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, Access to Cost-Sharing Protections, and Medicaid Enrollment[1]

March 21, 2019

This brief provides data to Tribes on: 1) the number of AI/ANs enrolled in health insurance coverage through the Marketplace in 2018; 2) trends in AI/AN Marketplace enrollment and access to cost-sharing protections over the past four 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. Finally, this brief examines trends in AI/AN Medicaid enrollment during the 2010-2017 period.[2]

KEY FINDINGS

An analysis of data from the Centers for Medicare and Medicaid Services (CMS) and from the annual American Community Survey conducted by the Census Bureau indicate that:

- For Tribal citizens, enrollment in the Federally-Facilitated Marketplace (FFM or Marketplace) increased by 18.6% from 2017 to 2018. When combined with enrollment of other Indian Health Service (IHS)-eligible individuals, FFM enrollment of AI/ANs increased by about 6,400, or 10.7%, from 2017 to 2018.
  - In contrast, among the general population, FFM enrollment *decreased* by 3.8% from 2017 to 2018.
- Enrollment gains varied by state, with one state showing a 35% increase of Tribal members and other states with modest gains, holding flat or declining (measured by *enrollment levels on the report run date*).
- In each of 2017 and 2018, the total number of Tribal members and other IHS-eligible individuals enrolled in FFM and State-based Marketplace (SBM) coverage *at some point during the year* neared 100,000.
- The Marketplace continues to provide substantial federal resources to AI/AN Marketplace enrollees in the form of premium tax credits and cost-sharing reductions.
- T/TOs have proven successful in assisting AI/ANs with enrolling in the most beneficial health plan options, as well as in working with CMS and health plans to ensure that AI/AN enrollees receive the cost-sharing protections to which they are entitled, although continued efforts are needed.
- With regard to Medicaid, for the 24 states with a federally-recognized Tribe that have expanded Medicaid eligibility since 2010, AI/AN Medicaid enrollment jumped by 115,506, or 40.7%, from 2010 to 2017.
  - In contrast, during the same period, AI/AN Medicaid enrollment increased by 20.3% in non-expansion states with at least one federally-recognized Tribe.
- More than 57,000 uninsured AI/ANs potentially could qualify for Medicaid if the 11 current non-expansion states with at least one federally-recognized Tribe adopted the expansion, with 77% of these uninsured AI/ANs residing in just two states (Oklahoma and South Dakota).

[1] This brief is for informational purposes only and is not intended as legal advice. For questions on this brief, please contact Doneg McDonough, TSGAC Technical Advisor, at DonegMcD@Outlook.com.

[2] A companion presentation of these enrollment data in a PowerPoint format can be accessed at https://www.tribalselfgov.org/health-reform/2019-health-actions/.

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 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)[3] pay no deductibles, coinsurance, or copayments when receiving essential health benefits.[4] Tribal members can enroll in either a zero or limited cost-sharing plan, depending on their income level.[5] Other AI/ANs who are eligible for services through the Indian Health Service (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.[6]

AI/AN MARKETPLACE ENROLLMENT

Table 1 in **Attachment A** below provides data on AI/AN Marketplace enrollment in the 39 states with a FFM.[7] The table shows, by state, the number of Tribal members, as well as the number of other IHS-eligible individuals,[8] in 2017 and 2018 who were enrolled in Marketplace coverage on the report run dates in states with an FFM.[9] In 2018, FFM enrollment of AI/ANs totaled more than 66,000. The table also shows the change in FFM enrollment of AI/ANs, by state, from 2017 to 2018.

> **Findings**: Overall, FFM enrollment of AI/ANs *increased* by about 6,400, or 10.7%, from 2017 to 2018. And among Tribal citizens, for whom enrollment in the Marketplace provides the greatest financial benefits, Marketplace enrollment increased by 18.6% from 2017 to 2018. In contrast, among the general population, FFM enrollment nationally *decreased* by 3.8% from 2017 to 2018.

Figure 1 in **Attachment B** below includes a graph on AI/AN Marketplace enrollment in states with an FFM for 2015, 2016, 2017, and 2018.

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[3] The ACA defines "Indian" as a member of an Indian tribe or shareholder in an Alaska Native regional or village corporation (Tribal member).

[4] 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, and health plans are reimbursed for the cost-sharing protections provided to Tribal members.

[5] Tribal members who have a household income between 100% and 300% of the federal poverty level and are eligible for premium tax credits qualify for the "zero" cost-sharing protections. All other Tribal members who enroll in Marketplace coverage qualify for the "limited" cost-sharing protections. Both the zero and limited cost-sharing protections are comprehensive.

[6] 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: 94% for individuals at or less than 150% FPL, 87% for those from 151-200% FPL, and 73% for those from 201-250% FPL.

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

[8] These AI/ANs do not meet the ACA definition of Indian and thus do not qualify for Indian-specific cost-sharing protections.

