Who Can Be Billed, and Who Could Be Enrolled

Medicaid and Medicare among American Indian and Alaska Native people with access to IHS

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Drafted with assistance from Claude (Anthropic); questions, analysis choices and conclusions are the author's.

Tribal health leaders need three answers. Who has Medicaid? Who receives care at an IHS-funded health program while enrolled? How much does Medicaid pay those programs for that care?

This paper answers the first question, using the American Community Survey (ACS). It is built as a comparison of two periods: one before the most recent wave of Medicaid expansions (2015–2019) and one after most of them took effect (2020–2024). A companion paper, *What Medicaid Data Cannot Yet Tell Indian Health Programs*, explains why the other two questions cannot be answered from published data and proposes how the next CMS–IHS Medicaid Data Match could answer them.

The findings are straightforward:

- About half of American Indian and Alaska Native (AI/AN) people reporting access to IHS have a public payer a program can bill: 47% had Medicaid, Medicare or both in 2024, up from 42% in 2019.
- About 167,000 AI/AN people reporting access to IHS have incomes under 139% of poverty and no Medicaid, down from about 223,000 in 2015–2019.
- That gap is concentrated. Oklahoma, Arizona, New Mexico and South Dakota account for 64% of it.
- Medicaid enrollment in that income band rose in every group of states, whenever they expanded. The comparison does not yet show a separate effect of the late expansions; the continuous-enrollment years of 2020–2023 likely account for much of the rise.

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What “access to IHS” means

The ACS asks whether a person has access to the Indian Health Service. A yes does not mean the person gets regular care at an IHS-funded program. At one extreme it means no more than “if I am desperate, I can travel to an IHS-funded program, because I am eligible.” The figures below describe the coverage of people who say they have access to IHS. They are not counts of patients.

The 2020 change in the Census race question matters for many analyses of AI/AN people, but not for this one. *Who Was Added?* found the change raised the AI/AN count by 55% between 2019 and 2021, almost entirely among people reporting no access to IHS.

How the comparison is designed

The paper compares two periods. For the payer mix, it uses ACS 1-year files for 2015, 2019 and 2024. For income and Medicaid, it uses two non-overlapping ACS 5-year samples: 2015–2019, before seven states expanded Medicaid between 2019 and 2023 (Idaho, Missouri, Nebraska, North Carolina, Oklahoma, South Dakota and Utah), and 2020–2024, after most of those expansions took effect.

The 27 states with at least 5,000 AI/AN people reporting access to IHS are grouped by when they expanded: 14 that expanded in 2014–2016, the seven that expanded in 2019–2023, and six that had not expanded by 2024 (Florida, Kansas, Mississippi, Texas, Wisconsin and Wyoming). The early-expansion states show the trend where expansion was in place in both periods; the non-expansion states show the trend where it was in place in neither. If the late expansions enrolled AI/AN people with low incomes, the late-expansion states should gain more than both reference groups.

Two features of the second period limit what the comparison can show. From March 2020 through March 2023, states could not disenroll most Medicaid beneficiaries, which raised enrollment everywhere. And the period includes years before several late states expanded: Oklahoma in July 2021, South Dakota in July 2023 and North Carolina in December 2023. The design is meant to be repeated as later ACS releases replace those years.

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Who can be billed

In 2024, 47% of AI/AN people reporting access to IHS had Medicaid, Medicare, or both. The other 53% had neither public payer. Some of them have private coverage; the rest are served from appropriations and Purchased/Referred Care alone.

Coverage among AI/AN reporting access to IHS	2015	2019	2024
Medicaid only	29.5%	29.6%	32.6%
Medicaid and Medicare	4.0%	3.8%	5.1%
Medicare only	7.9%	8.8%	9.5%
Neither Medicaid nor Medicare	58.6%	57.7%	52.9%
Estimated people reporting access to IHS	1,355,027	1,508,652	1,351,209

The gain came mostly from Medicaid. The Medicaid share, including people with both programs, rose from 33.5% in 2019 to 37.6% in 2024.

States differ far more than the national figure suggests. In New Mexico, 33% had neither payer in 2024. In Oklahoma the figure was 63%, three years after expansion took effect. In Texas, a non-expansion state, it was 80%.

