



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

**ACA's Health Insurance Marketplace Enrollment
of Tribal Citizens and Other IHS-Eligible Individuals**
(with TSGAC & TTAG recommendation to CMS/CCIIO)

&

Enrollment of AI/ANs in Medicaid / Medicaid Expansion

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SECTION 1:
**Enrollment of AI/ANs Through
Affordable Care Act's Health Insurance Marketplaces**
(CMS/CCIIO Data)

And TSGAC and TTAG recommendation to CMS/CCIIO designed
to improve understanding of Marketplace enrollment rules
(slides 16 - 18)



Why Bother? Resources Available Through ACA's Health Insurance Marketplaces

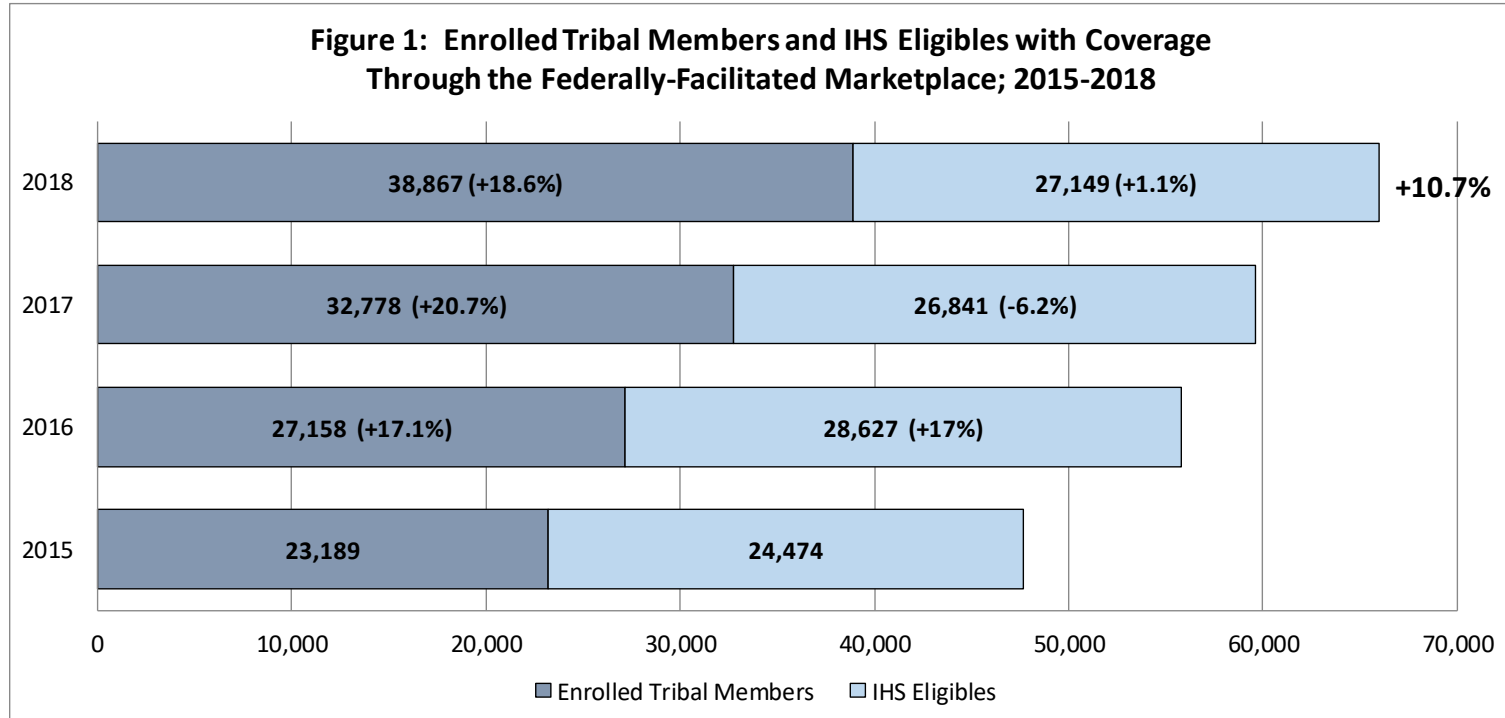
- Significant resources are available to Marketplace enrollees –
 - Premium tax credits are available to those with household income under 400% of the federal poverty level and who meet other program requirements
 - Net health insurance premium costs typically average approximately \$1,000 per year after application of the premium tax credits
 - Access to comprehensive protections from out-of-pocket costs are provided to enrolled Tribal citizens
 - Payments from the federal government to cover the cost-sharing protections average more than \$2,000 per enrollee per year
 - More modest cost-sharing protections are available to low- and moderate-income enrollees generally, including to other (non-enrolled) IHS beneficiaries
- Numerous Tribal governments and Tribal health organizations have engaged in “Tribal Sponsorship” whereby a Tribe pays the health insurance premiums of Tribal members enrolled through a Health Insurance Marketplace



Marketplace Enrollment of AI/ANs

Enrollment of (1) Tribal Members and (2) Other IHS Eligibles (FFM)

(point-in-time enrollment; as of November 14, 2017, and October 9, 2018)



--For IHS eligibles, the related question on the Marketplace application reads:
“Has [APPLICANT] ever gotten a health service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?”



Marketplace Enrollment of AI/ANs

Enrollment of Tribal Members vs. IHS Eligibles (FFM)

(point-in-time enrollment; as of November 14, 2017, and October 9, 2018)

- As of October 2018, Federally-Facilitated Marketplace (FFM) enrollment of AI/ANs (combined Tribal members and IHS eligibles) reached more than 66,000, an increase of 10.7% from 2017
- In contrast, FFM enrollment for the general population declined by 3.8% from 2017 to 2018
- The change in overall FFM enrollment of AI/ANs masks significant differences in the year-to-year enrollment between the two groups of AI/ANs comprising the total
 - For Tribal members (who meet the ACA definition of Indian and qualify for comprehensive cost-sharing protections), FFM enrollment grew by 18.6% from 2017 to 2018
 - For other IHS eligibles, FFM enrollment grew by 1.1% from 2017 to 2018, a figure that is closer to enrollment growth for the general population



Marketplace Enrollment of AI/ANs

State-by-State Comparison (FFM) (page 1 of 2)

Table 1: Enrolled Tribal Members¹ and IHS Eligibles with Coverage Through the Federally-Facilitated Marketplace (FFM), by State; 2017 and 2018^{2,3}

