



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

American Indian and Alaska Native (AI/AN) Marketplace Enrollment, Including Access to Cost-Sharing Protections¹

February 27, 2023

This brief provides data to Tribes on: 1) the number of AI/ANs enrolled in health insurance coverage through the Marketplace in 2022; 2) trends in AI/AN Marketplace enrollment and access to cost-sharing protections over the past eight years; and 3) ongoing efforts by Tribes and Tribal organizations (T/TOs) to ensure that eligible AI/ANs receive the comprehensive cost-sharing protections to which they are entitled. In addition, this brief includes several recommendations to further efforts to help AI/ANs secure comprehensive health insurance coverage through the Marketplace and receive the most generous cost-sharing protections available.

KEY FINDINGS

An analysis of data from the Centers for Medicare and Medicaid Services (CMS)² indicates that:

- For Tribal members, enrollment in the Federally-Facilitated Marketplace (FFM) increased by 7.6% from 2021 to 2022;
 - Enrollment of other Indian Health Service (IHS)-eligible individuals rose by 4.1%;
 - When combining the two populations, FFM enrollment of AI/ANs increased by about 4,900, or 6.5%, from 2021 to 2022;
 - In contrast, among the general population, FFM enrollment rose by about 24% from 2021 to 2022.³
- Enrollment gains in the FFM varied by state, with five states (Alaska, Arkansas, Mississippi, South Carolina, and Wyoming) showing a 20% or greater increase in enrollment of Tribal members and other IHS-eligible individuals and other states showing more modest gains, holding flat, or declining (measured by *enrollment levels on the report run date*).
- In 2022, the total number of Tribal members and other IHS-eligible individuals enrolled in (FFM and SBM) Marketplace coverage *at some point during the year* exceeded 114,000, an 8.4% increase from 2021.
- The Marketplace continues to provide substantial federal resources to AI/AN Marketplace enrollees in the form of premium tax credits (PTCs) and cost-sharing reductions, with increased subsidies offered in 2022 under the American Rescue Plan Act (ARP).

¹ This brief is for informational purposes only and is not intended as legal advice.

² For the CMS Marketplace data, enrollment counts are gathered in two ways: (1) the number of individuals with an active enrollment status on the report run date and (2) the number of individuals enrolled at any time during that year.

³ See the *Health Insurance Marketplaces 2022 Open Enrollment Report* released by CMS on January 15, 2022.

- T/TOs have proven successful, working with Tribal members, CMS, and health plans, to ensure that AI/AN enrollees select plans with the most beneficial cost-sharing protections to which they are eligible; as part of ongoing efforts in this area, CMS in 2021 updated HealthCare.gov to help educate families with both Tribal members and non-Tribal members to determine in which plan(s) they should enroll to maximize cost-sharing protections.
- Data are not readily available to determine if Tribal members enrolled in health plan variants with comprehensive Indian-specific cost-sharing protections are receiving the out-of-pocket cost protections to which they are entitled.

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 PTCs), and enroll in comprehensive health insurance coverage. To assist AI/ANs in accessing health care services when enrolled in Marketplace coverage, the ACA established Indian-specific cost-sharing protections, under which AI/ANs who meet the ACA definition of Indian (*i.e.*, Tribal members)⁴ pay no deductibles, coinsurance, or copayments when receiving essential health benefits.⁵ Tribal members can enroll in either a zero or limited cost-sharing plan, depending on their income level.⁶ Other Marketplace enrollees, including AI/ANs 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.⁷

The ARP, enacted in March 2021, included several provisions that increased federal subsidies for Marketplace enrollees, including AI/ANs, for 2021 and 2022. The ARP reduced the amount of the required household contribution to Marketplace plan premiums for PTC-eligible enrollees, effectively providing more generous tax credits to these individuals. The ARP also extended eligibility for PTCs to Marketplace enrollees with a household income higher than 400% FPL for 2021 and 2022. In addition, for 2021 only, the ARP provided PTC-eligible individuals who received unemployment compensation (and their family members) with expanded tax credits, regardless of the income level of these individuals.

AI/AN MARKETPLACE ENROLLMENT

Attachment A below provides data on AI/AN Marketplace enrollment in the 36 states with an FFM in 2021

⁴ The ACA defines “Indian” as a member of an Indian tribe or shareholder in an Alaska Native regional or village corporation (Tribal member).

