

Who Are the Remaining Uninsured as of June 2014?

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July 29, 2014

At a Glance

- Compared with the uninsured population in September 2013, uninsured adults were more concentrated in Medicaid nonexpansion states in June 2014.
- Two-thirds of uninsured adults in June 2014 had family incomes at or below 138 percent of the federal poverty level. Two-fifths were both low-income and lived in Medicaid nonexpansion states.
- Three out of five uninsured adults in June 2014 had heard some or a lot about the Marketplaces and the individual mandate, but fewer than two out of five had heard about the Marketplace subsidies.
- Most uninsured said they were uninsured for financial reasons.

It is now widely agreed that the number of nonelderly (age 18–64) uninsured adults has fallen dramatically since the Affordable Care Act's (ACA's) Marketplace open enrollment began.¹ The relevant ACA-related changes included the expansion of Medicaid in 25 states and DC as of June 2014 and the new financial assistance for health insurance coverage through the federal and state Marketplaces in all states. According to the June 2014 Health Reform Monitoring Survey (HRMS), the number of uninsured adults fell by an estimated 8 million (95% CI [5.1 million, 10.8 million]) between September 2013 and June 2014, with proportionately larger coverage gains among low- and middle-income adults (the group particularly targeted by the ACA's Medicaid and Marketplace provisions) and in states that implemented the ACA's Medicaid expansion (Long, Kenney, Zuckerman, Wissoker, et al. 2014).

However, three months after the first Marketplace open enrollment period closed, 13.9 percent of adults still remain uninsured (referred to here as “the remaining uninsured”) as of June 2014. In this brief, we use data from the June 2014 wave of the HRMS to assess the characteristics of those who remain uninsured. How the uninsured population has changed since September 2013 helps pinpoint the types of outreach and enrollment strategies that need to be pursued if the pool of remaining uninsured is to continue to shrink. We assess the demographic and socioeconomic characteristics of the remaining uninsured, their access to employer-sponsored insurance (ESI), their awareness of key ACA provisions, and the reasons they say they remain uninsured. This early look at the characteristics of the remaining uninsured provides valuable information for ongoing Medicaid outreach and enrollment efforts, as well as preparations for the next open enrollment period in the Marketplaces. More robust data from the relevant federal health surveys will not begin to be released until later in 2014 and into 2015 (Long, Kenney, Zuckerman, Goin, et al. 2014).

What We Did

Using data collected during the June 2014 round of the HRMS, we classify individuals as uninsured at the time of the survey if they did not report having any of the types of insurance coverage asked about in the HRMS (mainly ESI, Medicare, or Medicaid) and did not report having valid insurance in a follow-up verification question.

In this analysis, we compare the remaining uninsured in June 2014 to those adults who were uninsured in September 2013, just before Marketplace open enrollment began. Because our goal is to measure how the composition of the uninsured has changed, we have not used regression analysis to stabilize the composition of the sample over time, unlike the HRMS analysis of changes in insurance coverage over time. Consequently, some small portion of the estimated difference in the uninsured population between September 2013 and June 2014 may be attributable to differences between the two periods in the proportion of the nationally representative HRMS survey sample living in the Medicaid expansion states versus those living in nonexpansion states.

We define states expanding Medicaid as those with income eligibility thresholds for adults greater than or equal to 138 percent of the federal poverty level (FPL) as of June 2014, based on data reported by states to CMS.² New Hampshire has also elected to expand Medicaid coverage, but not until August 2014. To measure access to ESI, we asked the uninsured if their employer or a family member's ESI could cover them. Those who said yes are recorded as having an ESI offer.

Respondents' awareness of key ACA provisions was measured by several questions asking whether the respondent had heard a lot, some, only a little, or nothing at all about three particular provisions: the Marketplaces, the subsidies, and the individual mandate.³ We group those who reported having heard "some" or "a lot" together as having heard about the provision; we group those who reported having heard "only a little" or "nothing at all" together as having not heard about the provision.

We also include estimates from two survey questions that ask respondents about potential barriers to coverage. The first asks, "which of the following are reasons you are uninsured?" and allows respondents to select one or more options from a list of eight, along with an option to write in another response. On the basis of these write-in responses, we recoded some respondents to the pre-existing categories; when multiple respondents gave a reason not included in the specified options, we created new analytic categories. After applying the recodes, we collapsed the categories into groups with similar themes—including financial reasons, time or information barriers, not wanting coverage, being in the process of enrolling in coverage (transitioning), or other reasons.⁴ The second question occurs later in the survey in a series of questions focused on the Marketplaces and asks all uninsured respondents, "which of the following are reasons why you have not enrolled in a health insurance plan in the Marketplace?" This question included 12 specified options and a write-in option. We used a similar process to the first question in which we recoded some write-in responses and collapsed them into related categories. For the second question, the categories include financial barriers, time or technical reasons, a negative perception of benefits, in the process of obtaining coverage (transitioning), opposition to the ACA, and other reasons.⁵

The HRMS, as noted, was designed to provide early feedback on ACA implementation as health reform proceeds, preceding more robust information from federal surveys with larger sample sizes. We will use information from other surveys and from future waves of the HRMS to assess the findings reported here for consistency of patterns in the remaining uninsured and the challenges they face.