State	Enrolled Tribal Members ⁴			Other IHS Eligibles ⁴			All	
	2017	2018	% Change	2017	2018	% Change	2018 vs. 2017	% Change
Alabama	651	616	-5.4%	1,216	1,249	2.7%	-2	-0.1%
Alaska	679	795	17.1%	122	122	0.0%	116	14.5%
Arizona	831	944	13.6%	615	624	1.5%	122	8.4%
Arkansas	542	611	12.7%	297	284	-4.4%	56	6.7%
Delaware	24	27	12.5%	93	85	-8.6%	-5	-4.3%
Florida	1,081	1,230	13.8%	2,856	2,953	3.4%	246	6.2%
Georgia	327	361	10.4%	1,442	1,243	-13.8%	-165	-9.3%
Hawaii	51	46	-9.8%	121	162	33.9%	36	20.9%
Illinois	303	319	5.3%	811	825	1.7%	30	2.7%
Indiana	160	152	-5.0%	428	384	-10.3%	-52	-8.8%
Iowa	94	90	-4.3%	108	111	2.8%	-1	-0.5%
Kansas	835	887	6.2%	468	469	0.2%	53	4.1%
Kentucky	69	71	--	161	188	--	--	--
Louisiana	226	225	-0.4%	462	440	-4.8%	-23	-3.3%
Maine	188	193	2.7%	259	253	-2.3%	-1	-0.2%
Michigan	1,011	1,035	2.4%	817	807	-1.2%	14	0.8%
Mississippi	80	81	1.3%	136	141	3.7%	6	2.8%
Missouri	758	751	-0.9%	948	954	0.6%	-1	-0.1%
Montana	1,085	1,128	4.0%	251	219	-12.7%	11	0.8%
Nebraska	416	485	16.6%	190	246	29.5%	125	20.6%



Marketplace Enrollment of AI/ANs

State-by-State Comparison (FFM) (page 2 of 2)

Table 1: Enrolled Tribal Members¹ and IHS Eligibles with Coverage Through the Federally-Facilitated Marketplace (FFM), by State; 2017 and 2018 (cont.)^{2,3}

State	Enrolled Tribal Members ⁴			Other IHS Eligibles ⁴			All	
	2017	2018	% Change	2017	2018	% Change	2018 vs. 2017	% Change
Nevada	321	331	3.1%	324	370	14.2%	56	8.7%
New Hampshire	30	33	10.0%	137	137	0.0%	3	1.8%
New Jersey	55	64	16.4%	702	669	-4.7%	-24	-3.2%
New Mexico	631	657	4.1%	201	207	3.0%	32	3.8%
North Carolina	688	782	13.7%	2,849	3,034	6.5%	279	7.9%
North Dakota	614	586	-4.6%	107	96	-10.3%	-39	-5.4%
Ohio	160	146	-8.8%	674	649	-3.7%	-39	-4.7%
Oklahoma	13,005	17,781	36.7%	832	937	12.6%	4,881	35.3%
Oregon	884	921	4.2%	658	705	7.1%	84	5.4%
Pennsylvania	147	169	15.0%	983	1,022	4.0%	61	5.4%
South Carolina	236	245	3.8%	617	635	2.9%	27	3.2%
South Dakota	794	815	2.6%	93	113	21.5%	41	4.6%
Tennessee	325	360	10.8%	742	865	16.6%	158	14.8%
Texas	2,964	3,206	8.2%	3,388	3,431	1.3%	285	4.5%
Utah	851	1,066	25.3%	446	482	8.1%	656	50.6%
Virginia	330	353	7.0%	1,501	1,380	-8.1%	-98	-5.4%
West Virginia	22	31	40.9%	96	75	-21.9%	-12	-10.2%
Wisconsin	1,009	1,027	1.8%	492	449	-8.7%	-25	-1.7%
Wyoming	217	247	13.8%	106	134	26.4%	58	18.0%
All States	32,778	38,867	18.6%	26,841	27,149	1.1%	6,397	10.7%

Source

CMS, "Table 1: American Indian and Alaska Native Applicants and Enrollees (Active) in the Federally-Facilitated Marketplace," coverage year 2017-2018 data



Marketplace Enrollment of AI/ANs

State-by-State Comparison (FFM)

- FFM enrollment of AI/ANs varies substantially by state
- Among FFM states with a relatively large AI/AN population, Oklahoma showed the most significant increase in Marketplace enrollment of AI/ANs from 2017 to 2018 (35% increase, representing nearly 5,000 additional enrollees)
 - Expanded enrollment of Tribal members accounted for the vast majority of the increase in Oklahoma
 - Enrollment of other IHS eligibles increased by only 105 (from 832 to 937) between 2017 and 2018



Marketplace Enrollment of AI/ANs

State-by-State Comparison in State-Based Marketplaces (SBMs)

-- In SBMs, overall enrollment from 2017 to 2018 grew by 12.6% for enrolled Tribal citizens

Table 2: Enrolled Tribal Members¹ with Zero or Limited Cost-Sharing Reductions (CSRs) in State-Based Marketplaces, 2017-2018²
(Suppress Cells <=11)

State	Tribal Members with Zero CSRs			Tribal Members with Limited CSRs			All	
	2017	2018	% Change	2017	2018	% Change	2018 vs. 2017	% Change
California	2,791	3,208	15.0%	891	997	11.9%	523	14.2%
Colorado	319	354	11.0%	101	100	-1.2%	34	8.1%
Connecticut	75	84	12.3%	11	23	110.6%	21	24.9%
District of Columbia	**	--	--	17	--	--	--	--
Idaho	308	265	-14.0%	49	35	-28.6%	-57	-16.0%
Maryland	96	88	-7.9%	16	14	-11.0%	-9	-8.4%
Massachusetts	188	190	0.7%	71	79	10.7%	9	3.5%
Minnesota	176	189	7.6%	38	87	127.2%	62	28.9%
New York	112	130	16.3%	50	64	27.5%	32	19.7%
Rhode Island	17	25	45.2%	0	**	--	--	--
Vermont	14	**	--	**	**	--	--	--
Washington	567	677	19.4%	199	264	32.7%	175	22.8%
Totals	4,663	5,211	11.8%	1,444	1,663	15.2%	767	12.6%

