



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

Tribal Self-Governance Advisory Committee Webinar on –

Tribal Best Practices and Critical Issues:

- ACA Marketplace Protections for Indian Health Care Providers**
- Marketplace and Medicaid Enrollment**

February 19, 2020

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AGENDA

- **SECTION 1: Payment Options and Protections for Indian Health Care Providers**
 - Listing of available TSGAC resources, by insurance type
- **SECTION 2: ACA Marketplace Plans: Indian Health Care Provider Payment and Other Protections**
 - Review of new TSGAC issue brief
- **SECTION 3: Marketplace and Medicaid enrollment of Tribal citizens and other IHS-eligible individuals**
 - Data from CMS / CCIIO and Census Bureau



Section 1

Payment Options and Protections for Indian Health Care Providers

Listing of TSGAC Resources for Indian Health Care Provider Payment Options and Protections

Indian Health Care Provider (IHCP) Payment Options and Protections February 19, 2020				
TSGAC Issue Briefs: https://www.tribalseg.gov/health-reform/2020-health-actions/			TSGAC Webinars: https://www.tribalseg.gov/health-reform/webinars/	
	(A) Medicaid	(B) Medicare	(C) Marketplace Private Health Insurance	(D) Other Private Health Insurance
1	Fee-for-service / OMB encounter rates (non-outpatient prescription drugs) https://www.tribalseg.gov/wp-content/uploads/2019/03/TSGAC-Memo-IHS-Reimbursement-Rates-for-CY-2019-2019-02-11b.pdf <i>In 2020, TSGAC is conducting a survey of state Medicaid programs to identify IHCP-specific coverage and payment policies</i>	Fee-for-service / OMB encounter rates https://www.tribalseg.gov/wp-content/uploads/2019/03/TSGAC-Memo-IHS-Reimbursement-Rates-for-CY-2019-2019-02-11b.pdf	Protection from patient cost-sharing deductions for enrolled Tribal members https://www.tribalseg.gov/wp-content/uploads/2020/01/TSGAC-Brief-AI-AN-Marketplace-Medicaid-Enroll-2018-2019-12-20f.pdf https://www.tribalseg.gov/health-reform/health-q-a/tribal-sponsorship-fast-track-key-tasks/	IHCIA Section 206 Payment Protections for IHCPs <i>- Session to be held on enforcement of IHCIA Section 206 at TSGAC Annual Conference (April, 2020, Burlingame, CA)</i>
2	Four walls fix / Tribal FQHC, accessing OMB encounter rate https://www.tribalseg.gov/wp-content/uploads/2019/11/TSGAC-Brief-CMS-Restrictions-on-Billing-Medicaid-for-Services-Outside-Four-Walls-2019-11-21b.pdf	Free-Standing Tribal Clinics -- Medicare FQHC Prospective Payment System https://www.tribalseg.gov/health-reform/webinars/nov-15-2019-tsgac-aca-webinar-tribal-best-practices-and-critical-issues-medicare-payment-options-for-free-standing-tribal-clinics/	Potential use of Medicaid FQHC payment rates under Marketplace plans, enabling access to OMB encounter rates https://www.tribalseg.gov/wp-content/uploads/2020/02/TSGAC-Brief-Marketplace-Payment-and-Other-Protections-for-IHCPs-2020-02-09d.pdf	
3	Outpatient Prescription Drug Reimbursement, accessing OMB encounter rates https://www.tribalseg.gov/wp-content/uploads/2020/02/TSGAC-Medicaid-Pharmacy-Reimbursement-for-Tribal-Programs-2020-02-10b.pdf https://www.tribalseg.gov/health-reform/webinars/dec-18-2018-tsgac-aca-webinar-tribal-best-practices-third-party-revenue-generation-medicare-outpatient-prescription-drug-reimbursement-indian-health-care-providers/	Increased Medicare revenues through (a) Tribal Sponsorship of Part B and Part D and (b) maximizing Low-Income Subsidies https://www.tribalseg.gov/wp-content/uploads/2019/12/TSGAC-Memo-Tribal-Sponsorship-of-Medicare-Part-B-D-Premiums-2019-12-10a.docx.pdf https://www.tribalseg.gov/wp-content/uploads/2017/12/TSGAC-PP-for-Medicare-Sponsorship-Webinar-2017-11-30a.pdf	Enrollment of IHCPs as Essential Community Providers under Marketplace plans https://www.tribalseg.gov/wp-content/uploads/2019/12/TSGAC-Brief-Steps-to-Update-or-Add-Entry-on-the-HHS-ECP-List-2019-12-06d.pdf https://www.tribalseg.gov/health-reform/webinars/september-6-2019-tsgac-aca-webinar-the-hhs-ecp-list-securing-placement-on/	
4	Enhanced claiming of 100% FMAP for "received through" services	Enhanced Elder Care Program -- building off Annual Wellness Visit CLICK ON: "2019 SGCE Annual Conference PowerPoint-Wren" https://www.tribalseg.gov/events/event/2019-tribal-self-governance-annual-consultation-conference-grand-traverse-resort-travers-e-city-michigan-3-31-4-4/	https://www.tribalseg.gov/wp-content/uploads/2020/02/rev-Matrix-CCIO-Issuer-Letters-Select-Marketplace-Issues-2014-2021-2020-02-05b.pdf	
5		Wrap-around payments under Medicare managed care plans, accessing Medicare FQHC rates https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/FQHC-PPS-FAQs.pdf		



Findings from Review of Indian Health Care Provider Payment Options and Protections

- IHCPs decision on payment approaches under one insurance type (e.g., Medicaid) might impact the availability of payment options under a different insurance type (e.g., Marketplace)
- Addressing the pending “four walls” limitation for Tribal clinics by opting to bill under Medicaid as a “Tribal FQHC” could result in an IHCP receiving payment for a greater array of services while maintaining access to the OMB encounter rate
- Recent findings from the review of Medicaid outpatient prescription drug reimbursement at IHCPs indicate that conversion from (1) a cost plus dispensing fee methodology to (2) an OMB encounter rate methodology has proven beneficial to IHCPs
- Recent elimination of the “donut hole” under Medicare Part D and the elimination of cost-sharing (and addition of benefits such as Annual Wellness Visit) pertaining to preventive services create additional opportunities for improved patient access to services and increased IHCP revenues



