligible but uninsured are disproportionately likely to be childless and to be poor; they are also more likely to be men, young adults (ages 19-34), noncitizens, and in better health.[5] More recent data describing eligible but uninsured childless adults are shown below and in Table 6.

Characteristics of Eligible but Uninsured Childless Adults, 2008

- More than 1 out of 3 are aged 19-24
- By definition, all are poor
- 3 out of 5 are male
- 3 out of 5 are non-white
- 1 out of 5 are noncitizens
- Half report excellent or very good health status

[5] Holahan, Cook, and Powell, 2008. Data for gender are from separate Urban Institute tabulations of 2008 Current Population Survey data prepared for United Hospital Fund.

Barriers to Enrollment among Childless Adults

A 2009 qualitative study of eligible but uninsured childless adults in New York City, conducted by Aviva Goldstein for the National Center for Law and Economic Justice and supported by a grant from UHF, explored the specific barriers to enrollment faced by this population (Goldstein, 2010). The study involved twenty-three interviews with "key informants" and eight focus groups with childless adults. Key informants interviewed for this study described the Medicaid-eligible childless adult population, relative to Medicaid-eligible parents, as "more likely to be transient, be in crisis, have other priorities, or simply be disconnected from stabilizing forces such as family, schools, or other institutions." Significantly, the study found that many childless adults, especially men, assume they are not eligible for public health insurance given the widespread emphasis on enrolling children and families. Others assume that having a job of any kind will disqualify them from public coverage. Further, many have fluctuating income because they work intermittently or seasonally, which makes them intermittently eligible for public coverage.

New York's 2010 Medicaid and Family Health Plus income eligibility levels for childless adults are below the equivalent of full-time minimum-wage employment. (Under health reform, the new national income eligibility level approximates full-time minimum-wage employment for an individual.)Meeting these income standards often means part-time or intermittent work throughout the year, which makes it difficult to document and determine eligibility. Further, back-end eligibility verifications may uncover income data from a different period and erroneously suggest that the applicant is ineligible for Medicaid.

Additionally, childless adults who applied for coverage at a Medicaid office reported negative experiences, while those who applied through a community-based enroller described the experience quite favorably. New York's "facilitated enrollment" program, in which community-based organizations and health plans assist consumers in applying for public health insurance, was described by the childless adults in the study as providing them with an advocate and making the application process significantly easier than applying at a government office.

According to the same study, childless adults also face enrollment barriers common to other eligible but uninsured populations. These include difficulty of the enrollment and renewal processes, particularly documentation requirements; Medicaid stigma; and complex lives with competing priorities. For example, some focus group participants described obtaining health insurance as a lower priority than finding a job or permanent housing. Finally, the report cites immigration-related fears of enrollment, such as fear of the impact of Medicaid enrollment on their immigration status and consequences to immigrants' sponsors (these issues are described in more detail below).

The report included the following suggestions to reduce obstacles faced by this population in obtaining health insurance:

- increase publicity about the importance and availability of public coverage for childless adults;
- consider renaming the Family Health Plus program so it is clear that childless adults are eligible;
- make better use of available data to prove eligibility to minimize burden on applicants of providing documentation ;
- implement 12-month continuous eligibility for adults (approved in 2010) and advocate for the elimination of reporting requirements for changes in eligibility during that period;[6]
- consider mechanisms for using an annual average of income for eligibility; and
- create a buy-in option to public coverage for those with incomes above the subsidized eligibility level.

Noncitizens are the subset of childless adults with the highest uninsured rates, which, as discussed above, results from their low rates of employer and public coverage. A separate UHF-sponsored study conducted by the New York Immigration Coalition (Freij, Rejeske, Gurvitch, Ferrandino, and Weiss, 2010) explored the unique barriers to participation in public health insurance programs by eligible but uninsured immigrants (not exclusively childless adults). These barriers include concerns that public health insurance will result in a public charge determination, ending chances of maintaining lawful permanent residency in the U.S.; awareness that

[6] Adults will be required to report changes in household size and residency, but not changes in income, during the 12-month continuous eligibility period.

immigrants' sponsors are financially liable for the cost of public coverage used by those they sponsor (though this is not enforced in New York); linguistic and cultural barriers among a limited English proficient population that is unfamiliar with the U.S. health care and insurance system; and distrust of government.