[9] Figures represent FFM enrollment of AI/ANs on November 14, 2017, and October 9, 2018, respectively (not the total number of AI/ANs enrolled in Marketplace coverage at any point during the year).

In **Attachment C** below, data are presented on AI/AN Marketplace enrollment in the 12 states with an SBM. The table shows, by state, the number of Tribal members who enrolled in a plan through the Marketplace in states with an SBM in 2017 and 2018.[10]

> **Findings**: SBM enrollment of Tribal members increased from about 6,100 to almost 6,900, or by 12.6%, from 2017 to 2018. (No data were provided on enrollment of other IHS-eligible individuals through SBMs.)

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 each of 2017 and 2018, the total number of Tribal members and other IHS-eligible individuals enrolled in (FFM and SBM) Marketplace coverage at some point during the year neared 100,000.

ENROLLMENT TRENDS

- ***Enrollment of Tribal Members vs. Other IHS-Eligible Individuals***: The change in overall enrollment of AI/ANs in Marketplace coverage in states with an FFM masks significant differences in the year-to-year enrollment between Tribal members and other IHS-eligible individuals. Among Tribal members across all FFMs, FFM enrollment grew by 18.6% from 2017 to 2018. At the same time, FFM enrollment of other IHS-eligible individuals increased by only 1.1%, much closer to the growth in enrollment for the general population.[11] And at the state level, Alaska, for example, registered a 17.1% increase in enrollment of Tribal members but no increase in other IHS-eligible individuals.

- ***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 showed the most significant increase in Marketplace enrollment of AI/ANs from 2017 to 2018 (a 35% increase, representing almost 5,000 additional enrollees).[12] Meanwhile, among the other 38 states with an FFM, enrollment of AI/ANs in Marketplace coverage grew by only about 1,500, or 3.3%, from 2017 to 2018, with enrollment remaining relatively static (less than a 5% change) in 12 of these states. It is important to note, however, that the modest growth in FFM enrollment of AI/ANs outside of Oklahoma still exceeded the growth in enrollment for the general population (-3.8%). It also is important to note that, even in the 12 states where FFM enrollment of AI/ANs remained relatively static, maintaining 2017 enrollment levels in 2018 required significant effort, as many individuals cycle off Marketplace coverage at the end of each year.

- ***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 (78% in 2018), while other IHS-eligible individuals tend to enroll in silver plans (62% in 2018). This difference among AI/ANs in the selection of plans by metal

[10] 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.

[11] Due to the processes used for determining Indian status, there is uncertainty about the accuracy of the "other IHS-eligible individual" designation as compared to the "Tribal member" designation. To be identified as a Tribal member, documentation is required; whereas, to be identified as an "other IHS-eligible individual," a self-declaration is made by the enrollee.

[12] Expanded FFM enrollment of Tribal members in Oklahoma accounted for the vast majority of this growth, as enrollment of other IHS-eligible individuals increased by only 105 (from 832 to 937) from 2017 to 2018.

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 should enroll 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.[13] As indicated by the graph in **Attachment E** below, the percentage of AI/ANs—particularly Tribal members—who enroll in plans at the "correct" metal level has increased over time.

ACCESS TO COST-SHARING PROTECTIONS

As noted earlier, among AI/AN FFM 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 AI/AN FFM enrollees receiving the comprehensive Indian-specific cost-sharing protections (through either a zero or limited cost-sharing plan) *has increased* slightly over time (from 85% in 2015 to 87% in 2018), while the percentage of enrollees receiving no cost-sharing protections *has continued to decline* (from 12% in 2015 to 8% in 2018). The remainder of AI/AN FFM enrollees received the general cost-sharing protections.

This increased access to cost-sharing protections for AI/ANs has resulted in part from efforts since 2014 by T/TOs and the federal CMS to ensure that eligible Tribal members receive the comprehensive cost-sharing protections to which they are entitled. Still, in 2018, 4,946 eligible Tribal members did not receive comprehensive cost-sharing protections; among these individuals, 3,084 received no cost-sharing protections, and 1,862 received only the general cost-sharing protections.

One potential cause for the loss of comprehensive cost-sharing protections is that some eligible Tribal members enrolled in Marketplace coverage were not aware that they needed to enroll in a different plan than their family members who do not qualify for these protections. To address this concern, the TSGAC in April 2018 recommended that CMS make modifications to on-screen notices that appear during the Marketplace (HealthCare.gov) application process to ensure AI/ANs understand fully the implications of enrolling family members in the same or different plans with respect to their eligibility for cost-sharing protections.[14] Further, the TSGAC asked CMS to encourage Marketplaces that do not use the HealthCare.gov platform to include similar notices in their application process. With adoption of this change in online information on HealthCare.gov (or SBM equivalents), Tribal representatives anticipate that an even greater percentage of Tribal members will secure one of the two types of comprehensive cost-sharing

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

[14] Specifically, CMS could add pop-up notices to explain the rationale for providing AI/AN Marketplace applicants with the option to enroll family members in the same or different plans and to indicate clearly the impact of enrolling family members who have different eligibility for cost-sharing protections in the same plan (*i.e.*, the loss of eligibility for the comprehensive cost-sharing protections for all AI/AN family members).

protections (zero or limited) and fewer will end up with the general cost-sharing protections or no cost-sharing protections at all.

