



# 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 Protections<sup>1</sup>

March 13, 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)<sup>2</sup> indicates that:

- For Tribal members, enrollment in the Federally-Facilitated Marketplace (FFM) increased by 7.6% from 2021 to 2022;
  - Enrollment of non-Tribal member AI/ANs 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.<sup>3</sup>
- 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 non-Tribal member AI/ANs 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 non-Tribal member AI/ANs enrolled in (FFM and SBM) Marketplace coverage *at some point during the year* exceeded 114,000, an 8.2% increase from 2021.

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<sup>1</sup> This brief is for informational purposes only and is not intended as legal advice.

<sup>2</sup> 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.

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

- 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).
- T/TOs have proven successful, working with Tribal members, CMS, and health plans, to ensure that AI/AN Marketplace enrollees select plans with the most beneficial cost-sharing protections for 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 recently provided by CMS indicate that Tribal members enrolled in zero cost-sharing plans are receiving the protections against out-of-pocket costs to which they are entitled. Data are not readily available to determine if Tribal members enrolled in limited cost-sharing plans are similarly receiving the comprehensive out-of-pocket cost 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 PTCs), and enroll in comprehensive health insurance coverage. To assist AI/ANs in accessing health 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)<sup>4</sup> pay no deductibles, co-insurance, or copayments when receiving essential health benefits.<sup>5</sup> Tribal members can enroll in either a zero or limited cost-sharing plan, depending on their income level.<sup>6</sup> Other Marketplace enrollees, including non-Tribal member AI/ANs<sup>7</sup> who 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.<sup>8</sup>

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

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> Marketplace enrollment data are not available specifically for individuals who are not considered Tribal members but who are eligible for services through the Indian Health Service (IHS) (*i.e.*, “other IHS-eligible individuals”); as such, enrollment data for “non-Tribal member AI/ANs” serve here as a proxy. For the purposes of this brief, “non-Tribal member AI/ANs” refers to Marketplace enrollees (1) who did not attest to Tribal membership in their application but did self-identify as an AI/AN in the “Household information” section or (2) who did attest to Tribal membership in their application but did not submit the required documentation. It is important to note that at least some of these non-Tribal member AI/ANs likely are not, in fact, IHS-eligible individuals.

<sup>8</sup> 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.

The ARP, enacted in March 2021, included several provisions that increased federal subsidies for Marketplace enrollees, including AI/ANs, for 2021 and 2022.<sup>9</sup> 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. The Inflation Reduction Act, enacted in August 2022, extended these provisions through 2025.

### **AI/AN MARKETPLACE ENROLLMENT**

**Attachment A** below provides data on AI/AN Marketplace enrollment in the 36 states with an FFM in 2021 and/or 2022.<sup>10</sup> The table shows, by state, the number of Tribal members, as well as the number of non-Tribal member AI/ANs,<sup>11</sup> who were enrolled in Marketplace coverage in 2021 and 2022 on the report run dates in states with an FFM.<sup>12</sup> 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 non-Tribal member AI/ANs) 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.<sup>13</sup> 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.<sup>14</sup>

**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 non-Tribal member AI/ANs, enrollment rose by 4.1%.

Some potential reasons for the differing enrollment trajectories of Tribal members as compared with non-Tribal member AI/ANs are:

- The awareness of the availability of health insurance premium subsidies, as well as no out-of-pocket costs (a protection provided to Tribal members but not non-Tribal member AI/ANs),

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<sup>9</sup> In addition to the provisions discussed in this paragraph, 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.

<sup>10</sup> 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).

<sup>11</sup> These AI/ANs do not meet the ACA definition of Indian and, as such, do not qualify for Indian-specific cost-sharing protections.

<sup>12</sup> 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).

<sup>13</sup> 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.

<sup>14</sup> 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.

under Marketplace coverage is increasing across Tribal communities, leading to greater interest and enrollment of Tribal members in Marketplace coverage;

- Some individuals who applied as enrolled Tribal members in prior years but were not successful in securing and providing documentation of Tribal membership to the Marketplace might have since successfully secured and provided documentation of Tribal membership to the Marketplace, increasing enrollment growth among “Tribal members” and decreasing enrollment growth among “non-Tribal member AI/ANs”; and
- The realization that indicating 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 non-Tribal member AI/ANs.

**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.<sup>15</sup>

**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 non-Tribal member AI/ANs 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 8.2%) from 2021 to 2022.