Source

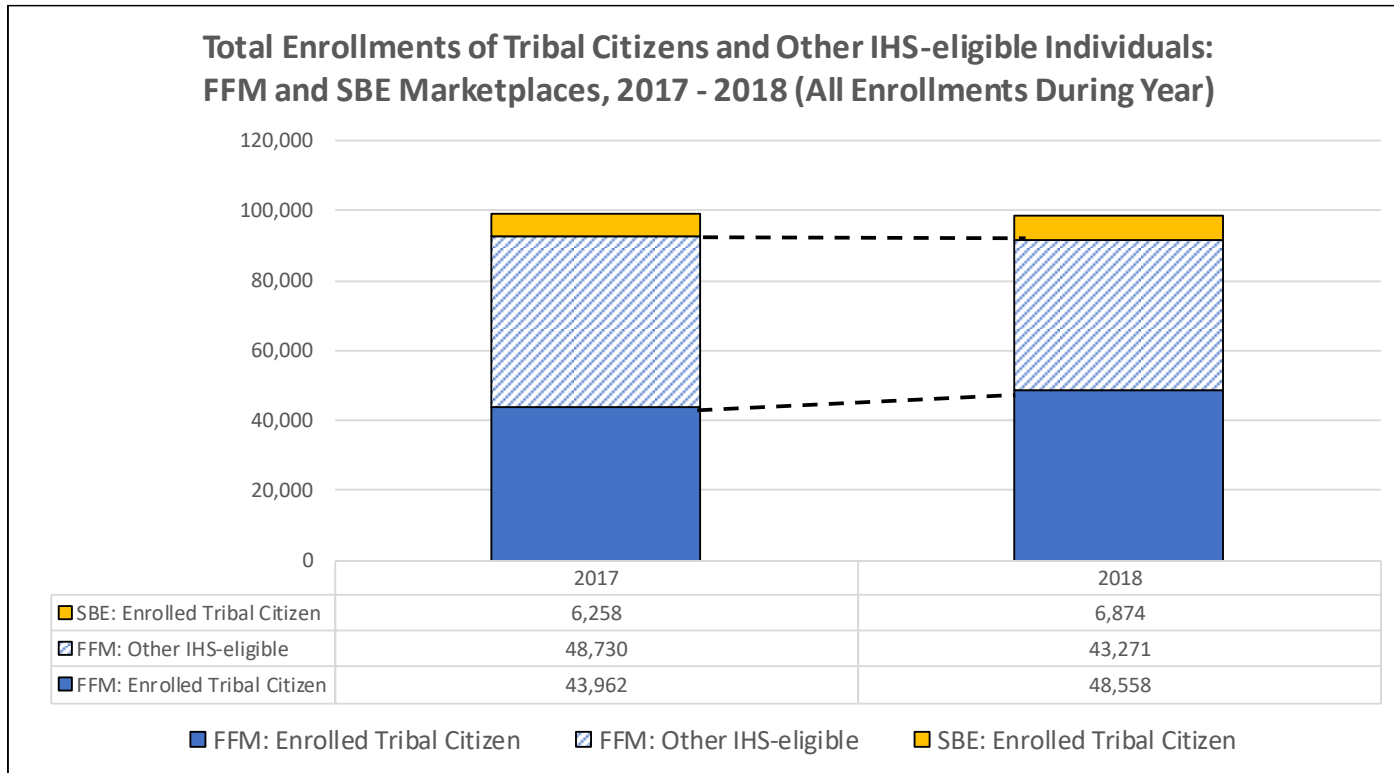
CMS, "Average Effectuated Enrollment (as of September 2017)" (data for State-Based Marketplaces); CMS, "Average Effectuated Enrollment (as of October 2018)" (data for State-Based Marketplaces)

Marketplace Enrollment of AI/ANs

All Enrollments Over Year: FFM and SBM

-- In each of 2017 and 2018, total Marketplace enrollments over the year of Tribal citizens and other IHS eligible individuals neared 100,000

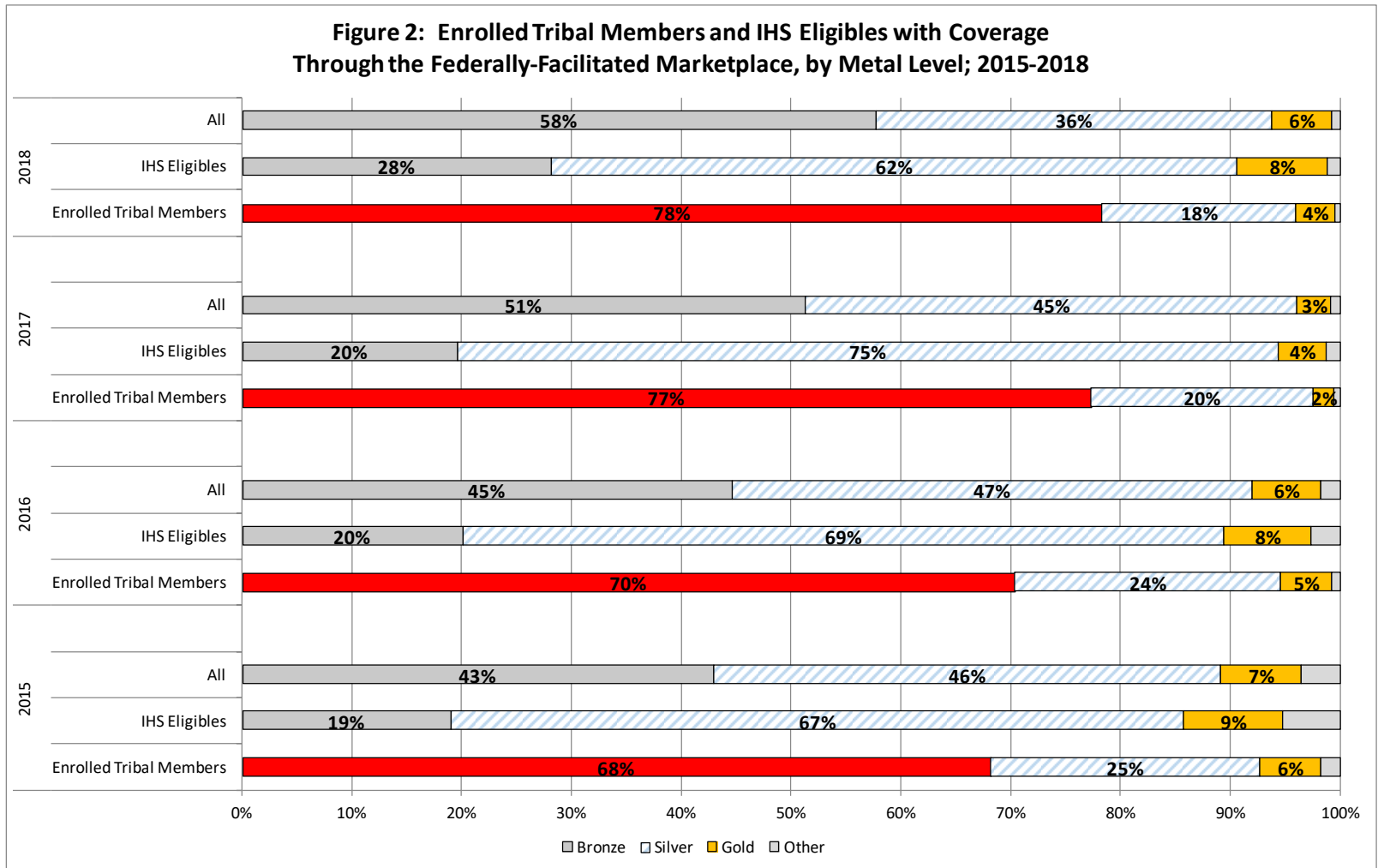
- This includes individuals who were enrolled at any time during the year (and not only on the specific date of the report run)