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 of SBCs prepared for zero and limited cost-sharing plans offered by eight issuers in four states in 2018 found a number of inaccuracies, which 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.[15] After the TSGAC reported the results of this review to CMS, the agency offered trainings to Marketplace plan issuers and state regulators regarding SBCs prepared for zero and limited cost-sharing plans. And additional work on this issue is underway in 2019.

AI/AN MEDICAID ENROLLMENT

The ACA provided states with the option, beginning in 2014,[16] of expanding their Medicaid programs to cover all residents with household incomes at or less than 138% FPL, including many AI/ANs, with the federal government covering 90% of program expenditures on health care services beginning in 2020, and funding an even greater percentage in the initial years.[17] As of January 1, 2019, 36 states, including 24 with at least one federally-recognized Tribe, and the District of Columbia have adopted the Medicaid expansion.

Table 3 in **Attachment G** below provides data on the number of AI/ANs enrolled in Medicaid in each state. Data were taken from the 2010-2017 American Community Survey, 1-Year Estimates.[18] For each state, the table shows the number of AI/ANs enrolled in Medicaid coverage annually during the 2010-2017 period, the gain in Medicaid enrollment during this period, and the estimated remaining number of uninsured AI/ANs who have an income at or less than 138% FPL.

Findings:

- Among states with at least one federally-recognized Tribe, AI/AN Medicaid enrollment in expansion states jumped by 115,506, or 40.7%, from 2010 to 2017.
- During the same period, AI/AN Medicaid enrollment increased by 28,662, or only 20.3%, in non-expansion states with at least one federally-recognized Tribe.

[15] The TSGAC report on SBCs can be accessed at https://www.tribalselfgov.org/health-reform/2019-health-actions/.

[16] Under the ACA, states could expand Medicaid prior to 2014 through a State Plan Amendment (SPA), a section 1115 waiver, or a combination of the two. Four states with substantial AI/AN populations—California, Connecticut, Colorado, and Minnesota—expanded their Medicaid programs prior to 2014.

[17] For health services furnished by IHS and Tribal providers to IHS-eligible individuals, the federal government will continue to cover 100% of health service expenditures (100% FMAP).

[18] Data are for "individuals with IHS access," defined as individuals who responded "Yes" to part g of the following question in the 2016 American Community Survey questionnaire: "16. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? ... g. Indian Health Service." These figures should be viewed as rough estimates of the Medicaid enrollment status of IHS Active Users, as there are discrepancies in the state-by-state counts in the Census data for those identified as "individuals with IHS access" versus the state-by-state counts of IHS Active Users in the IHS National Data Warehouse data set.

- As of 2017, more than 57,000 uninsured AI/ANs potentially could qualify for Medicaid if the current non-expansion states with at least one federally-recognized Tribe adopted the expansion; 77% of these uninsured AI/ANs reside in just two states (Oklahoma and South Dakota).
- And according to Census Bureau data, in expansion states, there are approximately 62,000 uninsured AI/ANs who may be eligible for, but not enrolled in, Medicaid coverage.

Attachment A

Table 1: Enrolled Tribal Members[1] and IHS Eligibles with Coverage Through the Federally-Facilitated Marketplace (FFM), by State; 2017 and 2018[2, 3]