Section 2

Payment and Other Protections for Indian Health Care Providers under ACA Marketplace Health Plans

Links:

- (New) TSGAC Issue Brief – Requirements for Payment and Other Protections to Indian Health Care Providers Under Marketplace Health Plans

<https://www.tribalseg.gov/wp-content/uploads/2020/02/TSGAC-Brief-Marketplace-Payment-and-Other-Protections-for-IHCPs-2020-02-09d.pdf>

- TSGAC Issue Brief– Clarification on Federal Policy and Next Steps for Tribal Health Care Facilities Billing Medicaid for Clinic Services Provided Outside Their Four Walls (Four Walls Fix)

<https://www.tribalseg.gov/wp-content/uploads/2019/11/TSGAC-Brief-CMS-Restrictions-on-Billing-Medicaid-for-Services-Outside-Four-Walls-2019-11-21b.pdf>

Overview of Marketplace Protections

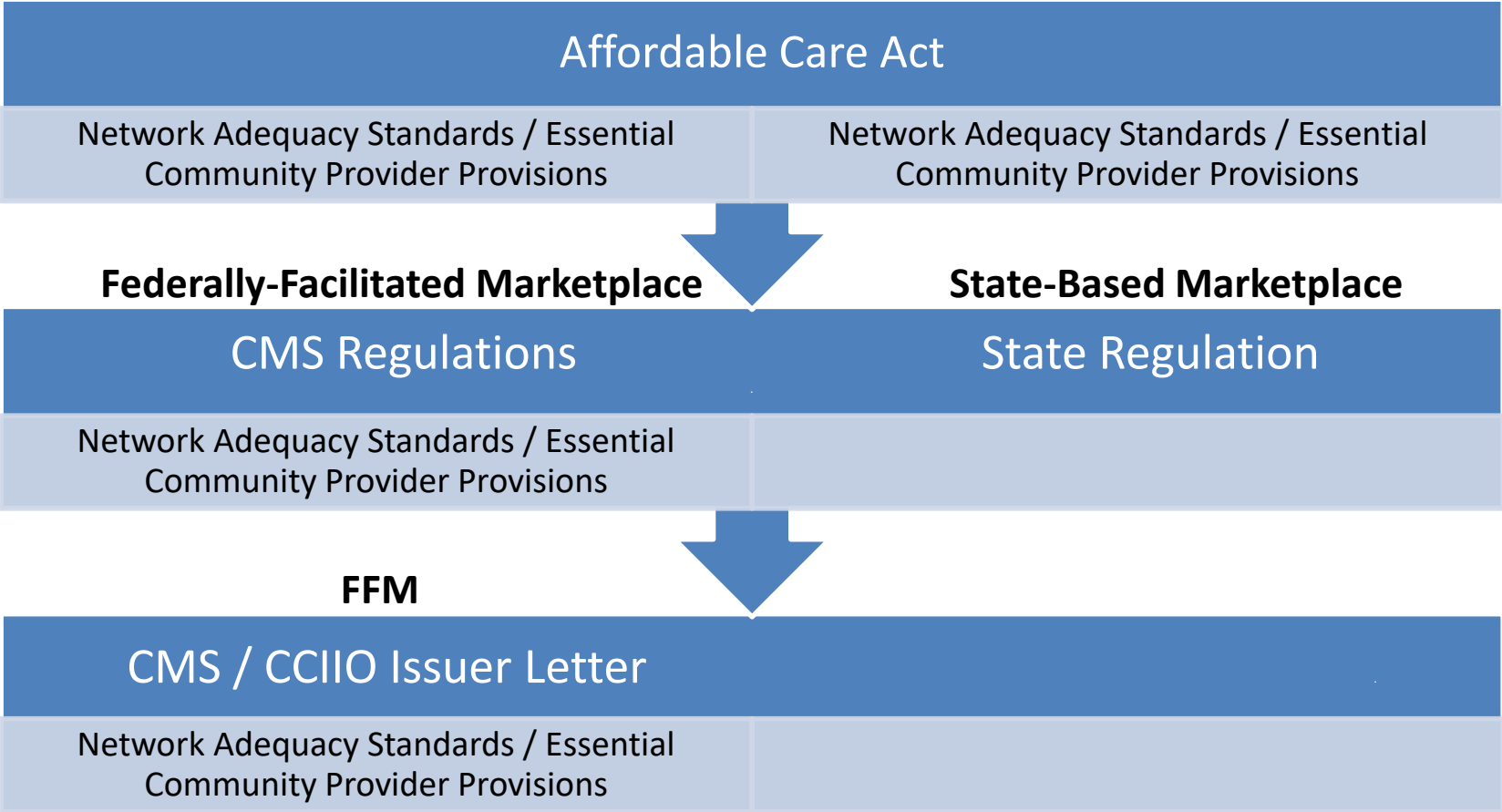
- TSGAC recently released a brief which reviews information on Federal requirements for payments to certain Indian health care providers (IHCPs) under qualified health plans (QHPs) offered by health insurance issuers through a Federally-Facilitated Health Insurance Marketplace (Marketplace). Specifically, this brief examines requirements on QHP issuers with regard to:
 - (1) including IHCPs in plan provider networks;
 - (2) making contract offers to IHCPs; and,
 - (3) meeting minimum payment standards for Tribal (Medicaid) federally-qualified health centers (FQHCs), possibly including adoption of the OMB encounter rate.
- Also, IHCPs have the back-up protection to bill QHP issuers under the Indian Health Care Improvement Act (IHCIA), pursuant to IHCIA section 206, regardless of whether the IHCPs have contracted with a QHP issuer
- Some requirements generally apply to Marketplace issuers in all states whereas other requirements apply only in states with a Federally-Facilitated Marketplace (FFM) or State Partnership Marketplace (SPM)
 - States with a State-Based Marketplace (SBM) or State-Based Marketplace on the Federal Platform (SBM-FP) in some cases have flexibility to impose different requirements
- As an attachment to the “TSGAC Brief: Requirements for Payment and Other Protections to Indian Health Care Providers Under Marketplace Health Plans”, these requirements are listed, and it is indicated whether requirements have changed over time (Attachment A: CCIIO Marketplace Matrix)