⁵ The ACA also prohibits health insurers from reducing payments to Indian health care providers (IHCPs) by the amount of any cost-sharing that Tribal citizens would have owed without these protections.

⁶ Tribal members who have a household income between 100% and 300% of the federal poverty level (FPL) *and* qualify for premium tax credits (PTCs) are eligible for the “zero” cost-sharing protections. All other Tribal members who enroll in coverage through a Marketplace are eligible for the “limited” cost-sharing protections. Both cost-sharing variations provide comprehensive cost-sharing protections.

⁷ These general protections require Marketplace plan issuers to reduce cost-sharing in their standard silver plans, which have an AV of 70%, to meet a higher AV, based on the household income of enrollees: 94% for individuals at or less than 150% FPL, 87% for those from 151-200% FPL, and 73% for those from 201-250% FPL.

and/or 2022.⁸ The table shows, by state, the number of Tribal members, as well as the number of other IHS-eligible individuals,⁹ who were enrolled in Marketplace coverage in 2021 and 2022 on the report run dates in states with an FFM.¹⁰ The table also shows the change in FFM enrollment of AI/ANs, by state, from 2021 to 2022. Overall, FFM enrollment of AI/ANs (*i.e.*, Tribal members and other IHS-eligible individuals) in 2022 totaled more than 80,000 on the report run date (*i.e.*, January 10, 2023), a 6.5% increase from 2021. It is worth noting that Kentucky, Maine, and New Mexico had an FFM in 2021 but switched to an SBM in 2022.¹¹ In addition, it is worth noting that, although the report run dates for both the 2021 and 2022 data sets on FFM enrollment of AI/ANs occurred in January of the following year, the data are understood to reflect enrollment of AI/ANs at the end of the prior year.¹²

Findings: Enrollment of Tribal members—for whom enrollment in the Marketplace provides the greatest financial benefits, including comprehensive cost-sharing protections—increased by 7.6% from 2021 to 2022. In contrast, for others voluntarily indicating “IHS eligibility” on the Marketplace application (other IHS-eligible individuals), where no documentation is required but also no additional benefits are provided, enrollment rose by 4.1%.

Some potential reasons for the differing enrollment trajectories of Tribal members as compared with other IHS-eligible individuals are:

- The awareness of the availability of health insurance premium subsidies, as well as no out-of-pocket costs (which is provided to Tribal members but not other IHS-eligible individuals) under Marketplace coverage is increasing across Tribal communities, leading to greater interest and enrollment of Tribal members in Marketplace coverage;
- Some individuals might have applied as enrolled Tribal members in prior years but were not successful in securing and providing documentation of Tribal membership to the Marketplace but have since successfully secured and provided documentation of Tribal membership to the Marketplace, increasing enrollment growth among “Tribal members” and decreasing enrollment growth among “other IHS eligible individuals”; and

⁸ The data in Attachments A and B include figures for 36 states with an FFM, State-Based Marketplace on the Federal Platform, or State Partnership Marketplace (all states using the HealthCare.gov platform).

⁹ These AI/ANs do not meet the ACA definition of Indian and, as such, do not qualify for Indian-specific cost-sharing protections.

¹⁰ It is believed that the figures included in reports with a January run date represent FFM enrollment of AI/ANs on the last day of the prior coverage year (*i.e.*, December 31), not enrollment of AI/ANs on the run date (and not the total number of AI/ANs enrolled in Marketplace coverage at any point during the prior coverage year). Prior to 2020, the report run date for the data set on FFM enrollment of AI/ANs for a given year occurred in the latter part of that year (with the exception of the 2016 data set, which had a report run date in May 2016).

¹¹ This change has the effect of suppressing gains in FFM enrollment of AI/ANs. Excluding these three states, FFM enrollment of AI/ANs increased by 8.4% from 2021 to 2022.

¹² This is important to note because 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.

- The realization that indicating “IHS eligibility” (or AI/AN status) on the application does not result in additional benefits might have resulted in declining responses to this voluntary question over time.