State	Enrolled Tribal Members[4]			Other IHS Eligibles[4]			All	
	2017	2018	% Change	2017	2018	% Change	2018 vs. 2017	% Change
Alabama	651	616	-5.4%	1,216	1,249	2.7%	-2	-0.1%
Alaska	679	795	17.1%	122	122	0.0%	116	14.5%
Arizona	831	944	13.6%	615	624	1.5%	122	8.4%
Arkansas	542	611	12.7%	297	284	-4.4%	56	6.7%
Delaware	24	27	12.5%	93	85	-8.6%	-5	-4.3%
Florida	1,081	1,230	13.8%	2,856	2,953	3.4%	246	6.2%
Georgia	327	361	10.4%	1,442	1,243	-13.8%	-165	-9.3%
Hawaii	51	46	-9.8%	121	162	33.9%	36	20.9%
Illinois	303	319	5.3%	811	825	1.7%	30	2.7%
Indiana	160	152	-5.0%	428	384	-10.3%	-52	-8.8%
Iowa	94	90	-4.3%	108	111	2.8%	-1	-0.5%
Kansas	835	887	6.2%	468	469	0.2%	53	4.1%
Kentucky	69	71	2.9%	161	188	16.8%	29	12.6%
Louisiana	226	225	-0.4%	462	440	-4.8%	-23	-3.3%
Maine	188	193	2.7%	259	253	-2.3%	-1	-0.2%
Michigan	1,011	1,035	2.4%	817	807	-1.2%	14	0.8%
Mississippi	80	81	1.3%	136	141	3.7%	6	2.8%
Missouri	758	751	-0.9%	948	954	0.6%	-1	-0.1%
Montana	1,085	1,128	4.0%	251	219	-12.7%	11	0.8%
Nebraska	416	485	16.6%	190	246	29.5%	125	20.6%
Nevada	321	331	3.1%	324	370	14.2%	56	8.7%
New Hampshire	30	33	10.0%	137	137	0.0%	3	1.8%
New Jersey	55	64	16.4%	702	669	-4.7%	-24	-3.2%
New Mexico	631	657	4.1%	201	207	3.0%	32	3.8%
North Carolina	688	782	13.7%	2,849	3,034	6.5%	279	7.9%
North Dakota	614	586	-4.6%	107	96	-10.3%	-39	-5.4%
Ohio	160	146	-8.8%	674	649	-3.7%	-39	-4.7%
Oklahoma	13,005	17,781	36.7%	832	937	12.6%	4,881	35.3%
Oregon	884	921	4.2%	658	705	7.1%	84	5.4%
Pennsylvania	147	169	15.0%	983	1,022	4.0%	61	5.4%
South Carolina	236	245	3.8%	617	635	2.9%	27	3.2%
South Dakota	794	815	2.6%	93	113	21.5%	41	4.6%
Tennessee	325	360	10.8%	742	865	16.6%	158	14.8%
Texas	2,964	3,206	8.2%	3,388	3,431	1.3%	285	4.5%
Utah	851	1,066	25.3%	446	482	8.1%	251	19.4%
Virginia	330	353	7.0%	1,501	1,380	-8.1%	-98	-5.4%
West Virginia	22	31	40.9%	96	75	-21.9%	-12	-10.2%
Wisconsin	1,009	1,027	1.8%	492	449	-8.7%	-25	-1.7%
Wyoming	217	247	13.8%	106	134	26.4%	58	18.0%
All States	**32,778**	**38,867**	**18.6%**	**26,841**	**27,149**	**1.1%**	**6,397**	**10.7%**

Source

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

Notes

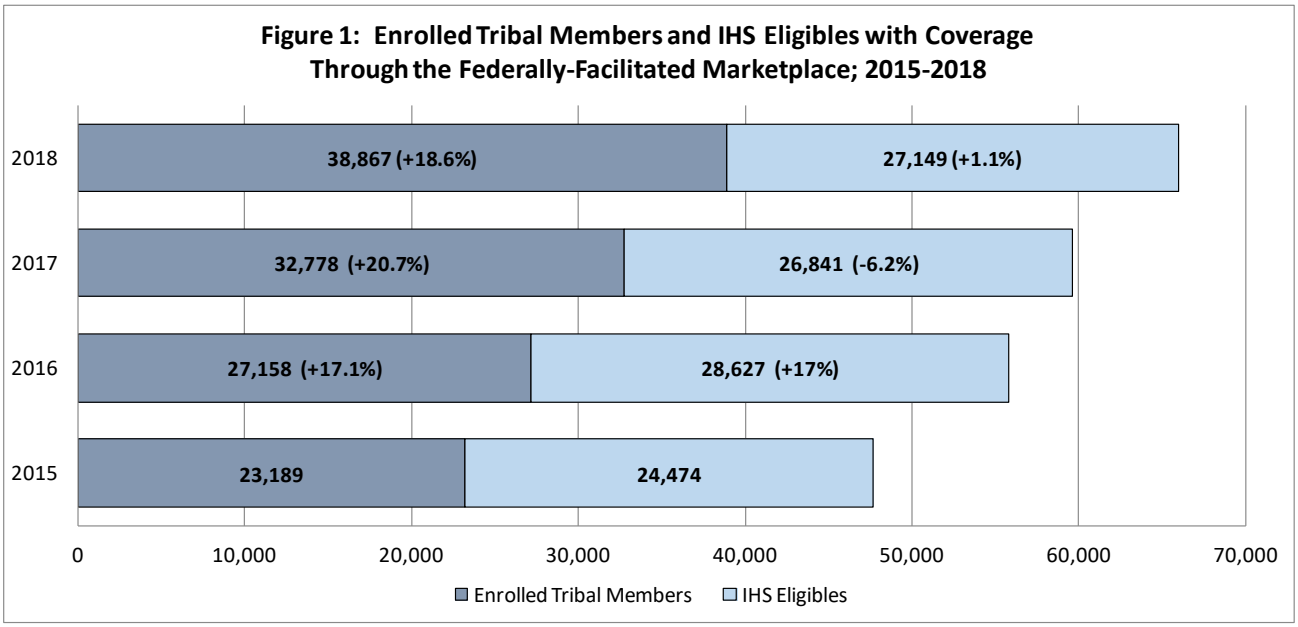
[1] An enrolled Tribal member is an individual who meets the definition of Indian under the Affordable Care Act as a member of an Indian Tribe or shareholder in an Alaska Native regional or village corporation.