Link to HHS ECP Listing Webinar: <https://www.tribalseg.gov/health-reform/webinars/september-6-2019-tsgac-aca-webinar-the-hhs-ecp-list-securing-placement-on/>



ACA Network Adequacy and Essential Community Provider (ECP) Provisions

All Marketplaces



Summary of Requirements on Qualified Health Plan (QHP) Issuers Regarding Indian Health Care Providers

(required for FFM/SPM states; optional for SBM states)

For a QHP to be certified for a Federally-Facilitated Marketplace (FFM/SPM¹), a QHP issuer must:

- Network Adequacy (§156.230)
 - Maintain a network that is sufficient in number and types of providers, including providers that specialize in mental health and substance abuse services, to assure that all services will be accessible without unreasonable delay
- Essential Community Providers (ECPs) (§156.235)
 - Contract with at least 20 percent of available ECPs in each plan’s service area to participate in the plan’s provider network
 - ***Offer contracts in good faith to all available Indian health care providers in the plan’s service area***, applying the special terms and conditions required by Federal law and regulations as referenced in the recommended model QHP addendum for IHCPs developed by HHS²
 - QHP issuers must offer contracts in good faith to **at least one ECP** in each ECP category in each county in the service area of their plan(s), where an ECP in that category is available and provides medical or dental services covered by the issuer plan type

For a QHP in a State-Based Marketplace (SBM):

- CMS stated, “We urge State Exchanges to employ the same standard when examining adequacy of ECPs as outlined in §156.235, including the requirement that issuers offer contracts to all Indian health providers in the plan’s service area.”

¹ State Partnership Marketplaces (SPMs) are a form of FFM and apply FFM rules

² “Alternate Standard Issuers” are not subject to this ECP requirement



Contents of Model QHP (Indian) Addendum

- Eligibility for services from IHCPs
- Licensure of IHCP health professionals
- Applicability of other federal laws
 - IHCA section 206
 - Federal Tort Claims Act
 - Insurance and indemnification



Other Indian Health Care

Provider-Related Provisions: All States

- **Payment of Federally qualified health centers** (in all Marketplaces)
 - “If an item or service covered by a QHP is provided by a Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Act) to an enrollee of a QHP, the QHP issuer must pay the Federally qualified health center for the item or service an amount that is not less than the amount of payment that would have been paid to the center under section 1902(bb) of the Act for such item or service” (ACA Section 1302(g))
 - Includes an outpatient health program or facility operated by a tribe or tribal organization under the ISDA (Public Law 93-638) or by an urban Indian organization receiving funds under title V of the IHCA for the provision of primary health services
 - Under Medicaid FQHC option (for Tribal clinics), as an “alternative payment methodology” (APM), a state can provide the OMB encounter rates
 - As such, in cases in which a Tribal program bills **Medicaid** as an FQHC and receives the OMB encounter rate under the APM option for covered Medicaid services, and the Tribal program contracts with a QHP issuer to serve Marketplace enrollees, the QHP issuer generally would have to pay this facility at the OMB encounter rate



States with Tribal FQHC Payment Options under Medicaid State Plan

- States currently with Medicaid Tribal FQHC billing options that draw on the OMB encounter rates are:
 - Arizona, Connecticut, Montana, Oklahoma, Washington
- Oklahoma State Plan indicates—
 - “For qualified facilities operated by ITU providers that contract with the Medicaid agency as an FQHC, hereafter referred to as ITU-FQHC, an alternative payment method (APM) is allowed. The APM rate for services provided by an ITU-FQHC is set at the OMB rate. ... Reimbursement is made for an individual medical, dental, and outpatient behavioral health encounter per member per day. Reimbursement for more than one outpatient visit within a 24-hour period is made when services are provided for a distinctly different diagnosis.”
- The Oklahoma State Plan also indicates—
 - “For purposes of being designated as an FQHC by Medicaid, Tribal, IHS, and urban Indian health program facilities need not meet any requirement other than being operated by a Tribe or Tribal organization under P.L. 93-638.”
- TSGAC brief on “four walls” limitation: <https://www.tribalselfgov.org/wp-content/uploads/2019/11/TSGAC-Brief-CMS-Restrictions-on-Billing-Medicaid-for-Services-Outside-Four-Walls-2019-11-21b.pdf>
- TSGAC brief on Marketplace protections for IHCPs (attached)



Other Indian Health Care Provider-Related Provisions: All States

- **Section 206 reimbursement** (in all Marketplaces)
 - “Section 206 of the [IHCA] (25 USC § 1621e) provides for a right of recovery from an insurance company and other third party entities, including QHP issuers, for reasonable charges billed by an Indian health care provider when providing services, or, if higher, the highest amount the third party would pay for services furnished by other providers. This right of recovery applies whether the Indian health care provider is in a plan network or not. Further details can be found at <http://www.ihs.gov/ihsca/>” [CCIIO 2016 Issuer Letter]



SUMMARY:

Potential Checklist for IHCPs Contracting with Marketplace Health Plans

- Register as an Essential Community Provider (through CMS)
- Request contract offers from Marketplace plan issuers
- Confirm contract offers meet minimum standards
 - Contracts to include content of QHP (Indian) Addendum
- Consider electing to be paid as a Tribal FQHC under Medicaid
 - State needs to establish Tribal FQHC option under Medicaid State Plan, with potential to apply OMB encounter rates
- (If applicable) indicate to Marketplace issuer that your facility is an FQHC for Medicaid billing purposes and the OMB encounter rates apply



