



NATIONAL COUNCIL of  
URBAN INDIAN HEALTH

## AN OVERVIEW OF THE **IMPACT OF MEDICAID ON HEALTH CARE** *for American Indians and Alaska Natives*

The federal government has a trust responsibility to provide federal health services to maintain and improve the health of American Indian and Alaska Native (AI/AN) people.<sup>1</sup>

### ABOUT THE INDIAN HEALTH SERVICE AND MEDICAID

*In 1976, Congress authorized the Indian Health Service (IHS) to bill Medicaid for services provided to eligible enrollees “to enable Medicaid funds to flow into IHS institutions... [because] these Medicaid payments are viewed as a much-needed supplement to a health care program which has for too long been insufficient to provide quality health care to the American Indian,” recognizing that “the Federal government has treaty obligations to provide services to Indians, it has not been a State responsibility.”<sup>2</sup>*

- ➔ Medicaid is a joint federal-state program that provides health insurance to eligible persons, including eligible AI/ANs.
- ➔ Indian healthcare providers bill Medicaid for services provided to Medicaid beneficiaries.
- ➔ Medicaid reimbursements are a critical source of funding to support the operation of the Indian Health system, comprised of IHS, Tribal Health Programs, and urban Indian organizations (UIOs).

**Due to historic underfunding of the Indian Health Service, Medicaid is critical to supporting healthcare services for Native people.**

1 25 U.S.C. § 1601(1).  
2 H.R. 94-1026 (1976)



# MEDICAID COVERAGE: AMERICAN INDIANS AND ALASKA NATIVES

*As of 2020, there are over 9.7 million AI/ANs (Alone or In Combination)<sup>3</sup> in the United States.<sup>4</sup>*

**2.7 Million**

In 2022, approximately 2.7 million AI/AN people were enrolled in Medicaid in the United States.<sup>5</sup>

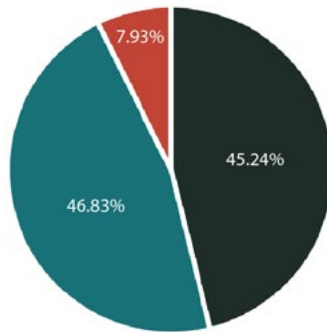


**46.83%** are AI/AN adults (ages 19-64).<sup>6</sup>



**45.24%** are AI/AN children (ages 0-18).<sup>7</sup>

Total American Indians and Alaska Natives Enrolled in Medicaid in 2022



■ 0-18 ■ 19-64 ■ 65+

3 All data cited on this resource includes American Indians and Alaska Natives identified as "Alone" or "In Combination".

4 2020 Census Redistricting Data (P.L. 94-171) Summary File.

5 NCUIH analysis of 2022 American Community Survey (ACS) data. Includes data on AI/ANs identified as "Alone" or "In Combination."

6 Id.

7 Id.



## URBAN NATIVE COMMUNITIES AND MEDICAID

*Over 70% of American Indians and Alaska Natives live in urban areas, yet only about 1% of IHS appropriated funding supports urban Indian health.*



### Medicaid Coverage: Urban American Indian and Alaska Natives

In 2019, Medicaid covered **1.3 million** urban AI/ANs, including 30% of urban AI/AN adults under age 65. Comparatively, Medicaid covered 19.8% of **all** urban U.S. adults under age 65.<sup>8</sup>

**1.3 Million**

**30%**

### Top 10 Metro Areas with the Highest Populations of AI/ANs enrolled in Medicaid (2022)<sup>9</sup>

Metro Area	# AI/AN Medicaid Beneficiaries	Served by UIO
Los Angeles-Long Beach-Anaheim, CA	128,681	Yes
New York-Newark-Jersey City, NY-NJ	115,141	Yes
Riverside-San Bernardino-Ontario, CA	55,229	No
Phoenix-Mesa-Chandler, AZ	53,505	Yes
Tulsa, OK	49,145	Yes
Chicago-Naperville-Elgin, IL-IN	45,931	Yes
Seattle-Tacoma-Bellevue, WA	37,904	Yes
Houston-Pasadena-The Woodlands, TX	37,291	No
Oklahoma City, OK	36,542	Yes
San Francisco-Oakland-Fremont, CA	36,355	Yes

*UIOs are health care clinics that provide key services to almost every one of the top metro areas where IHS-Medicaid beneficiaries live.*

<sup>8</sup> NCUIH analysis of American Community Survey (ACS) data for AI/AN alone or in combination. SDA - 2019 ACS sample. (n.d.). IPUMS ONLINE DATA ANALYSIS SYSTEM. Retrieved November 19, 2022, from <https://sda.usa.ipums.org/sdaweb/analysis/?dataset=us2019a>

<sup>9</sup> NCUIH analysis of ACS data for AI/AN alone or in combination: Steven Ruggles, Sarah Flood, Matthew Sobek, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Renae Rodgers, and Megan Schouweiler. IPUMS USA: Version 15.0 [ACS 2022]. Minneapolis, MN: IPUMS, 2024.