Overall, FFM enrollment of Tribal members continues to strengthen, whether measured by the 7.6% increase of Tribal members with Marketplace coverage, or by the 6.5% overall net gain in enrollment of Tribal members and other IHS-eligible individuals.

Attachment B below includes a graph on AI/AN Marketplace enrollment in states with an FFM for 2015 through 2022.

In **Attachment C**, data are presented on AI/AN Marketplace enrollment in the 18 states with a State-Based Marketplace (SBM) in 2021 and/or 2022. The table shows, by state, the number of Tribal members who enrolled in a health plan through the Marketplace in states with an SBM in 2021 and 2022.¹³

Findings: SBM enrollment of Tribal members increased from about 9,700 to more than 11,100, or by 14.7%, from 2021 to 2022. However, it is worth noting that a significant portion of this gain occurred because Kentucky, Maine, and New Mexico shifted from using the HealthCare.gov platform in 2021 to operating an SBM in 2022. Excluding these three states, SBM enrollment of Tribal members increased by a more modest 7.6% from 2021 to 2022.

The graph in **Attachment D** below illustrates a second data set that shows AI/AN Marketplace enrollment *at any point during the year*, rather than at a specific point in time. In 2022, the total number of Tribal members and other IHS-eligible individuals enrolled in (FFM and SBM) Marketplace coverage at some point during the year exceeded 114,000, with enrollment increasing by more than 8,600 (or 8.4%) from 2021 to 2022.

ENROLLMENT TRENDS

- ***Enrollment of Tribal Members vs. Other IHS-Eligible Individuals:*** As noted above, although overall enrollment of AI/ANs in Marketplace coverage in states with an FFM increased by 6.5%, this growth did not occur evenly between Tribal members and other IHS-eligible individuals.¹⁴ FFM enrollment of Tribal members rose by 7.6%, compared with 4.1% growth in enrollment of other IHS-eligible individuals. This trend of more significant Marketplace enrollment growth among Tribal members as compared with other IHS-eligible individuals has continued since 2016.
- ***Differences in Enrollment Among States:*** Enrollment of AI/ANs in Marketplace coverage in states with an FFM varies substantially by state. Among FFM states with a relatively large AI/AN population, Oklahoma in 2022 reported by far the largest rise in the number of additional enrollees at about 2,300, representing a 7.5% increase over 2021 enrollment. However, similar with 2021, a

¹³ Data are not available on the number of other IHS-eligible individuals who enrolled in a plan through the Marketplace in states with an SBM.

¹⁴ Due to the processes used for determining Indian status, more certainty exists about the accuracy of the “Tribal member” designation versus the “other IHS eligible” designation. To receive designation as a Tribal member, documentation is required; whereas, to receive designation as an “other IHS-eligible” individual, a self-declaration is made by the enrollee.

number of other states showed more significant growth than Oklahoma in FFM enrollment of AI/ANs from 2021 to 2022 *on a percentage basis*. Five states (Alaska, Arkansas, Mississippi, South Carolina, and Wyoming) registered a 20% or greater increase in FFM enrollment of AI/ANs from 2021 to 2022, with Mississippi showing the most significant growth at 27.1%.

Meanwhile, among the other 30 states with an FFM, enrollment of AI/ANs in Marketplace coverage increased by about 1,700, or a more modest 4.1 %, from 2021 to 2022.

- **Enrollment by Metal Level:** Among AI/AN FFM enrollees, the preferred “metal level” of the selected Marketplace plan varies for Tribal members versus other IHS-eligible individuals. Most Tribal members enroll in bronze plans (87% in 2022), while other IHS-eligible individuals tend to enroll in silver plans (46% in 2022). This difference among AI/ANs in the selection of plans by metal level 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.¹⁵

As indicated by the graph in **Attachment E** below, the percentage of Tribal members enrolled in bronze plans through the Marketplace has increased each year since 2015. Over the same period, a majority or plurality of other IHS-eligible individuals has enrolled in silver plans (which might make them eligible for the general cost-sharing protections). However, on a percentage basis, silver plan enrollment among other IHS-eligible individuals has declined each year since 2017, while bronze plan (and gold plan) enrollment has increased among this population.