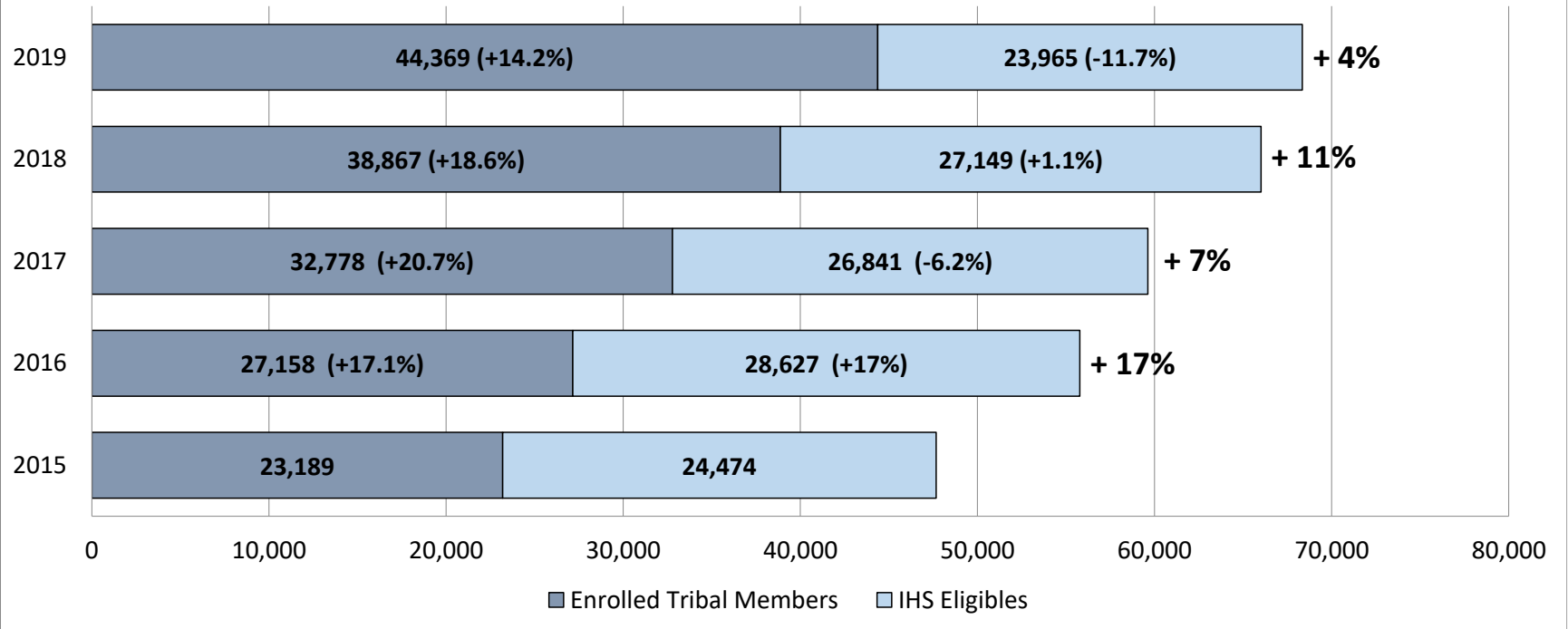
Section 3

Marketplace and Medicaid Enrolment of Tribal Citizens and other IHS-Eligible Individuals

-- Data from CMS / CCIIO and Census Bureau

Marketplace Enrollment – 2019: Federally-Facilitated Marketplace States

Figure 1: Enrolled Tribal Members and IHS Eligibles with Coverage Through the Federally-Facilitated Marketplace; 2015-2019



Marketplace Enrollment – 2019: Federally-Facilitated Marketplace States

**Table 1: Enrolled Tribal Members¹ and Other IHS Eligibles with Coverage
Through the Federally-Facilitated Marketplace (FFM), by State; 2018 and 2019^{2,3}**

State	Enrolled Tribal Members ⁴			Other IHS Eligibles ⁴			All	
	2018	2019	% Change	2018	2019	% Change	2019 vs. 2018	% Change
Alabama	616	608	-1.3%	1,249	1,076	-13.9%	-181	-9.7%
Alaska	795	913	14.8%	122	101	-17.2%	97	10.6%
Arizona	944	883	-6.5%	624	554	-11.2%	-131	-8.4%
Arkansas	611	621	1.6%	284	255	-10.2%	-19	-2.1%
Delaware	27	23	-14.8%	85	83	-2.4%	-6	-5.4%
Florida	1,230	1,305	6.1%	2,953	2,662	-9.9%	-216	-5.2%
Georgia	361	362	0.3%	1,243	1,177	-5.3%	-65	-4.1%
Hawaii	46	45	-2.2%	162	188	16.0%	25	12.0%
Illinois	319	316	-0.9%	825	695	-15.8%	-133	-11.6%
Indiana	152	159	4.6%	384	322	-16.1%	-55	-10.3%
Iowa	90	83	-7.8%	111	110	-0.9%	-8	-4.0%
Kansas	887	877	-1.1%	469	385	-17.9%	-94	-6.9%
Kentucky	71	80	12.7%	188	180	-4.3%	1	0.4%
Louisiana	225	227	0.9%	440	415	-5.7%	-23	-3.5%
Maine	193	186	-3.6%	253	198	-21.7%	-62	-13.9%
Michigan	1,035	1,049	1.4%	807	717	-11.2%	-76	-4.1%
Mississippi	81	70	-13.6%	141	139	-1.4%	-13	-5.9%
Missouri	751	763	1.6%	954	759	-20.4%	-183	-10.7%
Montana	1,128	1,178	4.4%	219	229	4.6%	60	4.5%
Nebraska	485	583	20.2%	246	253	2.8%	105	14.4%



Marketplace Enrollment – 2019: Federally-Facilitated Marketplace States

**Table 1: Enrolled Tribal Members¹ and Other IHS Eligibles with Coverage
Through the Federally-Facilitated Marketplace (FFM), by State; 2018 and 2019^{2, 3}**