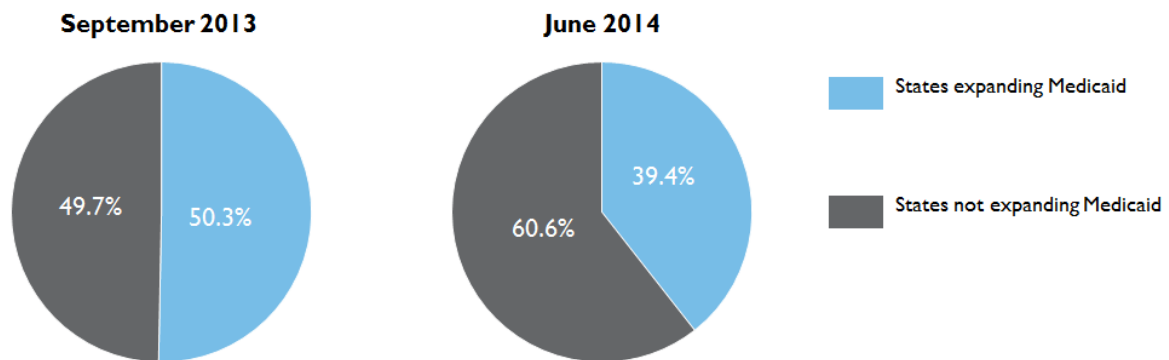
What We Found

Compared with the adult population without insurance in September 2013—just before the ACA’s Marketplaces began the first open enrollment period—uninsured adults are more concentrated in Medicaid nonexpansion states and the South and are more likely to be Spanish Speakers, unmarried, and to have less than a high school education. Two out of five are both low-income and live in states that chose not to expand their Medicaid programs.

About one-third (36.8%) of uninsured adults who remain uninsured are age 18–30, 41.5 percent are age 31–49, and 21.7 percent are age 50–64. (See table 1 for these and other characteristics). They are also diverse in health status, race and ethnicity, and gender. Though the declines in the rate of uninsurance between September 2013 and June 2014 covered by Long, Kenney, Zuckerman, Wissoker, and colleagues (2014) occurred across the spectrum of uninsured, we now see modest shifts toward a group that is less educated, more likely to be unmarried, for whom English is not the primary language—suggesting that not all groups gained equally from health reform.

As reported previously (Kenney et al. 2014), the uninsured are increasingly concentrated in states that have not expanded Medicaid following the Supreme Court’s June 2012 decision to leave the Medicaid expansion choice up to the states (figure 1). In September 2013, 49.7 percent of uninsured adults lived in states that have not expanded Medicaid. This share increased to 60.6 percent as of June 2014. Very few states in the South have opted to expand Medicaid.⁶ Consistent with the increased concentration of remaining uninsured adults in nonexpansion states, the share of uninsured adults living in the South has increased. As of June 2014, 48.9 percent of the remaining uninsured lived in the South, up from 41.5 percent in September 2013 (figure 2).

Figure 1. Distribution of Uninsured Adults Ages 18–64 by State Medicaid Expansion Status, September 2013 and June 2014



Source: Health Reform Monitoring Survey, quarter 3 2013 and quarter 2 2014.

Notes: States expanding Medicaid are those with income eligibility levels for adults at or above 138 percent of the federal poverty level as of June 2014, based on Centers for Medicare and Medicaid Services, “State Medicaid and CHIP Income Eligibility Standards,” accessed July 8, 2014, <http://www.medicare.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/Medicaid-and-CHIP-Eligibility-Levels-Table.pdf>.

Table 1. Characteristics of Adults Age 18–64 Who Are Uninsured, Quarter 2 2014 versus Quarter 3 2013

	All remaining uninsured adults in June 2014 (Q2 2014) (%)	All remaining uninsured adults in September 2013 (Q3 2013) (%)	
Age			
18–30	36.8	36.6	
31–49	41.5	39.9	
50–64	21.7	23.5	
Gender (%)			
Male	51.1	51.8	
Female	48.9	48.2	
Race or ethnicity			
White, non-Hispanic	44.2	43.8	
Other, non-Hispanic	18.6	22.4	**
Hispanic	37.1	33.8	
Primary language spoken			
Primary English speaker	67.0	71.5	*
Primary Spanish speaker	19.9	17.0	
Bilingual, English/Spanish	13.1	11.5	
Health status (%)			
Excellent or very good	43.0	39.9	
Good	38.7	40.4	
Fair or poor	18.1	19.1	
Education			
Less than high school	28.1	23.8	**
High school graduate or some college	63.9	66.2	
College graduate	8.0	10.0	*
Marital status			
Married	34.5	37.9	**
Widowed, separated, or divorced	12.7	12.1	
Never married	37.2	34.8	
Lives with partner	15.6	15.2	
Family income category			
At or Below 138% of FPL	65.3	62.1	
139–399% of FPL	28.5	32.2	*
400% of FPL and higher	6.1	5.7	