Marketplace Enrollment of AI/ANs

Metal Level Comparison (FFM)

Figure 2: Enrolled Tribal Members and IHS Eligibles with Coverage Through the Federally-Facilitated Marketplace, by Metal Level; 2015-2018



Marketplace Enrollment of AI/ANs

Metal Level Comparison (FFM)

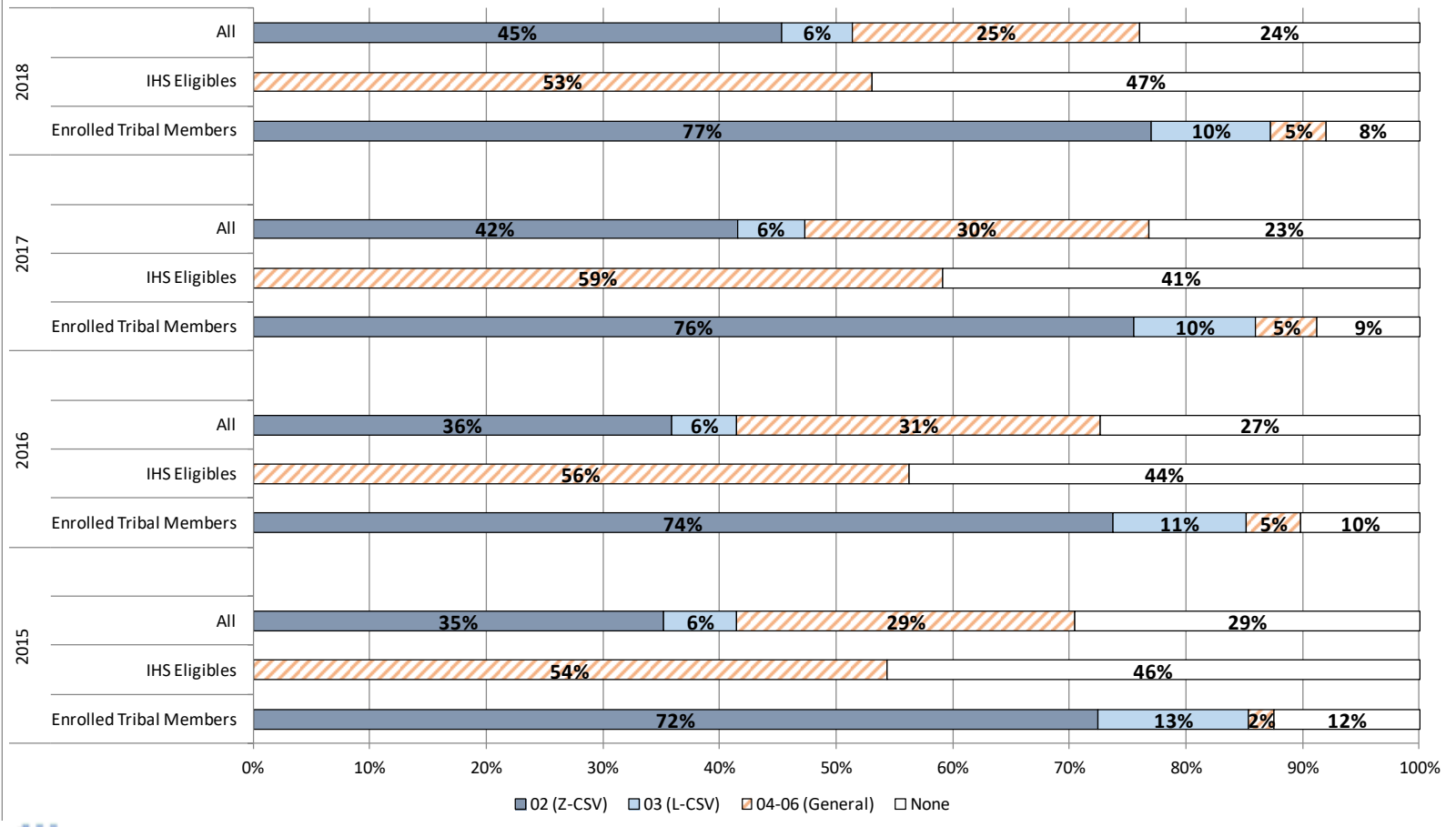
- Among AI/AN FFM enrollees, the preferred “metal level” of the Marketplace plan selected varies for Tribal members vs. other IHS eligible individuals
- Most Tribal members enroll in Marketplace bronze plans (78% in 2018); other IHS eligible individuals primarily enroll in silver plans (62% in 2018)
 - Differences among AI/ANs in selection of Marketplace plans by metal level largely result from differing eligibility for cost-sharing protections
 - There are positive trends in selecting the “correct” metal level for both (1) enrolled Tribal members and (2) IHS eligible persons
 - For example, an increasing percentage of enrolled Tribal members selected bronze plans from 2015 (68%) to 2018 (78%)



Marketplace Enrollment of AI/ANs

CSR Type Comparison (FFM)

Figure 3: Enrolled Tribal Members and IHS Eligibles with Coverage Through the Federally-Facilitated Marketplace, by Cost-Sharing Reduction (CSR) Type; 2015-2018



Marketplace Enrollment of AI/ANs

Cost-sharing Reduction (CSR) Type Comparison in FFM

- Among AI/AN FFM enrollees, the type of CSR they receive depends on whether they meet the ACA definition of Indian and their income level
- Enrolled Tribal citizens qualify for zero (“02”) or limited (“03”) cost-sharing plan variations, depending on their income level
 - Under both of these plan variations, enrollees have no cost-sharing when they receive services from an Indian health care provider (IHCP) or non-IHCP
 - L-CSV enrollees must obtain a referral from an IHCP to avoid cost-sharing when receiving services from a non-IHCP
- Other IHS eligibles with an income of 250% FPL or less qualify for the partial cost-sharing protections available to the general population, if they enroll in a silver plan

Marketplace Enrollment of AI/ANs

CSR Type Comparison (FFM)

-- For enrolled Tribal members in coverage through an FFM:

- Combined enrollment in Z-CSV and L-CSV has remained constant at 85% - 87%
- Percentage enrolled in Z-CSV is growing slightly, and percentage enrolled in L-CSV is decreasing slightly
 - Represents *growth in distribution* of enrolled Tribal members with income under 300% FPL
 - But, enrollment growth in both categories
- Percentage of enrolled Tribal members receiving no cost-sharing protections continued positive trend (*i.e.*, continued to decline) in 2018
 - 12% → 10% → 9% → 8% (2018)

-- For other IHS-eligible persons in coverage through an FFM: An increasing percentage received general cost-sharing protections through 2017, but the rate dropped in 2018

- 54% → 56% → 59% (2017) → 53% (2018)