[2] Figures are for November 2017 and October 2018. 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.

Attachment B



Attachment C

Table 2: Enrolled Tribal Members[1] with Zero or Limited Cost-Sharing Reductions (CSRs) in State-Based Marketplaces, 2017-2018[2]
(Suppress Cells <=11)

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

Source

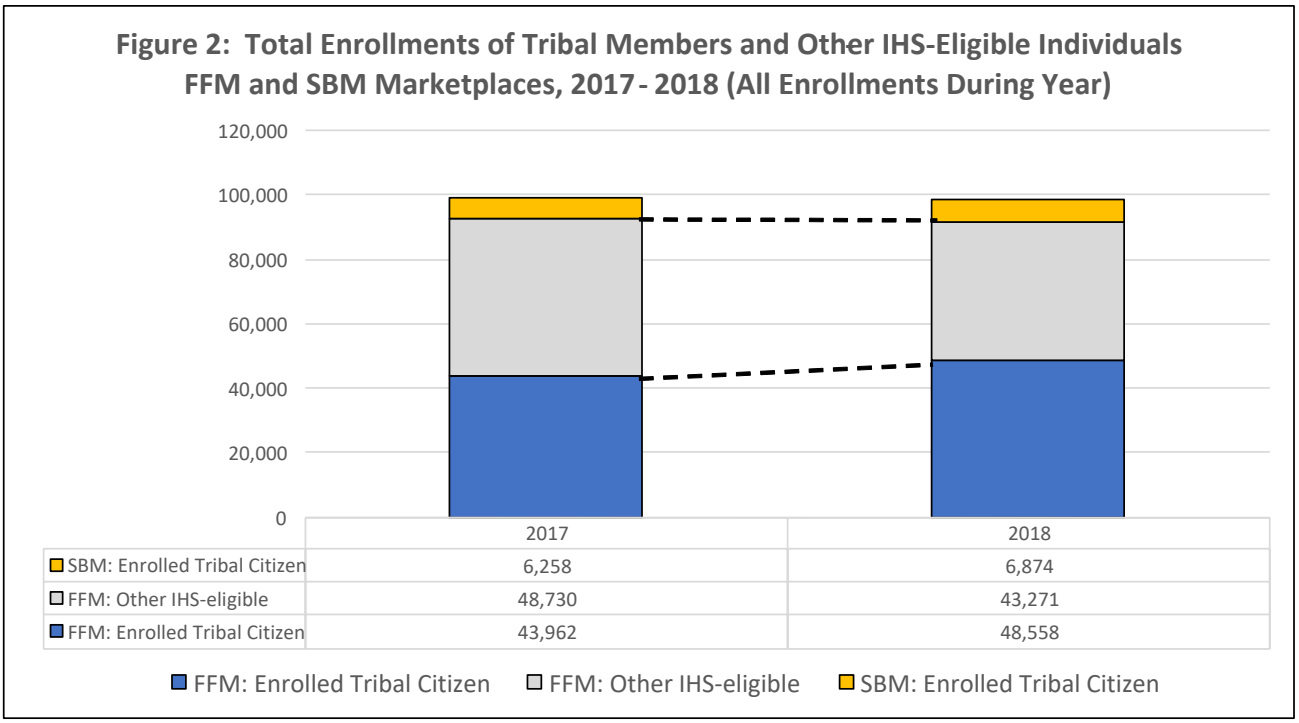
CMS, "Average Effectuated Enrollment (as of September 2017)" (data for State-Based Marketplaces); CMS, "Average Effectuated Enrollment (as of October 2018)" (data for State-Based Marketplaces)

