



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

American Indian and Alaska Native Marketplace Enrollment, Including Access to Cost-Sharing Protections¹

June 15, 2021

This TSGAC brief provides data and findings to Tribes on the:

1. Number of American Indians/Alaska Natives enrolled in health insurance coverage through the Marketplace in 2020;
2. Trends in American Indian/Alaska Native Marketplace enrollment and access to cost-sharing protections over the past 6 years;
3. Ongoing efforts by Tribes and Tribal organizations (T/TOs) to ensure that eligible American Indians/Alaska Natives receive the comprehensive cost-sharing protections to which they are entitled; and,
4. Next steps in working with the Centers for Medicare and Medicaid Services (CMS) on any recommended improvements on American Indian/Alaska Native enrollment.

KEY FINDINGS

- In 2020, the total number of Tribal members and other IHS-eligible individuals enrolled in the Federally-Facilitated Marketplace (FFM) and State Based Marketplaces (SBMs) at any point during the year exceeded 100,000 for the first time, an increase of 2.7% over 2019. In contrast, total FFM enrollment across all U.S. populations decreased by 0.3% from 2019 to 2020.
- On a second measure of AI/AN Marketplace enrollment (enrollment level on the report run date versus total enrollment any point during the year), the report shows an overall decline in AI/AN enrollment of 0.9%. The reported decline likely is a result of the report run date being in January 2021 (versus end-of-year 2020),² and actual year-end enrollment for 2020 likely was higher than the year-end enrollment level in 2019.³
- For Tribal citizens, enrollment in the FFM increased from 2019 to 2020, whereas enrollment of other Indian Health Service (IHS)-eligible individuals declined, continuing a trend in differential enrollment growth that began in 2017.

¹ This brief is for informational purposes only and is not intended as legal advice. For questions on this brief, please contact Cyndi Ferguson at cyndif@senseinc.com.

² In prior CMS reports, enrollment growth was reported consistently, from the year end in one year to the year end in the next.

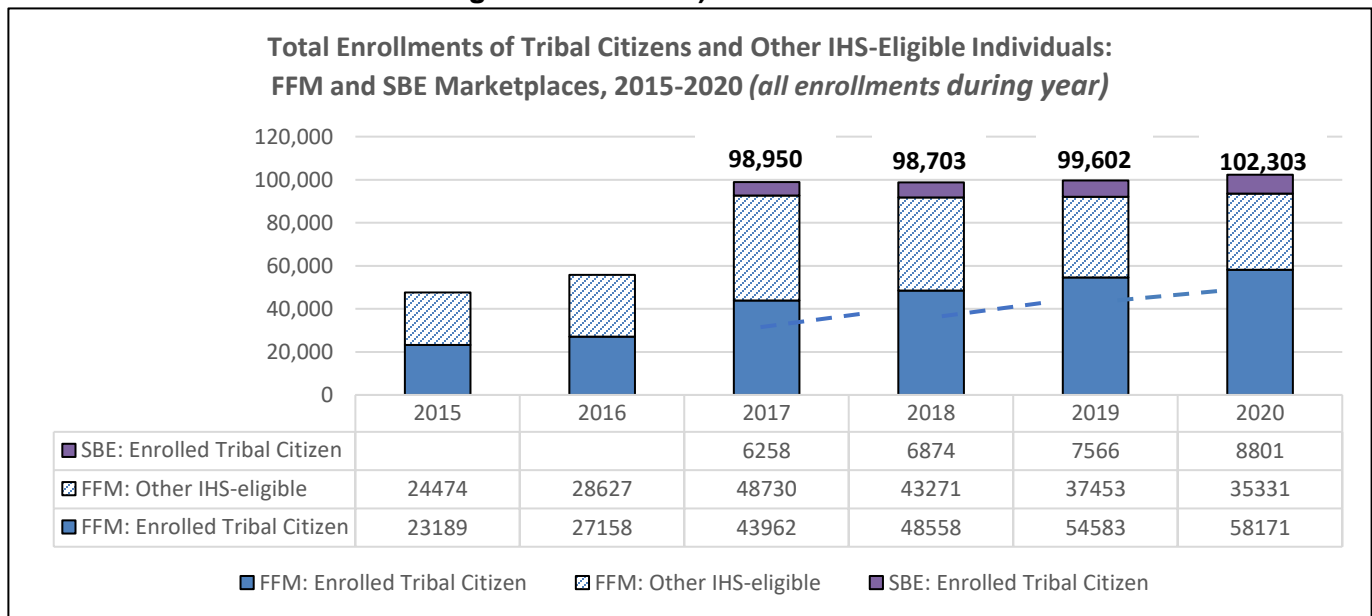
³ For example, in 2019, the report run date enrollment growth was significantly higher than the “at any point” enrollment change. For 2019, the report run date enrollment level (in November 2019) showed a 2.6 percentage *greater* year-over-year enrollment increase as compared with the 0.9% increase in enrollment at any point during 2019 (3.5% versus 0.9%).

