Office of Tax Analysis
Working Paper 117
February 2019

Health Insurance Coverage from Administrative Tax Data

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U.S. Department of the Treasury
Office of Tax Analysis
February 2019

HEALTH INSURANCE COVERAGE FROM ADMINISTRATIVE TAX DATA

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In this paper we present the first evidence from administrative tax data regarding the size of the uninsured population and the types of insurance coverage people have, exploring differences by age, gender, income and geography. Relying only on coverage reported to IRS by insurers yields significantly higher uninsured levels and rates (and lower levels and rates of any coverage during the year) compared to surveys (13.1% in tax data in 2016 vs. 8.8% and 10.1% in two commonly used survey data sets for individuals under the age of 65). However, adding coverage reported by taxpayers on individual income tax returns yields lower uninsured levels and rates compared with surveys (7.5%). The uninsured measures derived from tax data could be thought of as upper and lower bounds of the number of uninsured. The coverage reported by insurers includes only minimum essential coverage (as defined in the Affordable Care Act) while the self-reported taxpayer coverage information most likely includes additional forms of insurance.

Keywords: Health Insurance Coverage, Affordable Care Act (ACA), Uninsured, Administrative Tax Data

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We would like to thank Janet McCubbin, David Brown, Kathryn Johnson, Ankur Patel, Tom Selden, Paul Jacob, Jessica Vistnes, Brett O'Hara, and Tami Gurley-Calvez. We also thank participants of the National Tax Association annual meetings in 2017 and participants from the Congressional Budget Office and Joint Committee on Taxation in a meeting where an earlier version of the paper was discussed.

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Introduction

The number or fraction of people with health coverage in the United States, the characteristics of the uninsured, and the sources of coverage for the insured have been debated for a long time (HHS, 2005). Most information about health coverage in the U.S. comes from survey data.[1] Although survey data contain rich demographic information, usually in a cross-sectional form, it suffers from self-reporting problems and limited sample sizes, which likely affect accuracy for both insurance and income measures. The misreporting of public program coverage in surveys is well known (see Meyer, Mok, and Sullivan 2015). Although surveys have attempted to limit misreporting of health insurance coverage, it might be the case that individuals responding to the surveys still misunderstand whether they are covered or not.

The Affordable Care Act (ACA) of 2010 legislated new reporting requirements for health insurance providers, creating administrative tax data detailing health insurance coverage for the entire United States population. These new reporting requirements provide an opportunity to cross-check survey information about coverage. There are a few reasons why coverage levels (or uninsurance) from survey data might differ from administrative data. First, survey and administrative information about coverage might differ in what constitutes coverage. In the tax data we observe two types of coverage data: (i) insurer-reported minimum essential coverage (MEC, defined below) and (ii) self-reported full-year MEC. In surveys, respondents may report coverage whether or not it is MEC. Unfortunately, the self-reported full-year MEC information from tax data might suffer the same problem because it is not third-party reported and people might misunderstand the instructions or have the incentive to misreport MEC coverage. Second,

[1] The Census produces the Current Population Survey (CPS), the American Community Survey (ACS), and the Survey of Income and Program Participation (SIPP). The Agency for Healthcare Research and Quality (AHRQ) produces the Medical Expenditure Panel Survey (MEPS). The Center for Disease Control's (CDC) National Center for Health Statistics (NCHS) produces the National Health Interview Survey (NHIS).

the underlying populations of administrative and survey data might differ. Most surveys report coverage for civilian non-institutionalized U.S. residents. Tax data generally does not exclude the institutionalized population, and we generally cannot exclude such persons from our data. Furthermore, U.S. tax information is not limited to U.S. residents, and it is hard to exclude non-U.S. residents from the data.[2] Third, under-reporting by insurance providers, including employers, can occur in administrative data which may result in coverage undercounts.[3] Finally, administrative data might misidentify an individual's coverage. Insurance providers generally use the name and Social Security Number (SSN) as an individual's identifier, but may report date of birth (DOB) if the SSN is not known. Missing or misreported SSNs will make it difficult for us to identify persons who have insurance coverage and avoid double-counting people with multiple insurance sources.

In this paper we present the first evidence from administrative tax data regarding the size of the uninsured population and the types of insurance coverage people have, exploring differences by age, gender, income, and geography. Tax data provides administrative coverage data and administrative income data with a reduced reliance on self-reporting by individuals. This new information will help researchers increase knowledge about health coverage over time by detailed income and fine geography.

Our analysis suggests that relying only on insurer-reported coverage information in the tax data yields higher uninsured levels and rates (lower coverage levels and rates) compared to surveys. Tax data shows that, in 2016, the full year uninsured rate for people under age 65 is 13.1% while the Medical Expenditure Panel Survey (MEPS) shows it at 8.8% and the Census's

[2] We include only tax information associated with a U.S. address, but some non-residents might have a U.S. address where, for example, they conduct their U.S. business.
[3] It is very hard to ascertain if and how much under-reporting there is. However, this issue should decline over time.

Current Population Survey (CPS) shows it at 10.1%. However, adding self-reported coverage information from the tax data yields lower uninsured levels and rates compared with surveys (7.5% for the total population under age 65).

Data

Third Party Reporting on Forms 1095-A/B/C

Health insurance providers are required to send a Form 1095 describing the type of coverage a taxpayer receives to both the taxpayer and to the Internal Revenue Service (IRS), for purposes of administering the Premium Tax Credit (PTC) and the individual mandate to buy health insurance (also known as the individual shared responsibility payment (ISRP)) under the ACA.[4] Only "minimum essential coverage" (MEC) is reported. MEC includes government-sponsored programs (Medicare, Medicaid, State Children's Health Insurance Program, Veterans Affairs (VA) coverage, etc.), most employer-sponsored insurance, including self-insured coverage (ESI), individual market coverage (both on and off of the ACA Exchanges) and certain other coverage designated by the Department of Health and Human Services (HHS). It does not include coverage that supplements Medicare plans, dental and vision benefits that are not part of a comprehensive health plan, workers' compensation coverage or coverage limited to a specific disease or illness.

For federal and state Exchange coverage, Exchanges issue Form 1095-A, which lists all individuals covered by a policy including the start and end dates of the coverage. Applicable

[4] In addition to the 1095 information, other tax data gives some indication of health coverage but not the exact nature of who is covered and for how long. Large employers need to report total ESI premiums on Form W-2. All employers are required to report Health Savings Account (HSA) contributions through the employer on the Form W-2. HSA contributions and distributions are reported in more detail on Forms 5498-SA and 1099-SA. Finally, self-employed health insurance deductions and self-employed HSA contributions and distributions are also reported by the taxpayer on their Form 1040.

large employers (those with 50 or more full-time employees (including full-time equivalent employees)) use Form 1095-C to provide information about the availability and affordability of an employer-sponsored insurance (ESI) offer. If these employers are self-insured, meaning they provide the coverage themselves, they use part III of the form to list all individuals covered by a policy on a monthly basis. All other health insurance providers use Form 1095-B to list all individuals' coverage by a policy on a monthly basis.[5] The Form 1095-B includes codes to distinguish the following types of coverage: (1) Small Business Health Options Program (SHOP), (2) purchased ESI or small-employer self-insured coverage, (3) a government-sponsored program, (4) individual market insurance (off-Exchange), (5) multiemployer plan, and (6) other designated MEC.

We group the sources of coverage and types of forms to simplify our analysis as follows:

A. ESI – includes individuals covered by a Part III, Form 1095-C policy, covered by a Form 1095-B policy identified as types (1), (2) or (5), or covered by TRICARE (which we identify as Form 1095-Bs of type (3) with specific military issuer names);
B. Non-Group
    a. Off-Exchange – includes individuals covered by a Form 1095-B policy of type (4) or (6);
    b. Exchange – includes individuals covered by a Form 1095-A policy;
C. Public
    a. Medicare – includes individuals covered by a Form 1095-B policy of type (3) with an issuer identified as Medicare;

[5] See https://www.irs.gov/affordable-care-act/employers/information-reporting-by-providers-of-minimum-essential-coverage for additional information on reporting requirements and Instructions for Form 1095-B (https://www.irs.gov/pub/irs-pdf/i109495b.pdf) for more information about these reporting requirements.

b. VA – includes individuals covered by a Form 1095-B policy of type (3) with an issuer identified as VA;

c. Medicaid –includes all remaining individuals covered by a Form 1095-B policy of type (3) (excluding those already found to have TRICARE, Medicare, or VA coverage);

D. Uninsured – includes individuals with no coverage indicated on any Form 1095.

An individual can be covered by multiple policies in a given month or across months. Hence, we assign individuals multiple coverages for some months and partial-year coverage for some insurance types.

All three Forms 1095 require health insurance providers to list the name of each covered individual and either the SSN or other taxpayer identification number (TIN). If the covered individual does not have or the provider cannot obtain an SSN or other TIN, the provider may instead report the individual's date of birth.

Self-reported full-year coverage information is also available in tax data on Form 1040. Specifically, there is a question on the Form 1040 that asks if the taxpayer, their spouse, and their dependents *all* had *qualifying* health insurance coverage, that is, MEC, for every month of the year. If so, the taxpayer is directed to check a box indicating this on the Form 1040. Individuals that check this box should also receive a Form 1095 documenting this coverage. Thus, the checkbox can be used to cross-check the coverage information from Forms 1095-A/B/C. Some individuals report full-year coverage on the Form 1040, though we find no supporting Form 1095 documents for them.

Because some individuals mark the checkbox but are not matched to supporting Form 1095 documents, we create a second "uninsured" measure that counts this self-reported

coverage, resulting in a lower number of uninsured persons. We do not ascribe a specific coverage type to these people, however. We think of our two definitions as providing upper and lower bounds for the number and share of individuals that are uninsured (or covered) according to administrative tax data. Using only Form 1095 information will undercount coverage if providers did not send information to IRS or/and if we had trouble matching forms because of missing SSNs for some individuals on Forms 1095. Using the checkbox information will overstate coverage because of possible self-reporting errors.

Coverage information on Forms 1095 is reported on a monthly basis. Because not all surveys provide monthly information, we construct three measures of annual health insurance coverage. First, we construct an "ever-in-year" coverage measure by type of coverage (ESI, non-group, etc.). Second, we construct a "whole year" coverage measure by type of coverage. Finally, we construct a "covered life years" coverage measure by type of coverage. This third measure weights each coverage type by the share of months a person had that coverage during the year. It should be noted that all three of these measures allow individuals to have multiple types of coverage during a year.

Data Construction and Restrictions

We identify coverage for the population of individuals that are on a tax return or appear on one of the major information returns.[6] In order to make our population similar to survey data we exclude all individuals with non-U.S. addresses and individuals who died during the year.

[6] In addition to Forms 1095-A/B/C, we use the following information returns: Form W-2 (wages), Form 1099-SSA (Social Security payments), Form 1099-INT (interest income), Form 1099-DIV (dividend income), Form 1098-E (student loan interest paid), Form 1098-T (tuition statement), Form 1099-G (certain government payments including unemployment compensation), Form 1099-MISC (miscellaneous income), Form 1099-OID (original issue discount), Form 1099-R (retirement distributions), Form W-2G (gambling winnings), Form 5498 (IRA contributions), Form 1098 (home mortgage interest paid), Form 1065-K1 (partnership income), and Form 1120-S-K1 (S corporation income).

Due to the fact that some covered individuals on Forms 1095 lack SSN identification, a comprehensive matching of individuals' coverage information can be complex. We identify health coverage for individuals in three steps. First, we match all the individuals to IRS's administrative population of Forms 1095 using SSNs. The second and third steps attempt to deal with the issue that some covered individuals in the Form 1095 data are missing their SSN. In the second step we link each Form 1095 for a covered person lacking a SSN to a tax unit by matching the SSN of the policy holder to the SSN of a primary or secondary filer of a Form 1040. We then search within the tax unit for individuals (spouse or dependents) with the same DOB as the covered person with the missing SSN. This step can be done only for individuals who appear on a filed return. Note that this second step does not look outside the tax unit for coverage with a missing SSN. The third step uses DOBs and first and last names to match the remaining covered individuals with missing SSN information on the Forms 1095 to all the individuals in our population from the tax system.[7] One worry with a match like this third step is false matches due to common names with the same DOB.[8]

Our final individual level data also includes information about gender, the state and zip code of residence, and income of the individuals. The income concept we use is Modified Adjusted Gross Income (MAGI) as defined by the ACA for purposes of calculating the premium

[7] A population file consisting of SSN, first name, last name, and date of birth is used for this match. This population file was constructed using the Social Security Death Masterfile (DM1) and tax filing information (Forms 1040, W-2, 1099-SSA, etc.).