Notes

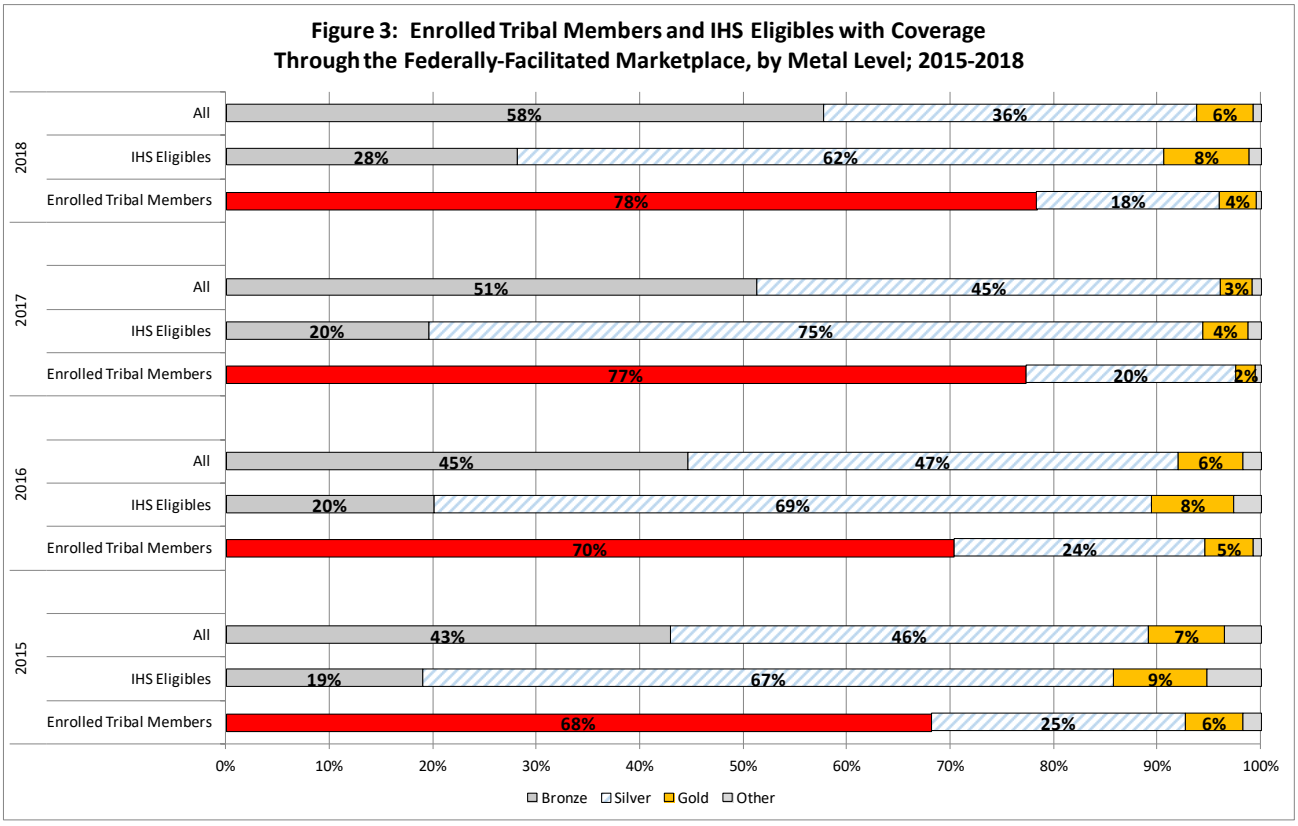
[1] An enrolled Tribal member is an individual who meets the definition of Indian under the Affordable Care Act as a member of an Indian Tribe or shareholder in an Alaska Native regional or village corporation.

[2] Figures are for September 2017 and October 2018.