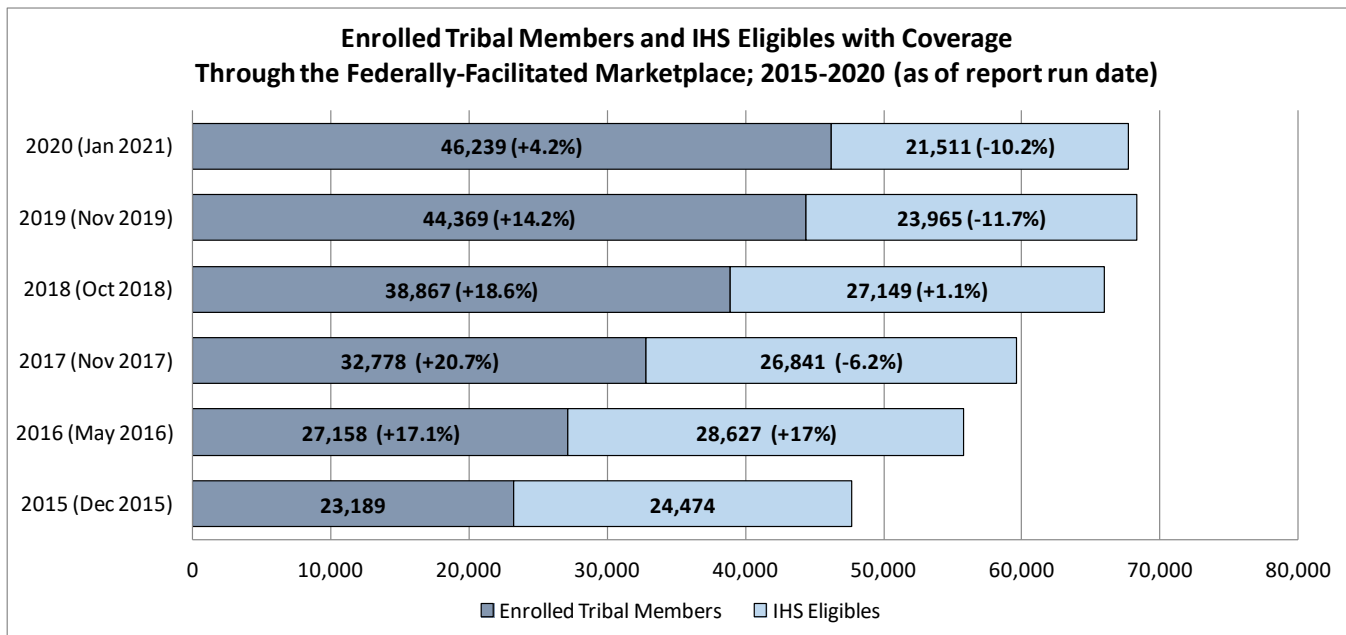
- As shown in the chart entitled, **AI/AN MARKETPLACE ENROLLMENT**, on page 4 below, enrollment gains varied by state, with Oklahoma showing the greatest increase in Tribal member enrollment (14%) and other states showing more modest gains, holding flat, or declining (measured by enrollment levels on the report run date).
- The Marketplace continues to provide substantial Federal resources to American Indian/Alaska Native Marketplace enrollees in the form of premium tax credits and cost-sharing reductions.
- T/TOs have proven successful in assisting American Indians/Alaska Natives to enroll in the most beneficial health plan options, and by working with CMS and health plans, in ensuring that American Indian/Alaska Native enrollees receive the cost-sharing protections to which they are entitled; as part of ongoing efforts in this area, CMS recently updated HealthCare.gov to help educate families with both Tribal members and non-Tribal members to determine which plan(s) they should enroll to maximize cost-sharing protections.