[8] In 2016 there were 13.7 million covered observations missing SSN data out of 390.8 million total covered observations (3.5% of covered observations). Note that some individuals have multiple types of coverage during the year. Our second step matched 4.9 million of the missing SSN observations using primary filer policies (35.8%) and an additional 1.7 million observations using secondary filer policies (12.4%). Our third step matched an additional 2.5 million missing SSN observations using only names and DOBs (18.2%). Thus, we matched 9.2 million out of 13.7 million observations with missing SSN data (67.2%). This leaves 4.5 million unmatched observations with a missing SSN (32.8%). Although we do not match 4.5 million observations, some of these unmatched individuals might have received a corrected Form 1095 with the SSN or these individuals might have had coverage from another source or checked the Form 1040 checkbox for full year coverage. These types of occurrences would not affect our overall coverage measures.

tax credit. To account for the family size we divide income by the Health and Human Services poverty thresholds.[9]

Analysis

Health Insurance Coverage in Tax Data Verses Other Surveys

Health insurance coverage data from the CPS is often cited as the official measure of coverage, but it is not the only survey that reports coverage information. The Medical Expenditure Panel Study (MEPS) Household Component and the American Community Survey (ACS) are two other well-known sources for estimates of health insurance coverage. Table 1 compares coverage estimates for individuals younger than 65 from the tax data, CPS, MEPS, and ACS for 2016 (Appendix Tables A1-A through A1-C show the comparison for all ages for 2016 as well as the 2015 information). Estimates are presented for four separate coverage measures by source of coverage: (1) ever in year; (2) whole year; (3) covered life years; and (4) point of interview.[10] Table 1A presents the number of people with each type of coverage while Table 1B shows the share of individuals with each source of coverage by each coverage measure. The overall coverage and uninsured measures are presented two ways for the tax data. The first measure includes only insurer-reported coverage from Forms 1095. The second measure includes self-reported coverage from the Form 1040 checkbox, in addition to the Form 1095 information.

[9] MAGI for tax filers is defined as AGI plus non-taxable social security plus tax exempt interest plus excluded earned income from foreign sources. We also used information returns for non-filers to impute their MAGI. See footnote 6 for a list of the information returns we used. The poverty definition is the same as that used for calculation of PTC. The poverty threshold for year t is defined based on the HHS published levels as of year t-1. The number of exemptions on a tax return represents the number of people in the household and for non-filers we assumed a family size of 1.

[10] The point of interview measure is only used in ACS. This measure should most closely resemble our covered-life-years measure.

It is important to note in Table 1A that the tax-based population is roughly 7 million people larger than the survey-based populations. There are a few likely reasons for this. First, the tax population includes everyone who has contact with the tax system. Although we limit our data to individuals with a U.S. address, the data will still include people in the military and individuals who live abroad but have a U.S. address for tax filing purposes.[11] Second, the tax data may also include anyone who is in the country at any point during the year compared to survey data which are usually point in time estimates. Hence, the tax data will include migrants and births throughout the entire year. Third, the tax data include institutionalized persons who are somehow connected to the tax system, including incarcerated persons and hospitalized persons.

Before describing the differences in coverage between our administrative data and surveys it should be noted that the information coming to IRS about coverage differs from the definitions used in the surveys. As noted above, VA coverage is included in our measure of public coverage while the MEPS does not count VA payments as coverage. Furthermore, we include TRICARE in ESI coverage while some surveys include it as public coverage and others as private coverage. When possible we aligned the survey information with our definition of ESI.[12]

Table 1A shows that insurer-reported tax-based coverage is lower than coverage reported by surveys. Using an ever-in-year measure, 2016 tax data shows 241.4 million covered individuals under the age of 65 (86.9%) compared with 246.6 million (91.2%) and 243.6 million

[11] The CPS estimate of the civilian noninstitutionalized population for 2017 (which includes coverage data for 2016) was 320.4 million. The institutionalized population is approximately 3.9 million people (see U.S. Census Bureau, 2017). The military population is roughly 1.4 to 1.5 million. Thus, the CPS population adjusted for institutionalized and military population is roughly 326 million compared to our tax population of 326.7 million (see Appendix Table A-1C).

[12] For example, in the MEPS construction we included TRICARE in our measure of ESI.

(89.9%) covered individuals in the MEPS and CPS respectively. Most of the difference in coverage is due to lower ESI counts in the tax data. The ESI counts from tax data are lower in all three of our coverage concepts (whole year, ever-in-year, and covered life years). For example, using our ever-in-year concept for 2016, tax data shows 156.3 million individuals under age 65 with ESI coverage compared with 171.8 million from MEPS and 164.9 from CPS, which is a 4.6 (CPS) and 7.3 (MEPS) percentage points difference. Given that we include military coverage in ESI and surveys do not include the military population, the difference among the civilian population is likely understated. One explanation for the difference in coverage is that the insurer-reported administrative data counts only MEC coverage, while surveys do not limit to this type of coverage.

Although ESI coverage in tax data is low relative to survey data, Table 1A shows that public coverage for individuals under age 65 is significantly higher in the tax data compared with survey data, which is consistent with well-known under reporting of public coverage in survey data (see Klerman, et. al. (2009) for example). Tax data shows that in 2016 there were 75.6 million covered life years of public coverage for people under age 65. We focus specifically on Medicaid and Medicare coverage so that we can compare how well the tax information corresponds to administrative enrollment data from the Centers for Medicare and Medicaid Services (CMS). Appendix Table A-2F shows that in 2016 there were 66.8 million covered life years of Medicaid coverage for individuals under age 65 in the tax data, similar to the CMS reported average monthly enrollment of 65.2 million people. Note that our tax-based measure of Medicaid includes some state-run programs that are not necessarily counted in the CMS measure (such as Basic Health Program coverage). Furthermore, Appendix Table A-2E shows that in 2015 there were 8.5 million covered life years of Medicare coverage for individuals under age 65

while CMS reports 8.9 million. We exclude individuals that died during the year, which should explain some of the lower Medicare counts in our data.

A second important conclusion from Table 1A is that the self-reported coverage in the tax data is much higher than survey data suggests. Specifically, adding self-reported information increases ever-in-year coverage by 15.7 million people (to 257.1 million people), which lowers the whole year uninsured rate from 13.1% to 7.5%. One possible reason for this large difference could be the 4.5 million coverage observations with missing SSNs that we were unable to match with our three step searching algorithm. However, if all of these 4.5 million observations were new coverage, our insurer-reported uninsured rate would decrease from 13.1% to 11.5%, still leaving a large unexplained difference from the self-reported uninsured rate of 7.5%.[13]

There are a few plausible reasons for this additional self-reported coverage. First, some persons in the institutionalized population (like incarcerated individuals) might receive care from the institution but would not receive a Form 1095.[14] Second, people living abroad who file with a U.S. address can have coverage in their country of residence but will not receive a Form 1095. Third, there might be some people who have coverage but either the coverage provider did not send IRS the required Form 1095 or our matching algorithm missed them. Fourth, some individuals might mistakenly report coverage that is not MEC on Form 1040. Finally, the tax code incentivizes people to over report insurance via the checkbox because of the ISRP. However, giving non-truthful information on the tax form has the potential financial consequences via audit which should attenuate misreporting. As mentioned above, we do not

[13] Out of the 4.5 million coverage observations with missing SSNs on Form 1095 that we cannot match to other tax data, 1.7 million had ESI coverage (38.6%), 1.9 million had Medicaid (43.0), and most of the rest had non-group coverage. Slightly more than 2.5 million of these observations were under the age of 19 (56.7%) and an additional 1 million were between the ages of 19 and 26 (23.4%). Finally, almost 1.8 million had coverage for the full year (41.3%).

[14] In fact, incarcerated individuals can claim an exemption from the ISRP on Form 8965. See Instructions for Form 8965 for more detail (https://www.irs.gov/pub/irs-pdf/i8965.pdf).

assign individuals to specific sources of coverage when they self-report as covered on Form 1040 but are not matched to any Form 1095 information returns.

Patterns of Coverage by Income

Using population data provides the opportunity to explore coverage by very granular income and geography.[15] Figure 1 to Figure 5 graph coverage by type of insurance and income as a share of federal poverty level (FPL) using the ever-in-year concept for individuals younger than 65 years old.[16] We collapse the data to one percent income/FPL bins of zero to 800 percent. We also collapse all observations with negative MAGI together and show their average coverage rates at the -5 percent FPL for visual clarity. Similarly we collapse all individuals with MAGI above 800 percent of FPL together and show their averages at the 805 percent FPL.

Figure 1 plots the share of individuals with each type of coverage by income as a percent of FPL in 2016. Unsurprisingly, we observe that public coverage broadly falls as income rises while ESI coverage increases. Conversely, Exchange and off-Exchange individual coverage rates are fairly low across all income levels. On net, overall coverage increases with income. The difference between our two measures of overall coverage seems to be fairly constant across income although it is a little larger between 50 to 300 percent of FPL. Finally, one can see evidence of coverage discontinuities for the Exchange coverage rates around the 100, 200, 300 and 400 percent FPL levels as well as a discontinuity at 400 percent FPL for ESI.[17] These discontinuities are the result of the PTC subsidy schedule and cost sharing reduction schedule

[15] In the appendix we provide tables and graphs that show detailed coverage types by age, income and gender at a more aggregated levels.
[16] We exclude the elderly because the vast majority of them are covered by Medicare.
[17] Heim el al. (2018) and Isen et al. (2018) explore the nature of these discontinuities in detail.

which both have kinks and sometimes notches at these income points, providing individuals the incentive to bunch or have higher coverage take-up below or above a kink or a notch.

The top two panels of Figure 2 plot similar graphs separately for states that expanded Medicaid eligibility to 138 percent FPL as allowed under the ACA and states that did not. The bottom two panels replot the data across expansion and non-expansion states by grouping each type of coverage to make it easier to compare. The top panel shows that both expansion and non-expansion states have similar differences in our two overall coverage measures, but coverage at lower income levels is higher in expansion states. This is the effect of Medicaid expansion on coverage, and it is more visible in the bottom panels of Figure 2. There is a slightly higher ESI and Exchange coverage in the non-expansion states compared with their expansion state counterparts. For higher income individuals (over 400 percent FPL) there is very little differences in coverage rates between expansion and non-expansion states.

An interesting trend observable in Figures 1 and 2 is that the effect of self-reported coverage is larger for lower income individuals. Figure 3 plots this difference between self-reported overall coverage and insurer-reported coverage by age and income. Across all ages individuals with income between 50 and 250 percent of FPL are more likely to self-report (without supporting Form 1095 documentation) that they have coverage compared with other individuals. Low income 27-44 year old individuals have the highest discrepancy between self-reported coverage and insurer-reported coverage. One worry might be that a disproportionate share of the 4.5 million Form 1095 coverage observations with missing SSNs that we were unable to match might be low income. As noted above, if all of these 4.5 million observations were new coverage, our insurer-reported uninsured rate would decrease from 13.1 percent to 11.5 percent still leaving a large unexplained difference from the self-reported uninsured rate of 7.5 percent.

Figure 4 plots coverage for different age groups on a single graph for a single type of coverage allowing direct comparisons. Note that the off-Exchange individual coverage and Exchange coverage plots feature differently-scaled vertical axes (0 to 25 percent) than the Public and ESI graphs (0 to 100 percent) to allow for more detail of the differences in coverage by age. The Exchange plot highlights the discontinuities from the premium tax credit subsidy schedule that we saw in Figure 1 with pronounced distortions at the 100 and 400 percent FPLs across all age groups. There is a high Exchange coverage rate just below 400 percent FPL, consistent with individual behavior to adjust incomes to retain subsidy eligibility (Isen et al. (2018)). Exchange coverage rates increase with age generally and the discontinuities are the most noticeable for the oldest age group.

Figure 5 depicts coverage by gender, focusing on working age adults 19-64 because we should not see large coverage differences by gender for children and elderly. The top two panels of Figure 5 plot all types of coverage separately for males and females while the bottom two panels replot the data by grouping each type of insurance to make it easier to compare. As with the overall population the difference in insurer-reported coverage versus self-reported coverage are similar across gender. Overall coverage for females seems to be higher than coverage for males at the low end of the income distribution. Public coverage seems to be driving most of this this gap, although women also tend to have slightly higher ESI and Exchange coverage rates compared to men.

Geographical Patterns of Coverage

Figures 6 and 7 plot maps of the U.S. by county based on the share of people who are uninsured. Figures 8 plots the additional coverage from including the Form 1040 checkbox

while Figures 9 through 12 plot county coverage rates by insurance type. Each map sorts counties into coverage (or uninsurance) quintiles weighted by population and shades each county according to its coverage (or uninsurance) quintile level. Counties with darker shading have higher rates of coverage (or uninsurance), except that black represents "No data", meaning that the county had fewer than 10 observations for at least one type of coverage (or uninsurance).

Figures 6 and 7 show the pattern of uninsured rates for our two uninsured definitions. Although uninsured rates using the self-reported checkbox and Forms 1095 are significantly lower than Form 1095-only uninsured rates, the geographical patterns are similar, with uninsured rates being higher in states that did not expand Medicaid, as well as in southern states and in rural areas. These two sets of figures compare well with a similar graph from Census's small area estimates of the uninsured (see Bowers, Gann, and Upton (2018)). The major advantage of the tax data compared to Census is that it is a population instead of a sample which makes the estimates more precise. It can enable us to use even smaller geographic levels. Also, as years go by the data can be structured as a panel and can be used for dynamic analysis at small geographic areas.