ACCESS TO COST-SHARING PROTECTIONS

As noted earlier, among AI/AN enrollees, the type of cost-sharing protections for which they qualify depends on whether they meet the ACA definition of Indian and their income level. The graph in **Attachment F** below shows the percentage breakdown of the type of cost-sharing protections received by AI/AN FFM enrollees over time.

Findings: As Figure 4 indicates, the percentage of Tribal member FFM enrollees enrolling in the comprehensive Indian-specific cost-sharing protections (through either a zero or limited cost-sharing plan) has *increased* over time (85% in 2015 and 2016, 87% in 2018, 89% in 2019, 91% in 2020, and 92% in 2021 and 2022). Conversely, the percentage of Tribal member enrollees receiving no cost-sharing protections has *continued to decline* (12% in 2015; 10% in 2016; 9% in 2017; 8% in 2018; 7% in 2019; and 6% in 2020, 2021, and 2022).

¹⁵ 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 gold plans can have lower premiums than silver plans due to the practice of “silver loading.”

Continued efforts by T/TOs to determine the reason that some Tribal member FFM enrollees do not receive the comprehensive Indian-specific cost-sharing protections through either a zero or limited cost-sharing plan could enable additional gains. One likely possibility is that these Tribal members are enrolling in Marketplace plans along with non-Tribal members, meaning the least comprehensive cost-sharing protections available to any of the plan enrollees would apply to all plan enrollees. More discussion on this issue appears below.

It also is worth noting that, among Tribal member FFM enrollees receiving the comprehensive Indian-specific cost-sharing protections, the percentage enrolled in a zero cost-sharing plan generally has increased over time (from 72% in 2015 to 80% in 2022, with a high of 81% in 2021), while the percentage enrolled in a limited cost-sharing plan has remained relatively constant (between 10% and 12% since 2016). The percentage of Tribal member FFM enrollees receiving the less-comprehensive “general” cost-sharing protections has continued to decline since 2018, decreasing from 5% to a low of 1% in 2022.

The increased enrollment in comprehensive cost-sharing protections for AI/ANs has resulted, in part, from 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 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 available to any of the plan enrollees 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 AI/AN Marketplace applicants and their household members about this issue. A help text pop up now appears in the Marketplace application when applicants click on a link to “Learn more about the benefits that American Indians and Alaska Natives can get through the Marketplace.”

SUMMARY OF BENEFITS AND COVERAGE (SBC) FOR ZERO AND LIMITED COST-SHARING PLANS

The TSGAC also has continued efforts to ensure that the SBCs prepared by Marketplace plan issuers accurately reflect the comprehensive cost-sharing protections. A TSGAC review in 2018 of SBCs prepared for zero and limited cost-sharing plans offered by eight issuers in four states found a number of inaccuracies, which can have the effect of depressing Marketplace enrollment and resulting in eligible Tribal members not securing the comprehensive cost-sharing protections to which they are entitled. A subsequent review of the same SBCs found that many of the inaccuracies identified in 2018 persisted in 2019.

In response to concerns raised by T/TOs about errors in some SBCs, as of 2021, CMS indicated that “[i]ssuers must conform to the sample SBCs for American Indian/Alaska Native (AI/AN) zero and limited cost sharing

plans.”¹⁶ A recent study of issuer compliance with this CMS requirement showed mixed results. In fact, when evaluating the description of the Indian-specific cost-sharing protections in SBCs prepared by a number of issuers, the study determined that the vast majority of the SBCs for limited cost-sharing variation plans did not comply with the CMS requirement to use the phrase “Cost sharing waived at non-IHCP with IHCP referral.”¹⁷ SBCs have the potential to educate T/TOs and Tribal members about the value of the comprehensive, Indian-specific cost-sharing protections, as well as to educate other health care providers who collect cost-sharing payments from patients. Inaccurate SBCs—or at least unclear SBCs—fail to achieve that potential. In addition, if health plan issuers are not preparing clear and accurate SBCs, there is uncertainty as to whether their health plans are providing the cost-sharing protections to which Tribal members are entitled.