State	Enrolled Tribal Members ⁴			Other IHS Eligibles ⁴			All	
	2018	2019	% Change	2018	2019	% Change	2019 vs. 2018	% Change
Nevada	331	338	2.1%	370	302	-18.4%	-61	-8.7%
New Hampshire	33	35	6.1%	137	107	-21.9%	-28	-16.5%
New Jersey	64	66	3.1%	669	591	-11.7%	-76	-10.4%
New Mexico	657	550	-16.3%	207	178	-14.0%	-136	-15.7%
North Carolina	782	854	9.2%	3,034	2,739	-9.7%	-223	-5.8%
North Dakota	586	627	7.0%	96	98	2.1%	43	6.3%
Ohio	146	126	-13.7%	649	524	-19.3%	-145	-18.2%
Oklahoma	17,781	22,666	27.5%	937	933	-0.4%	4,881	26.1%
Oregon	921	993	7.8%	705	670	-5.0%	37	2.3%
Pennsylvania	169	152	-10.1%	1,022	722	-29.4%	-317	-26.6%
South Carolina	245	261	6.5%	635	583	-8.2%	-36	-4.1%
South Dakota	815	786	-3.6%	113	123	8.8%	-19	-2.0%
Tennessee	360	347	-3.6%	865	665	-23.1%	-213	-17.4%
Texas	3,206	3,384	5.6%	3,431	3,272	-4.6%	19	0.3%
Utah	1,066	1,240	16.3%	482	428	-11.2%	120	7.8%
Virginia	353	297	-15.9%	1,380	931	-32.5%	-505	-29.1%
West Virginia	31	24	-22.6%	75	56	-25.3%	-26	-24.5%
Wisconsin	1,027	1,052	2.4%	449	411	-8.5%	-13	-0.9%
Wyoming	247	240	-2.8%	134	134	0.0%	-7	-1.8%
All States	38,867	44,369	14.2%	27,149	23,965	-11.7%	2,318	3.5%

Source

CMS, "Table 1: American Indian and Alaska Native Applicants and Enrollees in the Federally-Facilitated Marketplace," coverage year 2018-2019 data.

Notes

¹ An enrolled Tribal member is an individual who meets the definition of Indian under the Affordable Care Act as a member of an Indian Tribe or shareholder in an Alaska Native regional or village corporation.

² Figures are for enrollment on the report run dates in October 2018 and November 2019. Totals include values in suppressed cells.

³ The FFM includes State-Based Marketplaces on the Federal Platform and State-Partnership Marketplaces.

⁴ Enrolled Tribal members are eligible for comprehensive Indian-specific cost-sharing protections; "other IHS eligibles" are not.



Marketplace Enrollment – 2019: State-Based Marketplace States

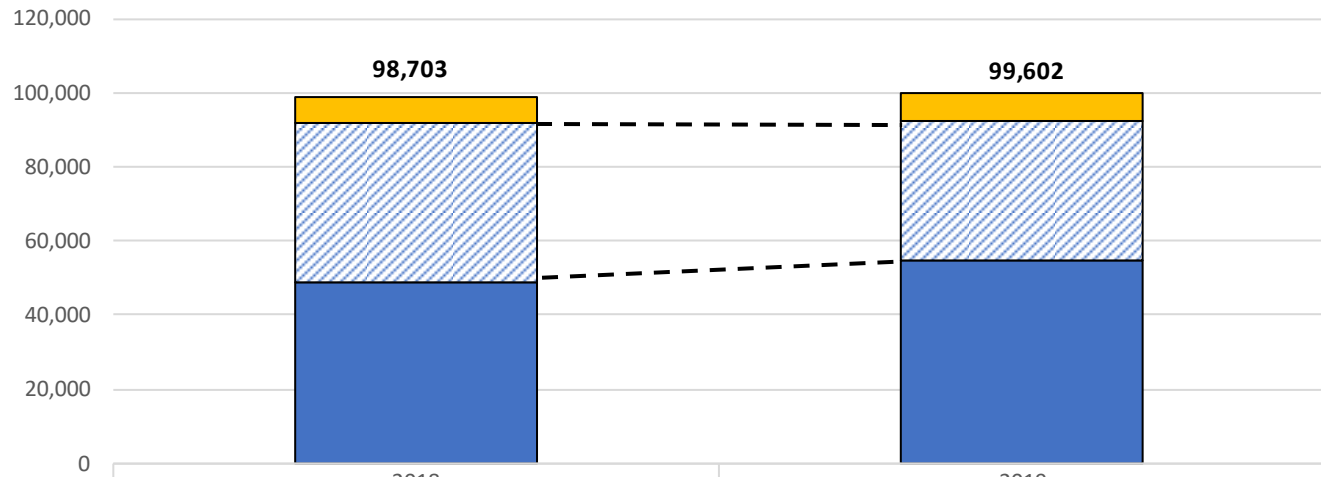
**Table 2: Enrolled Tribal Members¹ with Zero or Limited
Cost-Sharing Reductions (CSRs) in State-Based Marketplaces, 2018-2019²
(Suppress Cells <=11)**

State	Tribal Members with Zero CSRs			Tribal Members with Limited CSRs			All	
	2018	2019	% Change	2018	2019	% Change	2019 vs. 2018	% Change
California	3,208	3,557	10.9%	997	1,154	15.7%	506	12.0%
Colorado	354	417	17.8%	100	80	-19.8%	43	9.5%
Connecticut	84	77	-8.1%	23	37	61.2%	7	6.8%
District of Columbia	--	**	--	--	**	--	--	--
Idaho	265	321	21.4%	35	46	30.0%	67	22.4%
Maryland	88	45	-49.2%	14	**	--	--	--
Massachusetts	190	204	7.5%	79	90	13.5%	25	9.2%
Minnesota	189	197	3.8%	87	104	19.2%	24	8.6%
New York	130	161	23.7%	64	67	3.9%	33	17.1%
Rhode Island	25	25	-0.7%	**	**	--	--	--
Vermont	**	14	--	**	**	--	--	--
Washington	677	742	9.5%	264	230	-12.7%	31	3.3%
Totals	5,211	5,759	10.5%	1,663	1,807	8.6%	692	10.1%