BACKGROUND

The Health Insurance Marketplace, established by the Affordable Care Act (ACA), allows consumers to compare available health plans, determine eligibility for Federal financial assistance (such as premium tax credits), and enroll in comprehensive health insurance coverage. To assist American Indians/Alaska Natives in accessing health services when enrolled in Marketplace coverage, the ACA established Indian-specific cost-sharing protections, under which American Indians/Alaska Natives who meet the ACA definition of Indian (i.e., Tribal members) pay no deductibles, coinsurance, or copayments when receiving essential health benefits. Tribal members can enroll in either a Zero or Limited cost-sharing plan, depending on their income level. Other American Indians/Alaska Natives who are eligible for services through the IHS (other IHS-eligible individuals) and have a household income at or less than 250% of the Federal poverty level (FPL) can obtain general (partial) cost-sharing protections if they enroll in a silver plan.

The following two graphs show year-to-year Marketplace enrollment of AI/ANs (i.e., enrolled Tribal members and other IHS-eligible individuals) in both the FFM and SBMs.





Note: For the 2020 data, the report run date was January 2021 (versus late 2020), likely understating the total number of AI/AN enrollees in 2020.

As mentioned above, for the past few years, the growth in Marketplace enrollment for enrolled Tribal members has been significantly greater than it has been for other IHS-eligible individuals. Some potential reasons for the differing enrollment trajectories of Tribal citizens as compared with other IHS-eligible individuals might be due to:

- The processes used for determining Indian status is more formalized. There is more certainty about the accuracy of the “Tribal member” designation versus the “other IHS-eligible” designation. To be identified as a Tribal member, documentation is required, whereas, to be identified as “other IHS-eligible,” a self-declaration is made by the enrollee;
- The awareness of the availability of health insurance premium subsidies, as well as no out-of-pocket costs (which is provided to Tribal citizens but not other IHS-eligible individuals), under Marketplace coverage is increasing across Tribal communities, leading to greater interest and enrollment of Tribal citizens in Marketplace coverage;
- Some individuals might have been identified as “IHS-eligible” (and not enrolled Tribal members) in prior years but have since successfully secured and provided documentation of Tribal citizenship to the Marketplace, increasing enrollment of “Tribal members” and decreasing enrollment of “other IHS-eligible individuals”; and,
- The realization that indicating “IHS eligibility” on the application does not result in additional benefits might be leading to declining responses to this voluntary question. (Likewise, the number of applicants indicating “AI/AN” in response to race/ethnicity questions is very low and is only a fraction of the number of applicants indicating, and documenting, Tribal citizenship.) If this dynamic is in fact occurring, the decline in reporting of “IHS-eligible” status might not necessarily indicate a decrease in the number of other IHS-eligible individuals with health insurance coverage through a Marketplace.

The following chart breaks down the FFM enrollment by State.