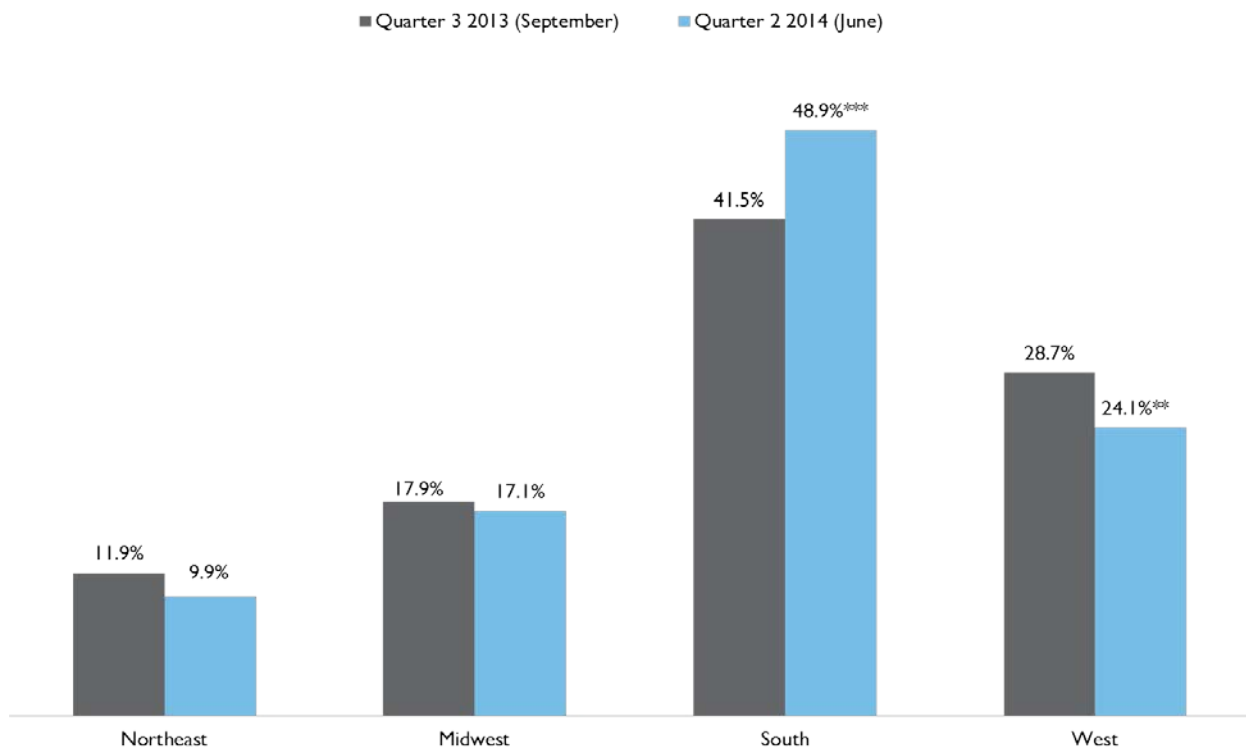
Employment status			
Employed	52.7	52.4	
Unemployed	22.0	25.8	*
Not in labor force	25.3	21.8	**
Access to employer-sponsored insurance (ESI)			
Share reporting has ESI offer, or has ESI	16.7	19.3	
State Medicaid expansion status			
Expanding Medicaid	39.4	50.3	***
Not expanding Medicaid	60.6	49.7	***
Region			
Northeast	9.9	11.9	
Midwest	17.1	17.9	
South	48.9	41.5	***
West	24.1	28.7	**
Urban			
In metropolitan area	82.5	82.6	
Not in metropolitan area	17.5	17.4	
Sample size	797	1,130	

Source: Health Reform Monitoring Survey, quarter 3 2013 and quarter 2 2014.

Notes: FPL is the federal poverty level. Data for those who did not report or refused to report are not shown. States are categorized as having expanded Medicaid as of June 2014 if the income eligibility threshold for "other adults" is 138% of FPL or higher based on data provided to CMS from the states, as reported at Centers for Medicare and Medicaid Services, "State Medicaid and CHIP Income Eligibility Standards," accessed July 17, 2014, <http://www.medicare.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/Medicaid-and-CHIP-Eligibility-Levels-Table.pdf>.

*/**/** Estimates differ significantly from quarter 2 2014 at the 0.1/ 0.05/0.01 levels, using two-tailed tests.

Figure 2. Distribution of Uninsured Adults Ages 18–64 in September 2013 and June 2014, by Region

