

# 2024 Medicaid in Montana: American Indian Health

Montana Medicaid provides health care coverage to nearly 300,000 Montanans with low income, including children, pregnant women, people with disabilities, and adults. In 2016, the HELP Act expanded Medicaid to cover adults with incomes up to 133% of the federal poverty level (\$19,391 in 2023).

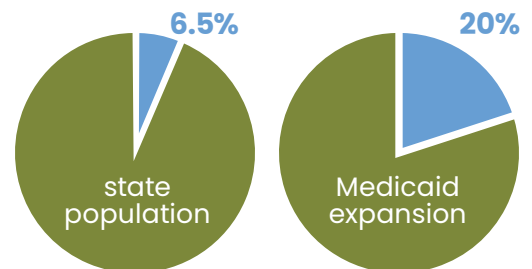
By implementing Medicaid expansion, Montana has been able to expand health coverage, improve access to services, and control costs.

American Indian people in Montana and nationally face significant health disparities stemming from underfunding of the health care system and longstanding challenges such as trauma, unemployment, overcrowded housing, and discrimination.

## Expand Health Care Coverage

Medicaid expansion is a critical source of coverage for American Indian people in Montana.

The American Indian population comprises only 6.5% of the state population but 20% of Medicaid expansion enrollment.



## Control Health Care Costs

Medicaid expansion brought new funding to support historically underfunded IHS and tribal health facilities at no cost to Montana.

### 100% covered

The **federal government covers 100% of Medicaid costs** for services delivered to American Indian people through IHS and tribal facilities.

### \$197 million

In 2023, **Medicaid made more than \$197 million in federally reimbursable payments** to IHS and tribal health facilities.

### \$79 million

Approximately 40% of those payments (**\$79 million**) were **for health care services** provided to Medicaid expansion enrollees.

# Improve Health Care Access

## Medicaid expansion improves access for all American Indians who reside in Native nations, not only those enrolled in Medicaid.

For American Indian people who do not have other types of insurance, PRC is the only payment source for services not offered in an IHS facility. Before Montana expanded Medicaid, PRC referrals were limited to “life or limb” emergencies due to the chronic underfunding of IHS. PRC referrals were not available to cover preventive services like mammograms and colonoscopies, elective surgeries, specialty referrals, or any other needed care.

Medicaid expansion provided a new source of reimbursement, reducing the demand for PRC funds. PRC funds are now available for most needed services, from preventive studies such as mammograms to specialty consultations, cancer care, and surgeries.

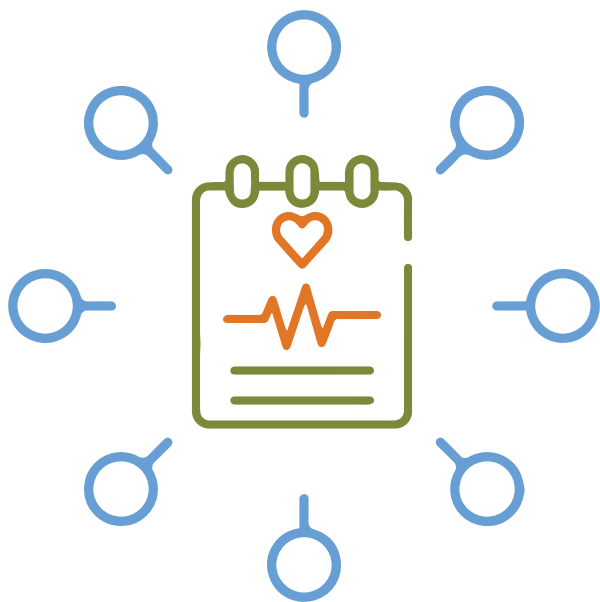


### 125% increase

The number of referrals on limited PRC funds increased by 125% between 2015 and 2022 (**from 15,700 to 35,295 referrals**).

The **Indian Health Service (IHS)** is a federal agency that provides health services to American Indian people directly in an IHS facility, by providing funds to tribally-operated programs, and through “**purchased and referred care**” (PRC).

PRC provides limited reimbursement for health care services that are not available in an IHS or tribal facility – like cancer screenings, specialty care, and elective surgery.



## Medicaid expansion increases access to preventive services and behavioral health treatment for American Indians.

**10,700** | **4,600** | **1,400**  
preventive | mental health | substance use

In 2022, more than **10,700 people accessed preventive services** (17% more than the year prior).

Also, more than **4,600 people received mental health care**, and more than **1,400 received substance use disorder treatment**.



For more information on these findings, visit [mthf.org/resource/2024-medicaid-in-montana/](https://mthf.org/resource/2024-medicaid-in-montana/)