RECOMMENDATIONS

Several recommendations to further efforts to help AI/ANs secure comprehensive health insurance coverage through the Marketplace, as well as ensure that AI/ANs receive the most generous cost-sharing available, appear below. T/TOs should consider:

- Requesting from CMS a one-time report to determine the extent to which Tribal member Marketplace enrollees not receiving the comprehensive Indian-specific cost-sharing protections are not receiving these protections because they are enrolling in plans with non-Tribal members;
- Requesting from CMS a one-time report to determine the extent to which “other IHS eligibles” enrolled in Marketplace bronze plans would qualify for the general cost-sharing protections if enrolling in a silver plan;
- Requesting from CMS data to help determine the extent to which health plans are providing the comprehensive Indian-specific cost-sharing protections to Tribal members enrolled in zero or limited cost-sharing variation plans;
- Requesting from CMS updated state-by-state data, if available, on the average value of cost-sharing reductions for Marketplace plans with at least one AI/AN enrollee; and
- Conducting a follow-on survey of a sample of limited cost-sharing variation plan SBCs to determine compliance by health insurance issuers with the requirement to use the phrase “Cost sharing waived at non-IHCP with IHCP referral” when describing the limited cost-sharing variation protections and process.

¹⁶ See page 15 of the “Final 2021 Letter to Issuers in the Federally-Facilitated Exchanges” issued by CMS on May 7, 2020, at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2021-Letter-to-Issuers-in-the-Federally-facilitated-Marketplaces.pdf>.

¹⁷ The sample SBC developed by CMS uses the following phrase to explain the limited cost-sharing variation protections: “Cost sharing waived at non-IHCP with IHCP referral.”

Attachment A

Table 1: Enrolled Tribal Members ¹ and Other IHS Eligibles with Coverage Through the Federally-Facilitated Marketplace (FFM), by State; 2021 and 2022 ^{2,3} (Suppress Cells <=11)								
State	Enrolled Tribal Members ⁴			Other IHS Eligibles ⁴			All	
	2021	2022	% Change	2021	2022	% Change	2022 vs. 2021	% Change
Alabama	586	592	1.0%	1,085	1,161	7.0%	82	4.9%
Alaska	894	1,122	25.5%	196	244	24.5%	276	25.3%
Arizona	1,051	1,175	11.8%	551	546	-0.9%	119	7.4%
Arkansas	792	1,054	33.1%	280	302	7.9%	284	26.5%
Delaware	*	53	--	89	99	11.2%	--	--
Florida	1,400	1,498	7.0%	2,324	2,540	9.3%	314	8.4%
Georgia	450	494	9.8%	1,175	1,170	-0.4%	39	2.4%
Hawaii	78	68	-12.8%	167	167	0.0%	-10	-4.1%
Illinois	334	323	-3.3%	526	484	-8.0%	-53	-6.2%
Indiana	130	175	34.6%	218	231	6.0%	58	16.7%
Iowa	102	93	-8.8%	100	107	7.0%	-2	-1.0%
Kansas	1,086	1,206	11.0%	407	408	0.2%	121	8.1%
Kentucky ⁵	78	--	--	157	--	--	--	--
Louisiana	218	213	-2.3%	360	375	4.2%	10	1.7%
Maine ⁵	154	--	--	126	--	--	--	--
Michigan	1,159	1,259	8.6%	608	598	-1.6%	90	5.1%
Mississippi	92	109	18.5%	159	210	32.1%	68	27.1%
Missouri	1,002	998	-0.4%	703	609	-13.4%	-98	-5.7%
Montana	1,190	1,270	6.7%	286	337	17.8%	131	8.9%
Nebraska	599	545	-9.0%	234	188	-19.7%	-100	-12.0%
New Hampshire	29	37	27.6%	86	75	-12.8%	-3	-2.6%
New Mexico ⁵	603	--	--	218	--	--	--	--
North Carolina	1,119	1,225	9.5%	2,637	2,895	9.8%	364	9.7%
North Dakota	616	673	9.3%	159	178	11.9%	76	9.8%
Ohio	152	148	-2.6%	411	486	18.2%	71	12.6%
Oklahoma	28,051	30,428	8.5%	2,614	2,552	-2.4%	2,315	7.5%
Oregon	1,055	1,033	-2.1%	566	530	-6.4%	-58	-3.6%
South Carolina	274	341	24.5%	558	676	21.1%	185	22.2%
South Dakota	1,095	1,256	14.7%	202	264	30.7%	223	17.2%
Tennessee	424	454	7.1%	555	588	5.9%	63	6.4%
Texas	4,281	4,970	16.1%	3,311	3,870	16.9%	1,248	16.4%
Utah	1,652	1,838	11.3%	425	483	13.6%	244	11.7%
Virginia	338	378	11.8%	695	719	3.5%	64	6.2%
West Virginia	*	32	--	37	55	48.6%	--	--
Wisconsin	1,049	1,027	-2.1%	368	337	-8.4%	-53	-3.7%
Wyoming	321	381	18.7%	147	181	23.1%	94	20.1%
All States	52,486	56,468	7.6%	22,740	23,665	4.1%	4,907	6.5%