Figure 8 shows the geographic variation in the additional coverage from including the self-reported information with insurer-reported coverage data (i.e., the difference between our two tax-based coverage measures). Although the ACA created fairly homogenized non-group market rules which should have made states look similar in coverage patterns, the existence of different Medicaid expansion policy between states and other states characteristics result in interesting state variation. Figure 8 shows that state lines, and sometimes with-in state county lines, matter for the propensity to have self-reported coverage without supporting Form 1095 information. The northeast and mid-west generally have lower rates of self-reported coverage

without supporting Form 1095 documentation, while the south (especially Mississippi), the south-west and Rocky Mountain states have higher rates.

Figure 9 shows that the Exchange coverage is more prevalent, not surprisingly, in states that did not expand Medicaid coverage, as well as in New England, Florida and the upper-west. In contrast to Exchange coverage, off-Exchange individual coverage (Figure 10) tends to be concentrated in the mid-west and it seems to be correlated with rural areas there. Figure 11 shows public coverage rates by counties. The states with higher public coverage seem to be the ones that expanded Medicaid coverage as a result of the ACA.

Figure 12 shows ESI rates by geography. There seems to be large variation in coverage across states and counties. The south-west seems to have low ESI rates while North Dakota has very high rates.

Finally, all of the geographical figures show stark differences in coverage rates across state boundaries suggesting the importance that state policy decisions can have on coverage rates. For example, Figure 8 shows how different uninsured rates are between the border counties of Texas and Louisiana although one might not expect those counties to differ very much demographically.

Summary

In this paper we present a first look at the health insurance information from new administrative tax data. In many respects the data corroborates survey data coverage rates overall. When comparing the insurer-reported coverage totals to survey data we see that administrative coverage totals fall short compared to surveys (and uninsurance is higher). However, when we supplement the administrative information with self-reported assertions of

full-year coverage by taxpayers the coverage totals exceed the totals from surveys (and the uninsured totals are lower). Administrative data compares well with MEPS data for non-group markets. ESI coverage in the administrative tax data is significantly lower than ESI reported in both MEPS and CPS data which might be a result of coverage not being limited to MEC in survey data or some reporting issues in the administrative tax data that prevents matching coverage to individuals (or both). Additionally, public coverage in the tax data is significantly higher than in survey data, but agrees well with administrative enrollment data from CMS.

One feature of the current administrative data is the existence of two measures of what constitutes coverage. Ideally, those two measures should agree and they would be fairly similar to survey information. As stated earlier, the reasons for the differences could be due to whether certain types of insurance coverage are deemed MEC for ACA purposes, confusion by taxpayers about how to answer tax questions, lack of reporting on Forms 1095 by some coverage providers, or the failure to match some insurer reports to individuals in the population. Probably the best way to think of the two uninsured measures from tax data is as upper and lower bounds. Alternatively, another way to interpret our two uninsured measures is as one measuring lack of MEC (insurer-reported Form 1095 data only) and the other measuring the lack of any coverage (Form 1095 and self-reported Form 1040 data combined).

The data presented shows the richness of the data and the potential research value of having longitudinal population data on health coverage combined with administrative income and demographic information. Using this detailed information we showed coverage differences by income, geography, age and gender at very fine levels that current surveys are not providing.

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Table 1A: Comparing Tax Based Coverage to Survey Reporting, 2016

Number (in 000s) of Individuals Younger than 65 by Type of Health Insurance Coverage

Reference Period	Data Source	ESI	Non-Group	Public	Overall (1)	Overall (2)	Uninsured (1)	Uninsured (2)	Population
Ever In Year	Tax	156,274	22,082	85,452	241,351	257,096	72,900	36,049	277,864
	MEPS	171,758	21,415	71,140	246,561	--	56,064	--	270,481
	CPS	164,913	37,945	73,220	243,644	--	--	--	271,098
Whole Year	Tax	131,710	13,561	63,366	204,964	241,815	36,513	20,767	277,864
	MEPS	148,895	13,301	50,975	214,417	--	23,920	--	270,481
	CPS	--	--	--	--	--	27,454	--	271,098
Covered Life Years	Tax	144,933	17,945	75,559	226,856	250,344	51,007	27,520	277,864
	MEPS	161,775	17,785	62,094	234,133	--	36,348	--	270,481
Point of Interview	ACS	164,027	29,500	66,609	243,338	--	26,932	--	270,270

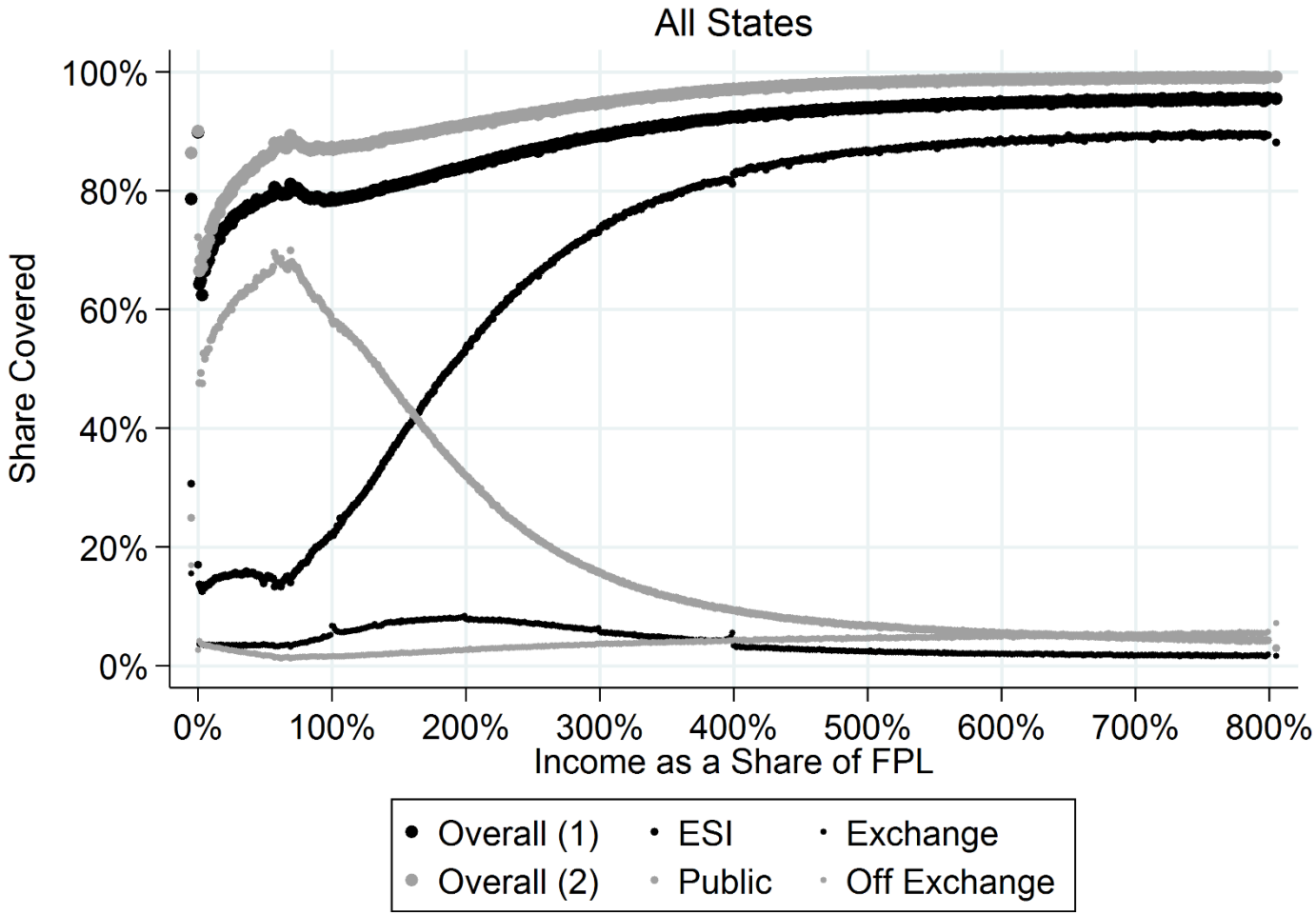
Table 1B: Comparing Tax Based Coverage to Survey Reporting, 2016

Share of Individuals Younger than 65 by Type of Health Insurance Coverage

Reference Period	Data Source	ESI	Non-Group	Public	Overall (1)	Overall (2)	Uninsured (1)	Uninsured (2)
Ever In Year	Tax	56.2%	7.9%	30.8%	86.9%	92.5%	26.2%	13.0%
	MEPS	63.5%	7.9%	26.3%	91.2%	--	20.7%	--
	CPS	60.8%	14.0%	27.0%	89.9%	--	--	--
Whole Year	Tax	47.4%	4.9%	22.8%	73.8%	87.0%	13.1%	7.5%
	MEPS	55.0%	4.9%	18.8%	79.3%	--	8.8%	--
	CPS	--	--	--	--	--	10.1%	--
Covered Life Years	Tax	52.2%	6.5%	27.2%	81.6%	90.1%	18.4%	9.9%
	MEPS	59.8%	6.6%	23.0%	--	--	13.4%	--
Point of Interview	ACS	60.7%	10.9%	24.6%	90.0%	--	10.0%	--

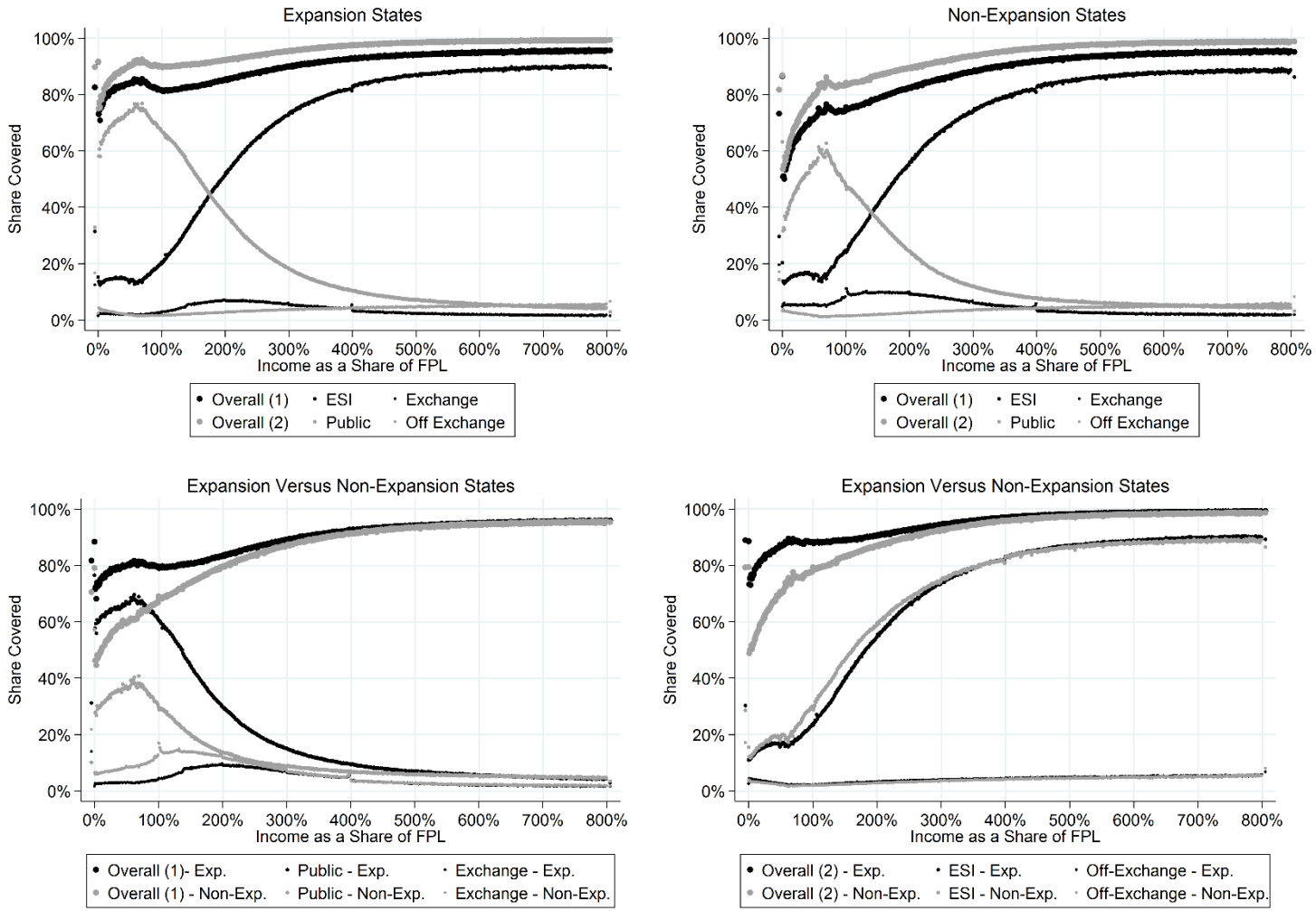
Note: Individuals can appear in multiple coverage statuses. Hence, summing across a row will not add up to the tax-based population. Overall (1) and Uninsured (1) use only insurer-reported Form 1095 information. Overall (2) and Uninsured (2) supplements Form 1095 information with self-reported information from Form 1040. Our definition of non-group coverage in the MEPS includes individuals that are covered by either an Exchange policy, a non-group policy outside the Exchange, a self-employed policy, other private insurance, or individuals with an unknown source of private insurance. ESI coverage includes individuals that reported an employer or union as their source of insurance, private insurance held by a policyholder outside the household, or TRICARE.