TSGAC & TTAG Recommendations to CMS/CCIIO on Marketplace Enrollment of AI/ANs (1 of 2)

-- Since 2014, TTAG and CMS/CCIIO have worked together to ensure that eligible AI/ANs receive the comprehensive Indian-specific CSRs to which Tribal citizens are entitled

- Increased percentage of Tribal citizens with Z-CSV/L-CSV is proof of this progress

ISSUE 1: In April 2018, TSGAC and TTAG made an additional recommendation to CMS/CCIIO with the aim of further reducing the percentage of Tribal citizens enrolled in Marketplace coverage who are without comprehensive cost-sharing protections

- In 2018, 4,946 Tribal citizens lacked comprehensive cost-sharing protections
 - 3,084 received no cost-sharing protections
 - Another 1,862 received general cost-sharing protections
- One potential cause of the loss of comprehensive CSRs is that Marketplace enrollees were not aware that they need to enroll in a different plan than their family members who are not eligible for the comprehensive Indian-specific cost-sharing protections
- TSGAC and TTAG recommended that more effective communication is needed to prevent AI/ANs who are eligible for the comprehensive Indian-specific CSRs from enrolling in the same Marketplace plan as family members who are not eligible for comprehensive CSRs, as this would block access to these protections for AI/ANs

TSGAC & TTAG Recommendations to CMS/CCIIO on Marketplace Enrollment of AI/ANs (2 of 2)

- TSGAC and TTAG requested modifications to on-screen notices that appear during the Marketplace (HealthCare.gov) application process to ensure that AI/ANs understand fully the implications of enrolling family members in the same or different plans with respect to their eligibility for cost-sharing protections
- Specifically, pop-up notices could be added to explain the rationale for providing AI/AN Marketplace applicants with the option to enroll family members in the same or different plans and to clearly indicate the impact of enrolling family members who have different CSR eligibility in the same plan (*i.e.*, the loss of eligibility for the comprehensive CSRs for all AI/AN family members)

The screenshot shows a dark blue interface with the following text and elements:

- Title:** Health plan groups for your household
- Text:** Based on your application, we put your household members into the groups below. You can choose one plan for everyone, a separate plan for each person, or some other grouping.
- Button:** CHANGE GROUPS
- Text:** Why change groupings? If anyone has a long-term illness, for example, you may want a plan with a lower deductible for them, and a different plan for others.
- List-Group:**
 - If you like the groupings: Select VIEW PLANS for a group to get started.
 - To change the groups: Select CHANGE GROUPS, make the changes, then VIEW PLANS for the new groups.
- Text:** You'll select a plan for each group one at a time.
- Section Header:** Group: 1
- Table:** A table with two columns, both labeled 'McDonough'.
- Button:** VIEW PLANS



TSGAC & TTAG Recommendations to CMS/CCIIO on Marketplace Enrollment of AI/ANs (2 of 2)

ISSUE 2: Over the past year, TSGAC and TTAG reviewed Summary of Benefits and Coverage (SBC) documents and recommended revisions

- The latest set of recommendations was submitted by TSGAC and TTAG in early April, 2019

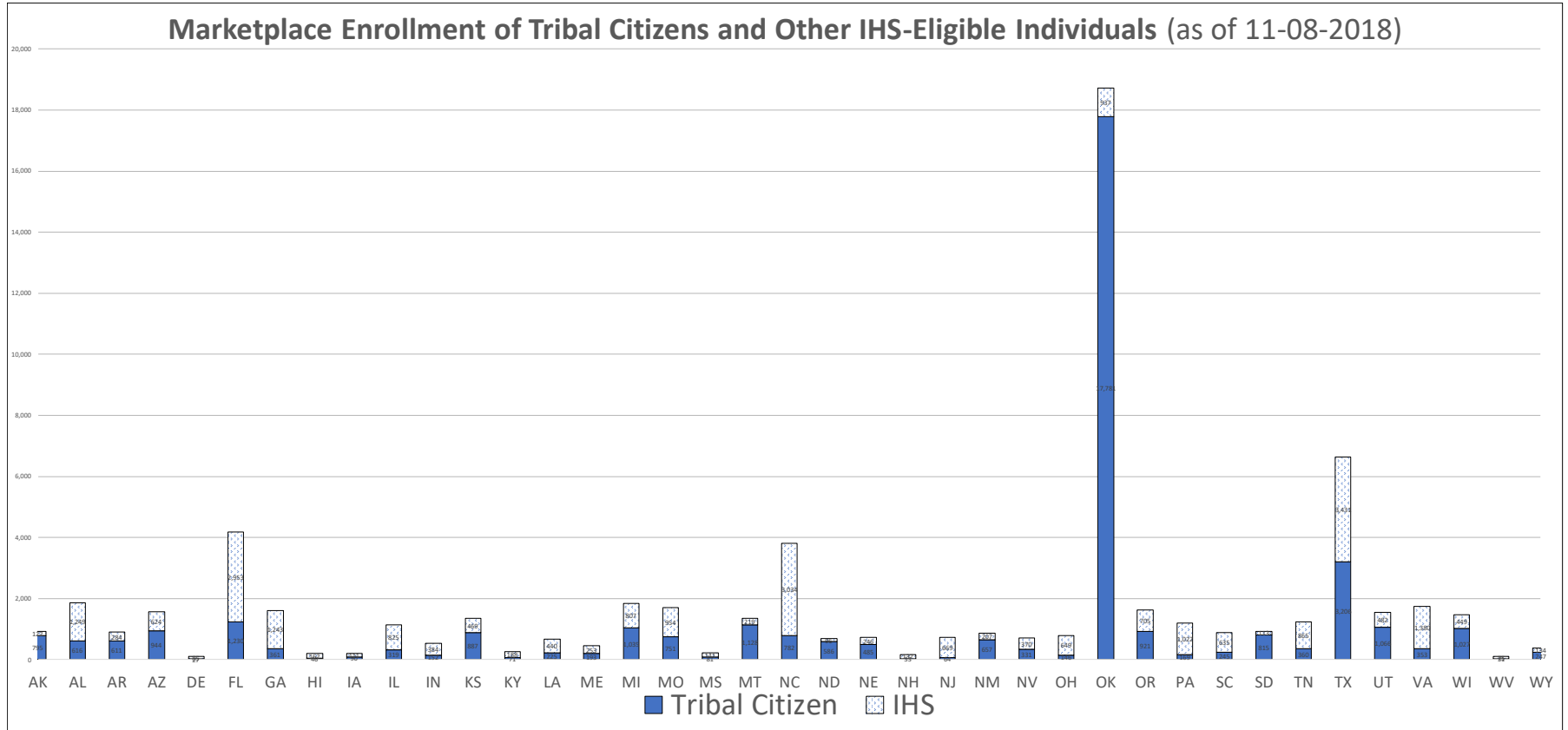
Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services
Molina Healthcare of New Mexico, Inc.: Bronze AI/AN Limited Cost Sharing

Common Medical Event	Services You May Need	What You Will Pay	
		Your cost if You use a Participating Indian Health Care Provider (IHCP)	Your Cost if You use a Participating Molina HMO Provider
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	No charge	\$35 <u>copay</u> /office visit
	<u>Specialist</u> visit	No charge	\$80 <u>copay</u> /visit after <u>deductible</u>
	<u>Preventive care/screening/immunization</u>	No charge	No charge

- Issue could be remedied by adding "Cost sharing waived at non-IHCP with referral from IHCP."