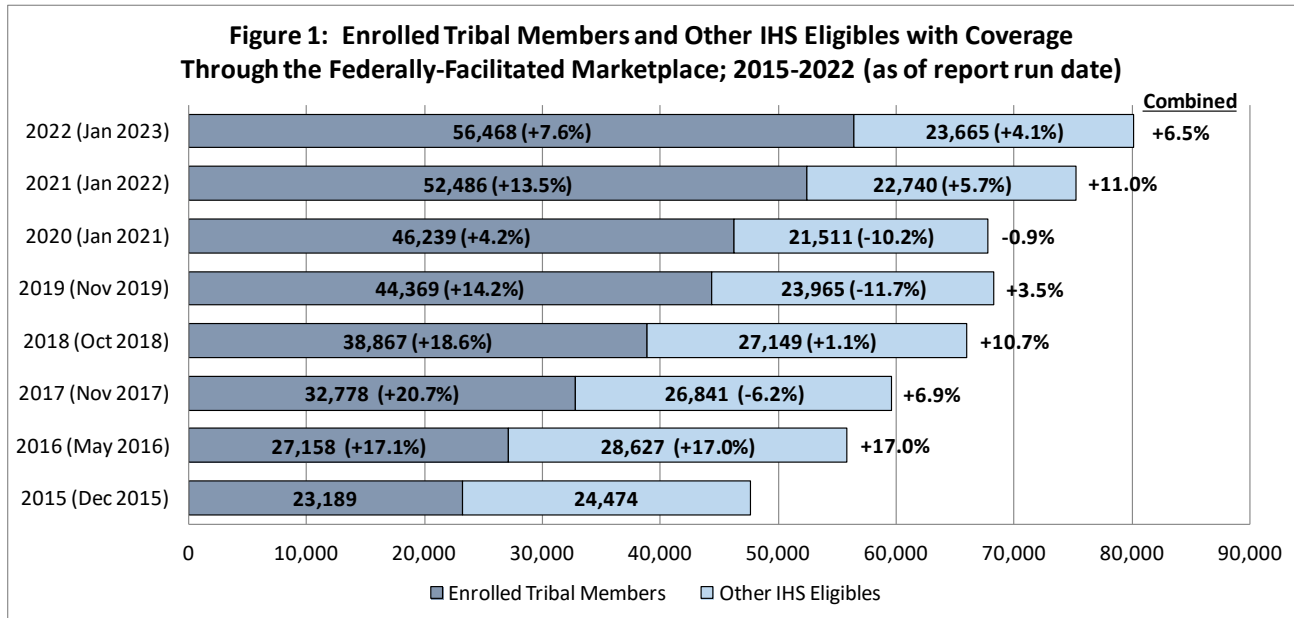
Source:

CMS, "Table 1: American Indian and Alaska Native Applicants and Enrollees in the Federally-Facilitated Marketplace," coverage year 2021-2022 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 January 2022 and January 2023. 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.
- ⁵ Kentucky, Maine, and New Mexico operated a State-Based Marketplace in 2022.