State	Reporting access to IHS, 2024	Medicaid, 2024	Medicare only, 2024	Neither, 2024	Neither, 2019	Change in neither (pp)
Oklahoma	326,808	27%	11%	63%	69%	−6
Arizona	216,485	39%	8%	54%	57%	−4
New Mexico	151,167	59%	8%	33%	43%	−10
Alaska	121,256	46%	7%	47%	56%	−9
California	69,247	42%	9%	49%	47%	+2
South Dakota	60,665	42%	7%	51%	49%	+2
Montana	52,463	44%	9%	48%	51%	−3
Washington	50,463	34%	14%	52%	51%	+1
Minnesota	32,799	47%	8%	45%	43%	+2
Michigan	27,084	37%	11%	52%	52%	0

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State	Reporting access to IHS, 2024	Medicaid, 2024	Medicare only, 2024	Neither, 2024	Neither, 2019	Change in neither (pp)
North Dakota	26,292	32%	12%	56%	52%	+4
Oregon	24,166	44%	13%	42%	55%	−13
Wisconsin	22,609	31%	14%	55%	65%	−10
Texas	20,656	13%	7%	80%	76%	+4
North Carolina	12,116	35%	10%	54%	66%	−11
Nevada	11,777	31%	18%	52%	53%	−1
Colorado	10,959	29%	9%	61%	65%	−4
Utah	10,723	42%	6%	52%	68%	−15
New York*	9,914	46%	18%	36%	64%	−28
Nebraska*	9,873	41%	10%	49%	60%	−11
Idaho*	9,360	20%	9%	71%	69%	+2
Wyoming*	9,340	26%	14%	60%	78%	−18
Arkansas*	8,658	21%	12%	67%	67%	0
Kansas*	7,853	14%	14%	72%	74%	−2
Mississippi*	7,260	34%	4%	62%	69%	−8
Missouri*	6,427	14%	8%	78%	74%	+4
Florida*	5,585	11%	15%	74%	73%	+2

ACS 1-year PUMS. Medicaid includes people who also have Medicare. Rows may not sum to 100% because of rounding. * Fewer than 10,000 people reporting access to IHS in 2024; changes in these states are likely within sampling error.

Medicare

In 2024, 14.5% of AI/AN people reporting access to IHS had Medicare, about 196,500 people, up from 12.7% in 2019. Just over a third of them (68,760) also had Medicaid. The other 127,769 had Medicare without Medicaid, a billable payer that does not depend on state Medicaid policy.

State	Medicare 2015	Medicare 2019	Medicare 2024	People with Medicare, 2024	Also Medicaid, 2024
27-state total	11.9%	12.7%	14.5%	196,529	68,760

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State	Medicare 2015	Medicare 2019	Medicare 2024	People with Medicare, 2024	Also Medicaid, 2024
Oklahoma	13.3%	12.7%	13.9%	45,349	10,345
Arizona	9.6%	10.6%	14.0%	30,258	13,276
New Mexico	11.2%	13.7%	17.1%	25,792	13,581
Alaska	9.1%	9.5%	10.3%	12,502	4,396
California	12.6%	19.3%	16.0%	11,078	4,718
Washington	14.2%	12.8%	18.6%	9,395	2,241
South Dakota	10.1%	11.4%	11.0%	6,652	2,549
Montana	9.3%	11.0%	12.6%	6,628	2,108
Minnesota	14.3%	11.6%	14.7%	4,819	2,048
Michigan	18.7%	17.4%	16.9%	4,575	1,540
Wisconsin	14.1%	15.6%	19.0%	4,290	1,194
North Dakota	10.8%	5.3%	16.1%	4,240	1,119
Oregon	17.1%	14.9%	17.0%	4,106	887
Nevada	17.4%	21.3%	23.8%	2,808	728
Texas	10.6%	14.1%	12.4%	2,560	1,057
Colorado	11.5%	12.7%	21.2%	2,324	1,299
North Carolina	13.4%	12.6%	14.2%	1,722	491
Utah	14.7%	9.9%	10.9%	1,166	504

States with at least 10,000 people reporting access to IHS in 2024, ordered by people with Medicare. Smaller states are omitted because their Medicare cells rest on too few cases.