The report includes recommendations to:

- proactively address immigrants' concerns about the potential consequences of enrolling in public insurance through clear, consistent messages about eligibility, including from government agencies;
- promote linguistically and culturally appropriate communication throughout insurance systems, including at enrollment and renewal of coverage;
- increase resources for community-based health advocates who help immigrants navigate the health insurance and health care system; and
- simplify and reduce documentation necessary to enroll in and maintain public coverage.

Lessons from both the childless adult and immigrant studies can inform state efforts to meet the ACA's coverage goals.

Costs of Childless Adults Enrolled in Medicaid

Information on the costs of this population will be helpful as states prepare for the implementation of health care reform. New York State Department of Health data provide a detailed picture of a cohort of 625,000 childless adults who are enrolled in Medicaid or Family Health Plus (Table 2). Ninety thousand of these adults are "Medicaid cash assistance" enrollees, another 325,000 are "Medicaid non-cash assistance" enrollees, and 210,000 are enrolled in Family Health Plus. The case-mix intensity and expenditure data indicate that the enrollees with the greatest health care needs are at the lowest end of the income distribution and that higher-income childless adult enrollees have case-mix severity and costs similar to those of parents enrolled in Family Health Plus.

Table 2
Childless Adults and Parents Enrolled in Medicaid and Family Health Plus in New York, 2008

	Number of Enrollees	CMI	PMPM
Childless Adults			
Medicaid: cash assistance	90,000	2.23	$1,140
Medicaid: noncash assistance	325,000	1.31	$521
Family Health Plus	210,000	1.15	$291
Total Childless Adults	625,000		
Parents			
Family Health Plus	350,000	0.91	$288

Source: A cohort analysis of childless adults enrolled in Medicaid or Family Health Plus in calendar year 2008. New York State Department of Health, 2010.

Note: Acuity Case Mix Index (CMI) derived from 3M Clinical Risk Groups using CY 2008 Medicaid sociodemographic, diagnosis, procedure, and pharmacy data and Family Health Plus cost weights. PMPM refers to per member per month expenditures. These data refer to non-disabled adults; CPS data cited in this paper include nonelderly adults regardless of disability status.

These data suggest that the ACA Medicaid eligibility expansion to 133 percent FPL may extend eligibility in New York to a group that is similar, in terms of cost and case mix, to the lower-cost childless adults. In New York, this expansion is estimated to extend eligibility to 190,000 childless adults with income between 100 and 133 percent of FPL, of whom 95,000 are now uninsured (Holahan and Blumberg, 2010). The implementation of health reform will also likely result in increased participation rates among the 520,000 eligible but uninsured childless adults due to increased awareness of coverage and outreach and enrollment efforts. The expected costs of the eligible but uninsured population are difficult to determine but, based upon their self-reported better health status relative to those enrolled in Medicaid and the research literature documenting adverse selection of those with greater health needs into public coverage, the eligible but uninsured are likely to be healthier, and therefore less costly, on average, than those already enrolled. Other states extending eligibility to childless adults for the first time will likely enroll a more diverse mix of people, in terms of income and health status, than New York will in its implementation of health reform.

Two recent studies shed further light on the expected costs of childless adults who will newly enroll in Medicaid as a result of health reform. First, a study examining the experience covering childless adults in Medicaid or state-funded programs in selected states (including New York) found that the average cost of the lowest-income childless adult enrollees is significantly higher than that of enrolled parents though not as high as

that of disabled adult enrollees. The study also showed that costs for higher-income childless adults tended to be lower than those of the lowest-income childless adults, on average, and closer to the average costs for parents (Somers, Hablin, Verdier, and Byrd, 2010). These findings are consistent with the data shown above for New York. A second study used survey data and simulation modeling to examine the health status of childless adults who will be eligible for and enroll in Medicaid under health reform; it found that those who will enroll are likely to be healthier, on average, than non-disabled adults who are currently enrolled in Medicaid (Holahan, Kenney, and Pelletier, 2010). However, both studies also discuss the possibility of adverse selection — and the higher average costs that would follow from it — as especially likely during the initial implementation period and in states with limited outreach and enrollment efforts.