## MEDICAID: A CRITICAL SOURCE OF FUNDING FOR INDIAN HEALTH CARE PROVIDERS

- ➔ Medicaid reimbursements are a purely supplemental source of funding for IHS, as federal law prohibits appropriators from considering Medicaid revenue when determining IHS appropriations.<sup>10</sup>
- ➔ Because the Medicaid program receives Mandatory appropriations and is not subject to the annual appropriations process, Medicaid revenue is particularly essential for Indian health providers when IHS funding is reduced or interrupted by budgetary disagreements.

**10%**

As of FY 2020 (most recent data available), Medicaid accounted for about 10% of the funding for IHS programs.<sup>11</sup>

### UIO Medicaid Funding

*Medicaid is the biggest source of funding for UIOs outside of IHS.*

**\$89.5 Million**

In 2019, UIOs received at least \$89.5 million in Medicaid reimbursements for services provided to Medicaid beneficiaries.<sup>12</sup>

**55%**

In 2021, **55%** of the **total population** served at UIOs were Medicaid beneficiaries, and **46%** of the **AI/AN population** served at UIOs were Medicaid beneficiaries.<sup>13</sup>

<sup>10</sup> 25 U.S.C. §1641(a).

<sup>11</sup> Indian Health Service 2022 Congressional Justification, [https://www.ihs.gov/sites/budgetformulation/themes/responsive2017/display\\_objects/documents/FY\\_2022.pdf](https://www.ihs.gov/sites/budgetformulation/themes/responsive2017/display_objects/documents/FY_2022.pdf)

<sup>12</sup> "TAF Other Services File: ResDAC Data Dictionary." Accessed April 8, 2021. <https://resdac.org/cms-data/files/taf-ot>

<sup>13</sup> Indian Health Service National Uniform Data System Summary Report Final – Calendar Year 2021, [https://www.ihs.gov/sites/urban/themes/responsive2017/display\\_objects/documents/2021\\_UIO\\_UDS\\_Summary\\_Report\\_Final.pdf](https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/2021_UIO_UDS_Summary_Report_Final.pdf)



## COVID-19 AND MEDICAID UNWINDING

- ➔ In March 2020, the Families First Coronavirus Response Act (FFCRA) Medicaid and Children's Health Insurance Program (CHIP) "continuous coverage" requirement allowed people to retain Medicaid coverage and receive needed care during the COVID-19 Pandemic Public Health Emergency (PHE).
- ➔ In December 2022, the Consolidated Appropriations Act, 2023 was signed into law, separating the continuous coverage provision from the COVID-19 PHE and setting an end date for the provision on March 31, 2023.<sup>15</sup>
  - o This means that states may resume reviewing all Medicaid enrollees' eligibility for coverage, a process referred to as "unwinding," on **April 1, 2023**, and will begin ending coverage for those found ineligible. States must meet certain federal reporting and other requirements during the unwinding period.<sup>16</sup>

### 91.3 Million

Total Medicaid/CHIP enrollment grew to 91.3 million in October 2022, an increase of more than 28.5% from enrollment in February 2020.<sup>14</sup>

### 15 Million

As state Medicaid programs return to normal operations, 15 million people could lose their current Medicaid or CHIP coverage, according to HHS.<sup>17</sup>

### AI/ANs may be at an increased risk of losing Medicaid and CHIP coverage during the unwinding.<sup>18</sup>

As of May 2024, a little over a year into the unwinding, it is estimated that over 850,000 American Indians and Alaska Natives were terminated from Medicaid.<sup>18</sup>



14 Kaiser Family Foundation, Analysis of Recent National Trends in Medicaid and CHIP Enrollment, (March, 2023), available at <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicare-and-chip-enrollment/>.

15 Consolidated Appropriations Act, 2023, <https://www.congress.gov/bills/117/congress/house-bill/2617/text>.

16 Kaiser Family Foundation, 10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision, (Feb. 2023), available at: <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicare-continuous-enrollment-provision/>

17 Assistant Secretary for Planning and Evaluation Office of Health Policy, Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches, (Aug. 19, 2022). [https://aspe.hhs.gov/sites/default/files/documents/404a7572048090ec1259d216f3fd617e/aspe-end-mcaid-continuous-coverage\\_IB.pdf](https://aspe.hhs.gov/sites/default/files/documents/404a7572048090ec1259d216f3fd617e/aspe-end-mcaid-continuous-coverage_IB.pdf)

18 NCUH calculations based on analysis of 2022 ACS data and KFF data, 5/9/24.