Figure 1: Coverage for Individuals Younger than 65 by Type of Insurance and Income as a Share of FPL, 2016



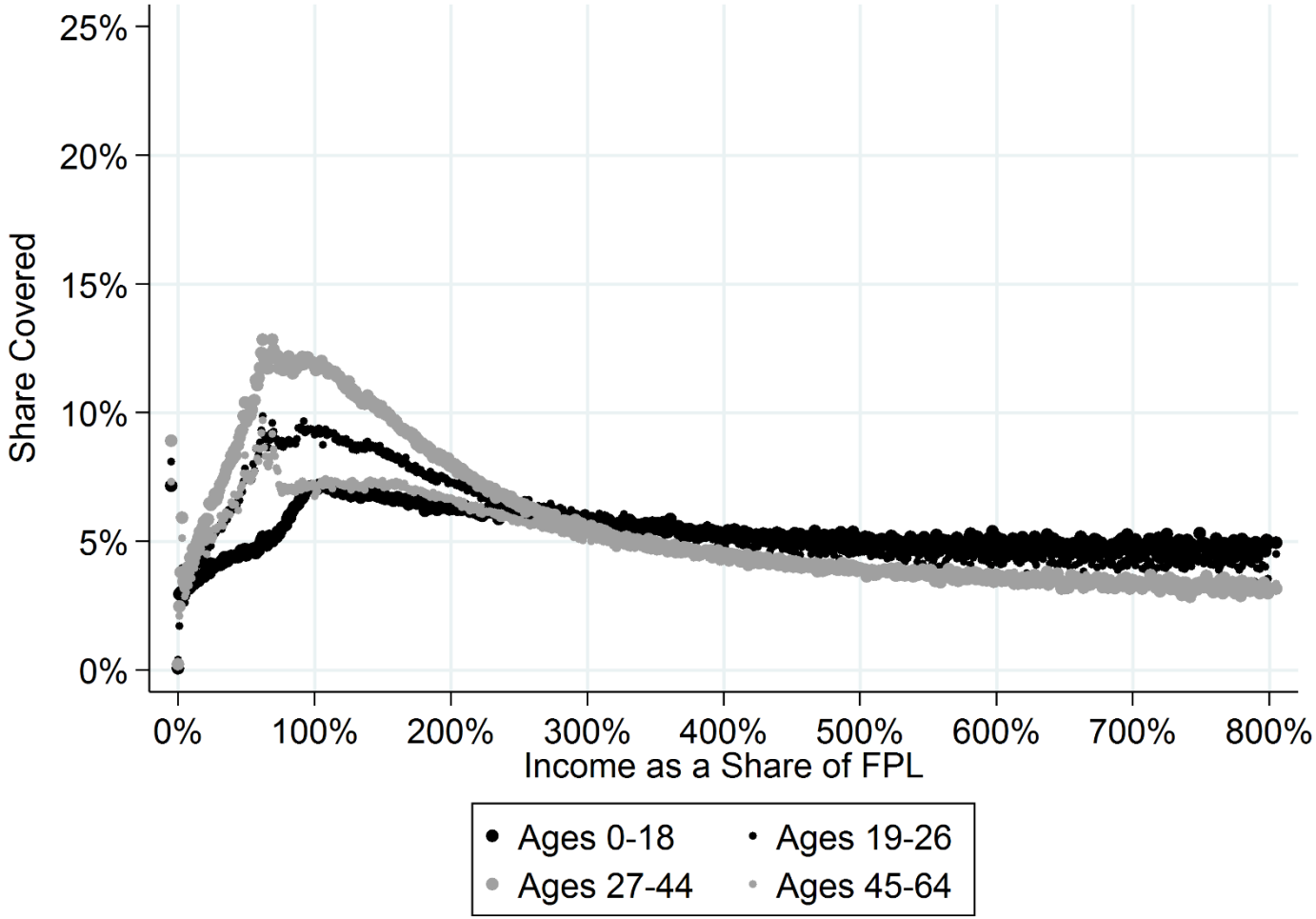
Note: Population data of ever-in-year coverage for individuals under age 65 in 2016 with a U.S. address. Overall (1) uses only insurer-reported Form 1095 information and Overall (2) supplements Form 1095 information with self-reported information from Form 1040.

Figures 2: Coverage for Individuals Younger than 65 by Type of Insurance, Expansion vs. Non-Expansion States, 2016



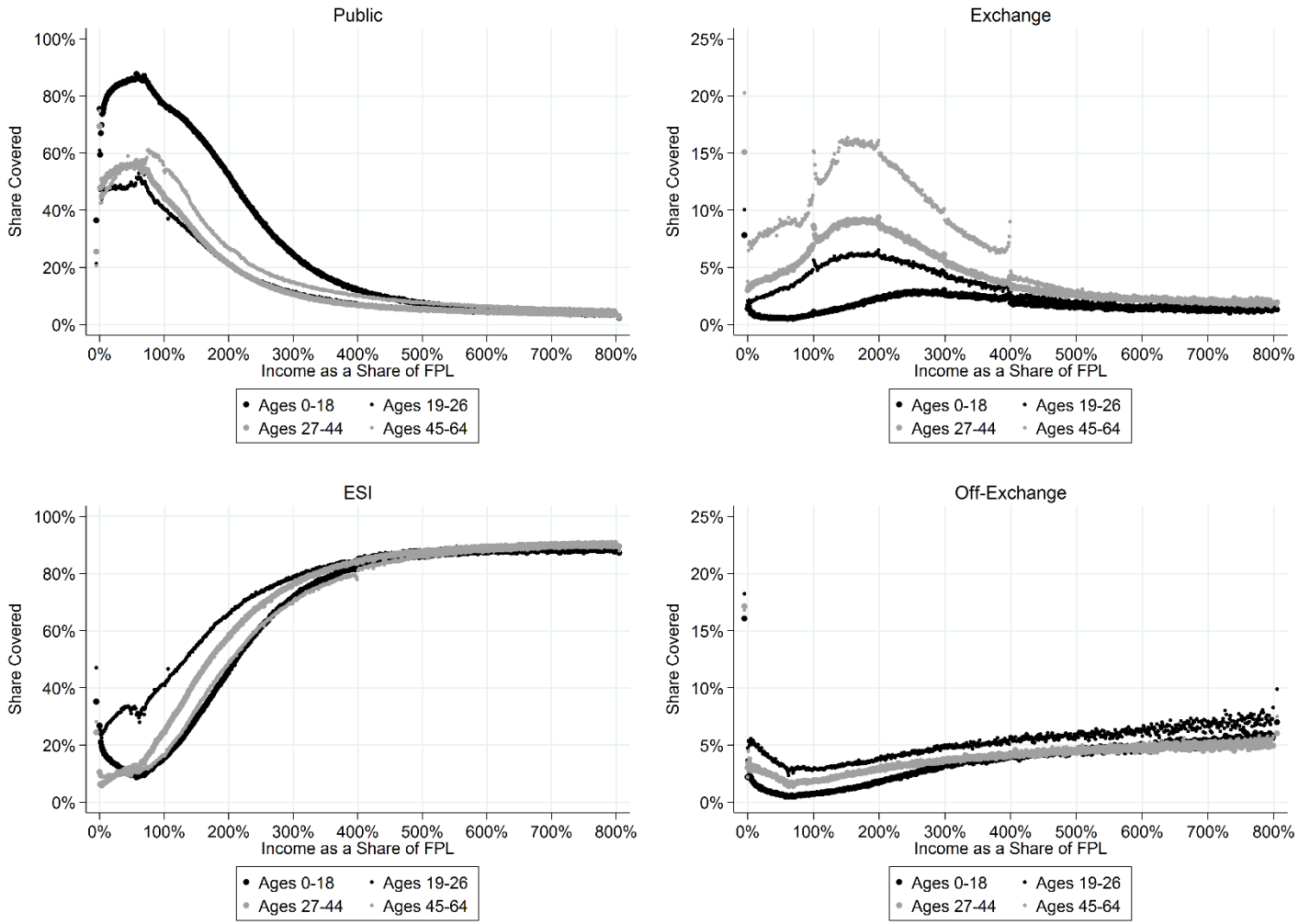
Note: Population data of ever-in-year coverage for individuals under age 65 in 2016 with a U.S. address. Overall (1) uses only insurer-reported Form 1095 information and Overall (2) supplements Form 1095 information with self-reported information from Form 1040.

Figure 3: Additional Coverage from Self-Reported Checkbox from Form 1040 by Age and Income as a Share of FPL, 2016



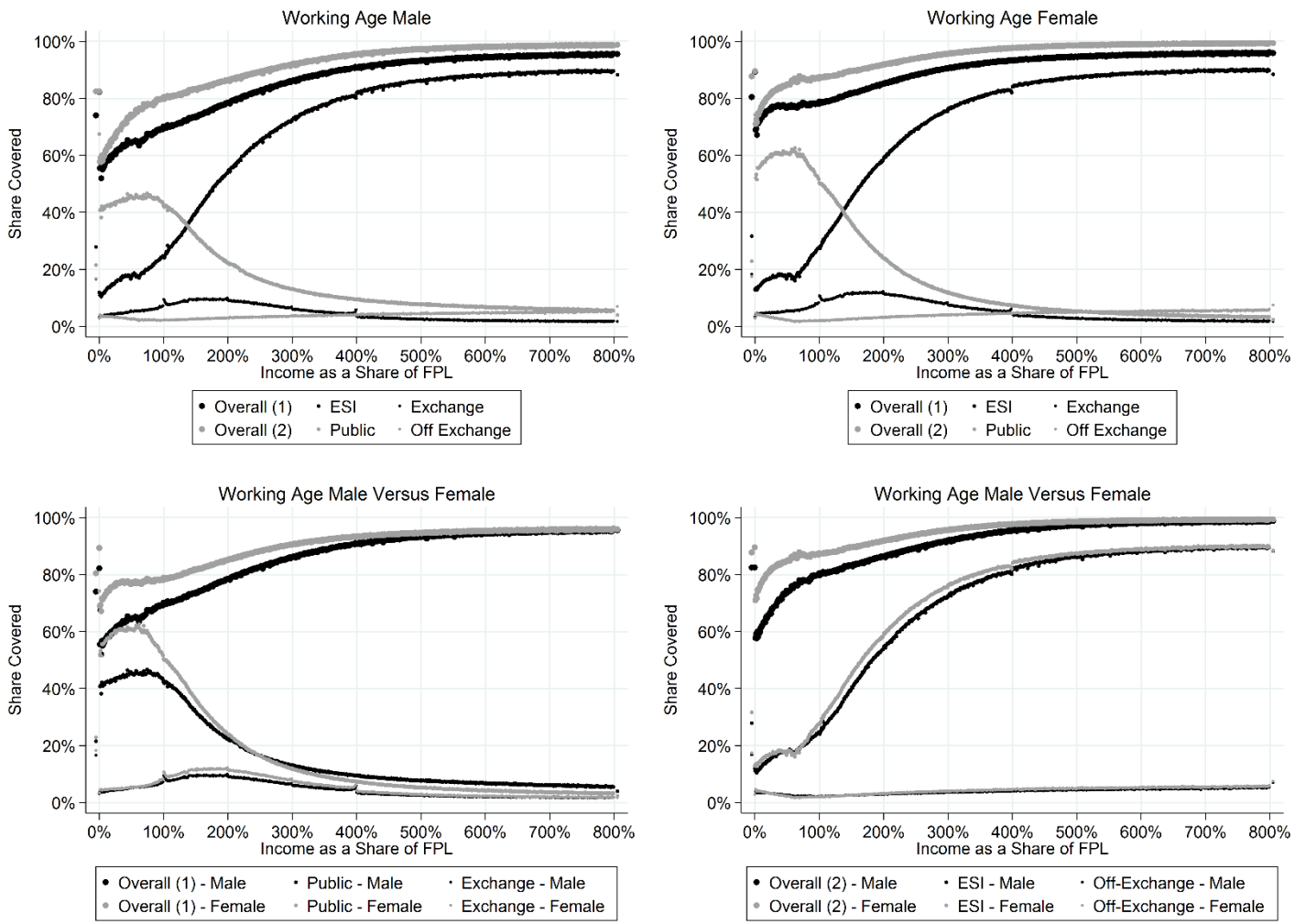
Note: Population data of ever-in-year coverage for individuals under age 65 in 2016 with a U.S. address.