These data collectively indicate that the childless adult population that will be eligible for Medicaid under reform includes a mix of people with relatively high and low health needs and associated costs. States newly covering this population can expect to enroll a number of high need-high cost beneficiaries, as well as childless adults whose average health care needs and costs resemble those of parents already enrolled in Medicaid. Further, because people with greater health needs are more likely to enroll in coverage absent effective outreach to healthier populations, states that are more successful in these efforts can expect to enroll a lower average cost population.

Opportunities Provided by Health Reform

The ACA provides significant financial incentives to states to enroll childless adults in Medicaid and offers a number of tools to simplify the enrollment process. In 2014, all states will be eligible for enhanced federal matching rates for spending on Medicaid-enrolled childless adults, regardless of whether or not these adults are now eligible for Medicaid. Between 2014 and 2018, the enhanced federal matching rate will vary somewhat for states where childless adults will be "newly eligible" for Medicaid and those where childless adults are "currently eligible" for Medicaid, but thereafter all states will receive the same rate: 93 percent in 2019 and 90 percent in 2020 and beyond; a rate that is well above the average federal matching rate of 57 percent.[7] Because the federal

[7] This refers to the average Federal Medical Assistance Percentage (FMAP) before the American Recovery and Reinvestment Act of 2009 (ARRA). New York's pre-ARRA FMAP was 50 percent.

government will bear nearly all of the costs of covering this population through Medicaid, there is a clear incentive for states to enroll them rather than pay for their care through uncompensated care subsidies should they seek care while uninsured, particularly since uncompensated care subsidies will decline under the ACA.

Significant Medicaid enrollment gains are expected as a result of the ACA's Medicaid expansion, ranging from 16 to 23 million people across all states, and the federal government is expected to assume between 93 and 95 percent of total costs of the expansion. These estimates vary depending on assumptions about participation rates, which will largely depend on state efforts to reach eligible populations and successfully enroll them in coverage.[8] To that end, the ACA provides states with the opportunity to significantly simplify public program eligibility and enrollment processes. States will be required to establish a website for enrollment and renewal by 2014 and to coordinate eligibility determination for Medicaid, the Children's Health Insurance Program (CHIP), and subsidies with the forthcoming health insurance exchange, including through the use of a single streamlined application form. States are also encouraged to use data matching for eligibility determination purposes.[9]

Over the coming year, guidance from the Centers for Medicare and Medicaid Services (CMS) will clarify state options for simplifying Medicaid eligibility and enrollment. CMS policy decisions about how Medicaid income eligibility will be determined (the sources of income counted, the time period examined, and the household members whose income is counted) and the degree to which these criteria align with rules for subsidy eligibility in the Exchange will be critical to how streamlined states can make the enrollment process. Other issues requiring clarification include state options at renewal, such as whether states can allow renewal of ongoing eligibility just by data matching, options for longer eligibility periods, automatic renewal, or renewal based on past or average income.[10]

[8] See Congressional Budget Office, 2010; and Holahan and Headen, 2010. In Holahan and Headen, the lower participation rate scenario assumes that 57 percent of newly eligible, uninsured persons will enroll in Medicaid, consistent with Congressional Budget Office estimates, while the enhanced participation rate scenario assumes that 75 percent of newly eligible, uninsured persons will participate in Medicaid.

[9] Sections 1413 and 2201 of the Patient Protection and Affordable Care Act. (P.L. 111-148)

[10] Many of these issues were explored in a recent UHF-sponsored report, *Improving Enrollment and Retention in Medicaid and CHIP: Federal Options for a Changing Landscape* (Georgetown University's Center for Children and Families, 2009).