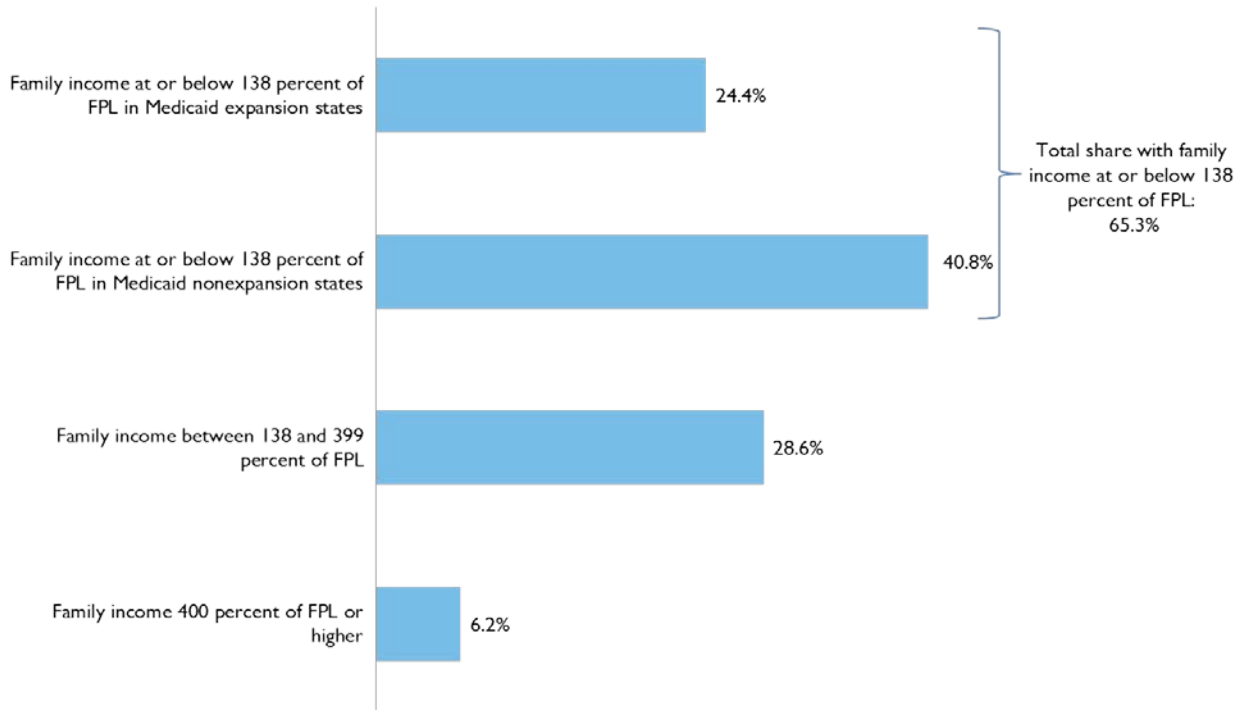


Source: Health Reform Monitoring Survey, Quarter 2 2014.

*** Estimate differs significantly from September 2013 at the 0.05/0.01 levels, using two-tailed tests. No estimates differ at the 0.10 (*) level.

Nationally, adults with incomes at or below 138 percent of FPL constitute almost two-thirds (65.3 percent) of all remaining uninsured adults (figure 3). Fully 40.8 percent of all remaining uninsured adults in June 2014 are adults living in Medicaid nonexpansion states with family incomes at or below 138 percent of FPL, the income group targeted by the Medicaid expansion and whom we refer to as “low-income,” (figure 3). In contrast, only 24.4 percent of the remaining uninsured are low-income adults living in Medicaid expansion states. Consistent with the large share of the uninsured with low family incomes, just 16.7 percent have access to ESI, through either their own job or a family member’s job (table 1).

Figure 3. Distribution of Remaining Uninsured Adults Ages 18–64 by Income Category and State Medicaid Expansion Status