#### **ENROLLMENT TRENDS**

- **Enrollment of Tribal Members vs. Non-Tribal member AI/ANs:** 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 non-Tribal member AI/ANs. FFM enrollment of Tribal members rose by 7.6%, compared with 4.1% growth in enrollment of non-Tribal member AI/ANs. This trend of more significant Marketplace enrollment growth among Tribal members as compared with non-Tribal member AI/ANs has continued since 2016.

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<sup>15</sup> Data are not available on the number of non-Tribal member AI/ANs who enrolled in a plan through the Marketplace in states with an SBM.

- **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 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 non-Tribal member AI/ANs. Most Tribal members enroll in bronze plans (87% in 2022), while non-Tribal member AI/ANs 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 non-Tribal member AI/ANs in most cases should enroll in silver plans to gain access to the general cost-sharing protections.<sup>16</sup>

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 non-Tribal member AI/ANs 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 non-Tribal member AI/ANs 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 Marketplace 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.

- **Tribal Members:** 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

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<sup>16</sup> For non-Tribal member AI/ANs 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.”

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).

CMS has indicated that FFM enrollees who are Tribal members do not receive the comprehensive Indian-specific cost-sharing protections through either a zero or limited cost-sharing plan for one of two reasons: (1) because they enrolled in a plan with non-Tribal members, meaning the least comprehensive cost-sharing protections available to any of the plan enrollees would apply to all plan enrollees, or (2) because they enrolled in a plan with individuals who attested to Tribal membership but did not submit the required documentation in time.<sup>17</sup> (See more discussion 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 of Tribal members in Marketplace plans with comprehensive cost-sharing protections has resulted, in part, from efforts since 2014 by T/TOs and CMS to ensure that eligible Tribal members receive these protections. 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 that 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.”

- **Non-Tribal Member AI/ANs:** Non-Tribal member AI/AN FFM enrollees, as discussed above, do not qualify for the Indian-specific cost-sharing protections but do qualify for the general protections if

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<sup>17</sup> According to supplemental data provided by CMS, during the 2023 Marketplace open enrollment period, 7% of the 63,058 Tribal member FFM enrollees eligible for either the “zero” or “limited” Indian-specific cost-sharing protections did not receive these protections. It is important to note that a far higher rate of Tribal member FFM enrollees eligible for the limited cost-sharing protections failed to receive these protections when compared with the failure rate among those eligible for the zero cost-sharing protections. Of the 11,337 Tribal member FFM enrollees eligible for the limited cost-sharing protections, 20% did not receive these protections, while only 4% of the 51,721 Tribal member FFM enrollees eligible for the zero cost-sharing protections did not receive them.

they meet certain household income requirements and enroll in a silver plan. As Figure 4 indicates, the percentage of non-Tribal member AI/AN FFM enrollees receiving the general cost-sharing protections has continued to decline since 2017, decreasing from 59% to a low of 41% in 2022, while the percentage of those receiving no cost-sharing protections reached a high of 56% in 2022. According to CMS, however, a significant portion of the 56% of non-Tribal member AI/AN FFM enrollees who received no cost-sharing protections would have qualified for the general protections based on their household income but did not receive these protections because they did not enroll in a silver plan.<sup>18</sup>

#### **ISSUES REGARDING ZERO AND LIMITED COST-SHARING PLANS**

- ***Value of Cost-Sharing Protections:*** In response to a request from the TSGAC, CMS recently provided updated data on the average value of the zero and limited Indian-specific cost-sharing protections. According to CMS, the value of cost-sharing protections under zero cost-sharing plans averages \$218 per enrollee per month (\$2,616 annualized), while the value of these protections under limited cost-sharing plans averages \$153 per member per month (\$1,836 annualized). The figures are national averages based on de-identified enrollment and claims data for 2021, the latest year for which data are available.<sup>19</sup>
- ***Accuracy of Summary of Benefits and Coverage (SBC):*** The TSGAC 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.”<sup>20</sup> A recent study of issuer compliance with this CMS requirement

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<sup>18</sup> According to supplemental data provided by CMS, during the 2023 Marketplace open enrollment period, 23% (5,790) of the 24,883 non-Tribal member AI/AN FFM enrollees eligible for the two most generous levels of the general cost-sharing protections did not receive these protections because they did not enroll in a silver plan; of these 5,790 individuals, 76% enrolled in a bronze plan instead. It is important to note that, in this supplemental data, “non-Tribal member AI/ANs” refers to individuals in the category of non-Tribal member AI/ANs defined in this brief *and* those in a second category: individuals who (1) did not attest to Tribal membership in their application and did not self-identify as an AI/AN in the “Household information” section but (2) did self-identify as an AI/AN when asked to select their race.