Enrollment Success in New York

The lessons from two successful enrollment experiences in New York, Disaster Relief Medicaid and the 2008 CHIP expansion, are highly relevant to the implementation of health reform. At the very moment that New York's eligibility rules pertaining to income levels and immigrant status were expanded, the events of 9/11 triggered the creation of Disaster Relief Medicaid, in which the application process was radically simplified (including a one-page application), there was significant outreach by community-based groups, and people received same-day or next-day enrollment decisions. The result was that 342,000 people enrolled in Medicaid over a four-month period (Haslanger, 2003; Perry, 2002).

The 2008 CHIP expansion extended sliding scale subsidies to children with family income up to 400 percent FPL and higher-income children continued to be eligible to be bought into coverage at full premium. When this expansion was implemented, the state conveyed the message that *all* children are eligible for affordable coverage. Between September 2008 and December 2009 (which coincided with the economic downturn), children's enrollment in public coverage increased by 140,000 (UHF analysis of Medicaid and Child Health Plus enrollment data, New York State Department of Health).

These experiences are relevant to the implementation of health reform, in which eligibility levels will be expanded, rules will be simpler, and there will be an opportunity for new outreach messages.

CONCLUSION

Health reform is expected to result in significant coverage gains due to the Medicaid expansion, subsidies for low-to-moderate income populations, and coverage mandates for employers and individuals.[11] Despite the fact that most people eligible for Medicaid will be exempt from health reform's individual mandate penalty, Medicaid participation rates may well increase in 2014 and beyond because of increased awareness of coverage options with the implementation of reform and associated state and provider outreach and enrollment efforts. New York's experience with covering childless adults in Medicaid has demonstrated, however, that they are among the hardest groups to enroll. Consequently, states (including New York) will need to be creative in developing strategies specifically for this population.

[11] For New York-specific enrollment estimates as a result of the ACA, see Boozang, Dutton, Lam, and Bachrach, 2010.

States can take advantage of new federal options to streamline eligibility rules and procedures to ease enrollment for all eligible persons; develop policies to address the issue of fluctuating incomes during the year (such as pursuing an average annual income test) and procedures to ensure seamless transition to new coverage options in the insurance exchange; target outreach and enrollment efforts specifically at childless adults, making it clear that they are eligible for public coverage; and more clearly explain immigrants' eligibility for public coverage. Despite the difficult challenges states face in enrolling childless adults in Medicaid, this group will play a central role in health reform's pursuit of near-universal coverage, while the federal government funds almost all of the cost of the expansion. These lessons are relevant to other states that will extend eligibility to childless adults for the first time — and to New York, which can meet its enrollment challenge with the support of the ACA's significant financial incentives and new opportunities to streamline enrollment.

Table 3

Health Insurance Coverage among Nonelderly Adult Parents, New York State, 2007–2008

(percent, except where noted)

		Distribution by Coverage Type			
	Nonelderly Adult[b] Parents (millions)	Private		Public[a]	Uninsured
		Employer	Directly Purchased		
Total	**4.1**	**66.8**	**3.2**	**17.2**	**12.8**
Gender					
Male	1.7	72.6	3.2	11.7	12.5
Female	2.4	62.5	3.3	21.2	13.1
Age					
19–25	0.2	25.5†	(4.6)	45.8†	24.2†
26–34	0.9	61.2	2.6	20.3	15.9
35–54	2.8	71.2	3.3	14.5	11.0
55–64	0.2	65.9†	(4.1)	15.6†	14.3†
Annual Family Income					
<$20,000	0.6	13.0	4.2	56.0†	26.8
$20,000–$39,999	0.7	39.4†	5.8	30.7	24.1
$40,000–$60,000	0.7	72.1	3.3	11.2	13.4
$60,001+	2.1	90.4	2.1	2.9	4.7
Family Income Related to FPL[c]					
<100%	0.6	12.6†	(4.5)	55.0†	28.0†
100-200%	0.7	40.8†	4.6	33.0	21.6
201-300%	0.7	70.9	4.7	8.7	15.7
301-400%	0.5	86.0	(2.4)	4.6	7.0
401%+	1.5	92.6	1.8	2.3	3.3
Family Work Status					
Two full-time	1.4	86.2	(1.4)	5.5	6.8
One full-time	2.2	65.8	3.6	15.8	14.8
Only part-time[d]	0.2	19.5†	9.6†	43.5†	27.4†
Non-workers	0.3	11.0†	(4.7)	67.3†	17.0†
Race/Ethnicity					
White only (non-Hispanic)	2.4	79.0	3.6	10.0	7.4
Black only (non-Hispanic)	0.6	52.0†	(3.8)	25.3†	18.9†
Hispanic	0.7	41.4†	(1.4)	33.0†	24.2†
Other[e]	0.4	59.0†	(3.8)	20.6†	16.7†
Citizenship					
U.S. citizen—native	2.9	73.6	3.3	15.1	7.9
U.S. citizen—naturalized	0.6	65.2†	(3.3)	16.3	15.2
Non-U.S. citizen, resident for < 5 years	0.1	34.6†	(5.4)†	(27.3)†	32.7†
Non-U.S. citizen, resident for 5+ years	0.6	38.5†	(2.3)	27.1†	32.1†
Health Status					
Excellent/very good	2.9	72.5	3.1	13.1	11.3
Good	0.9	58.7	3.8	20.6	17.0
Fair/poor	0.3	35.2†	(2.6)	47.4†	14.8†