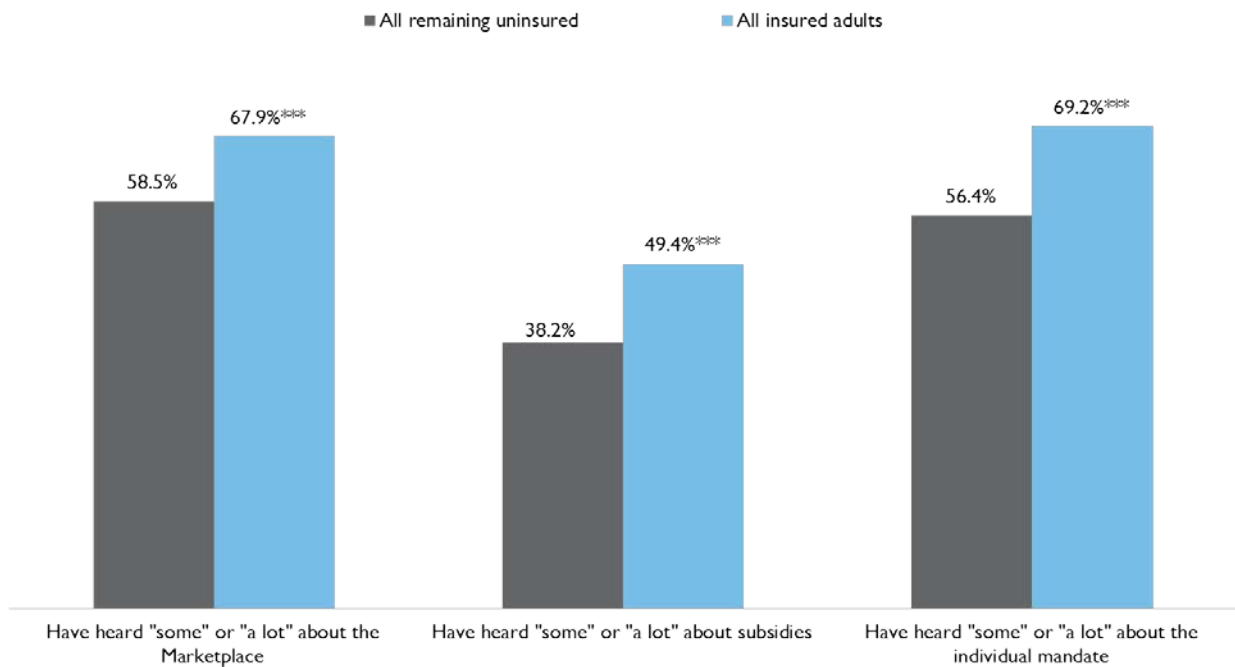


Source: Health Reform Monitoring Survey, quarter 2 2014.
 Notes: FPL is federal poverty level. States expanding Medicaid are those with income eligibility levels for adults at or above 138% of FPL as of June 2014, based on <http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Downloads/Medicaid-and-CHIP-Eligibility-Levels-Table.pdf>

Three out of five the remaining uninsured have heard some or a lot about the Marketplaces and about the individual mandate requiring everyone to have health insurance. But fewer than two out of five have heard some or a lot about subsidies available in the Marketplaces for premiums and out-of-pocket health care costs.

As of June 2014, 58.5 percent of remaining uninsured adults say they have heard about the Marketplaces and about the same (56.4 percent) say they have heard “some” or “a lot” about the individual mandate (figure 4). Perhaps contributing to the continued uninsurance of many low- and middle-income adults potentially eligible for Medicaid or Marketplace subsidies, awareness of financial assistance for Marketplace coverage among uninsured adults is more limited—with only 38.2 percent reporting having heard about the availability of subsidies for premiums or out-of-pocket costs. This limited awareness is only modestly less pervasive among uninsured adults with family incomes between 139 and 399 percent of FPL, the primary income range targeted by the subsidies. Among that group, 44.1 percent report having heard about coverage subsidies available through the Marketplaces (data not shown).

Figure 4. Awareness of Uninsured Adults Ages 18–64 of Key ACA Coverage Provisions, by Insurance Status



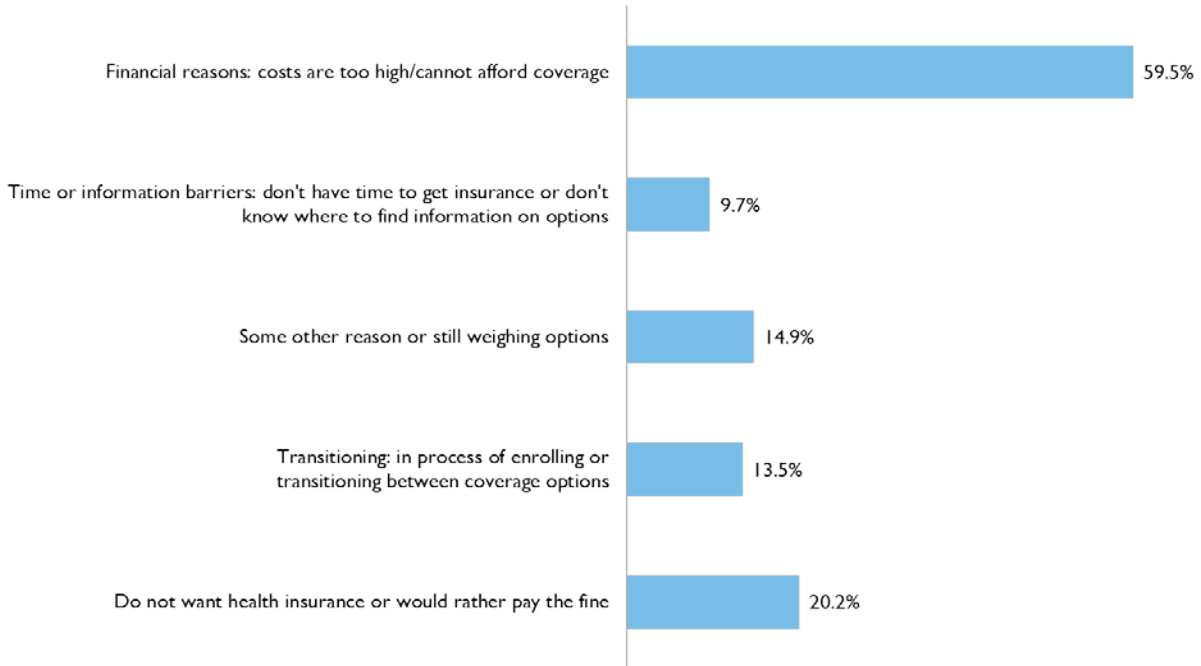
Source: Health Reform Monitoring Survey, Quarter 2 2014.
 Note: Data for those who did not report or refused to report are not shown.
 *** Estimate differs significantly from uninsured at the 0.01 level, using a two-tailed test.