Figure 4: Distribution of Coverage by Age and Income as a Share of FPL, 2016



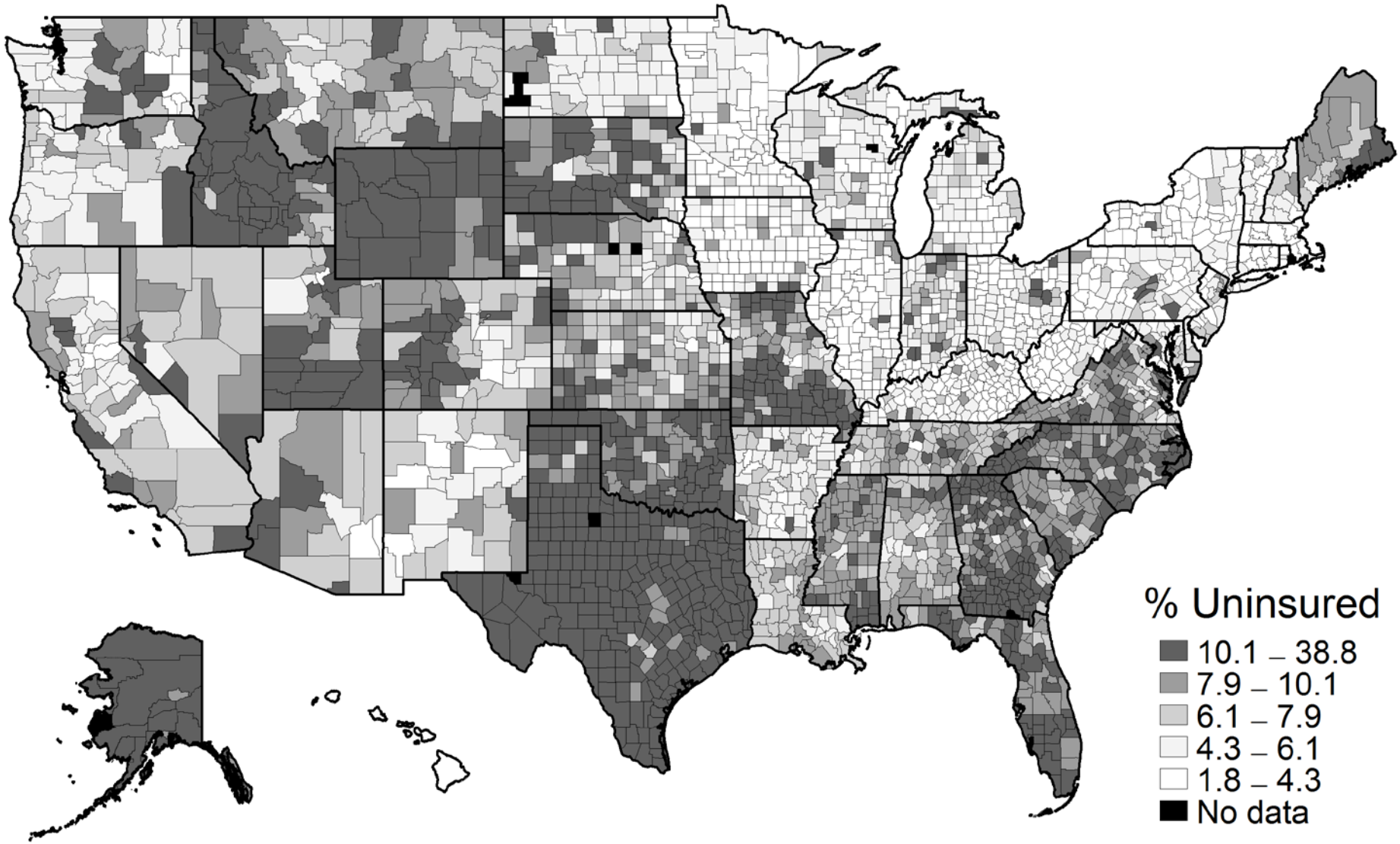
Note: Population data of ever-in-year coverage for individuals under age 65 in 2016 with a U.S. address.

Figure 5: Coverage for Individuals Younger than 65 by Gender and Income as a Share of FPL, 2016



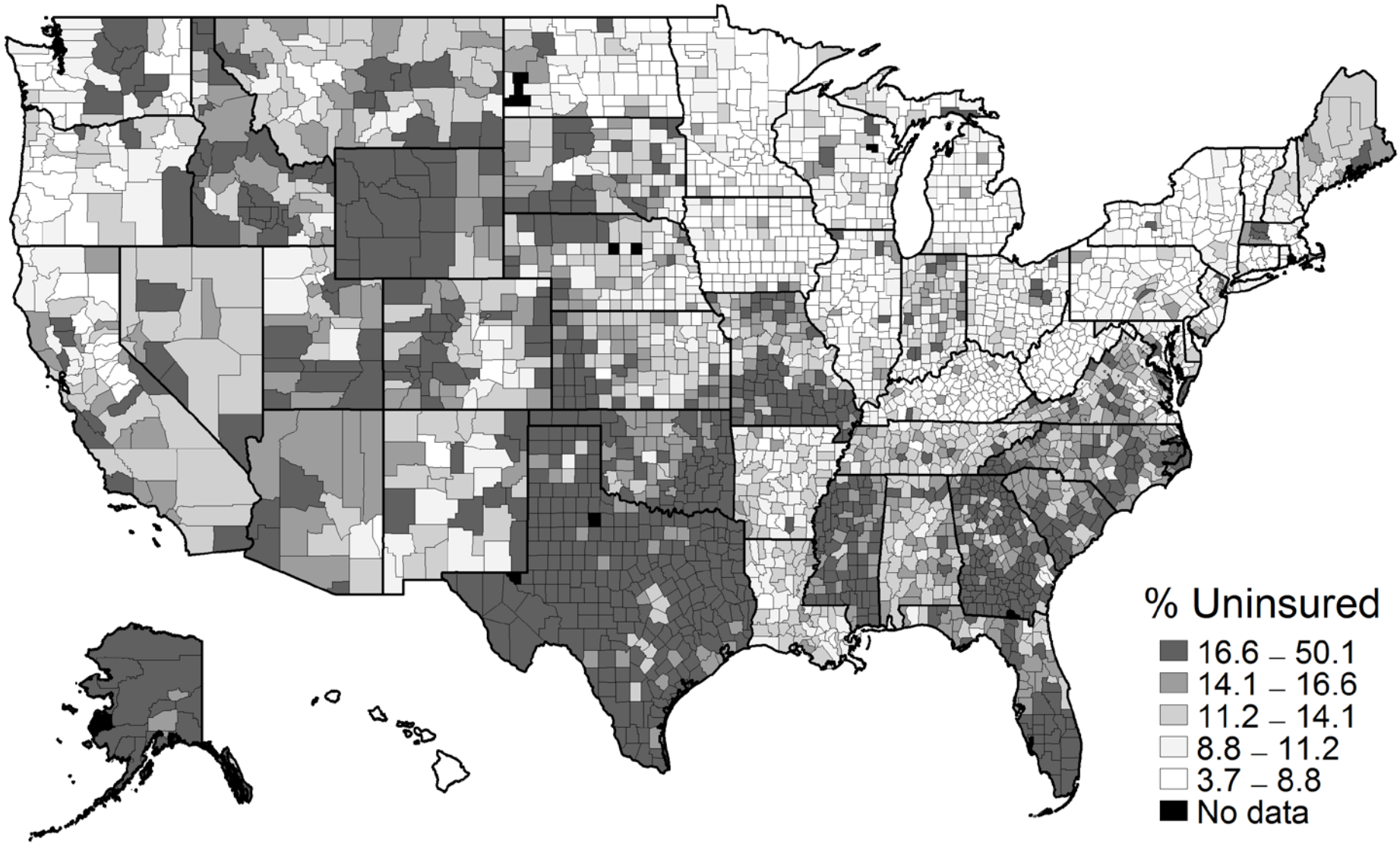
Note: Population data of ever-in-year coverage for individuals under age 65 in 2016 with a U.S. address. Overall (1) uses only insurer-reported Form 1095 information and Overall (2) supplements Form 1095 information with self-reported information from Form 1040.

Figure 6: Share of Individuals Younger than 65 Uninsured by County Including Self-Reported Checkbox from Form 1040, 2016



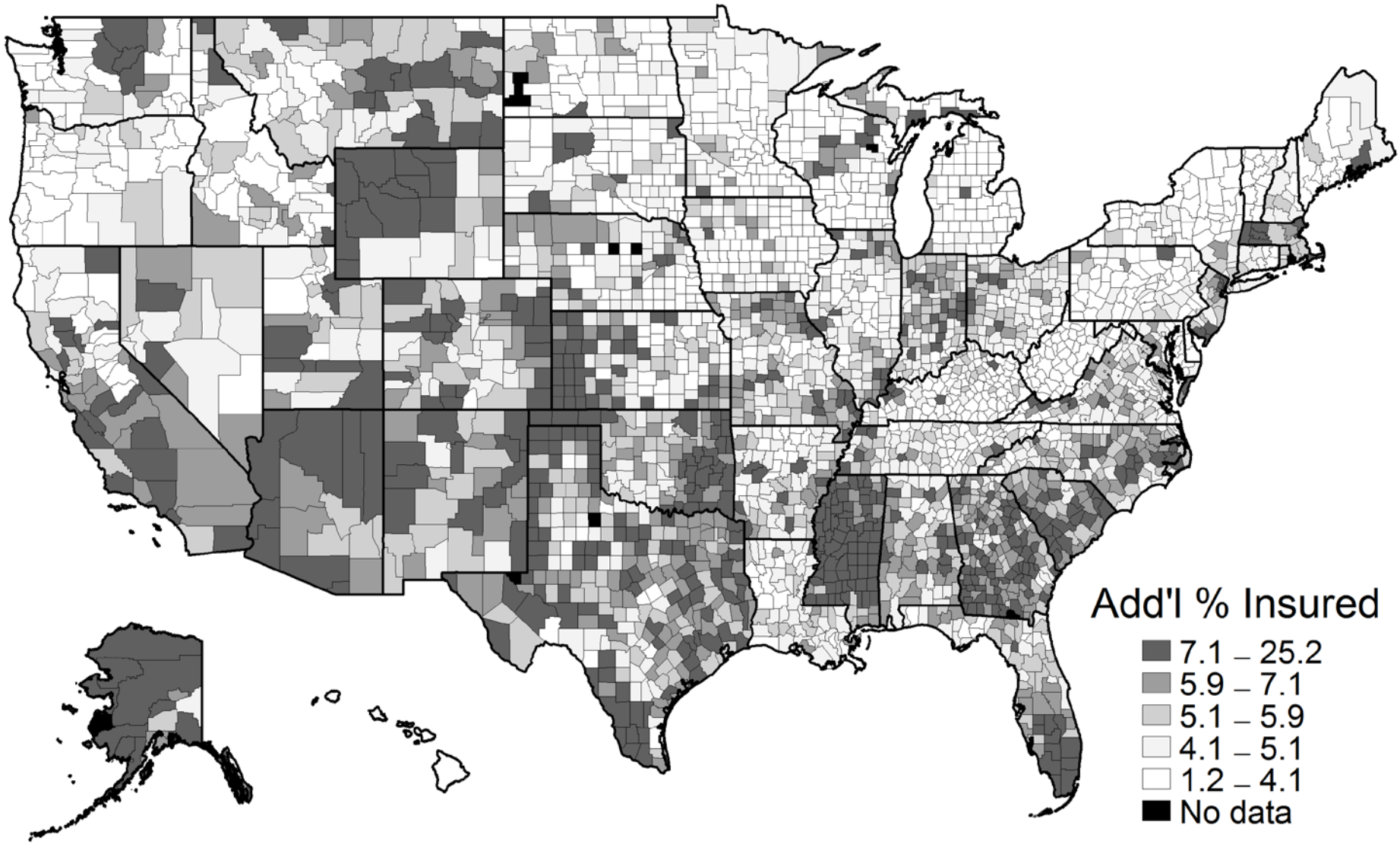
Note: Population data of ever-in-year coverage for all individuals under age 65 in 2016 with a U.S. address. To comply with disclosure rules we include counties with 10 or more observations for each type of insurance. Excluded counties are labeled "No data".