AI/AN MARKETPLACE ENROLLMENT⁴

Enrolled Tribal Members¹ and Other IHS Eligibles with Coverage Through the Federally-Facilitated Marketplace (FFM), by State; 2019 and 2020^{2, 3}								
State	Enrolled Tribal Members ⁴			Other IHS Eligibles ⁴			All	
	2019	2020	% Change	2019	2020	% Change	2019 vs. 2020	% Change
Alabama	608	531	-12.7%	1,076	970	-9.9%	-183	-10.9%
Alaska	913	839	-8.1%	101	147	45.5%	-28	-2.8%
Arizona	883	894	1.2%	554	490	-11.6%	-53	-3.7%
Arkansas	621	637	2.6%	255	256	0.4%	17	1.9%
Delaware	23	21	-8.7%	83	90	8.4%	5	4.7%
Florida	1,305	1,199	-8.1%	2,662	2,144	-19.5%	-624	-15.7%
Georgia	362	402	11.0%	1,177	979	-16.8%	-158	-10.3%
Hawaii	45	67	48.9%	188	173	-8.0%	7	3.0%
Illinois	316	287	-9.2%	695	557	-19.9%	-167	-16.5%
Indiana	159	132	-17.0%	322	244	-24.2%	-105	-21.8%
Iowa	83	106	27.7%	110	109	-0.9%	22	11.4%
Kansas	877	863	-1.6%	385	325	-15.6%	-74	-5.9%
Kentucky	80	64	-20.0%	180	143	-20.6%	-53	-20.4%
Louisiana	227	201	-11.5%	415	352	-15.2%	-89	-13.9%
Maine	186	145	-22.0%	198	127	-35.9%	-112	-29.2%
Michigan	1,049	1,024	-2.4%	717	617	-13.9%	-125	-7.1%
Mississippi	70	79	12.9%	139	119	-14.4%	-11	-5.3%
Missouri	763	825	8.1%	759	657	-13.4%	-40	-2.6%
Montana	1,178	1,191	1.1%	229	267	16.6%	51	3.6%
Nebraska	583	544	-6.7%	253	222	-12.3%	-70	-8.4%
Nevada	338		-100.0%	302		-100.0%	-640	-100.0%
New Hampshire	35	28	-20.0%	107	87	-18.7%	-27	-19.0%
New Jersey	66	56	-15.2%	591	455	-23.0%	-146	-22.2%
New Mexico	550	541	-1.6%	178	164	-7.9%	-23	-3.2%
North Carolina	854	914	7.0%	2,739	2,557	-6.6%	-122	-3.4%
North Dakota	627	569	-9.3%	98	126	28.6%	-30	-4.1%
Ohio	126	175	38.9%	524	439	-16.2%	-36	-5.5%
Oklahoma	22,666	24,925	10.0%	933	2,007	115.1%	3,333	14.1%
Oregon	993	982	-1.1%	670	560	-16.4%	-121	-7.3%
Pennsylvania	152	151	-0.7%	722	541	-25.1%	-182	-20.8%
South Carolina	261	251	-3.8%	583	496	-14.9%	-97	-11.5%
South Dakota	786	782	-0.5%	123	151	22.8%	24	2.6%
Tennessee	347	349	0.6%	665	552	-17.0%	-111	-11.0%
Texas	3,384	3,467	2.5%	3,272	2,727	-16.7%	-462	-6.9%
Utah	1,240	1,379	11.2%	428	401	-6.3%	112	6.7%
Virginia	297	283	-4.7%	931	733	-21.3%	-212	-17.3%
West Virginia	24	21	-12.5%	56	46	-17.9%	-13	-16.3%
Wisconsin	1,052	1,074	2.1%	411	352	-14.4%	-37	-2.5%
Wyoming	240	241	0.4%	134	129	-3.7%	-4	-1.1%
All States	44,369	46,239	4.2%	23,965	21,511	-10.2%	-584	-0.9%

Source

CMS, "Table 1: American Indian and Alaska Native Applicants and Enrollees in the Federally-Facilitated Marketplace," coverage year 2020 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 November 2019 and January 2021. 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.