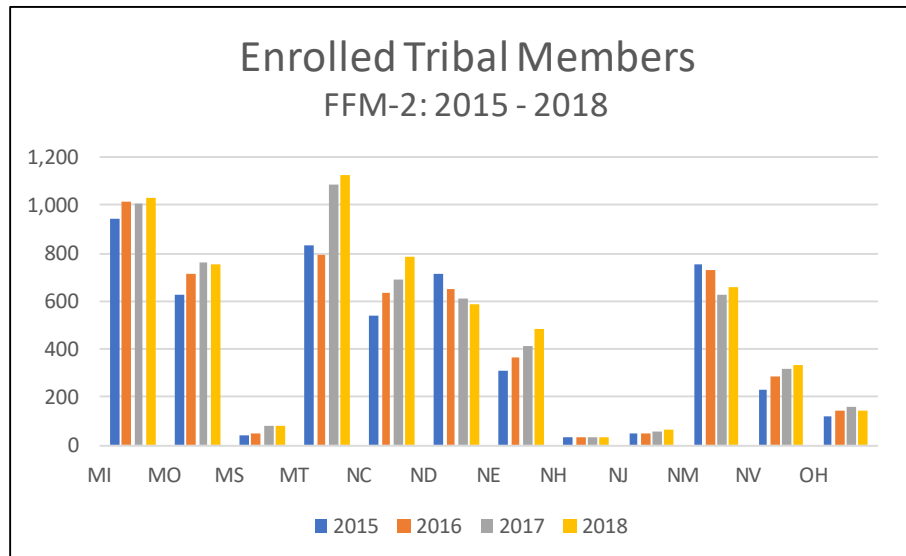
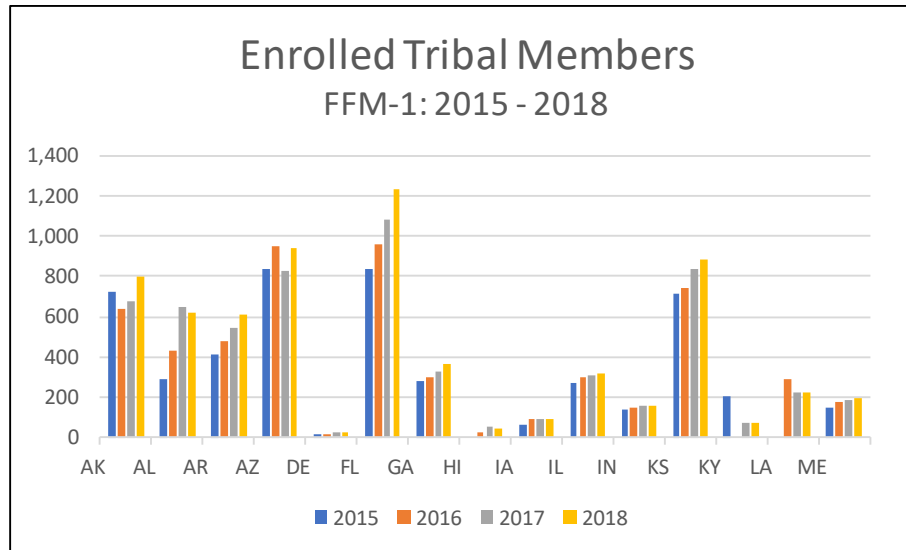
State-by-State Marketplace Enrollment

(as of 2018-10-08)



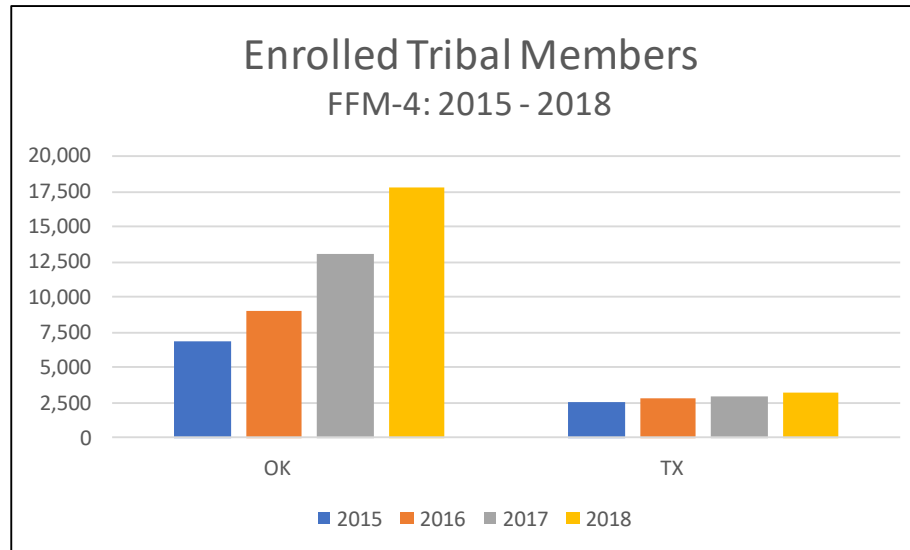
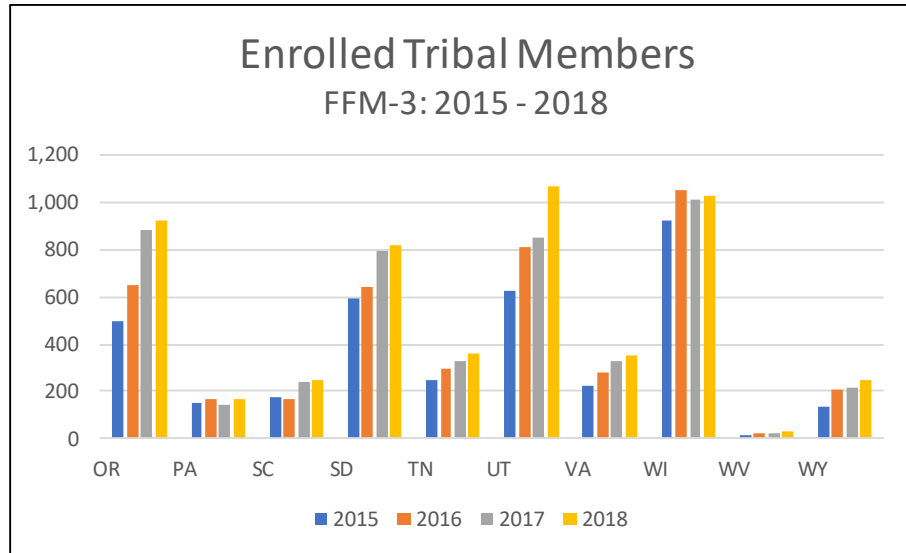
State-by-State Marketplace Enrollment