Figure 7: Share of Individuals Younger than 65 Uninsured by County Excluding Self-Reported Checkbox from Form 1040, 2016



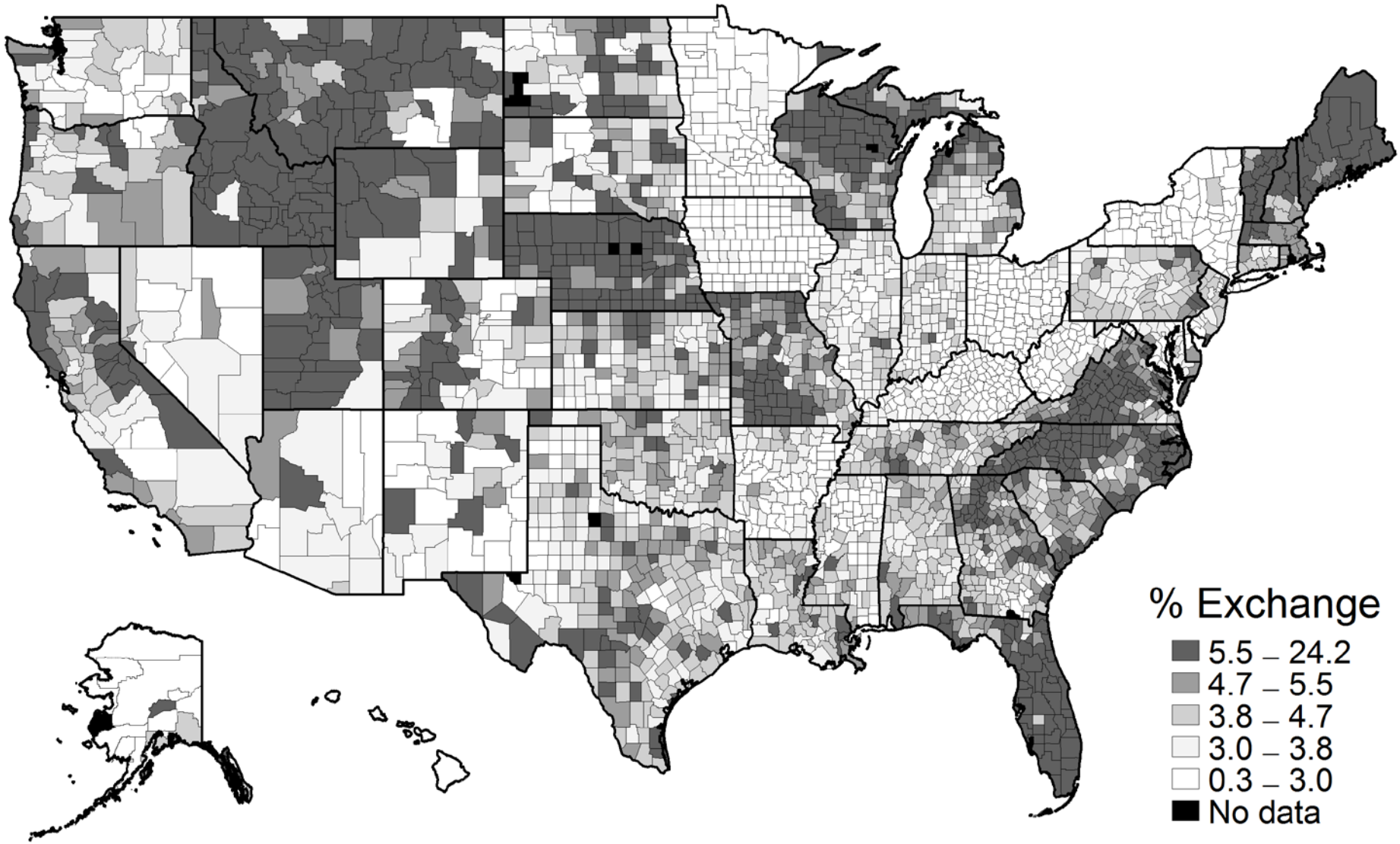
Note: Population data of ever-in-year coverage for all individuals under age 65 in 2016 with a U.S. address. To comply with disclosure rules we include counties with 10 or more observations for each type of insurance. Excluded counties are labeled "No data".

Figure 8: Additional Coverage from Self-Reported Checkbox on Form 1040 for Individuals Younger than 65 by County, 2016



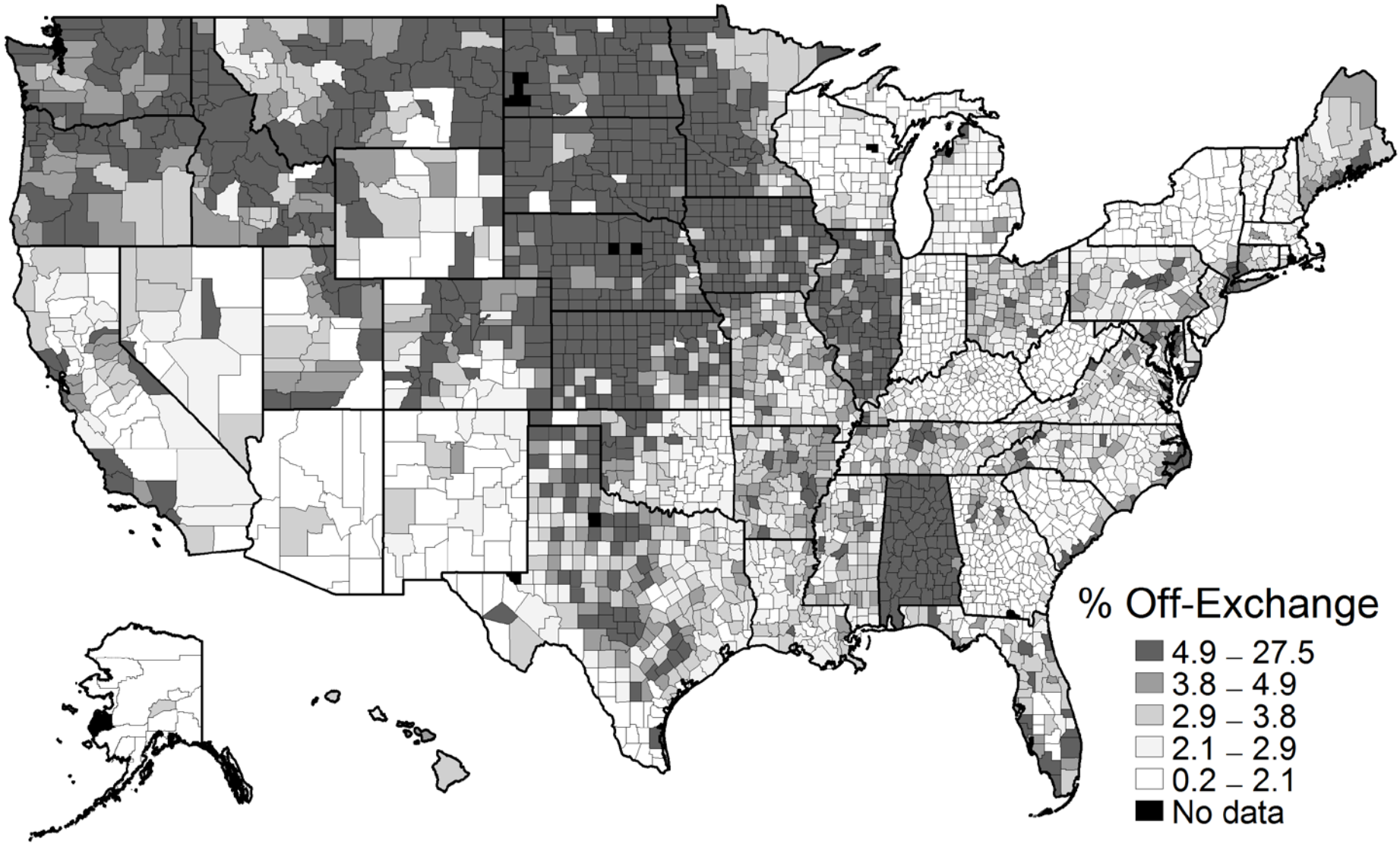
Note: Population data of ever-in-year coverage for all individuals under age 65 in 2016 with a U.S. address. To comply with disclosure rules we include counties with 10 or more observations for each type of insurance. Excluded counties are labeled "No data".

Figure 9: Share of Individuals Younger than 65 Covered by Non-Group Exchange by County, 2016



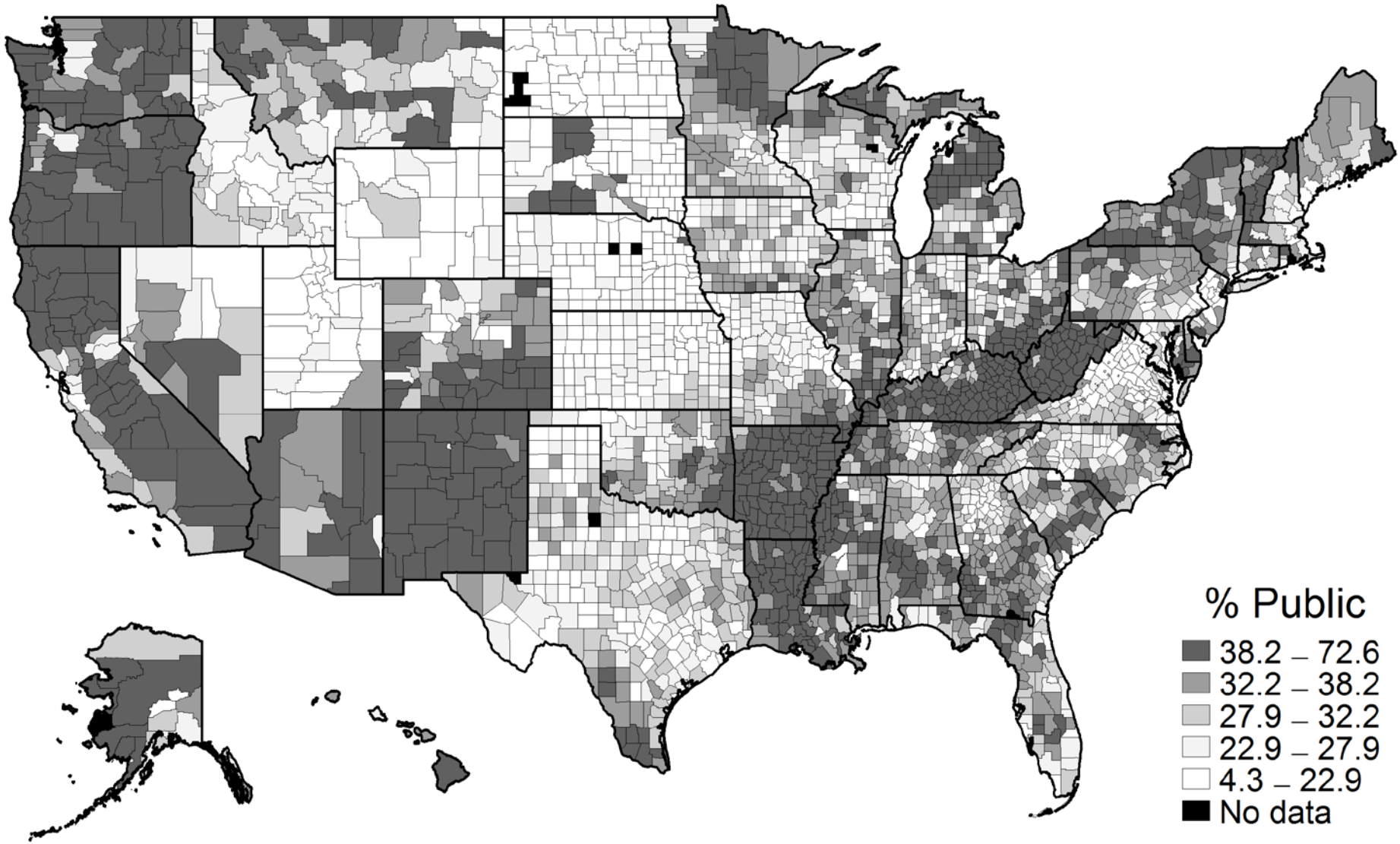
Note: Population data of ever-in-year coverage for all individuals under age 65 in 2016 with a U.S. address. To comply with disclosure rules we include counties with 10 or more observations for each type of insurance. Excluded counties are labeled "No data".