For all three awareness measures, the remaining uninsured are consistently less likely than those who have coverage to say they have heard of a particular ACA provision. For example, over 67.9 percent of insured adults say they have heard some or a lot about the Marketplaces, significantly higher than the share (58.5 percent) among the remaining uninsured.

Three out of five of the currently uninsured say they remain uninsured because of high insurance costs or other affordability issues. Fewer than one out of five give one of the reasons they are uninsured as not wanting health insurance coverage or preferring to pay the fine.

Lack of interest in being covered is not a major contributing factor (figure 5). Just 20.2 percent give as one of the reasons they are not insured that they do not want coverage or would rather pay the fine than be covered. A somewhat smaller share (13.5 percent) say they are currently in the process of enrolling in coverage or transitioning between health insurance plans. Only 9.7 percent cite time or information barriers, including not having time to get health insurance or not knowing where to find information on available insurance options.

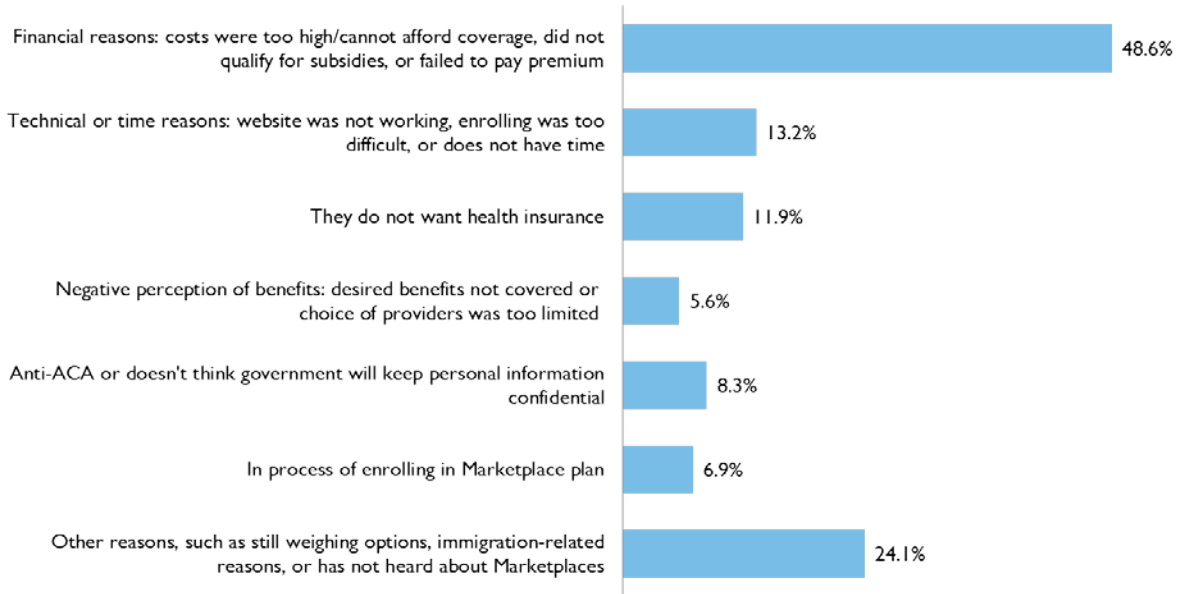
Figure 5. Reasons Uninsured Adults Ages 18–64 Give for Why They Do Not Have Insurance Coverage



Source: Health Reform Monitoring Survey, quarter 2 2014.
Notes: Data for those who did not report or refused to report are not shown.

Adults most commonly say they are uninsured for financial reasons, ascribed to those who say the costs of insurance are too high or that they cannot afford coverage, with 59.5 percent noting this as one of the reasons they are uninsured; 37.0 percent give it as the only reason (data not shown). Financial barriers are also a common reason given for why the uninsured are not enrolling in Marketplace coverage (figure 6). About half (48.6 percent) say they did not enroll in Marketplace coverage for financial reasons, which includes high costs, not qualifying for subsidized coverage, or failure to pay the premium.

Figure 6. Reasons Uninsured Adults Ages 18–64 Give for Not Enrolling in Marketplace Coverage