<sup>19</sup> As noted by CMS, the figures are estimates and are not exact amounts or substitutes for cost-sharing reduction (CSR) reconciliation data (which the agency no longer collects from health insurance issuers, as the federal government no longer pays for CSRs). The figures represent the difference in the amount of allowed costs paid by issuers for zero or limited cost-sharing plans versus the amount paid by plans with no cost-sharing protections at the same metal level. The figures for zero and limited cost-sharing plans might be greater, in part, due to possible higher utilization of health services among enrollees in these plans compared with enrollees in plans with no cost-sharing protections and not solely as a result of the additional direct costs from the plan issuers covering the cost-sharing amounts.

<sup>20</sup> 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>.

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 plans did not comply with the CMS requirement to use the phrase “Cost sharing waived at non-IHCP with IHCP referral.”<sup>21</sup>

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 plans are providing the cost-sharing protections to which Tribal members are entitled.

- **Issuer Compliance with Cost-Sharing Protection Requirements:** The TSGAC also has begun to explore methods to evaluate whether health insurance issuers are complying with requirements to provide cost-sharing protections to Tribal members enrolled in zero or limited cost-sharing plans. According to CMS, issuers are paying more than 99% of allowed costs under zero cost-sharing plans, indicating general compliance with these requirements. CMS did not provide data on the percentage of allowed costs that issuers are paying under limited cost-sharing plans. Additional research would be beneficial in order to determine the extent to which issuers are complying with requirements to provide cost-sharing protections under limited cost-sharing plans.

## **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 that CMS clarify with plan issuers the requirements on plans to use language from CMS-generated SBC templates pertaining to the limited cost-sharing variation plans.
- Conducting a follow-on survey of a sample of limited cost-sharing 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;
- Working with CMS to determine the extent to which health plans are providing the comprehensive Indian-specific cost-sharing protections to Tribal members enrolled in limited cost-sharing plans; and
- Working with CMS to educate non-Tribal member AI/AN Marketplace applicants who qualify for the general cost-sharing protections based on their household income on the value of enrolling in a silver plan.

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<sup>21</sup> 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 <sup>1</sup> and Non-Tribal Member AI/ANs <sup>2</sup> with Coverage Through the Federally-Facilitated Marketplace (FFM), by State; 2021 and 2022 <sup>3,4</sup> (Suppress Cells <=11)								
State	Enrolled Tribal Members <sup>5</sup>			Non-Tribal Member AI/ANs <sup>5</sup>			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 <sup>6</sup>	78	--	--	157	--	--	--	--
Louisiana	218	213	-2.3%	360	375	4.2%	10	1.7%
Maine <sup>6</sup>	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 <sup>6</sup>	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%
<b>All States</b>	<b>52,486</b>	<b>56,468</b>	<b>7.6%</b>	<b>22,740</b>	<b>23,665</b>	<b>4.1%</b>	<b>4,907</b>	<b>6.5%</b>

Source:

CMS, "Table 1: American Indian and Alaska Native Applicants and Enrollees in the Federally-Facilitated Marketplace," coverage year 2021-2022 data

Notes:

<sup>1</sup> 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.

<sup>2</sup> This population consists of Marketplace enrollees (1) who did not attest to Tribal membership in their application but did self-identify as an AI/AN in the "Household information" section or (2) who did attest to Tribal membership in their application but did not submit the required documentation.