The rise may not reflect aging. Among AI/AN people who did not report access to IHS, Medicare coverage held at 13.6–14.3% across all three years. The extracts do not include age, so they cannot separate people 65 and older from those on Medicare through disability.

Who may qualify but is not enrolled

One in three AI/AN people reporting access to IHS has income within the Medicaid expansion limit. *Who Medicaid Could Reach* (October 2026) found, in the ACS 5-year sample for 2020–2024, that 434,259 people (34.3%) had incomes under 139% of poverty,

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567,081 (44.8%) between 139 and 400%, and 263,194 (20.8%) above 400%. People whose poverty status was not determined are excluded.

Crossing those income bands with Medicaid shows how many in each band are enrolled. In the lowest band, 62% had Medicaid in 2020–2024, up from 56% in 2015–2019. That leaves about 167,000 AI/AN people reporting access to IHS with incomes under 139% of poverty and no Medicaid, down from about 223,000.

Income as percent of poverty	Reporting access to IHS, 2015–19	Reporting access to IHS, 2020–24	Share with Medicaid, 2015–19	Share with Medicaid, 2020–24	Without Medicaid, 2015–19	Without Medicaid, 2020–24
Under 139%	509,697	434,259	56.3%	61.6%	222,963	166,712
139 to 400%	615,817	567,081	26.0%	31.8%	455,753	386,590
Above 400%	256,193	263,194	10.3%	12.9%	229,933	229,341
Total	1,381,707	1,264,534	34.2%	38.1%	908,649	782,643

The 167,000 are an upper bound on the outreach population, not a count of eligible people. Some live in states that had not expanded Medicaid, where most adults without dependent children do not qualify at any income. Others have Medicare or private coverage, which this extract does not identify. Even so, the figure marks where enrollment work is most likely to pay off.

Did the late expansions make a difference?

The two-period design asks whether the lowest income band gained more Medicaid coverage in the late-expansion states than elsewhere.

States, by when they expanded	2015–2019	2020–2024	Change (pp)
Expanded 2014–2016 (14 states)	63%	67%	+4
Expanded 2019–2023 (7 states)	45%	51%	+6
Not expanded by 2024 (6 states)	42%	50%	+8
All 27 states	56%	62%	+5

Share of AI/AN people reporting access to IHS with incomes under 139% of poverty who had Medicaid. ACS 5-year PUMS.

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Shares rose in all three groups. The late-expansion states gained more than the early-expansion states but less than the non-expansion states, so the comparison does not isolate an effect of the late expansions. A rise everywhere points to the continuous-enrollment years. The non-expansion group is small, about 19,000 people in the band in 2020–2024, and most of its gain comes from Wisconsin, which covers adults up to 100% of poverty, and Wyoming; its estimates are imprecise.

Oklahoma, the largest late-expansion state, gained 8 points, and the number there without Medicaid fell from about 57,700 to 43,500. Because the 2020–2024 sample includes 2020 and part of 2021, before Oklahoma expanded, its current rate is likely higher.

The lowest band itself also shrank, from about 510,000 to 434,000 people, as fewer people reported access to IHS. Part of the smaller gap therefore reflects a smaller band, not only more enrollment.

The 2028 ACS 5-year release (2024–2028) will be the first with every late-expansion state fully expanded and the continuous-enrollment years outside the sample. Repeating this comparison then can show whether the late expansions reached AI/AN people with low incomes.

The gap is concentrated. Oklahoma, Arizona, New Mexico and South Dakota account for 64% of the people in the lowest band without Medicaid; Oklahoma alone accounts for 26%.