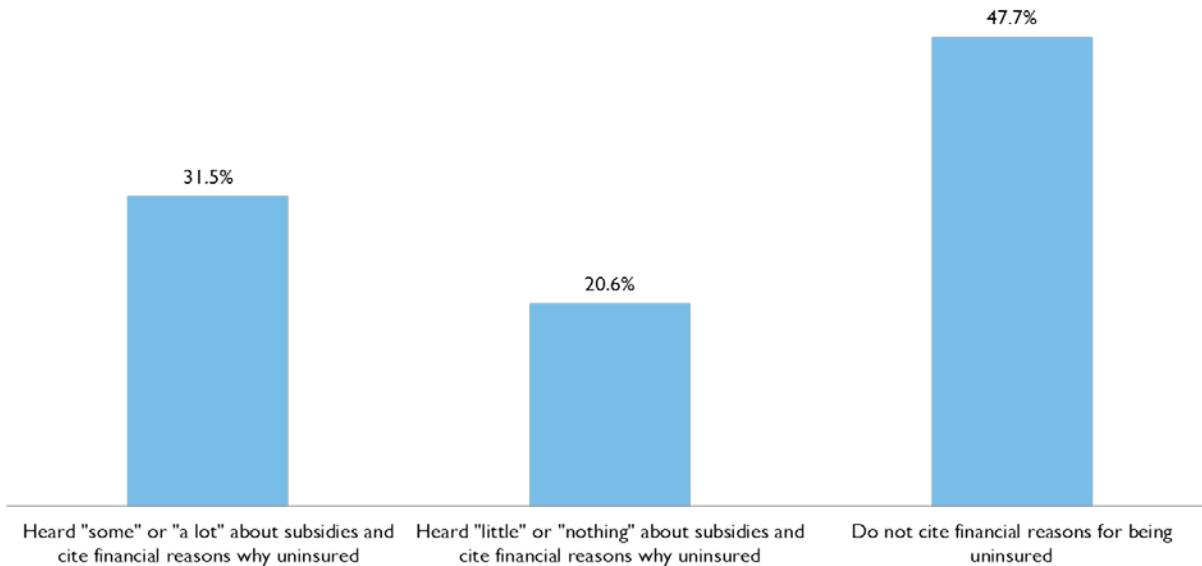
Source: Health Reform Monitoring Survey, quarter 2 2014.

Notes: Data for those who did not report or refused to report are not shown. Respondents could select more than one reason for not enrolling. See brief methods and notes for information on categorization of responses.

Knowledge gaps about the availability of subsidies for Marketplace coverage noted above may contribute to the perception that Marketplace coverage is too expensive. For example, among the primary target population for Marketplace subsidies—uninsured adults with incomes between 139 and 399 percent of FPL—20.6 percent have heard little or nothing about the subsidies and cite financial reasons for not enrolling (figure 7). However, one-third (31.5 percent) of uninsured adults with subsidy-eligible income report more familiarity with the Marketplace subsidies and give financial reasons as one reason they did not enroll in Marketplace coverage, though it is not clear whether these individuals know the level of subsidies available to them personally and still find coverage unaffordable.

Financial barriers are also a common concern reported by low-income uninsured adults living in nonexpansion states, of whom 66.5 percent note a financial barrier as one reason they are uninsured and 44.8 percent as the only reason (data not shown). These are substantially higher than the shares of uninsured low-income adults living in Medicaid expansion states who cite financial barriers as a reason or the only reason they are uninsured (53.1 and 30.1 percent, respectively—data not shown).

Figure 7. Financial Barriers as a Reason for Uninsurance and Awareness of Subsidies among Uninsured Adults Ages 18–64 with Family Income between 139 and 399 Percent of the Federal Poverty Level



Source: Health Reform Monitoring Survey, quarter 2 2014.
 Note: Data for those who did not report or refused to report are not shown.

What It Means

Even with the growing evidence of significant health coverage gains under the ACA, a substantial share of the population remained uninsured as of June 2014. For the quarter of the remaining uninsured who live in states that have expanded Medicaid and have incomes at or below 138 percent of FPL, the prospect of further reducing their numbers is good if effective outreach and enrollment strategies are implemented that target Medicaid-eligible adults. While some may not be eligible for coverage on the basis of immigration status, most could qualify for fully or almost-fully subsidized coverage. The shifts toward those for whom health insurance literacy may be more limited (educationally and in English proficiency) highlight the need for consumer-friendly information in an array of formats and languages. States have the option to link outreach and enrollment efforts among this eligible population to participation in other public benefits programs, such as SNAP or the earned income tax credit, or to a family member already enrolled in Medicaid (Dorn et al 2013; Goodwin and Tobler 2014).

Nationally, for the remaining uninsured with family incomes in the range potentially eligible for subsidized coverage through the Marketplaces, limited knowledge is one of the barriers—with only three of five having heard of the Marketplaces and only two in five having heard about the subsidies. The uninsured adults in this income range who are unaware of Marketplace subsidies commonly cite financial barriers as a reason for being uninsured and a reason for not enrolling in Marketplace coverage. For these uninsured adults who report being unaware of the assistance

available, arming them with knowledge of the financial benefits of Marketplace coverage could greatly increase coverage rates. Others, in sharp contrast, report being aware of the available financial assistance and still note financial reasons for being uninsured. Perhaps their information is not accurate. But this finding could also reveal that current Marketplace subsidies for low- and moderate-income individuals in fact may not be adequate to encourage participation.⁷

Financial issues are not the only barrier to coverage uninsured adults face. The substantial group who give time, information, or technical reasons why they are uninsured, or who have not enrolled for some other reason, could be helped by improved in-person assistance, decision supports, and easier-to-use enrollment technology (Pollitz, Tolbert, and Ma 2014). Faster and more trouble-free application processing could also facilitate the enrollment of those who say they are in the process of enrolling but are not currently covered. For some adults, immigration status is also a barrier to coverage—one in ten report they know someone who did not look for health insurance through Medicaid or the Marketplaces because of concerns about negative effects on their immigration status.