Key: States shown in **Blue** shading are Medicaid Expansion States and States shown in **Orange** shading will be expanding in 2021.

⁴ The data contained in the following two figures are drawn from the report run-date data set. The data are accurate as of the date of the report, but the data provide an inaccurate picture when comparing year-over-year enrollment. This is the result of the report run date being in January 2021 (versus end-of-year 2020) but still being compared with a November 2019 base month. The typical pattern of Marketplace enrollment levels for AI/ANs is a decline between December and January (of approximately 15%), followed by a rebuilding of enrollment over the following months. As a result of the change in the report run date from November of the prior year to January of the following year, the actual enrollment level at year-end 2020 is understated. Actual year-end enrollment for 2020 likely was higher than the year-end enrollment level in 2019.

Differences in Enrollment Among States: Enrollment of American Indians/Alaska Natives in Marketplace coverage in states with an FFM varies substantially by state.

- Among FFM states with a relatively large American Indian/Alaska Native population, Oklahoma showed the most significant increase in Marketplace enrollment of American Indians/Alaska Natives from 2019 to 2020 (a 14% increase).
- Meanwhile, among the other 37 states with an FFM, enrollment of American Indians/Alaska Natives in Marketplace coverage declined by about 3,900, or 8.8%, from 2019 to 2020.⁵ It is important to note, however, that the decrease in overall FFM enrollment of American Indian/Alaska Natives outside of Oklahoma resulted from a significant (15.4%) decline in enrollment of other IHS-eligible individuals; among Tribal citizens, enrollment in these states saw only a slight decrease of only 389 individuals (2.9%).
- Further, the state of Nevada moved from FFM to SBM in 2020, a change that could account for the slight decrease in the number of Tribal citizens enrolled (the effective date for this change was November 2019).

Table 2: Enrolled Tribal Members¹ with Zero or Limited Cost-Sharing Reductions (CSRs) in State-Based Marketplaces, 2019-2020²
(Suppress Cells <=11)

State	Tribal Members with Zero CSRs			Tribal Members with Limited CSRs			All	
	2019	2020	% Change	2019	2020	% Change	2020 vs. 2019	% Change
California	3,557	3,880	9.1%	1,154	1,301	12.8%	470	10.0%
Colorado	417	467	11.9%	80	142	76.8%	111	22.4%
Connecticut	77	89	15.3%	37	41	9.8%	16	13.5%
District of Columbia	**	**	--	**		--	--	--
Idaho	321	322	0.3%	46	108	137.4%	-213	-58.0%
Maryland	45	46	3.0%	**	**	--	--	--
Massachusetts	204	206	1.0%	90	82	-8.4%	-5	-1.5%
Minnesota	197	207	5.3%	104	146	41.1%	24	8.0%
Nevada		320			79			
New York	161	178	10.4%	67	76	14.0%	-115	-50.4%
Rhode Island	25	37	49.0%	**		--	--	--
Vermont	14	0	-100.0%	**		--	--	--
Washington	742	774	4.3%	230	300	30.3%	102	10.5%
Totals	5,759	6,526	13.3%	1,807	2,275	25.9%	1,235	16.3%

Source

CMS, "Average Effectuated Enrollment (as of October 2019)" (data for State-Based Marketplaces); CMS, "State-Based Marketplace Enrollment of Enrolled Tribal Members, 2020: Average Effectuated Enrollment (as of January 2021)"