Attachment B



Attachment C

Table 2: Enrolled Tribal Members¹ with Zero or Limited Cost-Sharing Reductions (CSRs) in State-Based Marketplaces, 2021-2022²
(Suppress Cells <=11)

State	Tribal Members with Zero CSRs			Tribal Members with Limited CSRs			All	
	2021	2022	% Change	2021	2022	% Change	2022 vs. 2021	% Change
California	4,153	4,388	5.7%	1,319	1,674	26.9%	590	10.8%
Colorado	431	470	9.1%	166	236	42.2%	109	18.3%
Connecticut	94	96	1.6%	**	20	--	--	--
District of Columbia	**	**	--	**	**	--	--	--
Idaho	349	341	-2.2%	122	124	1.4%	-6	-1.3%
Kentucky	--	44	--	--	**	--	--	--
Maine	--	90	--	--	33	--	--	--
Maryland	51	66	29.4%	**	**	--	--	--
Massachusetts	164	119	-27.4%	47	68	44.3%	-24	-11.5%
Minnesota	194	190	-2.0%	150	165	10.1%	11	3.3%
Nevada	352	417	18.4%	72	88	22.2%	81	19.0%
New Jersey	189	170	-10.1%	71	61	-14.8%	-30	-11.4%
New Mexico	--	344	--	--	178	--	--	--
New York	125	103	-17.5%	71	86	20.4%	-7	-3.7%
Pennsylvania	221	160	-27.7%	49	41	-17.0%	-70	-25.8%
Rhode Island	39	28	-27.4%	**	**	--	--	--
Vermont	**	12	--	**	**	--	--	--
Washington	949	937	-1.3%	378	438	15.9%	48	3.6%
Totals	7,311	7,975	9.1%	2,445	3,210	31.3%	1,429	14.7%

Source:

CMS, "Average Effectuated Enrollment (as of December 2021)"; CMS, "Average Effectuated Enrollment (as of December 2022)"

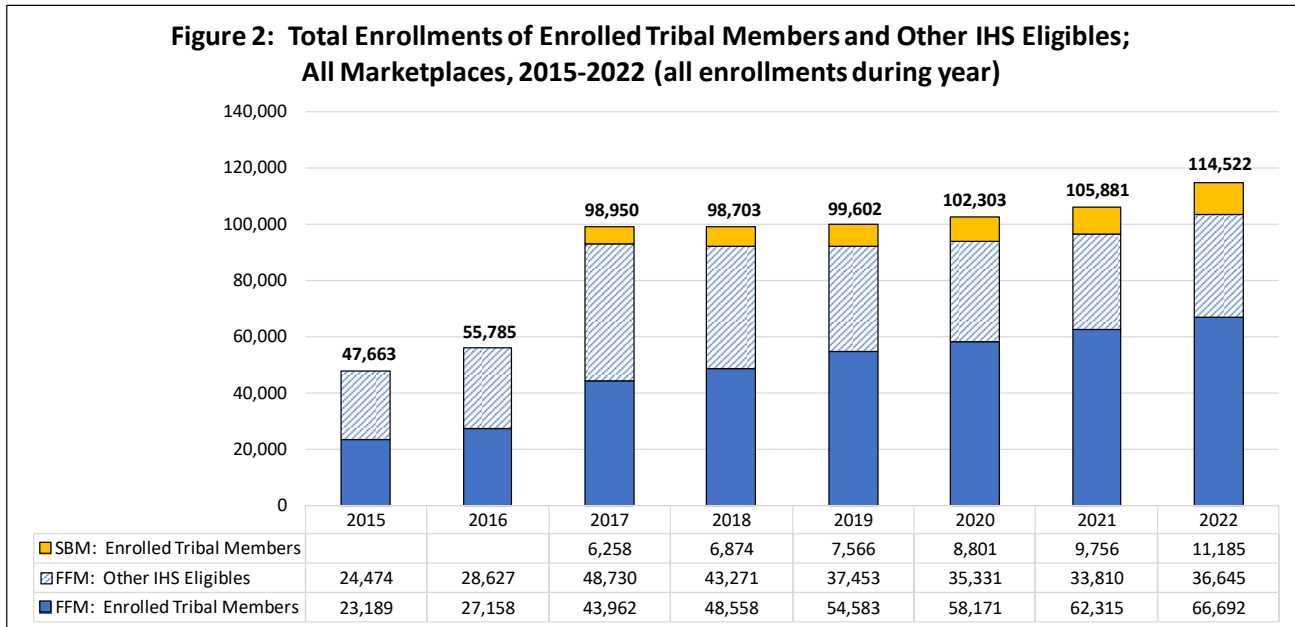
Notes:

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.