Figure 10: Share of Individuals Younger than 65 Covered by Non-Group Off-Exchange by County, 2016



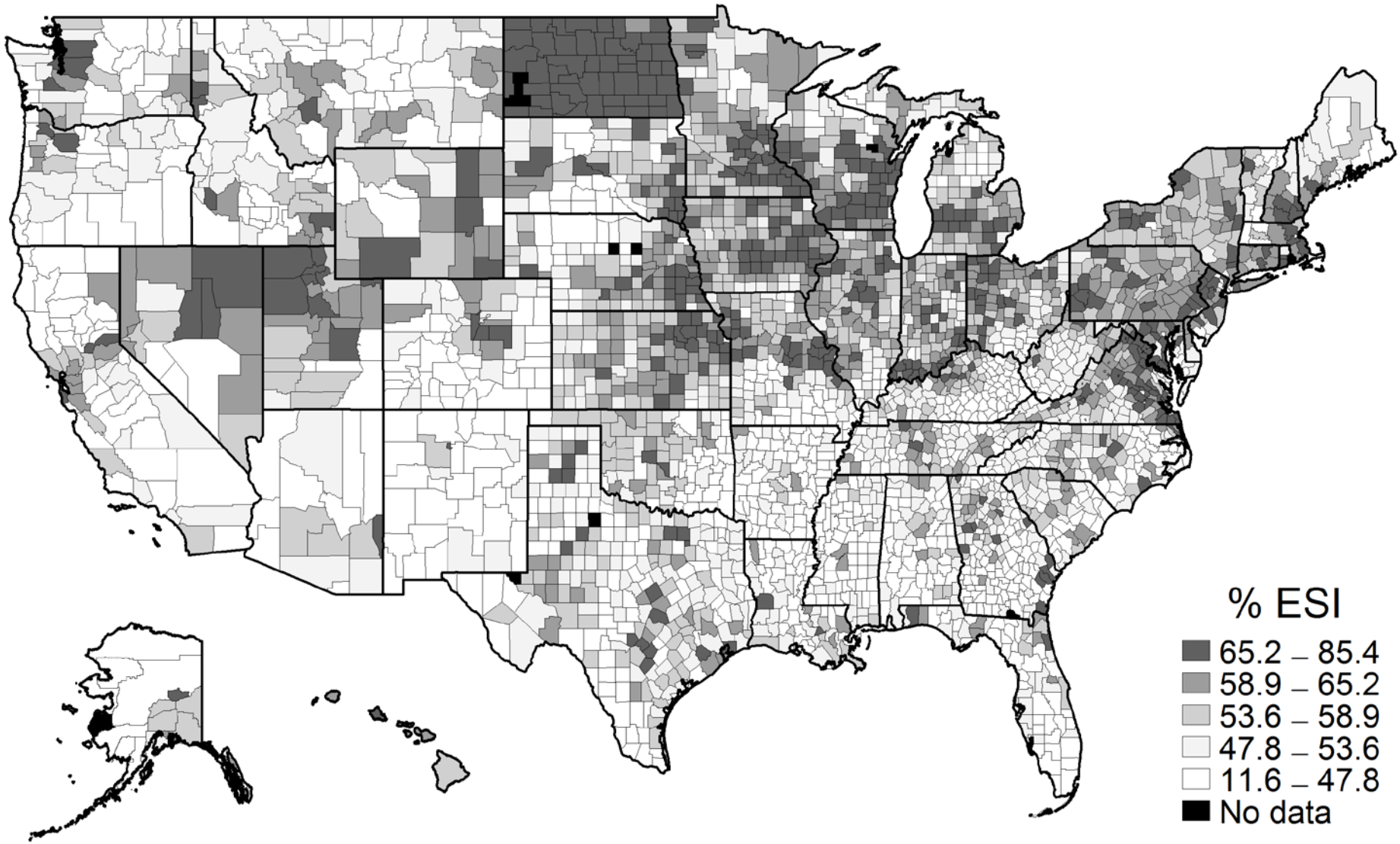
Note: Population data of ever-in-year coverage for all individuals under age 65 in 2016 with a U.S. address. To comply with disclosure rules we include counties with 10 or more observations for each type of insurance. Excluded counties are labeled "No data".

Figure 11: Share of Individuals Younger than 65 Covered by Public Insurance by County, 2016



Note: Population data of ever-in-year coverage for all individuals under age 65 in 2016 with a U.S. address. To comply with disclosure rules we include counties with 10 or more observations for each type of insurance. Excluded counties are labeled "No data".

Figure 12: Share of Individuals Younger than 65 Covered by Employer-Sponsored Insurance (ESI) by County, 2016



Note: Population data of ever-in-year coverage for all individuals under age 65 in 2016 with a U.S. address. To comply with disclosure rules we include counties with 10 or more observations for each type of insurance. Excluded counties are labeled "No data".

Appendix Tables

Table A - 1A: Comparing Tax Based Coverage to Survey Reporting, 2015

Number (in 000s) of Individuals Younger than 65 by Type of Health Insurance Coverage

Reference Period	Data Source	ESI	Non-Group	Public	Overall(1)	Overall(2)	Uninsured(1)	Uninsured(2)	Population
Ever In Year	Tax	153,363	22,808	79,621	234,422	254,388	81,129	38,500	277,429
	MEPS	168,720	22,890	71,602	245,141	--	59,449	--	270,633
	CPS	164,206	39,042	73,786	242,862	--	--	--	271,322
Whole Year	Tax	128,291	12,870	58,402	196,300	238,929	43,008	23,041	277,429
	MEPS	145,306	13,923	51,181	211,184	--	25,492	--	270,633
	CPS	--	--	--	--	--	28,460	--	271,322
Covered Life Years	Tax	141,683	18,158	70,134	219,142	247,535	58,288	29,895	277,429
	MEPS	159,060	18,580	62,585	232,465	--	38,168	--	270,633
Point of Interview	ACS	162,589	28,836	65,198	240,648	--	29,366	--	270,014

Table A-1B: Comparing Tax Based Coverage to Survey Reporting, 2015

Number (in 000s) of Individuals by Type of Health Insurance Coverage

Reference Period	Data Source	ESI	Non-Group	Public	Overall (1)	Overall (2)	Uninsured(1)	Uninsured(2)	Population
Ever In Year	Tax	162,941	23,633	125,393	280,664	301,121	82,888	39,411	324,711
	MEPS	187,710	32,999	120,895	295,274	--	63,439	--	321,423
	CPS	177,540	52,057	118,395	289,903	--	--	--	318,869
Whole Year	Tax	136,480	13,230	101,769	241,823	285,300	44,047	23,590	324,711
	MEPS	161,025	20,686	95,597	257,984	--	26,149	--	321,423
	CPS	--	--	--	--	--	28,966	--	318,869
Covered Life Years	Tax	150,564	18,746	114,695	265,073	294,103	59,638	30,608	324,711
	MEPS	176,322	27,317	109,406	280,778	--	40,645	--	321,423
Point of Interview	ACS	180,707	43,633	109,874	286,693	--	29,758	--	316,451

Table A-1C: Comparing Tax Based Coverage to Survey Reporting, 2016

Number (in 000s) of Individuals by Type of Health Insurance Coverage

Reference Period	Data Source	ESI	Non-Group	Public	Overall (1)	Overall (2)	Uninsured(1)	Uninsured(2)	Population
Ever In Year	Tax	167,039	23,096	132,750	289,157	305,382	74,580	36,929	326,681
	MEPS	190,065	32,430	122,098	298,533	--	60,211	--	323,142
	CPS	178,455	51,961	119,361	292,320	--	--	--	320,372
Whole Year	Tax	141,145	14,068	108,151	252,101	289,752	37,524	21,299	326,681
	MEPS	163,969	20,965	96,997	262,930	--	24,609	--	323,142
	CPS	--	--	--	--	--	28,052	--	320,372
Covered Life Years	Tax	155,030	18,702	121,604	274,377	298,472	52,304	28,209	326,681
	MEPS	178,420	27,440	110,664	284,405	--	38,737	--	323,142
Point of Interview	ACS	182,473	44,815	112,688	290,872	--	27,304	--	318,176

Note: Individuals can appear in multiple coverage statuses. Hence, summing across a row will not add up to the tax-based population (in Tables A-1A, A-1B and A-1C). Overall (1) and Uninsured (1) use only insurer-reported Form 1095 information. Overall (2) and Uninsured (2) supplements Form 1095 information with self-reported information from Form 1040. Our definition of non-group coverage in the MEPS includes individuals that are covered by either an Exchange policy, a non-group policy outside the Exchange, a self-employed policy, other private insurance, or individuals with an unknown source of private insurance. ESI coverage includes individuals that reported an employer or union as their source of insurance, private insurance held by a policyholder outside the household, or TRICARE.

Table A-2A: Ever in Year Composition of Coverage by Age, 2015
Numbers in 000s.

Age Group	ESI	Non-Group	Exchange	Off-Exchange	Public	Medicare	Medicaid	VA	Overall (1)	Overall (2)	Uninsured (1)	Uninsured (2)	Population
Under 19	37,642	3,419	1,102	2,387	36,287	2	36,250	56	70,980	77,023	20,877	7,291	80,789
Ages 19-26	20,573	3,067	1,377	1,765	8,893	205	8,688	173	29,042	31,940	13,406	6,664	35,731
Ages 27-44	43,850	6,718	3,739	3,120	16,139	1,699	14,056	1,526	61,003	67,021	27,240	14,369	76,113
Ages 45-64	51,297	9,604	5,713	4,085	18,302	6,906	11,582	2,713	73,397	78,405	19,607	10,177	84,796
65 +	9,579	824	316	514	45,772	45,061	4,551	4,207	46,243	46,733	1,759	911	47,282
Overall	162,941	23,633	12,248	11,871	125,393	53,872	75,127	8,675	280,664	301,121	82,888	39,411	324,711

Table A-2B: Ever in Year Composition of Coverage by Age, 2016
Numbers in 000s.

Age Group	ESI	Non-Group	Exchange	Off-Exchange	Public	Medicare	Medicaid	VA	Overall (1)	Overall (2)	Uninsured (1)	Uninsured (2)	Population
Under 19	37,756	3,250	1,265	2,043	38,603	2	38,571	50	72,883	77,252	18,055	6,467	80,249
Ages 19-26	21,018	2,943	1,436	1,575	9,688	194	9,518	150	29,880	32,235	12,274	6,277	35,635
Ages 27-44	45,179	6,507	3,925	2,716	17,873	1,658	15,882	1,539	63,440	68,397	25,079	13,735	76,809
Ages 45-64	52,321	9,383	5,971	3,576	19,288	6,915	12,824	2,626	75,146	79,212	17,492	9,570	85,170
65 +	10,765	1,014	399	622	47,297	46,528	4,916	4,164	47,806	48,286	1,681	880	48,818
Overall	167,039	23,096	12,996	10,531	132,750	55,297	81,711	8,527	289,157	305,382	74,580	36,929	326,681

Table A-2C: Whole Year Composition of Coverage by Age, 2015

Numbers in 000s.

Age Group	ESI	Non-Group	Exchange	Off-Exchange	Public	Medicare	Medicaid	VA	Overall (1)	Overall (2)	Uninsured (1)	Uninsured (2)	Population
Under 19	31,289	2,050	400	1,619	27,639	2	27,601	49	59,913	73,498	9,809	3,767	80,789
Ages 19-26	16,113	1,435	454	960	4,935	165	4,758	124	22,325	29,067	6,690	3,792	35,731
Ages 27-44	35,115	3,349	1,368	1,927	10,805	1,578	8,662	1,418	48,873	61,744	15,110	9,092	76,113
Ages 45-64	45,774	6,037	2,824	3,134	15,022	6,389	8,298	2,599	65,189	74,619	11,399	6,391	84,796
65 +	8,190	360	65	295	43,367	42,446	3,747	4,067	45,523	46,371	1,039	548	47,282
Overall	136,480	13,230	5,112	7,935	101,769	50,579	53,066	8,257	241,823	285,300	44,047	23,590	324,711

Table A-2D: Whole Year Composition of Coverage by Age, 2016

Numbers in 000s.

Age Group	ESI	Non-Group	Exchange	Off-Exchange	Public	Medicare	Medicaid	VA	Overall (1)	Overall (2)	Uninsured (1)	Uninsured (2)	Population
Under 19	31,646	2,015	575	1,427	29,833	1	29,800	45	62,194	73,782	7,365	2,996	80,249
Ages 19-26	16,575	1,492	618	866	5,511	157	5,361	106	23,361	29,358	5,755	3,400	35,635
Ages 27-44	36,507	3,575	1,830	1,726	12,109	1,547	10,025	1,448	51,730	63,074	13,369	8,412	76,809
Ages 45-64	46,982	6,478	3,633	2,829	15,912	6,428	9,359	2,520	67,679	75,600	10,024	5,958	85,170
65 +	9,435	507	88	419	44,785	43,816	4,014	4,029	47,137	47,938	1,012	532	48,818
Overall	141,145	14,068	6,743	7,267	108,151	51,950	58,559	8,147	252,101	289,752	37,524	21,299	326,681

Table A-2E: Covered Life Year Coverage by Age, 2015

Numbers in 000s.