(as of 2018-10-08)



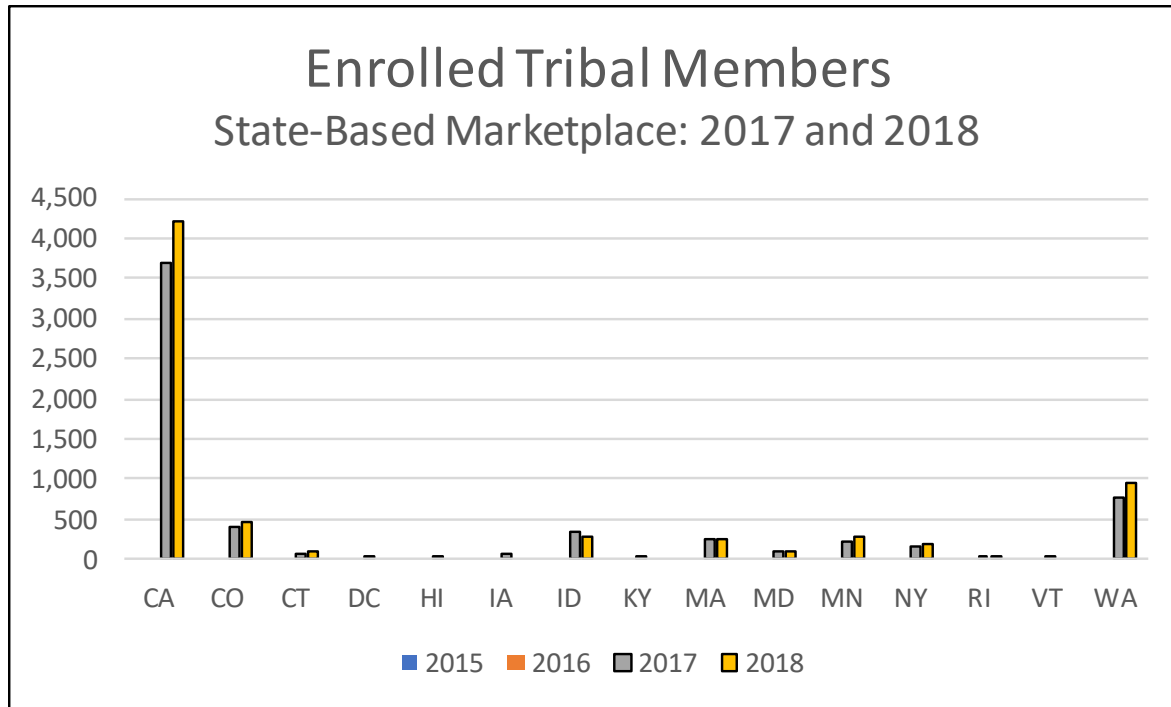
State-by-State Marketplace Enrollment

(as of 2018-10-08)



State-by-State Marketplace Enrollment

(as of 2018-10-08)



SECTION 2:

AI/AN Enrollment Growth in Medicaid

(Census Bureau American Community Survey Data)



Medicaid Enrollment of Individuals “Currently Covered by IHS”: 2010 - 2017

-- Using American Community Survey data from the Census Bureau --

- Medicaid enrollment of individuals “currently covered by IHS” increased in both expansion states (+41%) and non-expansion states (+21%) over the 2010-2017 period

Medicaid Enrollment Increases: Individuals with IHS Access				
	Change: 2010 - 2016	Change: 2016 - 2017	Total Gain	Percentage Gain
Medicaid expansion states	+104,530	+10,976	+115,506	41%
Newly & Non-Medicaid expansion states	+29,177	+1,790	+30,967	21%
All states	+133,707	+12,766	+146,473	34%

- Overall, Medicaid enrollment grew by 2.3% from 2016 to 2017, with 12,766 additional individuals with IHS access enrolled
- For Census, IHS-related question is “16. Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans?... g. **Indian Health Service**”

- In contrast, IHS Active Users defined as IHS eligibles who have received services at an IHS/Tribal facility within the previous three years



Medicaid Expansion States: Medicaid Enrollment of Individuals “Currently Covered by IHS”; 2010 - 2017

Medicaid Enrollment of Individuals with IHS Access, by State; 2010-2017												
State	Federally Recognized Tribe	Medicaid Expansion Status ³	Medicaid Enrollment of Individuals with IHS Access, by Year ¹ (Shading Indicates Year Medicaid Expansion Took Effect, if Implemented)								Change (2010-2017) ¹	Remaining Uninsured ² (0-138% FF)
			2010	2011	2012	2013	2014	2015	2016	2017		
Alaska	Yes	Yes	37,725	31,019	41,335	38,139	39,593	41,605	49,701	44,813	7,088	6,176
Arizona	Yes	Yes	79,799	63,936	69,972	75,247	92,462	82,234	80,140	91,986	12,187	15,890
California	Yes	Yes	26,326	33,002	25,364	33,867	31,416	39,075	40,433	42,422	16,096	4,118
Colorado	Yes	Yes	3,262	1,407	1,536	2,630	4,074	3,428	4,138	3,655	393	289
Connecticut	Yes	Yes	279	530	1,042	778	98	296	743	192	-87	0
Indiana	Yes	Yes	5,284	5,691	6,085	5,739	7,320	8,440	11,126	10,672	5,388	4,538
Iowa	Yes	Yes	1,610	651	780	1,681	937	3,015	1,742	1,243	-367	756
Louisiana	Yes	Yes	782	746	1,418	1,019	1,611	1,291	2,077	1,363	581	90
Maine	Yes	Yes	2,166	3,021	2,760	2,502	1,476	2,383	1,891	1,624	-542	819
Massachusetts	Yes	Yes	1,830	1,598	1,693	2,341	1,851	1,825	2,854	833	-997	0
Michigan	Yes	Yes	9,966	6,915	8,611	8,844	8,954	9,779	11,601	11,455	1,489	909
Minnesota	Yes	Yes	12,825	14,222	12,945	15,459	14,772	15,006	18,043	17,231	4,406	2,755
Montana	Yes	Yes	18,139	14,288	17,996	18,748	17,945	17,773	22,302	20,713	2,574	4,938
Nevada	Yes	Yes	4,120	6,494	4,923	4,368	5,690	5,875	5,968	7,442	3,322	868
New Mexico	Yes	Yes	38,991	47,152	47,417	54,807	60,674	75,784	70,802	87,899	48,908	11,787
New York	Yes	Yes	6,601	10,210	8,410	8,025	7,852	7,609	8,989	10,299	3,698	1,245
North Dakota	Yes	Yes	7,542	8,119	7,741	12,293	10,324	12,962	12,981	10,172	2,630	4,122
Oregon	Yes	Yes	6,657	10,594	11,964	10,473	11,340	10,156	13,214	10,389	3,732	400
Rhode Island	Yes	Yes	862	69	50	64	203	938	0	584	-278	0
Virginia	Yes	Yes	779	1,828	1,170	2,611	1,016	1,466	2,924	985	206	219
Washington	Yes	Yes	17,925	21,171	19,669	19,469	21,990	24,782	26,331	23,004	5,079	2,597
GRAND TOTAL (Medicaid Expansion States)			283,470	282,663	292,881	319,104	341,598	365,722	388,000	398,976	115,506	62,516