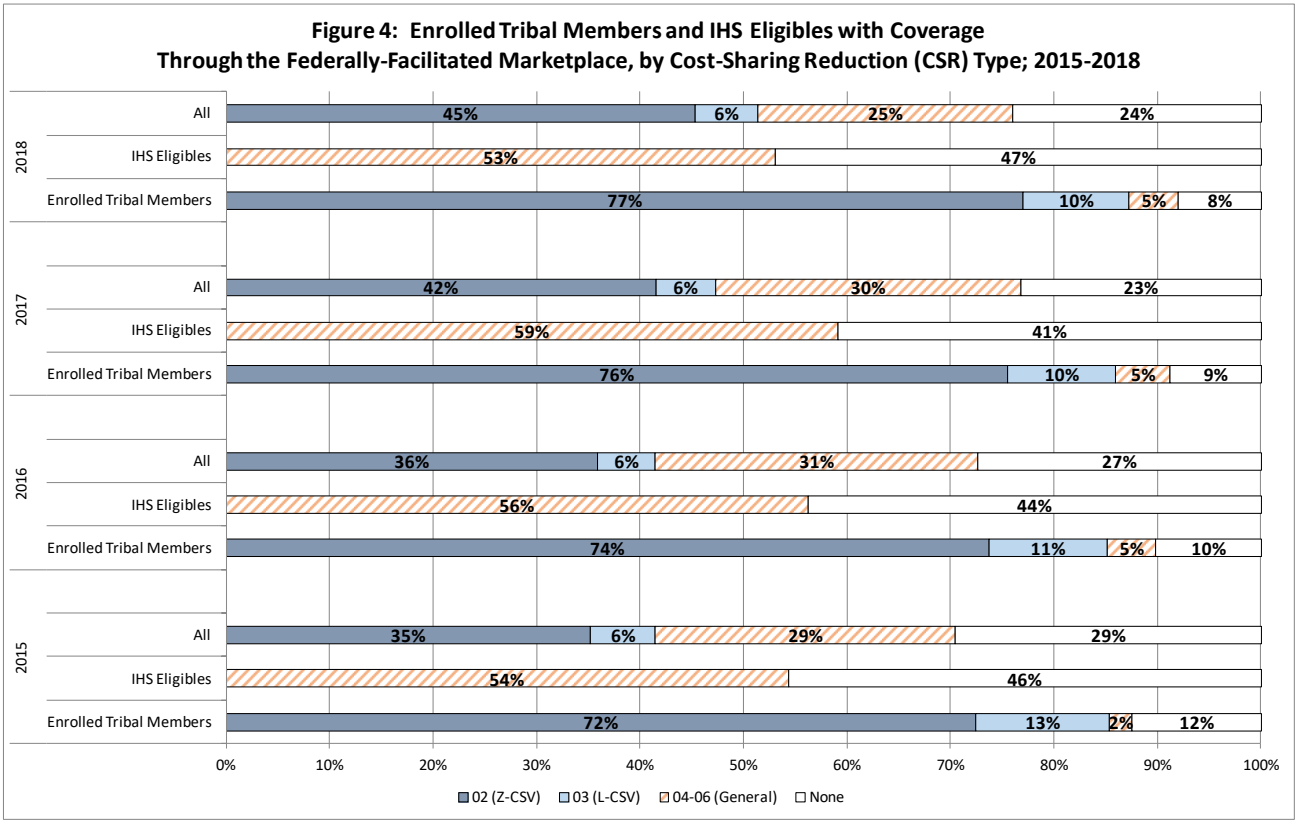
Attachment D



Attachment E



Attachment F



Attachment G

Table 3: Medicaid Enrollment of Individuals with IHS Access, by State; 2010-2017												
State	Federally Recognized Tribe	Medicaid Expansion Status[3]	Medicaid Enrollment of Individuals with IHS Access, by Year[1] (Shading Indicates Year Medicaid Expansion Took Effect, if Implemented)								Change (2010-2017)	Remaining Uninsured[2] (0-138% FPL)
			2010	2011	2012	2013	2014	2015	2016	2017		
Alabama	Yes	No	1,094	1,071	1,370	832	1,858	519	976	761	-333	0
Alaska	Yes	Yes	37,725	31,019	41,335	38,139	39,593	41,605	49,701	44,813	7,088	6,176
Arizona	Yes	Yes	79,799	63,936	69,972	75,247	92,462	82,234	80,140	91,986	12,187	15,890
Arkansas	No	Yes	2,379	5,653	2,539	2,254	3,134	2,896	5,966	4,622	2,243	535
California	Yes	Yes	26,326	33,002	25,364	33,867	31,416	39,075	40,433	42,422	16,096	4,118
Colorado	Yes	Yes	3,262	1,407	1,536	2,630	4,074	3,428	4,138	3,655	393	289
Connecticut	Yes	Yes	279	530	1,042	778	98	296	743	192	-87	0
Delaware	No	Yes	0	0	31	0	165	0	345	0	0	0
District of Columbia	No	Yes	161	129	0	95	450	100	0	697	536	0
Florida	Yes	No	4,070	3,547	3,632	4,267	4,347	4,505	5,168	5,936	1,866	1,120
Georgia	No	No	2,242	3,224	2,318	1,127	1,131	1,662	2,597	2,922	680	38
Hawaii	No	Yes	161	832	437	775	296	935	61	355	194	128
Idaho	Yes	Authorized	2,636	4,648	3,150	2,667	3,518	4,446	4,412	4,473	1,837	1,041
Illinois	No	Yes	3,303	2,450	2,185	1,970	1,886	1,592	2,203	2,229	-1,074	189
Indiana	Yes	Yes	5,284	5,691	6,085	5,739	7,320	8,440	11,126	10,672	5,388	4,538
Iowa	Yes	Yes	1,610	651	780	1,681	937	3,015	1,742	1,243	-367	756
Kansas	Yes	No	2,644	3,121	2,594	1,782	3,266	2,191	2,250	4,851	2,207	232
Kentucky	No	Yes	1,224	347	220	1,140	268	788	1,763	2,351	1,127	0
Louisiana	Yes	Yes	782	746	1,418	1,019	1,611	1,291	2,077	1,363	581	90
Maine	Yes	Yes	2,166	3,021	2,760	2,502	1,476	2,383	1,891	1,624	-542	819
Maryland	No	Yes	1,030	648	1,478	594	431	1,349	704	730	-300	0
Massachusetts	Yes	Yes	1,830	1,598	1,693	2,341	1,851	1,825	2,854	833	-997	0
Michigan	Yes	Yes	9,966	6,915	8,611	8,844	8,954	9,779	11,601	11,455	1,489	909
Minnesota	Yes	Yes	12,825	14,222	12,945	15,459	14,772	15,006	18,043	17,231	4,406	2,755
Mississippi	Yes	No	2,690	3,524	2,681	4,146	2,342	3,289	3,731	3,794	1,104	1,182
Missouri	No	No	1,502	474	1,485	3,171	3,002	1,512	1,092	2,891	1,389	1,043
Montana	Yes	Yes	18,139	14,288	17,996	18,748	17,945	17,773	22,302	20,713	2,574	4,938
Nebraska	Yes	Authorized	3,038	2,692	2,789	3,532	2,510	3,007	3,571	4,734	1,696	354
Nevada	Yes	Yes	4,120	6,494	4,923	4,368	5,690	5,875	5,968	7,442	3,322	868
New Hampshire	No	Yes	515	92	98	209	0	0	816	0	-515	0
New Jersey	No	Yes	2,164	1,407	522	696	794	2,207	1,907	398	-1,766	0