Age Group	ESI	Non-Group	Exchange	Off-Exchange	Public	Medicare	Medicaid	VA	Overall (1)	Overall (2)	Uninsured (1)	Uninsured (2)	Population
Under 19	34,633	2,740	758	1,991	32,723	2	32,685	53	66,684	75,626	14,105	5,164	80,789
Ages 19-26	18,430	2,276	937	1,357	7,062	184	6,872	148	26,211	30,585	9,520	5,147	35,731
Ages 27-44	39,848	5,113	2,615	2,519	13,624	1,639	11,514	1,473	56,059	64,565	20,054	11,547	76,113
Ages 45-64	48,772	8,029	4,462	3,604	16,725	6,645	10,005	2,657	70,187	76,759	14,609	8,037	84,796
65 +	8,881	588	191	399	44,562	43,731	4,156	4,138	45,931	46,568	1,351	714	47,282
Overall	150,564	18,746	8,962	9,869	114,695	52,202	65,232	8,469	265,073	294,103	59,638	30,608	324,711

Table A-2F: Covered Life Year Coverage by Age, 2016

Numbers in 000s.

Age Group	ESI	Non-Group	Exchange	Off-Exchange	Public	Medicare	Medicaid	VA	Overall (1)	Overall (2)	Uninsured (1)	Uninsured (2)	Population
Under 19	34,877	2,637	919	1,731	34,991	2	34,958	48	68,796	75,890	11,453	4,359	80,249
Ages 19-26	18,896	2,225	1,028	1,219	7,745	175	7,586	127	27,153	30,889	8,482	4,746	35,635
Ages 27-44	41,249	5,056	2,875	2,221	15,157	1,604	13,125	1,494	58,699	65,941	18,110	10,868	76,809
Ages 45-64	49,912	8,027	4,879	3,208	17,665	6,670	11,164	2,574	72,208	77,624	12,963	7,547	85,170
65 +	10,097	757	242	518	46,046	45,160	4,487	4,097	47,520	48,128	1,297	689	48,818
Overall	155,030	18,702	9,943	8,897	121,604	53,611	71,321	8,340	274,377	298,472	52,304	28,209	326,681

Note: Individuals can appear in multiple coverage statuses. Hence, summing across a row will not add up to the tax-based population (in Tables A-2A through A-2F). Overall (1) and Uninsured (1) use only insurer-reported 1095 information. Overall (2) and Uninsured (2) supplements 1095 information with self-reported information from Form 1040.

Table A-3A: Ever in Year Composition of Under 65 Coverage by Income Group, 2015

Numbers in 000s.

FPL Group	ESI	Non-Group	Exchange	Off-Exchange	Public	Medicare	Medicaid	VA	Overall (1)	Overall (2)	Uninsured (1)	Uninsured (2)	Population
Under 100%	10,897	3,945	2,343	1,683	38,609	2,806	37,003	956	49,215	54,195	26,959	16,773	64,537
100-133%	5,900	1,730	1,319	448	11,064	1,501	9,990	322	16,588	18,891	9,300	4,660	22,013
133-150%	3,545	938	717	242	4,491	558	4,011	157	7,890	8,870	4,129	2,018	10,156
150-200%	11,715	2,673	1,994	742	9,204	1,086	8,095	414	20,738	22,994	9,844	4,702	25,830
200-250%	12,261	2,227	1,529	755	5,167	684	4,330	368	17,459	19,061	6,901	3,135	20,850
250-300%	12,326	1,818	1,117	748	3,135	472	2,459	338	15,576	16,837	5,062	2,115	17,999
300-400%	23,217	2,687	1,346	1,409	3,481	665	2,407	570	26,983	28,898	6,745	2,407	30,155
400-500%	18,985	1,715	578	1,172	1,748	396	1,018	415	20,934	22,261	3,992	1,130	22,808
500-600%	14,048	1,178	316	883	976	238	492	291	15,215	16,103	2,422	571	16,363
Above 600%	40,468	3,897	674	3,275	1,744	406	771	637	43,824	46,277	5,774	989	46,719
Overall	153,363	22,808	11,932	11,357	79,621	8,812	70,576	4,468	234,422	254,388	81,129	38,500	277,429

Table A-3B: Ever in Year Composition of Under 65 Coverage by Income Group, 2016

Numbers in 000s.

FPL Group	ESI	Non-Group	Exchange	Off-Exchange	Public	Medicare	Medicaid	VA	Overall (1)	Overall (2)	Uninsured (1)	Uninsured (2)	Population
Under 100%	10,735	3,854	2,438	1,491	41,240	2,812	39,839	906	51,393	55,076	24,025	15,425	64,112
100-133%	5,791	1,661	1,324	369	11,883	1,505	10,860	307	17,101	18,933	8,187	4,147	21,630
133-150%	3,534	903	720	201	4,890	552	4,431	149	8,158	8,983	3,762	1,853	10,135
150-200%	11,876	2,594	2,032	616	10,114	1,078	9,051	397	21,490	23,454	9,183	4,424	26,065
200-250%	12,574	2,177	1,600	624	5,664	677	4,852	359	18,046	19,436	6,476	3,020	21,126
250-300%	12,701	1,786	1,199	625	3,400	468	2,741	330	16,073	17,141	4,720	2,070	18,259
300-400%	23,833	2,614	1,474	1,196	3,686	655	2,628	566	27,626	29,174	6,153	2,385	30,402
400-500%	19,431	1,636	644	1,023	1,811	389	1,086	415	21,323	22,343	3,522	1,128	22,879
500-600%	14,311	1,123	358	784	999	233	517	291	15,434	16,100	2,090	574	16,354
Above 600%	41,488	3,733	808	2,979	1,766	399	788	643	44,707	46,456	4,781	1,022	46,901
Overall	156,274	22,082	12,596	9,909	85,452	8,769	76,795	4,364	241,351	257,096	72,900	36,049	277,864

Table A-3C: Whole Year Composition of Under 65 Coverage by Income Group, 2015

Numbers in 000s.

FPL Group	ESI	Non-Group	Exchange	Off-Exchange	Public	Medicare	Medicaid	VA	Overall (1)	Overall (2)	Uninsured (1)	Uninsured (2)	Population
Under 100%	7,027	1,944	888	1,024	29,218	2,640	27,447	899	37,577	47,763	15,321	10,341	64,537
100-133%	3,853	839	563	262	8,257	1,413	7,096	302	12,713	17,353	5,425	3,122	22,013
133-150%	2,439	465	316	142	3,217	520	2,716	146	6,028	8,138	2,266	1,286	10,156
150-200%	8,535	1,340	875	444	6,304	1,000	5,188	383	15,985	21,128	5,092	2,836	25,830
200-250%	9,503	1,153	668	464	3,450	622	2,632	341	13,948	17,715	3,391	1,789	20,850
250-300%	10,030	985	492	474	2,105	426	1,456	315	12,936	15,884	2,422	1,162	17,999
300-400%	19,854	1,547	595	925	2,427	596	1,408	535	23,410	27,748	3,172	1,257	30,155
400-500%	16,873	1,046	230	803	1,289	352	601	392	18,816	21,678	1,874	547	22,808
500-600%	12,741	758	127	623	750	210	297	275	13,941	15,792	1,148	260	16,363
Above 600%	37,435	2,793	293	2,477	1,385	354	479	603	40,944	45,730	2,894	442	46,719
Overall	128,291	12,870	5,047	7,640	58,402	8,133	49,319	4,190	196,300	238,929	43,008	23,041	277,429

Table A-3D: Whole Year Composition of Under 65 Coverage by Income Group, 2016

Numbers in 000s.

FPL Group	ESI	Non-Group	Exchange	Off-Exchange	Public	Medicare	Medicaid	VA	Overall (1)	Overall (2)	Uninsured (1)	Uninsured (2)	Population
Under 100%	6,855	2,154	1,216	930	31,743	2,660	30,138	858	40,086	48,687	12,718	9,035	64,112
100-133%	3,758	952	729	222	9,005	1,422	7,874	289	13,443	17,483	4,530	2,698	21,630
133-150%	2,430	520	398	121	3,539	517	3,052	139	6,372	8,282	1,976	1,151	10,135
150-200%	8,676	1,493	1,112	378	6,956	997	5,870	369	16,883	21,641	4,575	2,612	26,065
200-250%	9,802	1,262	863	394	3,778	619	2,974	334	14,649	18,105	3,080	1,689	21,126
250-300%	10,419	1,059	647	408	2,276	424	1,635	310	13,539	16,189	2,186	1,119	18,259
300-400%	20,553	1,608	789	809	2,565	590	1,553	535	24,249	28,017	2,776	1,228	30,402
400-500%	17,422	1,036	308	722	1,334	348	648	394	19,357	21,751	1,556	536	22,879
500-600%	13,085	745	173	568	768	207	314	277	14,264	15,780	921	254	16,354
Above 600%	38,710	2,731	419	2,297	1,401	350	487	612	42,120	45,879	2,195	445	46,901
Overall	131,710	13,561	6,656	6,849	63,366	8,133	54,545	4,118	204,964	241,815	36,513	20,767	277,864

Table A-3E: Covered Life Year Composition of Under 65 Coverage by Income Group, 2015

Numbers in 000s.

FPL Group	ESI	Non-Group	Exchange	Off-Exchange	Public	Medicare	Medicaid	VA	Overall (1)	Overall (2)	Uninsured (1)	Uninsured (2)	Population
Under 100%	8,702	2,991	1,656	1,348	34,636	2,724	32,957	930	44,246	51,254	20,291	13,283	64,537
100-133%	4,814	1,330	986	351	9,860	1,458	8,742	313	14,992	18,188	7,021	3,825	22,013
133-150%	2,982	726	541	190	3,930	540	3,439	152	7,132	8,538	3,024	1,618	10,156
150-200%	10,163	2,076	1,505	585	7,884	1,043	6,770	398	18,823	22,155	7,007	3,675	25,830
200-250%	10,990	1,737	1,145	603	4,344	652	3,515	354	16,065	18,464	4,785	2,386	20,850
250-300%	11,316	1,431	833	606	2,622	449	1,959	326	14,549	16,422	3,449	1,576	17,999
300-400%	21,800	2,147	996	1,162	2,941	630	1,894	552	25,632	28,417	4,523	1,738	30,155
400-500%	18,130	1,389	406	988	1,508	374	799	404	20,155	22,029	2,653	779	22,808
500-600%	13,527	972	221	754	856	223	388	283	14,755	15,985	1,608	378	16,363
Above 600%	39,259	3,359	482	2,884	1,551	379	613	620	42,793	46,082	3,925	637	46,719
Overall	141,683	18,158	8,771	9,470	70,134	8,470	61,076	4,332	219,142	247,535	58,288	29,895	277,429

Table A-3F: Covered Life Year Composition of Under 65 Coverage by Income Group, 2016

Numbers in 000s.

FPL Group	ESI	Non-Group	Exchange	Off-Exchange	Public	Medicare	Medicaid	VA	Overall (1)	Overall (2)	Uninsured (1)	Uninsured (2)	Population
Under 100%	8,517	3,017	1,832	1,210	37,194	2,737	35,705	884	46,542	52,140	17,570	11,971	64,112
100-133%	4,712	1,329	1,048	293	10,643	1,464	9,569	298	15,594	18,267	6,036	3,364	21,630
133-150%	2,973	723	570	160	4,297	535	3,825	144	7,435	8,665	2,700	1,469	10,135
150-200%	10,327	2,077	1,603	495	8,683	1,037	7,608	382	19,644	22,640	6,421	3,426	26,065
200-250%	11,313	1,739	1,249	507	4,765	648	3,957	346	16,707	18,849	4,418	2,276	21,126
250-300%	11,715	1,433	931	515	2,844	446	2,194	320	15,099	16,731	3,160	1,528	18,259
300-400%	22,482	2,118	1,133	1,001	3,118	622	2,082	551	26,372	28,699	4,030	1,703	30,402
400-500%	18,640	1,336	469	874	1,564	368	858	405	20,620	22,114	2,259	766	22,879
500-600%	13,838	935	261	678	878	220	410	284	15,025	15,982	1,329	372	16,354
Above 600%	40,416	3,238	604	2,646	1,572	373	626	628	43,818	46,257	3,084	645	46,901
Overall	144,933	17,945	9,701	8,379	75,559	8,451	66,834	4,244	226,856	250,344	51,007	27,520	277,864

Individuals can appear in multiple coverage statuses. Hence, summing across a row will not add up to the tax-based population (in Tables A-3A through A-3F). Overall (1) and Uninsured (1) use only insurer-reported Form 1095 information. Overall (2) and Uninsured (2) supplements Form 1095 information with self-reported information from Form 1040.

Appendix Figures

Figure A-1: Share of Individuals Younger than 65 by Type of Coverage or Uninsurance by Gender, 2016

Note: Population data of ever-in-year coverage or whole year uninsured for all individuals under age 65 in 2015 and 2016 with a U.S. address. Tax (1) uses only insurer-reported Form 1095 information. Tax (2) supplements Form 1095 information with self-reported information from Form 1040.

Figure A-2: Share of Individuals Younger than 65 by Type of Coverage or Uninsurance by Age, 2016

Note: Population data of ever-in-year coverage or whole year uninsured for all individuals under age 65 in 2015 and 2016 with a U.S. address. Tax (1) uses only insurer-reported Form 1095 information. Tax (2) supplements Form 1095 information with self-reported information from Form 1040.