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State	Under 139% of poverty, 2020–24	Share with Medicaid, 2015–19	Share with Medicaid, 2020–24	Without Medicaid, 2015–19	Without Medicaid, 2020–24
Oklahoma	86,452	42%	50%	57,678	43,518
Arizona	85,237	60%	62%	34,737	32,001
New Mexico	66,470	71%	75%	19,892	16,599
South Dakota	33,316	54%	56%	19,237	14,747
Alaska	29,493	67%	74%	10,506	7,642
Montana	21,829	56%	67%	10,016	7,263
California	16,995	64%	65%	8,528	5,906
Washington	13,144	63%	61%	6,644	5,078
North Dakota	9,552	57%	57%	6,028	4,089

State	Under 139% of poverty, 2020–24	Share with Medicaid, 2015–19	Share with Medicaid, 2020–24	Without Medicaid, 2015–19	Without Medicaid, 2020–24
Wisconsin	7,881	47%	61%	5,326	3,050
Minnesota	10,529	63%	73%	6,280	2,889
Michigan	6,352	64%	61%	2,950	2,490
Nevada	4,458	60%	57%	2,134	1,908
Texas	3,052	28%	38%	3,576	1,905
Utah	4,688	45%	61%	3,128	1,846
Mississippi	2,616	51%	34%	2,067	1,721
Idaho	2,844	42%	45%	3,415	1,551
Wyoming	3,412	42%	58%	2,032	1,420
Oregon	5,683	72%	75%	2,067	1,415
Nebraska	2,266	49%	43%	2,133	1,285
Colorado	2,435	57%	50%	1,139	1,219
New York	3,236	47%	66%	2,207	1,095
North Carolina	1,887	44%	48%	1,819	988
Kansas	1,409	43%	35%	1,819	922
Arkansas	1,297	49%	52%	1,401	620
Florida	888	25%	29%	1,254	630
Missouri	767	33%	36%	1,204	492

ACS 5-year PUMS, 2015–2019 and 2020–2024. States ordered by the number without Medicaid in 2020–2024. Wisconsin covers adults up to 100% of poverty without full expansion. Estimates for states with only a few thousand people in the band are imprecise, and state changes of a few points may be within sampling error.

What leaders can do with these figures

The payer mix tells a program how much of the population it serves could, in principle, bring Medicaid or Medicare revenue, and how much depends on appropriations and Purchased/Referred Care. The state comparisons show where coverage lags and give leaders specific numbers to bring to state Medicaid agencies. The eligible-but-unenrolled estimate sizes the outreach opportunity and shows where it is largest.

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These figures describe coverage, not care or revenue. Whether newly covered people are seen at IHS-funded programs, and what Medicaid pays for that care, are the subject of the companion paper.

Methods and sources

Data. The payer-mix figures come from ACS 1-year PUMS state extracts for 2015, 2019 and 2024. The income figures come from two non-overlapping ACS 5-year PUMS releases, 2019 (2015–2019) and 2024 (2020–2024), with the income-to-poverty ratio (POVPIP) grouped as under 139%, 139–400% and above 400%; poverty status not determined is excluded. Both 5-year extracts were built with the same variables and groups. Because the payer-mix and income analyses use different files, their figures should not be compared directly. All estimates use the person weight (PWGTP).

Definitions. AI/AN is the alone-or-in-combination recode (RACAIAN). Access to IHS is HINS7, Medicaid is HINS4 and Medicare is HINS3. The ACS asks about coverage at the time of the interview. States are included if at least 5,000 AI/AN people reported access to IHS in any of the three 1-year files. Estimates do not carry margins of error.

Expansion groups and dates. Cross-checked against Census Appendix Table 1 and the KFF expansion tracker. Expanded 2014–2016: Alaska, Arizona, Arkansas, California, Colorado, Michigan, Minnesota, Montana, Nevada, New Mexico, New York, North Dakota, Oregon, Washington. Expanded 2019–2023: Idaho, Missouri, Nebraska, North Carolina, Oklahoma, South Dakota, Utah. Not expanded by 2024: Florida, Kansas, Mississippi, Texas, Wisconsin, Wyoming. Utah voters approved expansion in 2018; partial expansion began in 2019 and full expansion in 2020.

Sources

- U.S. Census Bureau, ACS 1-Year PUMS state extracts, 2015, 2019 and 2024 (RACAIAN, HINS3, HINS4, HINS7, PWGTP).
- U.S. Census Bureau, ACS 5-Year PUMS, 2019 and 2024 releases (RACAIAN, HINS4, HINS7, POVPIP, PWGTP).
- Edward J. Fox, *Who Medicaid Could Reach* (October 2026) and *Who Was Added?*, edfoxphd.com.

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