Notes

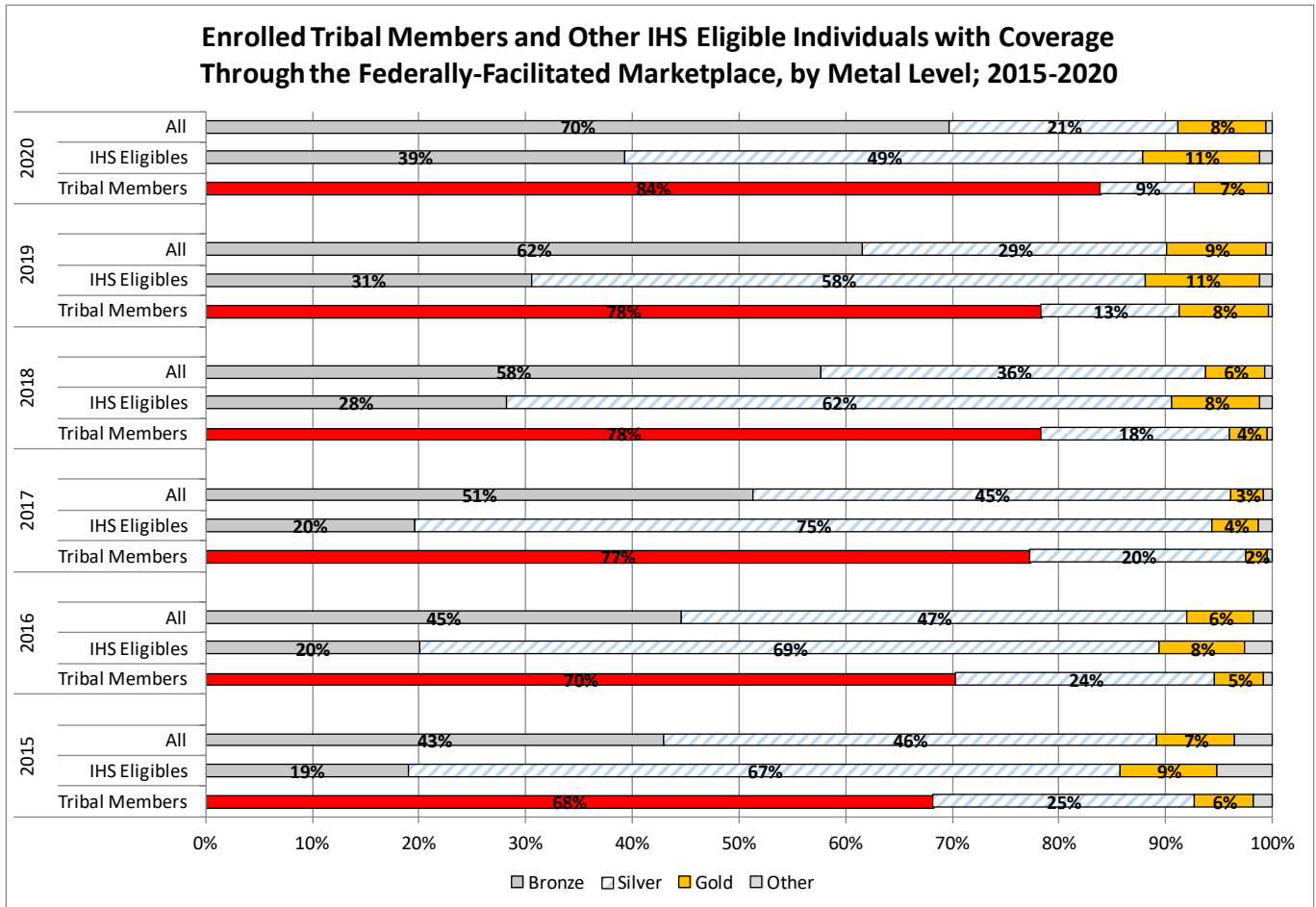
¹ An enrolled Tribal member is an individual who meets the definition of Indian under the Affordable Care Act as a member of an Indian Tribe or shareholder in an Alaska Native regional or village corporation.

² Figures are for October 2019 and January 2021

Key: States shown in **Blue** shading are Medicaid Expansion States.

⁵ See footnote above.