Marketplace Enrollment: 2019 vs. 2018; All States

**Figure 2: Total Enrollments of Tribal Citizens and Other IHS-eligible Individuals:
FFM and SBE Marketplaces, 2018-2019 (All Enrollments During Year)**



	2018	2019
SBE: Enrolled Tribal Citizen	6,874	7,566
FFM: Other IHS-eligible	43,271	37,453
FFM: Enrolled Tribal Citizen	48,558	54,583

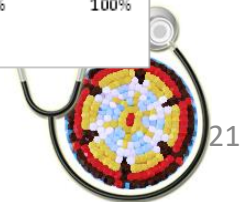
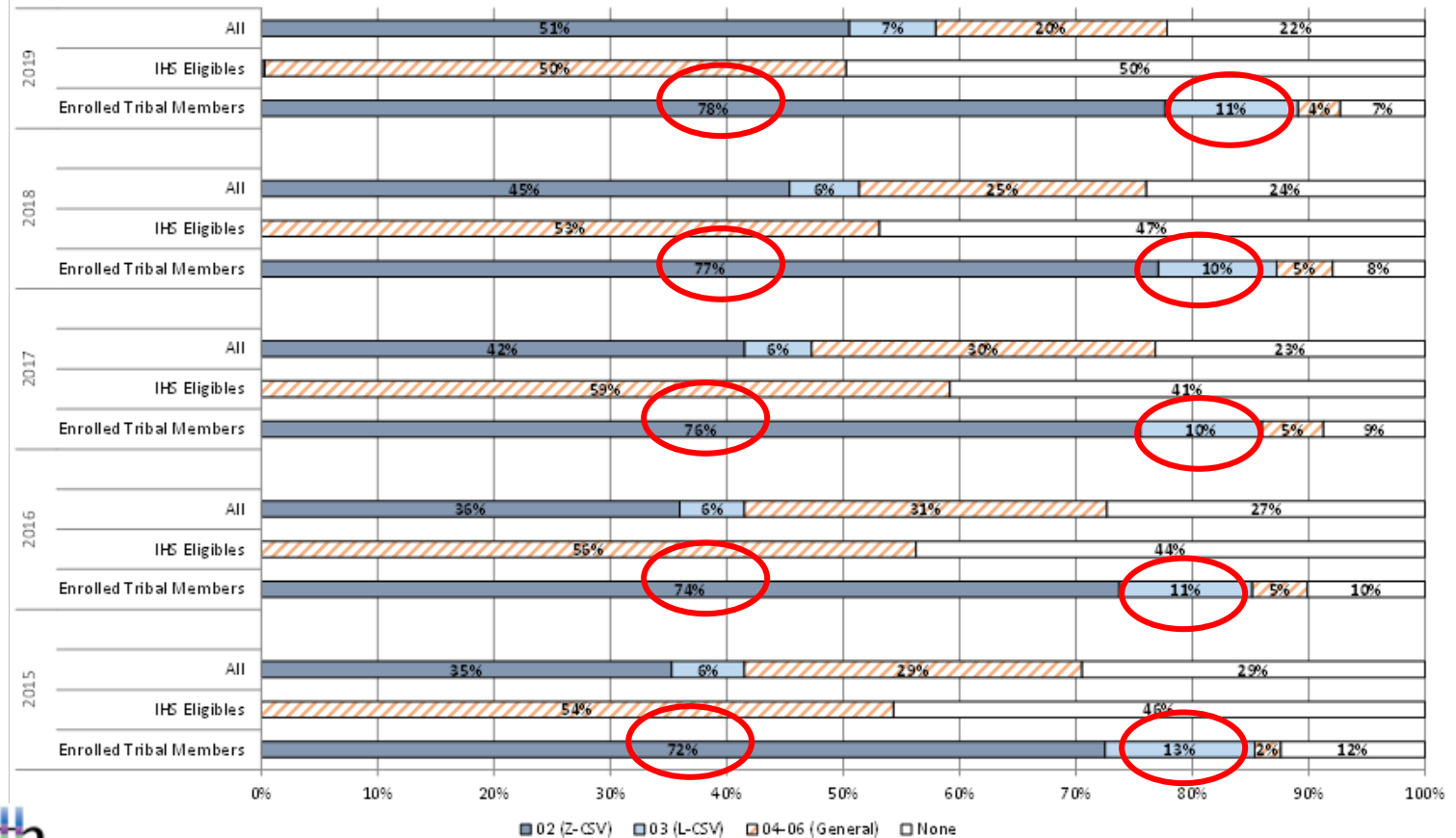
■ FFM: Enrolled Tribal Citizen ▨ FFM: Other IHS-eligible ■ SBE: Enrolled Tribal Citizen