The prospects for gaining coverage are much less promising for the two out of five of the nation's uninsured who have family incomes at or below 138 percent of FPL but live in states that have not chosen the Medicaid option. Most are likely to remain uninsured, given the lack of subsidized coverage options for them. While some may qualify for Medicaid or subsidized coverage through the Marketplaces, most low-income adults in states that have not opted to expand Medicaid fall into the “coverage gap” between very low Medicaid income eligibility levels and minimum income levels for Marketplace subsidies (Kenney et al. 2012).⁸ For these adults, cost remains an often insuperable barrier to coverage.

This brief provides a snapshot of a population that will fluctuate over the coming months. Though the first open enrollment in the Marketplaces ended on March 31, 2014, some applications are still being processed and enrollment in Medicaid is ongoing, with some states continuing to grapple with an applications backlog.⁹ In addition, the first wave of renewals in the coming year for coverage through the Marketplaces will also affect the size and profile of the uninsured population, as people make decisions about renewal based on their early experiences gaining and using their coverage. Future work will examine churning in coverage as well as persistent uninsurance to gain a better sense of those who are at risk of not realizing potential benefits from the ACA coverage expansion provisions.

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About the Series

This brief is part of a series drawing on the Health Reform Monitoring Survey (HRMS), a quarterly survey of the nonelderly population that is exploring the value of cutting-edge Internet-based survey methods to monitor the Affordable Care Act (ACA) before data from federal government surveys are available. The briefs provide information on health insurance coverage, access to and use of health care, health care affordability, and self-reported health status, as well as timely data on important implementation issues under the ACA. Funding for the core HRMS is provided by the Robert Wood Johnson Foundation, the Ford Foundation, and the Urban Institute.

For more information on the HRMS and for other briefs in this series, visit www.urban.org/hrms.

About the Authors

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The authors gratefully acknowledge the suggestions and assistance of Stephen Zuckerman, Michael Karpman, Judith Feder, Frederic Blavin, Lisa Clemans-Cope, and Nathaniel Anderson.

Notes

1. Chris Gay, “[Surveys Show Shrinking Ranks of Uninsured](#),” *Wall Street Journal*, July 20, 2014; Bruce Japsen, “[Number of Americans Without Health Insurance Falling Rapidly](#),” *Forbes*, July 13, 2014; Paul Krugman, “[Obamacare Fails to Fail](#),” *New York Times*, July 13, 2014; David Nather, “[The Verdict Is In: Obamacare Lowers Uninsured](#),” *Politico*, July 10, 2014.
2. Centers for Medicare and Medicaid Services, “[State Medicaid and CHIP Income Eligibility Standards](#),” accessed July 13, 2014.
3. The Marketplace is described in the question as “health insurance exchanges or Marketplaces where people can shop for insurance and compare prices and benefits.” Subsidies are described as “some lower-income Americans are able to get subsidies for premiums and out-of-pocket health care costs in the health insurance marketplaces.” The individual

mandate is described in the question as “the health care law requires nearly all Americans to have health insurance by 2014 or else pay a fine. This is sometimes referred to as the ‘individual mandate.’”

4. The reason “financial barriers” is ascribed to those who say they are uninsured because the cost of insurance is too high or they cannot afford health insurance; the reason “time or information challenges” is ascribed to those who say they do not have time to get insurance and those who say they do not know how to find information on available health insurance options; the reason “transitioning between coverage” is ascribed to those who are in the process of enrolling in coverage but are not currently covered and those who are transitioning between health insurance plans; the reason “not wanting coverage” is ascribed to those who say they do not want coverage and those who would rather pay the penalty; and the reason “other” is ascribed to those who are still weighing options and not ready to get health insurance coverage and those who say some other reason.

5. For the question on not enrolling in the Marketplaces, the reason “financial barriers” is ascribed to those who say the cost is too high or they cannot afford coverage, those who did not qualify for subsidized coverage, and those who enrolled but lost the coverage because they did not pay the premium. The reason “time or technical reasons” is ascribed to those who tried to enroll but the website was not working, who say enrolling in a plan was too complicated or difficult, or whose write-in response mentioned not having time or missing open enrollment. The reason “negative perception of benefits” includes those who say the plans do not cover the benefits they are looking for and those who say the choice of doctors, hospitals, and other providers in the plans’ networks is too limited. The reason “oppose the ACA” is ascribed to those who say the government will not keep personal information confidential and those whose write-in responses were anti-ACA. Those in the process of enrolling in coverage but are not currently covered are in one category alone, as are those who say they do not want insurance. The reason “other” is ascribed to those who cite some other reason, such as not hearing about the Marketplaces, still weighing options, having immigration concerns, or having other coverage options in the near future (such as Medicare).

6. Centers for Medicare and Medicaid Services, “State Medicaid and CHIP Income Eligibility Standards.”

7. Forthcoming HRMS analyses will examine the uninsured population’s willingness to pay various specified premiums levels.

8. See also “[10.3 Million Poor Uninsured Americans Could Be Eligible for Medicaid if States Opt for ACA Expansion](#),” Urban Institute, accessed July 18, 2014.

9. Phil Galewitz, “[Long Waits Persist for Those Applying for Medicaid Coverage in Many States](#),” *Washington Post*, June 7, 2014.