Notes:

¹ Census Bureau, 2010-2017 American Community Survey, 1-Year Estimates. Montana and Louisiana implemented the Medicaid expansion in January 2016 and July 2016, respectively. Maine approved the Medicaid expansion through a ballot initiative in November 2017 but the then-governor did not set a date for implementation; the newly elected governor on January 3, 2019, signed an executive order directing the state Department of Health and Human Services to begin implementation of the expansion and provide coverage to eligible residents retroactive to July 2018. Virginia approved the Medicaid expansion as part of its FY 2019-2020 budget in June 2018, with implementation planned for January 1, 2019. Shading indicates the year the Medicaid expansion went into effect, if any.

² Analysis of Census Bureau, 2017 American Community Survey, 1-Year Estimates. Figures assume that all individuals live in a 3-person household.

Non-Medicaid Expansion States: Medicaid Enrollment of Individuals “Currently Covered by IHS”; 2010 - 2017

Medicaid Enrollment of Individuals with IHS Access, by State (Non-ACA Expansion States); 2010-2017													
State	Federally Recognized Tribe	Medicaid Expansion Status ¹	Medicaid Enrollment of Individuals with IHS Access, by Year ²							Change (2010-2017)	Percent Change (2010-2017)	Remaining Uninsured ³ (0-138% FPL)	
			2010	2011	2012	2013	2014	2015	2016				2017
Newly Authorized (Not Implemented)													
Idaho	Yes	Authorized	2,636	4,648	3,150	2,667	3,518	4,446	4,412	4,473	1,837	69.69%	1,041
Nebraska	Yes	Authorized	3,038	2,692	2,789	3,532	2,510	3,007	3,571	4,734	1,696	55.8%	354
Utah	Yes	Authorized	4,168	2,639	2,451	4,209	2,313	4,828	3,955	3,231	-937	-22.5%	1,140
Not Authorized													
Alabama	Yes	No	1,094	1,071	1,370	832	1,858	519	976	761	-333	-30.44%	0
Florida	Yes	No	4,070	3,547	3,632	4,267	4,347	4,505	5,168	5,936	1,866	45.8%	1,120
Georgia	No	No	2,242	3,224	2,318	1,127	1,131	1,662	2,597	2,922	680	30.3%	38
Kansas	Yes	No	2,644	3,121	2,594	1,782	3,266	2,191	2,250	4,851	2,207	83.5%	232
Mississippi	Yes	No	2,690	3,524	2,681	4,146	2,342	3,289	3,731	3,794	1,104	41.0%	1,182
Missouri	No	No	1,502	474	1,485	3,171	3,002	1,512	1,092	2,891	1,389	92.5%	1,043
North Carolina	Yes	No	3,925	3,876	3,955	3,986	5,543	5,203	3,557	4,209	284	7.2%	522
Oklahoma	Yes	No	70,818	70,000	77,084	82,333	71,713	74,865	84,544	79,125	8,307	11.7%	34,474
South Carolina	Yes	No	1,399	997	3,194	2,058	621	2,338	1,102	1,200	-199	-14.2%	617
South Dakota	Yes	No	23,824	31,067	29,797	28,875	25,617	26,575	30,798	32,275	8,451	35.5%	9,285
Tennessee	No	No	694	857	1,141	505	843	1,291	1,537	930	236	34.0%	105
Texas	Yes	No	7,726	8,051	5,967	8,060	4,200	6,058	9,803	8,272	546	7.1%	2,605
Wisconsin	Yes	No	9,231	9,463	7,849	9,390	10,556	8,975	10,676	12,902	3,671	39.8%	3,712
Wyoming	Yes	No	3,301	4,471	3,064	2,876	2,487	1,495	4,410	3,463	162	4.9%	1,028
TOTAL (Newly Authorized States)			9,842	9,979	8,390	10,408	8,341	12,281	11,938	12,438	2,596	26.4%	2,535
TOTAL (Non-Expansion States)			135,160	143,743	146,131	153,408	137,526	140,478	162,241	163,531	28,371	21.0%	55,963
<i>Non-Expansion States with Tribe</i>			130,722	139,188	141,187	148,605	132,550	136,013	157,015	156,788	26,066	19.9%	54,777
<i>Non-Expansion States with no Tribe</i>			4,438	4,555	4,944	4,803	4,976	4,465	5,226	6,743	2,305	51.9%	1,186
GRAND TOTAL (Newly and Non-Exp States)			145,002	153,722	154,521	163,816	145,867	152,759	174,179	175,969	30,967	21.4%	58,498

Notes:

¹ As of January 4, 2019. Montana and Louisiana implemented the Medicaid expansion in January 2016 and July 2016, respectively. Maine approved the Medicaid expansion through a ballot initiative in November 2017 but the then-governor did not set a date for implementation; the newly elected governor on January 3, 2019, signed an executive order directing the state Department of Health and Human Services to begin implementation of the expansion and provide coverage to eligible residents retroactive to July 2018. Virginia approved the Medicaid expansion as part of its FY 2019-2020 budget in June 2018, with implementation planned for January 1, 2019. In November 2018, Idaho, Nebraska, and Utah authorized the Medicaid expansion through ballot initiatives. In addition, lawmakers in Kansas and Wisconsin have indicated a likelihood of authorizing Medicaid expansion. See Kaiser Family Foundation, "Status of State Action on the Medicaid Expansion Decision."

² Figures taken from Census Bureau, 2010-2017 American Community Survey, 1-Year Estimates.

³ Based on analysis of Census Bureau, 2017 American Community Survey, 1-Year Estimates. Figures indicate the number of uninsured individuals with IHS access with a household income at or less than \$28,180 (\$35,218 in Alaska), which represents 138% FPL for a 3-person household (the average household size for AI/ANs) in 2017.