Marketplace Enrollment: 2019

Cost-Sharing Protections

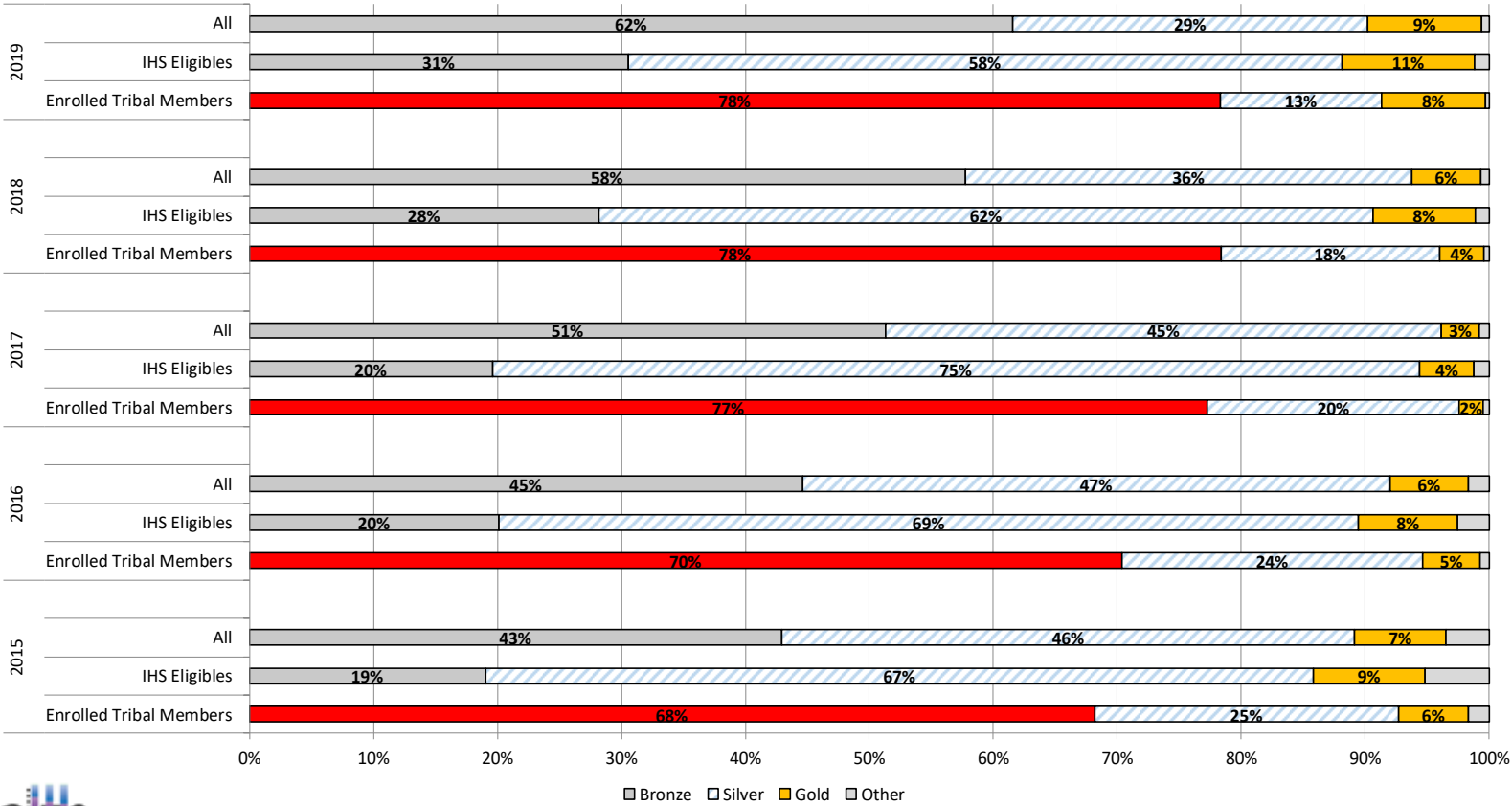
Figure 4: Enrolled Tribal Members and IHS Eligibles with Coverage Through the Federally-Facilitated Marketplace, by Cost-Sharing Reduction (CSR) Type; 2015-2019



Marketplace Enrollment: 2019

Cost-Sharing Protections

Figure 3: Enrolled Tribal Members and Other IHS Eligible Individuals with Coverage Through the Federally-Facilitated Marketplace, by Metal Level; 2015-2019



Medicaid Enrollment

2010 – 2018

Table 3: Medicaid Enrollment of Individuals with IHS Access, by State; 2010-2018

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 (2010-2018)	Remaining Uninsured ² (0-138% FPL)
			2010	2011	2012	2013	2014	2015	2016	2017	2018		
Alabama	Yes	No	1,094	1,071	1,370	832	1,858	519	976	761	1,166	72	23
Alaska	Yes	Yes	37,725	31,019	41,335	38,139	39,593	41,605	49,701	44,813	46,584	8,859	4,388
Arizona	Yes	Yes	79,799	63,936	69,972	75,247	92,462	82,234	80,140	91,986	87,262	7,463	22,255
Arkansas	No	Yes	2,379	5,653	2,539	2,254	3,134	2,896	5,966	4,622	2,385	6	626
California	Yes	Yes	26,326	33,002	25,364	33,867	31,416	39,075	40,433	42,422	44,354	18,028	5,352
Colorado	Yes	Yes	3,262	1,407	1,536	2,630	4,074	3,428	4,138	3,655	5,938	2,676	584
Connecticut	Yes	Yes	279	530	1,042	778	98	296	743	192	971	692	0
Delaware	No	Yes	0	0	31	0	165	0	345	0	0	0	0
District of Columbia	No	Yes	161	129	0	95	450	100	0	697	373	212	0
Florida	Yes	No	4,070	3,547	3,632	4,267	4,347	4,505	5,168	5,936	3,068	-1,002	203
Georgia	No	No	2,242	3,224	2,318	1,127	1,131	1,662	2,597	2,922	2,274	32	336
Hawaii	No	Yes	161	832	437	775	296	935	61	355	272	111	0
Idaho	Yes	Authorized	2,636	4,648	3,150	2,667	3,518	4,446	4,412	4,473	4,403	1,767	723
Illinois	No	Yes	3,303	2,450	2,185	1,970	1,886	1,592	2,203	2,229	2,282	-1,021	0
Indiana	Yes	Yes	5,284	5,691	6,085	5,739	7,320	8,440	11,126	10,672	9,892	4,608	2,884
Iowa	Yes	Yes	1,610	651	780	1,681	937	3,015	1,742	1,243	1,953	343	0
Kansas	Yes	No	2,644	3,121	2,594	1,782	3,266	2,191	2,250	4,851	4,431	1,787	621
Kentucky	No	Yes	1,224	347	220	1,140	268	788	1,763	2,351	1,963	739	0
Louisiana	Yes	Yes	782	746	1,418	1,019	1,611	1,291	2,077	1,363	1,319	537	199
Maine	Yes	Yes	2,166	3,021	2,760	2,502	1,476	2,383	1,891	1,624	1,511	-655	125
Maryland	No	Yes	1,030	648	1,478	594	431	1,349	704	730	1,532	502	0
Massachusetts	Yes	Yes	1,830	1,598	1,693	2,341	1,851	1,825	2,854	833	1,579	-251	0
Michigan	Yes	Yes	9,966	6,915	8,611	8,844	8,954	9,779	11,601	11,455	13,678	3,712	2,087
Minnesota	Yes	Yes	12,825	14,222	12,945	15,459	14,772	15,006	18,043	17,231	19,226	6,401	4,290
Mississippi	Yes	No	2,690	3,524	2,681	4,146	2,342	3,289	3,731	3,794	5,065	2,375	1,444
Missouri	No	No	1,502	474	1,485	3,171	3,002	1,512	1,092	2,891	2,027	525	923