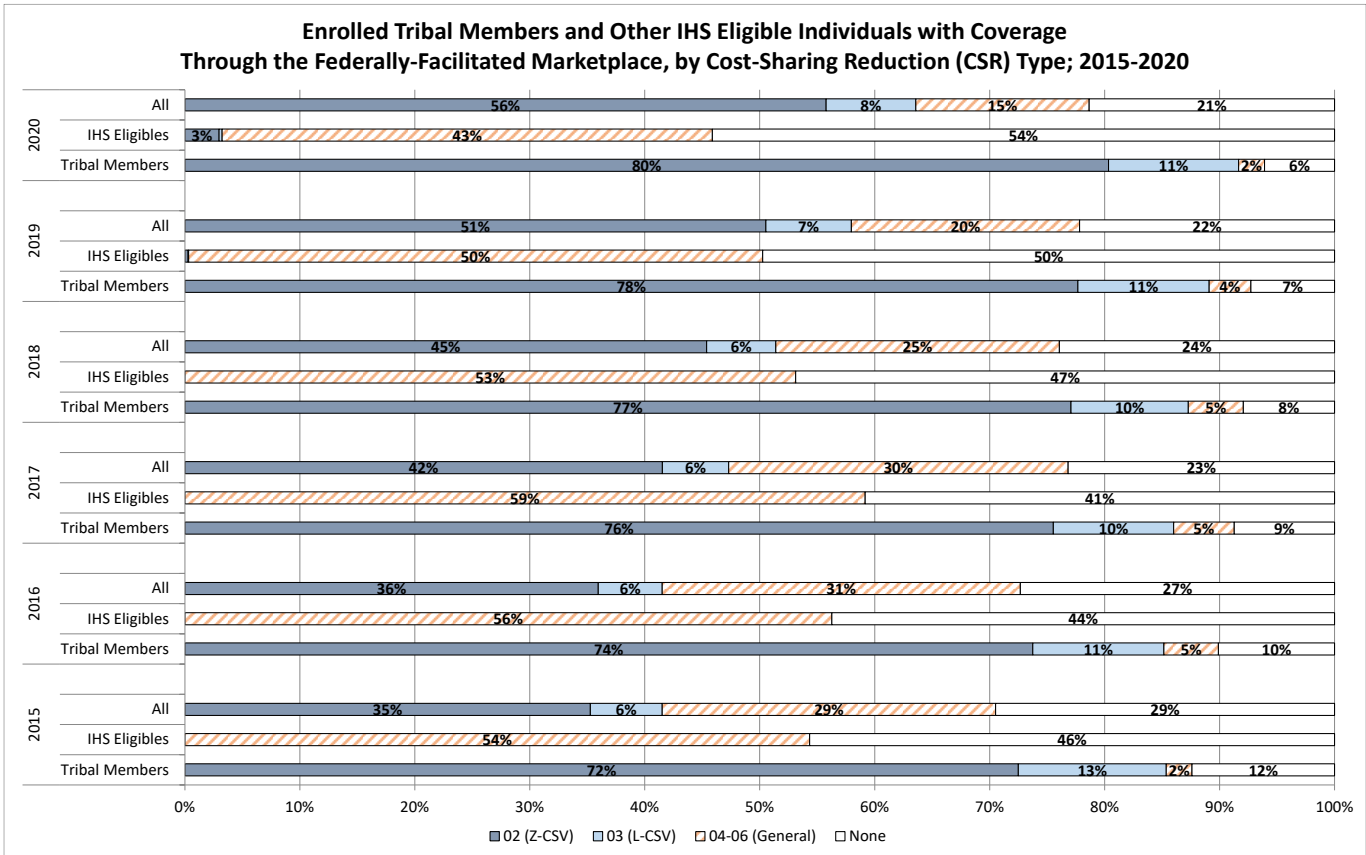
METAL LEVEL PLANS



Findings: As indicated above, the percentage of Tribal members—who enroll in plans at the “correct” metal level has increased over time. Most Tribal members enroll in bronze plans (84% in 2020), while other IHS-eligible individuals tend to enroll in silver plans (49% in 2020). This difference largely results from varying eligibility for cost-sharing protections. Tribal members qualify for comprehensive cost-sharing protections, regardless of the metal level of the plan in which they enroll, and generally receive the greatest value by enrolling in bronze plans, where the premiums are the lowest and the Federal government covers the greatest share of health care costs. In contrast, lower-income other IHS-eligible individuals in most cases should enroll in silver plans to gain access to the general cost-sharing protections.⁶