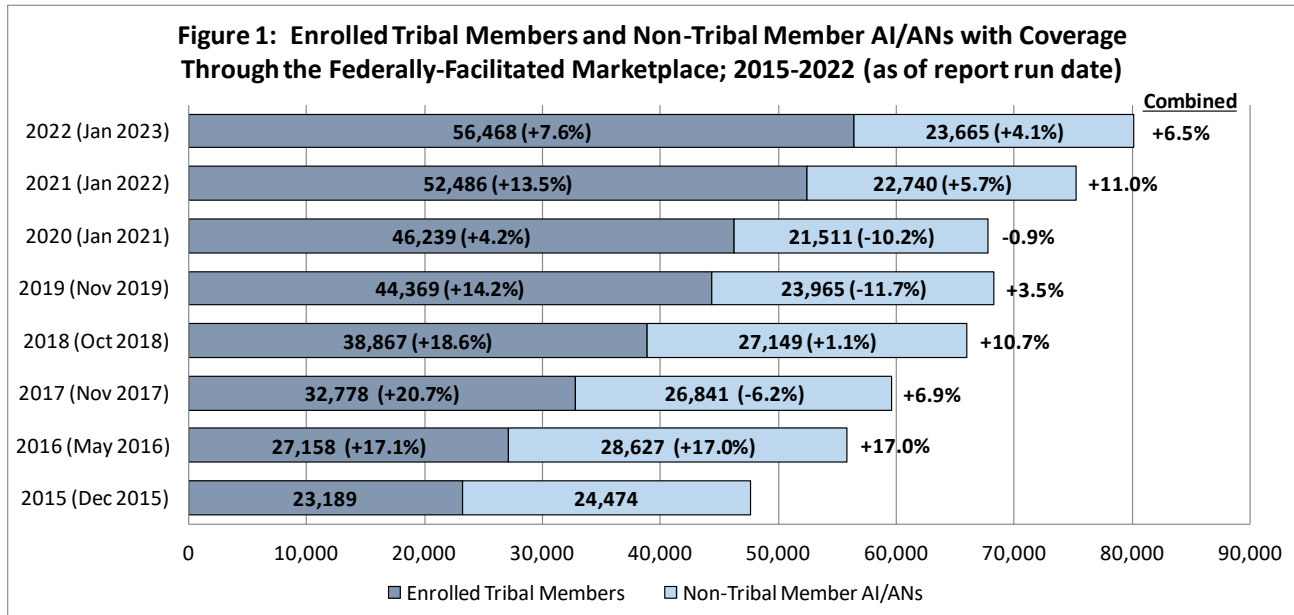
<sup>3</sup> Figures are for January 2022 and January 2023. Totals include values in suppressed cells.

<sup>4</sup> The FFM includes State-Based Marketplaces on the Federal Platform and State-Partnership Marketplaces.

<sup>5</sup> Enrolled Tribal members are eligible for comprehensive Indian-specific cost-sharing protections; "other IHS eligibles" are not.

<sup>6</sup> Kentucky, Maine, and New Mexico operated a State-Based Marketplace in 2022.

**Attachment B**



**Attachment C**

**Table 2: Enrolled Tribal Members<sup>1</sup> with Zero or Limited Cost-Sharing Reductions (CSRs) in State-Based Marketplaces, 2021-2022<sup>2</sup>**  
(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)"

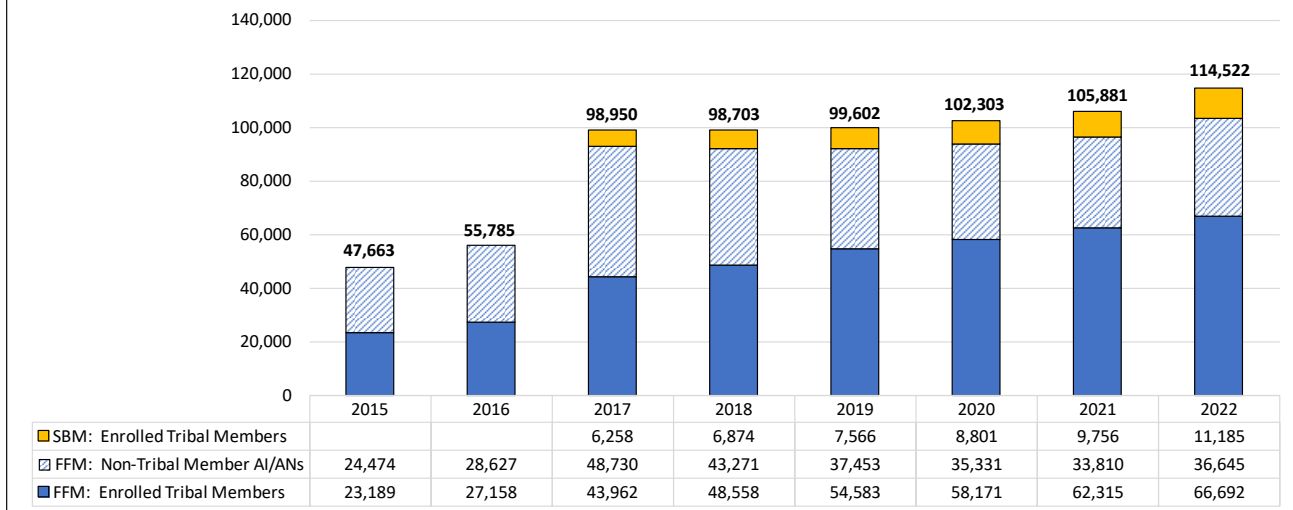
Notes:

<sup>1</sup> 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.