Medicaid Enrollment 2010 – 2018

Table 3: Medicaid Enrollment of Individuals with IHS Access, by State; 2010-2018

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 (2010-2018)	Remaining Uninsured ² (0-138% FPL)
			2010	2011	2012	2013	2014	2015	2016	2017	2018			
Montana	Yes	Yes	18,139	14,288	17,996	18,748	17,945	17,773	22,302	20,713	23,795	5,656	4,496	
Nebraska	Yes	Authorized	3,038	2,692	2,789	3,532	2,510	3,007	3,571	4,734	4,942	1,904	392	
Nevada	Yes	Yes	4,120	6,494	4,923	4,368	5,690	5,875	5,968	7,442	8,150	4,030	805	
New Hampshire	No	Yes	515	92	98	209	0	0	816	0	233	-282	47	
New Jersey	No	Yes	2,164	1,407	522	696	794	2,207	1,907	398	2,061	-103	801	
New Mexico	Yes	Yes	38,991	47,152	47,417	54,807	60,674	75,784	70,802	87,899	95,884	56,893	12,641	
New York	Yes	Yes	6,601	10,210	8,410	8,025	7,852	7,609	8,989	10,299	8,023	1,422	1,108	
North Carolina	Yes	No	3,925	3,876	3,955	3,986	5,543	5,203	3,557	4,209	3,444	-481	486	
North Dakota	Yes	Yes	7,542	8,119	7,741	12,293	10,324	12,962	12,981	10,172	8,511	969	2,042	
Ohio	No	Yes	1,786	1,583	2,311	1,832	1,794	2,546	2,423	1,422	1,857	71	0	
Oklahoma	Yes	No	70,818	70,000	77,084	82,333	71,713	74,865	84,544	79,125	84,617	13,799	30,259	
Oregon	Yes	Yes	6,657	10,594	11,964	10,473	11,340	10,156	13,214	10,389	10,582	3,925	966	
Pennsylvania	No	Yes	3,408	1,649	1,561	4,003	2,908	2,852	3,431	2,627	3,355	-53	0	
Rhode Island	Yes	Yes	862	69	50	64	203	938	0	584	228	-634	0	
South Carolina	Yes	No	1,399	997	3,194	2,058	621	2,338	1,102	1,200	1,499	100	125	
South Dakota	Yes	No	23,824	31,067	29,797	28,875	25,617	26,575	30,798	32,275	36,375	12,551	9,135	
Tennessee	No	No	694	857	1,141	505	843	1,291	1,537	930	2,208	1,514	0	
Texas	Yes	No	7,726	8,051	5,967	8,060	4,200	6,058	9,803	8,272	10,383	2,657	1,700	
Utah	Yes	Authorized	4,168	2,639	2,451	4,209	2,313	4,828	3,955	3,231	2,953	-1,215	917	
Vermont	No	Yes	311	298	144	27	0	0	0	882	0	-311	0	
Virginia	Yes	Yes	779	1,828	1,170	2,611	1,016	1,466	2,924	985	1,954	1,175	0	
Washington	Yes	Yes	17,925	21,171	19,669	19,469	21,990	24,782	26,331	23,004	27,903	9,978	3,692	
West Virginia	No	Yes	421	378	187	360	97	719	394	382	359	-62	0	
Wisconsin	Yes	No	9,231	9,463	7,849	9,390	10,556	8,975	10,676	12,902	9,119	-112	3,528	
Wyoming	Yes	No	3,301	4,471	3,064	2,876	2,487	1,495	4,410	3,463	3,312	11	388	



Medicaid Enrollment: All States 2010 - 2018

Table 3: Medicaid Enrollment of Individuals with IHS Access, by State; 2010-2018

State	Medicaid Enrollment of Individuals with IHS Access, by Year ¹									Change (2010-2018)	Remaining Uninsured ² (0-138% FPL)
	2010	2011	2012	2013	2014	2015	2016	2017	2018		
TOTAL (Expansion States)	300,333	298,129	304,594	333,059	353,821	381,706	408,013	415,671	435,969	135,636	69,388
<i>Expansion States with Tribe</i>	283,470	282,663	292,881	319,104	341,598	365,722	388,000	398,976	419,297	135,827	67,914
<i>Expansion States with no Tribe</i>	16,863	15,466	11,713	13,955	12,223	15,984	20,013	16,695	16,672	-191	1,474
TOTAL (Non-Expansion)	145,002	153,722	154,521	163,816	145,867	152,759	174,179	175,969	181,286	36,284	51,203
<i>Non-Expansion States with Tribe</i>	140,564	149,167	149,577	159,013	140,891	148,294	168,953	169,226	174,777	34,213	49,944
<i>Non-Expansion States with no Tribe</i>	4,438	4,555	4,944	4,803	4,976	4,465	5,226	6,743	6,509	2,071	1,259
GRAND TOTAL	445,335	451,851	459,115	496,875	499,688	534,465	582,192	591,640	617,255	171,920	120,591

2010 - 2018/2019

Medicaid enrollment **171,920**

Marketplace enrollment **99,602**

Total increase **+ 271,522**



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