New Mexico	Yes	Yes	38,991	47,152	47,417	54,807	60,674	75,784	70,802	87,899	48,908	11,787
New York	Yes	Yes	6,601	10,210	8,410	8,025	7,852	7,609	8,989	10,299	3,698	1,245
North Carolina	Yes	No	3,925	3,876	3,955	3,986	5,543	5,203	3,557	4,209	284	522
North Dakota	Yes	Yes	7,542	8,119	7,741	12,293	10,324	12,962	12,981	10,172	2,630	4,122
Ohio	No	Yes	1,786	1,583	2,311	1,832	1,794	2,546	2,423	1,422	-364	0
Oklahoma	Yes	No	70,818	70,000	77,084	82,333	71,713	74,865	84,544	79,125	8,307	34,474
Oregon	Yes	Yes	6,657	10,594	11,964	10,473	11,340	10,156	13,214	10,389	3,732	400
Pennsylvania	No	Yes	3,408	1,649	1,561	4,003	2,908	2,852	3,431	2,627	-781	0
Rhode Island	Yes	Yes	862	69	50	64	203	938	0	584	-278	0
South Carolina	Yes	No	1,399	997	3,194	2,058	621	2,338	1,102	1,200	-199	617
South Dakota	Yes	No	23,824	31,067	29,797	28,875	25,617	26,575	30,798	32,275	8,451	9,285
Tennessee	No	No	694	857	1,141	505	843	1,291	1,537	930	236	105
Texas	Yes	No	7,726	8,051	5,967	8,060	4,200	6,058	9,803	8,272	546	2,605
Utah	Yes	Authorized	4,168	2,639	2,451	4,209	2,313	4,828	3,955	3,231	-937	1,140
Vermont	No	Yes	311	298	144	27	0	0	0	882	571	0
Virginia	Yes	Yes	779	1,828	1,170	2,611	1,016	1,466	2,924	985	206	219
Washington	Yes	Yes	17,925	21,171	19,669	19,469	21,990	24,782	26,331	23,004	5,079	2,597
West Virginia	No	Yes	421	378	187	360	97	719	394	382	-39	0
Wisconsin	Yes	No	9,231	9,463	7,849	9,390	10,556	8,975	10,676	12,902	3,671	3,712
Wyoming	Yes	No	3,301	4,471	3,064	2,876	2,487	1,495	4,410	3,463	162	1,028
TOTAL (Expansion States)			**300,333**	**298,129**	**304,594**	**333,059**	**353,821**	**381,706**	**408,013**	**415,671**	**115,338**	**63,368**
Expansion States with Tribe			283,470	282,663	292,881	319,104	341,598	365,722	388,000	398,976	115,506	62,516
Expansion States with no Tribe			16,863	15,466	11,713	13,955	12,223	15,984	20,013	16,695	-168	852
TOTAL (Non-Expansion)			**145,002**	**153,722**	**154,521**	**163,816**	**145,867**	**152,759**	**174,179**	**175,969**	**30,967**	**58,498**
Non-Expansion States with Tribe			140,564	149,167	149,577	159,013	140,891	148,294	168,953	169,226	28,662	57,312
Non-Expansion States with no Tribe			4,438	4,555	4,944	4,803	4,976	4,465	5,226	6,743	2,305	1,186
GRAND TOTAL			**445,335**	**451,851**	**459,115**	**496,875**	**499,688**	**534,465**	**582,192**	**591,640**	**146,305**	**121,866**

Notes:

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

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

[3] In November 2018, Idaho, Nebraska, and Utah authorized the Medicaid expansion (shown in green) through ballot initiatives. These states are identified as "Authorized" and counted among non-Medicaid expansion states. In addition, lawmakers in Kansas and Wisconsin have indicated a likelihood of authorizing Medicaid expansion.