Source: Urban Institute estimates of the 2008 and 2009 Annual Social and Economic Supplement to the Current Population Survey, prepared for the United Hospital Fund.

† Estimate has a large 95% confidence interval of +/-5.0 or more percentage points.

( ) Estimate may not be reliable; the standard error relative to the mean is greater than 30% (standard error not shown).

a "Public" includes Medicaid, CHP, and other public insurance (mostly Medicare and military-related).

b "Nonelderly" adults include all individuals aged 19-64.

c In 2008, 200% FPL for a family of four was $44,050.

d "Part-time" workers are defined as those working less than 35 hours a week.

e "Other" race/ethnicity includes those who identify themselves as Asian, South Pacific Islander, American Indian, Alaska Native, or two or more races.

Table 4

Health Insurance Coverage among Nonelderly Childless Adults, New York State, 2007–2008

(percent, except where noted)

		Distribution by Coverage Type			
	Nonelderly Childless Adults[b] (millions)	Private		Public[a]	Uninsured
		Employer	Directly Purchased		
Total	**7.9**	**57.8**	**5.2**	**16.2**	**20.8**
Gender					
Male	4.1	55.0	5.3	15.4	24.3
Female	3.8	60.8	5.1	17.2	16.9
Age					
19–25	1.7	45.0	8.9	18.0	28.1
26–34	1.5	59.6	3.9	9.7	26.8
35–54	2.7	60.4	3.9	16.3	19.4
55–64	2.0	63.7	4.8	19.4	12.1
Annual Family Income					
<$20,000	2.3	20.5	7.9	36.0	35.6
$20,000–$39,999	1.8	52.8	4.8	13.4	28.9
$40,000–$60,000	1.2	74.9	4.5	8.6	12.0
$60,001+	2.6	86.4	3.3	4.1	6.2
Family Income Related to FPL[c]					
<100%	1.6	17.4	7.1	40.5	35.0
100-200%	1.2	29.8	7.9	25.9	36.4
201-300%	1.2	55.5	5.8	12.5	26.1
301-400%	0.8	72.7	3.0	8.9	15.3
401%+	3.1	85.5	3.5	3.7	7.3
Family Work Status					
Two full-time	1.5	84.3	2.9	6.0	6.8
One full-time	4.3	64.2	4.6	8.3	22.9
Only part-time[d]	0.8	39.9	10.8	21.5	27.8
Non-workers	1.4	19.0	6.5	48.9	25.6
Race/Ethnicity					
White only (non-Hispanic)	4.8	68.1	5.6	11.7	14.7
Black only (non-Hispanic)	1.2	42.2	4.4	25.3	28.1
Hispanic	1.2	38.1	3.1	22.6	36.2
Other[e]	0.7	47.0†	7.6	21.2†	24.2†
Citizenship					
U.S. citizen—native	5.9	62.9	5.2	15.1	16.7
U.S. citizen—naturalized	0.9	52.2†	3.9	20.3	23.6
Non-U.S. citizen, resident for < 5 years	0.2	36.6†	(8.6)†	14.2†	40.6†
Non-U.S. citizen, resident for 5+ years	0.8	31.9†	5.5	20.3	42.3†
Health Status					
Excellent/very good	5.1	63.9	5.9	10.2	20.0
Good	1.9	53.4	4.5	17.6	24.6
Fair/poor	0.9	31.7	2.7	48.5	17.0

Source: Urban Institute estimates of the 2008 and 2009 Annual Social and Economic Supplement to the Current Population Survey, prepared for the United Hospital Fund.