⁶ For other IHS-eligible individuals who have a household income above 250% FPL, and therefore are not eligible for the general cost-sharing protections, enrollment in a gold plan is sometimes the preferred option, as premiums for gold plans can be lower than premiums for silver plans due to the practice of “silver loading.”

ACCESS TO COST-SHARING PROTECTIONS



Findings: The percentage of Tribal member FFM enrollees receiving the comprehensive Indian-specific cost-sharing protections (through either a zero or limited cost-sharing plan) has increased over time (from 85% in 2015 to 91% in 2020). The percentage of Tribal member enrollees receiving no cost-sharing protections has continued to decline (from 12% in 2015 to 6% in 2020).

This increased access to cost-sharing protections for AI/ANs was a result, in part, of efforts since 2014 by T/TOs and CMS to ensure that eligible Tribal members receive the comprehensive cost-sharing protections to which they are entitled. An example of these efforts involves recent changes made to HealthCare.gov to help ensure individuals in households comprised of both Tribal members and non-Tribal members enroll in the most beneficial Marketplace plans.

If Tribal members enroll in the same Marketplace plan as non-Tribal members, the least comprehensive cost-sharing protections would apply to all plan enrollees. As such, Tribal members and non-Tribal members in the same household should enroll in separate Marketplace plans to ensure Tribal members retain access to the comprehensive Indian-specific cost-sharing protections. In response to concerns raised by T/TOs, CMS recently updated HealthCare.gov to help educate American Indian/Alaskan Native Marketplace applicants and their household members about this issue. A help text pop up now appears in the Marketplace application when applicants click on link to “Learn more about the benefits that American Indians and Alaska Natives can get through the Marketplace.”

NEXT STEPS AND RECOMMENDATIONS

Some recommendations to further the progress of AI/ANs accessing comprehensive health insurance coverage—and greater access to health care services—through increased Marketplace enrollment include:

1. Continue to gather and report on Marketplace enrollment metrics, including returning to regular year-end (November) reports from CMS;
2. Analyze the reduced net premium costs for Marketplace coverage under the American Rescue Plan Act;
3. Adjust existing eligibility criteria for Tribal sponsorship programs (whereby a Tribe pays the net premium costs for Tribal members and other IHS-eligible individuals for Marketplace coverage) in order to capture the increased federal subsidies under the American Rescue Plan Act;
4. Educate Tribes and Tribal members on the recent change on HealthCare.gov whereby Tribal members are informed of not enrolling in the same Marketplace plan with non-Tribal members in order to maintain cost-sharing protections; and,
5. Tribal employers might want to consider use of the Marketplace for possible opportunities for covering Tribal employees in order to reduce premiums and to provide access to the comprehensive Indian-specific cost-sharing protections for Tribal members.⁷

⁷ Per a 2019 CMS Final Rule on **Health Reimbursement Arrangements (HRAs) and Other Account-Based Group Health Plans (CMS-9918-F/TD 9867)**, it is now possible to access the ACA comprehensive Indian-specific cost-sharing protections through for tribal member employees through certain forms of employer-sponsored coverage. For Tribes and Tribal employees who are looking to reduce out-of-pocket costs for Tribal members, this new rule might be helpful in accessing these Tribal cost-saving protections. For a copy of the full brief, please see: [TSGAC-Brief-Health-Reimbursement-Arrangements-2020-05-19c.pdf \(tribalseg.org\)](https://tribalseg.org/TSGAC-Brief-Health-Reimbursement-Arrangements-2020-05-19c.pdf)