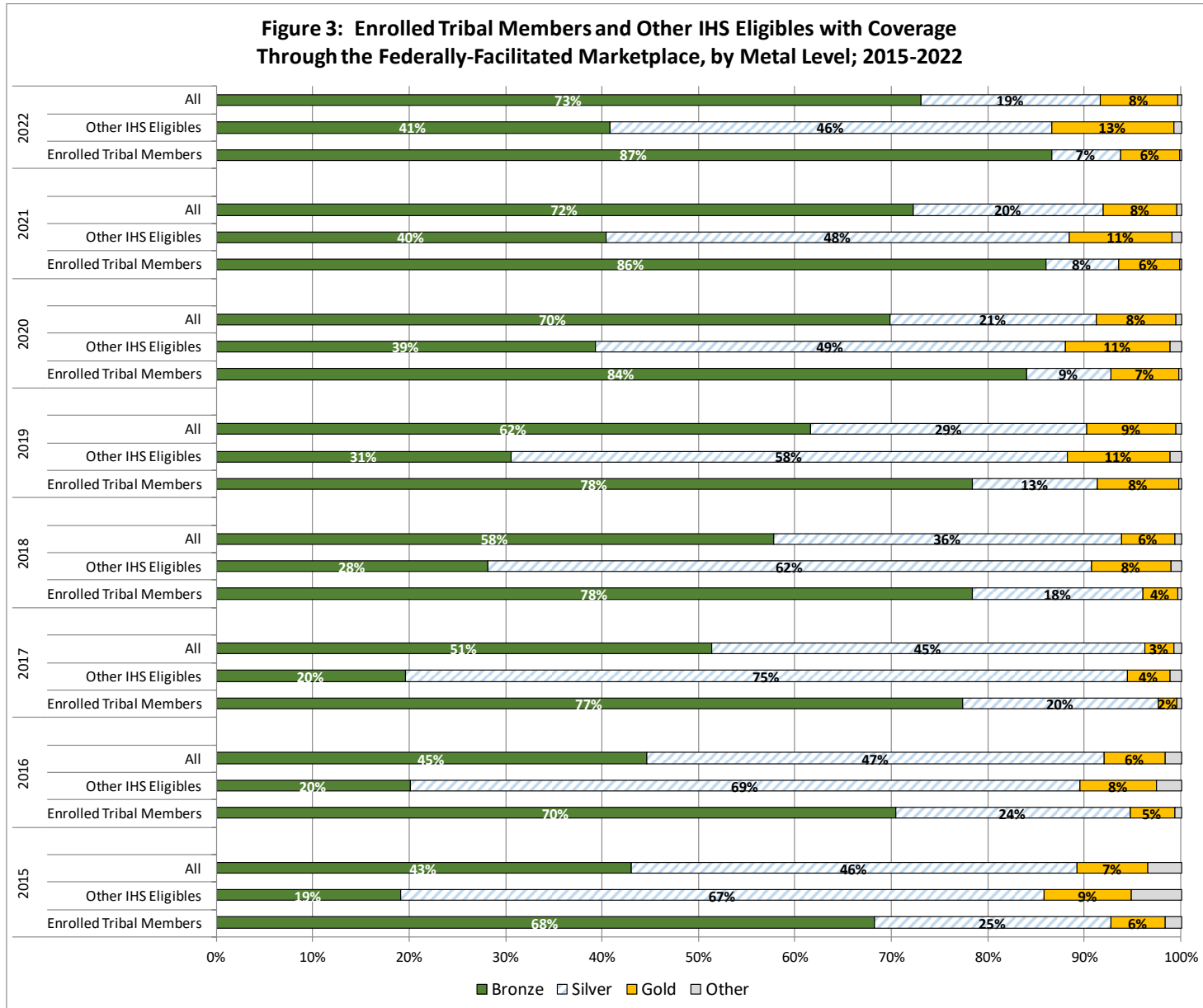
² Figures are for December 2021 and December 2022.

Attachment D

Figure 2: Total Enrollments of Enrolled Tribal Members and Other IHS Eligibles; All Marketplaces, 2015-2022 (all enrollments during year)



Attachment E



Attachment F

Figure 4: Enrolled Tribal Members and Other IHS Eligibles with Coverage Through the Federally-Facilitated Marketplace, by Cost-Sharing Reduction (CSR) Type; 2015-2022

