

Endnotes

¹ The estimate for Medicaid also includes children enrolled in the State Children's Health Insurance Program (S-CHIP). Medicaid and S-CHIP (and Medicare) estimates are under-reported in the CPS, according to comparisons of these data with enrollment and participation data provided by the Centers for Medicare & Medicaid Services (CMS) (DeNavas-Walt, Proctor, and Lee, 2006). According to Hoffman and Holahan (2005), the CPS may be overestimating the number of uninsured individuals by between 3.6 million and 9.1 million because of the undercount in Medicaid enrollment.

² Tricare (formerly known as CHAMPUS) is a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members. CHAMPVA, the Civilian Health and Medical Program for the Department of Veterans Affairs, is a health care benefits program for disabled dependents of veterans and certain survivors of veterans.

³ These estimates sum to more than 100 percent because individuals can have multiple sources of coverage throughout the year as well as during a point in time. For instance, Medicare beneficiaries often have private coverage as a supplement to Medicare.

⁴ The uninsured estimates from the March CPS are supposed to represent the percentage of individuals without health insurance coverage during an entire calendar year. However, based on comparisons with other surveys, many researchers concur that the uninsured estimate from the CPS is closer to a point-in-time estimate than to a calendar year estimate. If the CPS is a point-in-time estimate and not a calendar year, it would mean that the data from the March 2011 CPS represent the number of uninsured during March 2011 instead of during the previous calendar year. More information about the CPS, and other surveys that collect data on the uninsured, can be found in Fronstin (2000c). See also Bhandari (2004) and U.S. Congressional Budget Office (2004).

⁵ The Census reports 49.9 million uninsured, or 16.3 percent of the entire United States population. Because this report examines only the population under age 65, it reports 49.1 million uninsured, or 18.5 percent of the *nonelderly* population.

⁶ Expansion in S-CHIP during the late 1990s may have offset the decline in Medicaid coverage.

⁷ See Exhibit 2.1 in www.kff.org/insurance/7672/upload/76723.pdf

⁸ In this report, individuals who receive coverage directly through their employer, union, or a previous employer are categorized as having coverage in their *own name*. Individuals who receive employment-based coverage indirectly are categorized as having *dependent* coverage.

⁹ It has been estimated that 95 percent of low-income children are eligible for either Medicaid or S-CHIP. See www.cbpp.org/12-6-00schip.htm (last reviewed September 2009).

¹⁰ The region and state data in this section are not based on the most recent 2010 data, but instead based on a three-year average of 2008–2010 data. The Census Bureau recommends using three-year averages to compare estimates across states. State estimates are considerably less reliable than national estimates and fluctuate more widely year-to-year than national estimates.

¹¹ See Fronstin (2008).

¹² Patient Protection and Affordable Care Act of 2010.

¹³ Both Fronstin (2005b) and Cooper and Schone (1997) found that young workers are less likely than older workers to be covered by employment-based health benefits even when a plan is offered to them.

¹⁴ Krauss et al. (1999) found that 55.7 percent of the uninsured had at least one ambulatory medical care visit in 1996, compared with 76.2 percent of individuals with only public insurance and 77.2 percent of individuals with any private insurance. They also found that among persons with at least one visit, the uninsured had an average of 5.1 visits, compared

with 8.7 visits by persons with only public insurance and 6.5 visits by those with any private insurance. Another study found that among persons visiting a health care provider, 17 percent of the uninsured received health care in an emergency room, compared with 9 percent of the privately insured (Cunningham and Whitmore, 1998). Furthermore, Fronstin (1998 and 2000a) found that 22 percent of the uninsured were in a family where someone had difficulty obtaining needed care, compared with 10–11 percent of the insured population, mainly because they could not afford health care.

¹⁵ Traditionally, cost shifting occurs when a health care provider raises its prices to one set of payers because it lowered them to another set (Morrisey, 1996).

¹⁶ See Nelson and Mills (2001) for additional information about the verification questions.

¹⁷ See www.census.gov/hhes/www/hlthins/data/revhlth/usernote.html for more details.

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