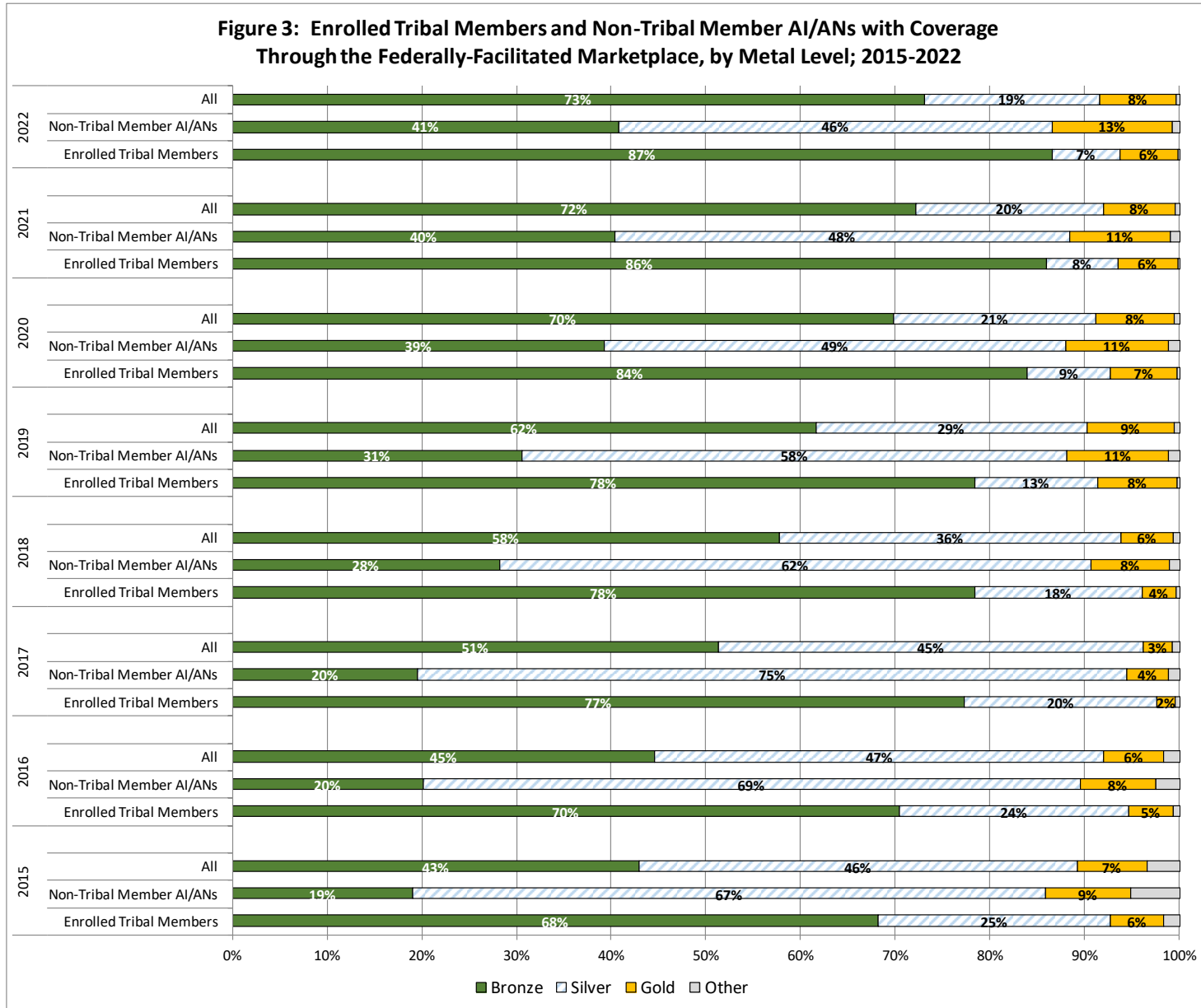
<sup>2</sup> Figures are for December 2021 and December 2022.

Attachment D

**Figure 2: Total Enrollments of Enrolled Tribal Members and Non-Tribal Member AI/ANs; All Marketplaces, 2015-2022 (all enrollments during year)**



Attachment E



Attachment F

**Figure 4: Enrolled Tribal Members and Non-Tribal Member AI/ANs with Coverage Through the Federally-Facilitated Marketplace, by Cost-Sharing Reduction (CSR) Type; 2015-2022**