† Estimate has a large 95% confidence interval of +/-5.0 or more percentage points.

( ) Estimate may not be reliable; the standard error relative to the mean is greater than 30% (standard error not shown).

a "Public" includes Medicaid, CHP, and other public insurance (mostly Medicare and military-related).

b "Nonelderly" adults include all individuals aged 19-64.

c In 2008, 200% FPL for a family of four was $44,050.

d "Part-time" workers are defined as those working less than 35 hours a week.

e "Other" race/ethnicity includes those who identify themselves as Asian, South Pacific Islander, American Indian, Alaska Native, or two or more races.

Table 5

New York State Medicaid/CHIP Coverage and Participation Rates, 2008 *(in thousands)*

	Eligible, Uninsured	Enrolled	Participation Rate
Nonelderly	1,080	3,180	75%
Children	260	1,740	87%
Adults	820	1,430	63%
Parents	300	670	69%
Childless Adults	520	764	59%

Source: Urban Institute Health Policy Center Medicaid/CHIP Eligibility Model, based on data from the 2009 Annual Social and Economic Supplement to the Current Population Survey, prepared for the United Hospital Fund.

Notes: 2008 estimates of eligible uninsured and enrolled are based on data from the 2009 Annual Social and Economic Supplement to the Current Population Survey (CPS) and New York State eligibility requirements as of September 2008. Estimates of eligible New Yorkers include some adults who may be income-eligible for public coverage but do not qualify on the basis of immigration status. Recent research suggests that absent an adjustment for immigration status, estimates of all non-elderly eligible uninsured in New York State may be overstated by close to 13 percent (Holahan and Cook, 2009). Estimates presented here reflect an adjustment for the underreporting of public coverage on the CPS. For more information on the methodology of this adjustment, please see Cook, Williams, and Holahan, 2009.

Participation rates are calculated as the share of eligible enrolled individuals who compose all eligible individuals (defined as those who are eligible enrolled and eligible uninsured). This estimate does not take into account individuals who report Medicaid/CHIP on the CPS but are not found to be eligible. It is likely that some of these individuals were eligible at some point during the year but were not found to be eligible because the CPS does not capture fluctuations in income over the course of the year.

Table 6

Characteristics of Eligible Uninsured Childless Adults, New York State, 2008

Eligible Uninsured Childless Adults	**520,000**
Percent of Total	**100%**
Age	
19–25	36%†
25-44	37%†
45-64	27%†
Family Poverty Level	
≤100%	99%
101%+	(1%)
Gender	
Male	57%†
Female	43%†
Adult Work Status	
Worker	46%†
Non-worker	54%†
Race/Ethnicity	
White only (non-Hispanic)	41%†
Black only (non-Hispanic)	24%†
Hispanic	24%†
Other[e]	11%†
Citizenship	
U.S. citizen	81%†
Non-U.S. citizen	19%†
Health Status	
Excellent/very good	50%†
Good/Fair/poor	50%†

Source: Urban Institute Health Policy Center Medicaid/CHIP Eligibility Model, based on data from the 2009 Annual Social and Economic Supplement to the Current Population Survey, prepared for the United Hospital Fund.

† Estimate has a large 95% confidence interval of +/-5.0 or more percentage points.

( ) Estimate may not be reliable; the standard error relative to the mean is greater than 30% (standard error not shown).

Note: Estimates may include some adults who are income-eligible for public coverage but do not qualify on the basis of immigration status. Recent research suggests that absent an adjustment for immigration status, estimates of all nonelderly eligible uninsured in New York State may be overstated by close to 13 percent (Holahan and Cook, 2009).

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